Mercy Medical Center

Community Service Plan

2014–2016

Approved by the Board of Trustees on September 17, 2013

Mercy Medical Center
Catholic Health Services
At the heart of health

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I. Executive Summary

1. Hospital 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.

2. Definition and Brief Description of Community Served.

Located in south central Nassau County, Mercy's primary service area (comprising 61% of all inpatient discharges and 75% of Emergency Department (ED) treat and release cases) has a population of about 435,000.[1] The population is ethnically quite diverse, more than half of it African-American, Hispanic or Asian.[2] Nearly a third of residents speak a language other than English in the home, and more than a quarter are foreign born. Mercy's primary service area also comprises some of the poorest populations in Nassau County, including four of the eight highest poverty zip codes in the county. These zip codes alone accounted for 30% of Mercy's total discharges and 48% of the hospital's ED discharges in 2012. Fully 45% of all individuals in the county below the poverty level live in Mercy's primary service area.[3] While a third of the residents in this service area have a bachelor's degree, nearly a quarter from these high-poverty zip codes do not have a high school diploma.

Mercy is a full-service, 375-bed hospital with more than 700 physicians and a staff of more than 1,500, whose operational purpose is to provide a complete range of medical services to area residents. Mercy recorded 11,000+ inpatient discharges and nearly 39,000 Emergency Department visits in 2012. There were over 1,100 newborns delivered, 25,000 behavioral health visits, and 6,000 ambulatory surgical procedures at Mercy during 2012. Mercy is a member of Catholic Health Services (CHS).

2012 Mercy Medical Center discharge data by ethnicity:

White	5,536	49.06%
African American (Black)	3,766	33.37%
Other Race	1,744	15.45%
Asian	157	1.39%
Unknown	67	0.60%
Native American	10	0.09%
Hawaiian	5	0.04%
	11,285	100.0%

[1] Consisting of 22 zip codes including the communities of Baldwin, Bellmore, East Meadow, Elmont, Freeport, Hempstead, Lynbrook, Merrick, Rockville Centre, Roosevelt, Uniondale, Valley Stream, and West Hempstead.

[2] This and the other demographic data in this paragraph is based on data from the U.S. 2010 Census or the U.S. Census American Community Survey (2007-2011).

[3] These are: Hempstead (poverty rate 15.6%), Roosevelt (14.1%), Freeport (12.6%), and Uniondale (8.6%). (Since the cost of living in Nassau County is 42% higher than the U.S. average, these official poverty rates understate the problem.)

2012 Mercy Medical Center discharge data by age:

0-17	1,119	9.9%
18-24	486	4.3%
25-34	1,165	10.3%
35-54	2,187	19.4%
55-64	1,257	11.2%
65-74	1,588	14.0%
75-84	1,834	16.3%
85+	1,649	14.6%
	11,285	100.0%

Mercy provides comprehensive medical and surgical care and is a leader in minimally invasive surgery, joint-replacement, orthopedic surgery, sports medicine, spine and neurosurgery, in-patient acute rehabilitation, diagnostic and interventional radiology, maternity and newborn services and women's health. Celebrating its 100th anniversary in 2013, Mercy Medical Center in Rockville Centre was ranked among the top hospitals in New York State in the 2012 ratings of Best Hospitals by *U.S. News & World Report*, as leader in orthopedics and "superior" in patient safety. Most recently, *Becker's Hospital Review* included Mercy as one of the "100 Great Community Hospitals in the entire US, based upon our "quality of care and service to the community."

The hospital is designated a Breast Imaging Center of Excellence by the American College of Radiology, as well as a Bariatric Surgery Center of Excellence® by the American Society for Metabolic and Bariatric Surgery. Mercy is also the recipient of an Outstanding Achievement Award from the Commission on Cancer of the American College of Surgeons and consecutive Stroke Gold Plus Quality Achievement Awards from the American Heart Association/American Stroke Association. It has the largest inpatient acute rehabilitation program on the south shore of Nassau County and has a Level III Neonatal Intensive Care Unit. And, in recognition of the value it places on superior nursing care, Mercy has Pathway to Excellence® designation from the American Nurses Credentialing Center.

Mercy Medical Center reported $571 thousand in charity care at cost net of offsetting revenues in 2012. Community service, uncompensated care and other charitable activities provided for the community totaled $6.5 million at cost.

3. Public Participation.

(a) *Community Partners and Their Roles.* Mercy's Community Service Plan draws upon the results of the Nassau County Community Health Needs Assessment (CHNA), which was conducted by a Nassau County Health Department-hospital collaborative of which Mercy was a part, and upon Mercy's own community survey and a variety of data sources specific to the Mercy service area.

