



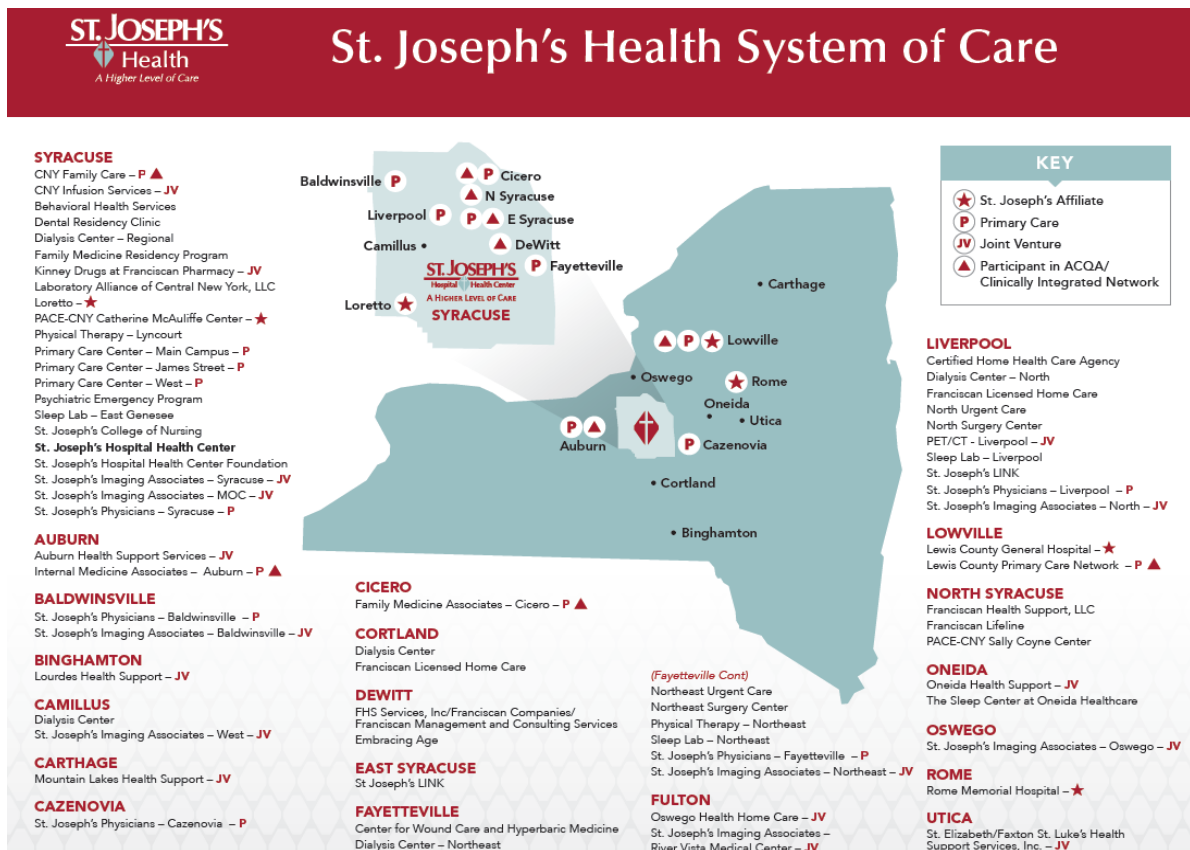
## St. Joseph's Hospital Health Center – Syracuse, NY Community Health Needs Assessment Implementation Strategy FY17 – FY19

St. Joseph's Hospital Health Center (St. Joseph's) completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on May 27, 2016. St. Joseph's performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment took into account input from representatives of the community, community members, and various community organizations.

The complete CHNA report is available electronically at <http://www.sjhsyr.org/news-media-center/publications> or printed copies are available at St. Joseph's Hospital within the Community Benefit Department, Patient Access Department, in Administration, or in the Emergency Department.

### Hospital Information

Following is a service map reflecting St. Joseph's services throughout the region, including the 5 counties outside of Onondaga County, and Onondaga County (Onondaga County in light blue call-out diagram), at the center of this analysis.



The System of Care map outlines each of the health facilities and services operated fully or in part by the entities within the St. Joseph's Health system. While the hospital, one entity within St. Joseph's Health, operates several outpatient services reflected on the map, the diagram is inclusive of all St. Joseph's Health system services.

St. Joseph's Hospital Health Care Center serves as the backbone of our integrated system. The hospital services include but are not limited to, medical/surgical inpatient care, OB/GYN services, medical