Public participation in the Nassau County CHNA include:

- A qualitative assessment based on 17 key-informant interviews with local health organization leaders to identify pressing health needs in the community. Participating organizations included: American Cancer Society, American Diabetes Association, American Heart Association, Catholic Charities, Circulo de la Hispanidad, FEGS, Health and Welfare Council of Long Island, Island Harvest, Jewish Association Serving the Aging (JASA), Long Island Council of Churches, Mental

Health Association of Nassau County, Perinatal Services Network, Project Independence, Sustainable Long Island, United Way and others.

- A quantitative assessment based on a community survey that was widely distributed in both Spanish and English through hospital outreach, public libraries, Survey Monkey, NCDOH Programs and County Agencies, faith-based organizations, community centers, and social media. The survey elicited more than 1,000 complete responses.

- As a result of the CHNA process and with both Nassau and Suffolk counties identifying the same two public health priorities, a collaborative bi-county work group was formed, Long Island Health Collaborative, with participants including: hospitals, county health departments, health and welfare organizations, and colleges (see below).

    - Long Island's 24 hospitals
    - Nassau-Suffolk Hospital Council
    - New York State Department of Health
    - Nassau County Department of Health
    - Suffolk County Department of Health Services
    - United Way of Long Island
    - American Lung Association of Northeast
    - Adelphi University
    - Western Suffolk BOCES
    - Cornell University Cooperative Extension
    - YMCA
    - Catholic Charities
    - Healthcare Association of New York State
    - Kaiser Family Foundation
    - Robert Wood Johnson Foundation
    - County Health Rankings & Roadmaps
    - LIHC program inventory
    - HITE site
    - Centers for Disease Control and Prevention (CDC)
    - Institute of Medicine
    - U.S. Department of Health and Human Services
    - National Institutes of Health
    - Healthypeople.gov

Unique in New York State, this collaboration will allow for health systems and community partners to be involved in the education, planning and provision of services that goes well beyond clinical care and enters the realm of public health and prevention. Long Island Health Collaborative (LIHC) is a partnership created to support the work group's collective efforts in addressing the selected Prevention Agenda priority and focus areas. This innovative regional effort will culminate in the form of a comprehensive, island wide public awareness campaign. A website, which will be maintained by the Nassau Suffolk Hospital Council, is currently being designed for LIHC.

The LIHC website will explain the purpose for LIHC as well as information on population health, the role of reform in the changing landscape of health care and the role of patients and consumers in

maintaining their own health. A brief narrative of the focus areas will be found with links to more detailed information and resources as well as an explanation of state and federal mandates, which are driving more robust and collaborative community health planning. The site will also include links to helpful resources such as BMI calculators and specific disease risk assessment tools.

Additionally, the bi-county work group is creating a universal metric assessment in order to be able to collect reliable and reportable data for the region. The metric will feature four subscales that will dovetail the focus areas. Data will be collected and analyzed by one of LIHC's university partners. Currently, it is anticipated that the metric would be given to program participants in chronic disease management or wellness programs with three or more education sessions. Participants would complete a survey a total of three times: pre-program, immediately post-program and again 3–6 months post-program.

- Mercy's own community health needs assessment survey, which elicited nearly 250 responses, was publicly distributed through a variety of sources, including physician offices, the Martin Luther King, Jr., Center, the Health and Welfare Council, Mercy employees and volunteers, the Mercy website, Mercy outpatient clinic patients, the Homemaker's Club, the Sandel Senior Center, and others.

(b) Outcomes of the Public Input Process in Brief.

The Nassau County CHNA stakeholder interviews were held in the spring of 2013. The results of the assessment showed the following: (1) Diabetes, heart disease and cancer are the most commonly reported chronic diseases of concern. (2) The health burden of overweight and obesity-related diseases and conditions, such as diabetes and heart disease, is increasing significantly, with more outreach to low SES and minority populations needed to provide education about nutrition and healthy food practices. (3) There is a lack of awareness of the importance of prenatal care among high-risk populations. (4) Finally, there has been an increase in the prevalence of mental health issues and substance abuse. Mercy's local survey, which is still on-going, was initiated in May 2013. Its results support a focus on diabetes and obesity. In addition, county health statistics strongly support the importance of improved prenatal care in Mercy's primary service area.

(c) Public notification of these sessions.

In the spring of 2013, the various community partners (including hospitals, local health department, and community based organizations) reached out to the public via community health fairs, lectures, screenings, newsletters, and in other ways, to solicit their input.

4. Priorities Chosen in Brief

After careful review and assessment, Mercy chose to focus on three priority areas falling under the New York State Prevention Agenda 2013-2017 Priorities:

- Diabetes prevention, control and treatment.
- Obesity prevention, control and treatment.
- Prenatal and early childhood health care.

This decision is based on the needs of the hospital's service area identified in section II.A of this report and the needs Mercy can most effectively meet given its current service offerings and resources. The first two areas fall within the Prevent Chronic Diseases priority— one to increase access to high-quality chronic disease preventive care and management in both clinical and community settings (which in Mercy's case will focus on diabetes preventive care), the other to reduce obesity in children and adults. The third area falls within the Promote Healthy Women, Infants and Children priority, which highlights Maternal and Infant Health.

In addition, the first two (diabetes and obesity) were chosen in part because Mercy agreed to join with other members of the County-Hospital Collaboration in a collective effort targeted at two areas within the NYS Prevention Agenda. The reasons for choosing these priorities follows:

***Priority 1*: Diabetes prevention, control and treatment.** The reasons for regarding this as perhaps the most critical need in our service area are given in II.A below. In addition, Mercy has a robust Maternal Fetal Medicine program, a podiatry service, and soon-to-be wound center, all of which will support the growing outpatient diabetes education initiative already in place. Further, CHS has made a strong commitment to develop diabetes education and preventative services across all hospitals, for both inpatients and outpatients.

***Priority 2*: Obesity prevention, control and treatment.** In addition to its documented impact in our service area, Mercy seeks to build up its program in the area of nutritional education and obesity outreach. Mercy is also proud to have been designated a Bariatric Surgery Center of Excellence by the American Society For Metabolic and Bariatric Surgery for several years running, and seeks to leverage its strength in this area to address the treatment needs of the populations hardest hit by severe obesity.

***Priority 3*: Prenatal and early childhood healthcare.** Through our OB/GYN and Pediatric services, including several outpatient educational programs, the federally funded supplemental food program WIC (Women, Infants and Children), and Mercy's Family Care Center which works every day with underserved mothers in our community and is familiar with the problems they face, Mercy is well positioned to have an impact in this area.

II. ASSESSMENT AND PLAN

A. Assessment and Selection of Public Health Priorities.

Mercy's Community Service Plan draws upon (1) the results of the Nassau County Community Health Needs Assessment (CHNA), which was conducted by a Nassau County Health Department-hospital collaboration of which Mercy was a part, and (2) upon Mercy's own community survey and a variety of data sources specific to the Mercy service area. Sections 1 and 2 below describe the collaborating organizations, the data-gathering processes, and results of (1) and (2). Section 3 describes the priorities chosen by Mercy and a more detailed rationale for choosing them.

1. Nassau County Health Needs Assessment: Process, Methods, and Results.

The Nassau County-Hospital Collaborative consists of the Nassau County Department of Health, three Catholic Health Services hospitals (Mercy, St. Francis, and St. Joseph), Long Beach Memorial Hospital, the North Shore-LIJ Health System, South Nassau Communities Hospital, and Winthrop Hospital. The

Collaborative met several times in spring 2013 to plan and implement the Nassau County Health Needs Assessment.

Nassau County CHNA has a qualitative and quantitative component. The qualitative assessment, based on key-informant interviews with leaders of the health organizations described, was designed to identify pressing health needs in the community.[4] Upon providing consent to be interviewed, participants were asked open-ended questions about their organization and the population they serve:

- Identify the biggest health problems in their community
- Prioritize health issues to be addressed
- Describe the factors that affect the health care the community receives
- Describe the health resources their community utilizes in relation to specific health problems
- Identify barriers to, or gaps in, resources provided
- Identify ways their organization might improve community services and programs.

Interviews were recorded and transcribed. Qualitative data analysis was conducted to identify prevalent themes and emergent themes in responses.

The quantitative assessment was based on a community survey that was widely distributed[5] in both Spanish and English, in the spring of 2013, eliciting more than 1,000 completed surveys. The criteria for question development began with tested and used surveys as a template guide. Content relating to the NYS Prevention Agenda priorities, plus goals and barriers, were then incorporated into the questions, as well as demographic information and the use of common terminology verses official public health terminology.

In addition to providing county-wide data, the survey reported results specifically for Elmont, Inwood, Freeport, Glen Cove, Hempstead, Uniondale, Long Beach, Roosevelt and Westbury. These "select communities" constitute zip codes identified to have disproportionately higher rates for many diseases, as well as adverse social and economic indicators. The "select communities" results are particularly important for Mercy, because five of those communities are located in Mercy's primary service area. Indeed, 60% of the population of these communities and 72% of the "select communities" survey respondents are in Mercy's primary service area, comprising a disproportionate share of patients and Emergency Department visits.

The principal finding of the Nassau County qualitative assessment was substantial agreement among participants that, of the five Prevention Agenda priorities, prevention of chronic diseases was the most pressing in the county.[6] Fully 76.4% of participating organizations regarded prevention of chronic

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[4]Participating organizations are: American Cancer Society, American Diabetes Association, American Heart Association, Catholic Charities, Circulo de la Hispanidad, FEGS, Health and Welfare Council of Long Island, Island Harvest, Jewish Association Serving the Aging (JASA), Long Island Council of Churches, Mental Health Association of Nassau County, Perinatal Services Network, Project Independence, Sustainable Long Island, and United Way.

[5]Through Survey Monkey, hospital outreach, public libraries, NCDOH Programs and County Agencies, faith-based organizations, community centers, and social media.

[6] These five areas, which are prioritized in the New York State Prevention Agenda are: (1) Prevent Chronic Disease (2) Promote Healthy and Safe Environment (3) Promote Healthy Women, Infants and Children (4) Promote Mental Health and Prevent Substance Abuse; and (5) Prevent HIV, STD,Vaccine Preventable Diseases and HealthCare-Associated Infection.

disease as a priority, and 50% regarded it as the number one health priority. An overview of the results follows:

- Diabetes, heart disease and cancer were the most commonly reported chronic diseases of concern
- The health burden of overweight and obesity-related diseases and conditions, such as diabetes and heart disease, is increasing significantly
- Promoting healthy living, especially among the youth, should be a top priority, especially in minority populations with a high prevalence of obesity
- Time and funding should be allocated for prevention rather than solely on treatment
- More outreach to low SES and minority populations is needed to provide education about nutrition and healthy food practices
- There is a lack of awareness of the importance of prenatal care among high-risk populations
- There has been an increase in the prevalence of mental health issues and substance abuse

The survey tool of the Nassau County Health Needs Assessment tabulated results for both the county as a whole and for the "select communities". The four most common responses to three key questions are given in the table below.

Nassau County		Select Communities	
What are the biggest ongoing health concerns in your community?			
Cancer	44.0%	Diabetes	40.5%
Obesity/weight loss	36.0%	Drug/alcohol abuse	38.0%
Diabetes	33.0%	Cancer	37.2%
Drug/alcohol abuse	31.9%	Obesity/weight loss	31.8%
What are the biggest ongoing health concerns for you?			
Cancer	35.6%	Cancer	37.2%
Heart Disease	35.0%	Women's Health	33.8%
Women's Health	32.7%	Diabetes	30.9%
Obesity	30.8%	Obesity	33.8%
Which of the following is most needed to improve the health of your community?			
Healthy food choice	46.0%	Healthy food choice	44.7%
Weight loss	30.0%	Weight loss	25.8%
Mental health services	20.8%	Drug/alcohol rehab	23.3%
Drug/alcohol rehab	18.8%	Mental health services	20.0%

2. Mercy Medical Center Local Health Needs Assessment: Process, Methods, and Results.

The assessment of needs specific to Mercy's service area was made on the basis of several sources of data:

- A community health needs assessment survey distributed widely (see I.3(a)) by Mercy throughout the service area resulted in 244 persons completing the survey to date. It is a 19-question health assessment survey in which respondents were asked about their own health and health concerns/needs and (in the case of one question) those of "you and your neighbors".
- Zip code-level data from the U.S. Census and from the New York State Prevention Quality Indicators website[7].
- County data sources such as the Nassau County Diabetes Report and the 2010 Update of the Nassau County Community Health Assessment (a 3-volume report not to be confused with the Nassau County Health Needs Assessment described above)[8].
- NYSDOH hospitalization data through SPARCS (Statewide Planning and Research Cooperative System), a comprehensive data reporting system between the healthcare industry and government.
- Mercy internal records and the first-hand experience of Mercy's outpatient clinicians.

While the Nassau County survey asks respondents to both comment on their own health concerns and those of the community, the Mercy survey focused solely on the former. The results of two key questions in Mercy's survey are as follows:

What are the top 3 challenges you face?	
Joint pain or back pain	37.8%
High blood pressure	32.0%
Overweight/obesity	31.1%
Diabetes	13.5%
What is needed to improve the health of your family and neighbors?[9]	
Healthier food	49.5%
Free or affordable wellness screenings	31.9%
Wellness services	23.4%
Primary care physicians	14.4%

[7] U.S.Census portal is http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml. Prevention Quality Indicators are at www.health.ny.gov/statistics/chac/indicators.

[8] Can be accessed at http://www.nassaucountyny.gov/agencies/Health/data.html.

[9] Non-health-related choices like "recreation facilities" and "safe places to work and play" are omitted from the results reported because as a hospital, Mercy would not be in the appropriate organization to address such concerns.

Two additional questions asked what types of health screenings and/or services are needed to keep you and your family healthy and what health issues do you need education about. Some common responses for both questions included: blood pressure, cholesterol, nutrition, exercise/physical activity, diabetes and weight-loss help.

3. Health Needs/Priorities Chosen and Rationale.

Mercy's assessment of the health needs in the area is informed by the county-level CHNA results reported so far and by Mercy's own survey, but also by the additional sources of information listed in section II.A.3. Although the hospital recognizes that joint or back pain and blood pressure screening are important concerns, they are not included among the top five health needs for the reasons cited in the previous section. Further, these needs are addressed during the year when Mercy's Joint-Endeavor RN Coordinator conducts a series of speaker bureau sessions in the community, and blood pressure screenings are held at various health care outreach programs. On the basis of the other available information, the following needs have been identified:

1. *Diabetes prevention and control* was rated near the top of identified needs in the CHNA by key informants, the county survey of "select communities" and by the Mercy survey. Four of the five communities with the county's highest rates of hospitalization for Type 2 diabetes—Roosevelt, Uniondale, Hempstead and Freeport—are in Mercy's primary service area.[10] The rate of hospital admissions for uncontrolled diabetes for these areas is 275% of the "expected" admissions rate in New York State, and that for African-Americans 362%, according to the New York State Prevention Quality Indicators website.[11]

Mercy has targeted this need for several reasons. In addition to being the most critical need in our service area, Mercy has a two-year old diabetes education program, which is now growing and seeing more patients. Mercy is in the process of developing a unique set of services including an outpatient Wound Care Center, which will support diabetes treatment, as well as its new outpatient Podiatry Service. Expanded diabetes education will also enable Mercy's Maternal-Fetal Medicine program, which specializes in assisting mothers whose pregnancies are designated "high risk", to provide more effective support for mothers with gestational diabetes. Further, CHS has made a strong commitment to develop diabetes education and preventative services across all hospitals, for both inpatients and outpatients.

2. *Obesity prevention and control* were rated near the top of identified needs in the CHNA by key informants and the community survey of "select communities," as well as Mercy's own community survey. Obesity prevention through better nutrition is also one of the five Nassau County health priorities designated in the 2010 Nassau County Community Health Assessment.[12] Although zip code-level data on body mass index (BMI) is not available, there is strong national evidence that obesity impacts African-American and Hispanic populations more than others. The following table shows the disparities in the rate of obesity for three racial/ethnic groups that emerged in the 2009–2010 National Health and Nutrition Examination Survey (NHANES).[13] The age group 40–59 is broken out since this

[10] Nassau County Dept. of Health. "Diabetes: From the National, State, and Local Perspective,", p.7.
[11] See www.health.ny.gov/statistics/chac/indicators.
[12] Nassau County Community Health Assessment: 2010 Update. Volume 3, p.12.
[13] See tables in "Prevalence of Obesity and Trends in the Distribution of Body Mass Index Among US Adults, 1999-2010." *JAMA*. 2012;307(5):491-497. doi:10.1001/jama.2012.39. National Center for Health Statistics, Centers for Disease Control and Prevention.

cohort has the highest rates of obesity. Given the racial/ethnic composition of our primary service area, the need for obesity prevention and control is clear.

	Non-Hispanic White	Non-Hispanic Black	Hispanic
Body Mass Index ≥ 30 (Obese)			
All (≥20 years, age-adjusted)	34.3%	49.5	39.1
Men (all)	36.2	38.8	37.0
Men (40-59 y)	37.4	42.6	40.0
Women (all)	32.2	58.5	41.4
Women(40-59y)	31.8	62.7	48.0

Mercy's implementation plan also recognizes a need for better access to weight-loss surgery by underserved individuals. For people who are very obese, weight-loss surgery may be the only option that provides significant long-term weight loss. The U.S. National Institutes of Health recommends bariatric surgery for obese people with a body mass index (BMI) of at least 40 and also for people with BMI ≥ 35 if they have a serious coexisting medical condition such as diabetes. This is a larger population, especially for subpopulations in our service area, than one might suppose. For example, nationally, nearly a quarter of African-American women in the 40–59-year age group fall in the BMI ≥ 40 category! The following table presents the national BMI≥ 35 and BMI≥ 40 data for three racial/ethnic groups[14]:

	Non-Hispanic White	Non-Hispanic Black	Hispanic
Body Mass Index ≥ 35 (Obese Grade 2)			
All (≥20 years, age-adjusted)	14.4%	26.0%	14.9%
Men (all)	12.1%	20.7%	11.4%
Women (all)	16.6%	30.7%	18.1%
Women(40-59y)	15.6%	36.4%	17.3%
	Non-Hispanic White	Non-Hispanic Black	Hispanic
Body Mass Index ≥ 40 (Obese Grade 3)			
All (≥20 years, age-adjusted)	5.7%	13.1%	5.0%
Men (all)	4.2%	7.4%	4.1%
Women (all)	7.3%	17.8%	6.0%
Women (40-59y)	7.3%	23.0%	4.4%

[14] See tables in "Prevalence of Obesity and Trends in the Distribution of Body Mass Index Among US Adults, 1999-2010." *JAMA*. 2012;307(5):491-497. doi:10.1001/jama.2012.39. National Center for Health Statistics, Centers for Disease Control and Prevention

Thus bariatric surgery can potentially play a decisive role in obesity management for a surprisingly large number of people. And, as noted in the previous section, it can simultaneously impact comorbidities including diabetes, cardiovascular health, sleep apnea and mortality.[15] Aggressive treatment of obesity via surgical approaches for patients not responsive to medical and dietary interventions is becoming a much more important modality. Gastrointestinal surgery can result in substantial weight loss, and therefore is an available weight loss option for well-informed and motivated patients, especially those who have comorbid conditions.[16]

Mercy has also chosen to address the obesity priority because we seek to build up our program in the area of nutritional education and obesity outreach and because of our strength in bariatric surgery. Mercy is proud to have been designated a Bariatric Surgery Center of Excellence by the American Society for Metabolic and Bariatric Surgery for several years running, and seeks to leverage its strength in this area to address the treatment needs of the populations hardest hit by severe obesity

3. *Prenatal and early childhood health care.* Although perhaps not among the top three responses, one of the findings of the Nassau County Health Needs qualitative assessment is that "there is a lack of awareness of the importance of prenatal care among high-risk populations, especially among the African American population". Although it ranks low on community surveys, it is a good example of an important health need that doesn't poll well, for the simple reason that quality of prenatal care will be a self-reported health concern at relatively few times in one's life. Nevertheless it can have lifelong consequences for the newborn child. Poor prenatal care in Nassau County is concentrated in poor, largely black and Hispanic populations of the southern region, much of it in Mercy's primary service area. The "late or no prenatal care"" rate (LNPC) in the Mercy PSA (4.5%) is more than double the rest of the county's rate, accounting for over half the county total. Prenatal care and infant mortality is one of the five Nassau County health priorities designated in the 2010 Nassau County Community Health Assessment.[17] Consequently prenatal and early childhood health care should be regarded as a vital health need in our area.

This priority was also chosen in part because Mercy is well positioned to have an impact in this area through our OB/GYN and Pediatric services, including several outpatient educational programs, the federally funded supplemental food program WIC (Women, Infants and Children), and Mercy's Family Care Center which works every day with underserved mothers in our community and is familiar with the problems they face. In addition, Mercy hopes to develop a prenatal outreach program to go out in the community to address these prenatal and early childhood problems.

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[15] Robinson MK (July 2009). "Editorial: Surgical treatment of obesity—weighing the facts". *N. Engl. J. Med.* **361** (5): 520–1. doi:10.1056/NEJMe0904837. PMID 19641209.

[16] Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. NHLBI Obesity Education Initiative. http://www.ncbi.nlm.nih.gov/books/NBK2004/

[17] Nassau County Community Health Assessment: 2010 Update. Vol 3, p.12.

B. Three-Year Plan of Action.

Mercy's implementation plans include a Mercy Diabetes education outreach program, a new Wound Care Center that together with our new Podiatry Service will address a large class of complications of diabetes; an obesity prevention outreach program and expanded access to Mercy's award-winning weight-loss (bariatric) surgery services; and the Welcome Baby prenatal outreach program. Also, throughout the implementation period, for each of the priorities, Mercy will continually address these needs through Speaker Bureau engagements, support groups, participation in community health fairs and Healthy Sunday programs, and various screening programs.

1. Addressing Priority 1: Diabetes Education and Control. This priority is part of the *Prevent Chronic Diseases* Prevention Agenda item under Focus Area "Increase Access to High Quality Chronic Disease Preventive Care and Management."

Goal 1: *Promote culturally relevant chronic disease self-management education for diabetes.* [18]

> **Strategy :** Mercy plans to implement a Diabetes Education Outreach Program. This program will enable Mercy's two-year-old Diabetes Education Center to meet the needs of area residents by going to them rather than depending on them to come to Mercy. A Certified Diabetes Educator (most likely bilingual) will work with local churches, community service centers and health clinics to provide introductory diabetes management classes at various locations in high-risk areas. These classes will be designed to impart vital diabetes-related dietary and health-related information and identify good candidates for Mercy's outpatient Diabetes Education program. Mercy will seek funding to enable the program to also provide financial support for the uninsured, so that all candidates who need them will be able to take the classes provided at Mercy on an outpatient basis. In addition, we plan to provide subsidized transportation to ensure that candidates without access to a car can attend the classes. This is important since the single public bus to Mercy stops only twice daily.
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> **Measurable Objective:** By December 31, 2017, increase the percentage of adults with diabetes who have taken a course or class to learn how to manage their condition. The exact percentage and the precise definition of the relevant population will be determined in the course of detailed planning in Fall, 2013.

Goal 2: *Increase screening rates for diabetes, especially among disparate populations.* [19]

> **Strategy:** Catholic Health Services of Long Island is planning a Community Care for Obesity and Diabetes (C.O.D.) screening and referral program for network hospitals including Mercy. Under this program, Certified Diabetes Educators will implement evidence-based Screening, Brief Intervention and Referral to Treatment (SBIRT) for Medicaid, Medicare and dually-eligible adults accessing care at Mercy who have a Body Mass Index (BMI) greater than 25 or are pre-diabetic. Patients with BMI>30 will receive individual consultations. Pre-diabetes patients will be referred to Mercy's Diabetes Education Center or to Mercy community partners.

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[18] This is suggested goal #3.3 for this Focus Area at www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/chronic_diseases/focus_area_3.htm#goals.

[19] This is suggested goal #3.1 for this Focus Area at www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/chronic_diseases/focus_area_3.htm#goals.

Measurable Objective : By December 31, 2017, increase the percentage of adults 18 years and older who had a test for high blood sugar or diabetes within the past three years. The exact percentage and the precise definition of the relevant population will be determined in the course of detailed planning in Fall, 2013.

Goal 3: *Promote use of evidence-based care to manage diabetes*.[20]

Strategy : A variety of complications of diabetes are common, including increased risk of cardiovascular problems, damage to nerves, kidneys and eyes, foot problems and wounds that won't heal, the last two of which frequently lead to amputation. Mercy is currently in the process of creating or expanding four services that address these problems:

- An ambulatory Outpatient Podiatry Service that began operation last year
- A new Wound Care Center that is expected to become operational this fall
- Expanded access to Mercy's award-winning Weight Loss/Bariatric Surgery services
- Expansion of primary care practices (onsite in Mercy's Family Health Center) and in community settings to better deal with and prevent diabetic complications

Podiatry and Wound Care work together to impact the treatment of diabetic patients in this way: Delayed wound healing is one of the most common complications associated with both type 1 and type 2 diabetes. If left untreated, wounds can lead to infection, amputation and even death. In fact, diabetes is the leading cause of non-traumatic lower limb amputation in the United States. The most common such wound is a diabetic foot ulcer, an open sore or wound that occurs in approximately 15% of patients with diabetes. Approximately 14–24%of patients with diabetes who develop a foot ulcer will require an amputation. Foot ulceration precedes 85% of diabetes-related amputations.[21] Thus the combination of the new Outpatient Podiatry Service and new Wound Care Center will add an important new weapon to Mercy's arsenal in the fight against diabetes.

In addition, obesity reduction and diabetes control are of course closely linked. Mercy's plans to promote obesity education and management, described in the next section, will also support the goal of improved diabetes treatment. In particular, long-term studies show that bariatric surgical procedures can cause recovery from diabetes, improvement in cardiovascular risk factors and a reduction in mortality of 23% from 40%.[22]

Measurable Objective: By December 31, 2017, reduce the rate of hospitalizations for short-term diabetes complications. The exact percentage and the precise definition of the relevant population will be determined in the course of detailed planning in Fall, 2013.

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[20] This is suggested goal #3.2 for this Focus Area at www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/chronic_diseases/focus_area_3.htm#goals.

[21] American Podiatric Medical Association website, www.apma.org/Learn/FootHealth.cfm?ItemNumber=981.

[22] Robinson MK (July 2009). "Editorial: Surgical treatment of obesity—weighing the facts". *N. Engl. J. Med.* **361** (5): 520–1. doi:10.1056/NEJMe0904837. PMID 19641209.

2. Addressing Priority 2: Obesity prevention, control and treatment. This priority is part of the *Prevent Chronic Diseases* Prevention Agenda item under Focus Area "Reduce Obesity in Children and Adults."

Goal 1: *Expand the role of health care and health service providers and insurers in obesity prevention*.[23]

Strategy: Mercy's strategy has a screening/referral component and an outreach education component.
The Community Care for Obesity and Diabetes (C.O.D.) screening and referral program, which will provide screenings, consultations, and referrals for individuals with Body Mass Index greater than 25 as needed, was described under II.B.1.Goal 2 above. The Mercy Weight-Loss Outreach Program is still under development but will in all likelihood include:

- A nutritional education program under which Mercy physicians and nutritionists will give lectures and make presentations on nutrition and obesity-related issues throughout the community at local health fairs, libraries, senior centers, etc.
- An adult weight management program, consisting of a multi-disciplinary team of health care professionals (nutritionist, physical therapist, behavior health therapist) to provide guidance and support to the adult wishing to modify his or her lifestyle to manage weight.

Measurable Objective: By December 31, 2017, increase the percentage of adults 18 years and older who have been screened and counseled for obesity within the past three years. The exact percentage and the precise definition of the relevant population will be determined in the course of detailed planning in Fall, 2013.

Goal 2 : *Enhance consumer access and coverage for weight-loss surgery*.

Strategy: Mercy will seek to expand access to its award-winning Weight-Loss (Bariatric) Surgery program. During the coming three years the hospital plans to create a Bariatric Access Program, which will expand access to bariatric surgery for those in need, offering a wider menu of discounted rates and charity care than are currently available. Budget and quantified goals remain to be worked out.

Measurable Objective : By December 31, 2017, increase the percentage of underinsured or uninsured adults who are able to access weight-loss surgery at Mercy. The exact percentage and the precise definition of the relevant population will be determined in the course of detailed planning in Fall, 2013.

3. Addressing Priority 3: Promote prenatal and early childhood health care. This priority is part of the *Promote Healthy Women, Children, and Infants* Prevention Agenda item under Focus Area "Maternal and Infant Health".

Goal: *Increase utilization of preventive health care services among expectant women and mothers of newborns and very young children.*

[23] This is suggested goal #1.3 for this Focus Area at www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/chronic_diseases/focus_area_3.htm#goals.

Strategy: The hospital plans to augment its current services the Welcome Baby Prenatal Outreach Program. Currently, Mercy offers a Prenatal Care Program through its outpatient Family Care Center that helps mothers-to-be-give their babies a healthy start in life, regardless of financial ability or immigration status. At least a quarter of Mercy's outpatient ob/gyn clinic patients and over half of the Level III NICU patients are Medicaid/self-pay. Each woman in Mercy's prenatal program sees a social worker, a nutritionist and a board-certified physician, and receives alcohol and substance abuse testing. The hospital offers a six-week childbirth preparation program taught by registered nurses and staff adept at educating patients of diverse languages, cultures and education levels.

The primary goal of the planned Welcome Baby Prenatal Outreach Program is to improve the quality of prenatal care in some of the neediest areas of the county, yielding healthier births and fewer premature and low birth weight babies. As part of Mercy's full-service outpatient obstetrical, gynecological and pediatric service, one of the staff will reach out to the neediest areas in the community to identify and educate at-risk pregnant women and motivate them to participate in a sustained program of prenatal care. In addition, Mercy plans to extend the subsidized transportation program to prenatal program clients. The reason is that the single public bus to Mercy stops only twice daily, resulting in missed appointments or costly cab rides for women who can't afford it.

The outreach program through the outreach specialist will provide three services for at-risk women in the area: (1) Outreach: partner with various community/government organizations to identify those in need and get advice on the best approach to develop programs for them. (2) Health Education: visit community settings to make presentations and provide literature; the presentations will normally be overviews derived from Mercy's current 6-week parenting preparation course; offer this course in Spanish. (3) Referrals and follow-up: will assist with transportation to Mercy appointments and follow-up clients who don't come to Mercy to ensure they go somewhere, working with local organizations wherever possible.

Measurable Objective: By December 31, 2017, increase the percentage of underserved mothers-to-be in Mercy's primary service area who receive prenatal education. The exact percentage and the precise definition of the relevant population will be determined in the course of detailed planning in Fall, 2013.

C. Dissemination of the Plan to the Public.

A written summary of the Community Service Plan will be disseminated to the public. The summary will highlight key information regarding Mercy Medical Center's programs, including the Prevention Agenda priorities and implementation schedule. The information will be posted to Mercy's website www://mercymedicalcenter.info and will be distributed throughout the Hospital and at community outreach programs, including health lectures, fairs, screenings, etc.

D. Process for Maintaining Continued Engagement with Partners and for Tracking Progress.

The Nassau County-Hospital Collaborative will continue to meet regularly throughout the 3-year term of the plan to review progress reported by all members. Program tracking for each of the chosen priorities will be discussed and made a permanent record through the minutes.

At Mercy, in order to oversee more fully the design and implementation of the priority needs, it is proposed that two existing multidisciplinary Mercy staff committees be merged into one for this oversight. The current Mission and Ministry Committee and the Community Outreach Committee, whose membership and focus are very similar, will have as one of its main responsibilities the oversight of the implementation of the Community Health Needs Assessment and Community Service Plan. Also, it is being proposed that the Planning Committee of Mercy's Board monitor the progress at their meetings and that the employee Wellness Committee focus on healthy lifestyles for employees, especially in terms of obesity and diabetes prevention.

III. Conclusion.

Mercy Medical Center regards this year—the 100th year of its service to Nassau County—as a special opportunity to promote excellence in care and commitment to those in need, to further the hospital's outreach to the community, and to strengthen its capacity to bring a brighter future to those served.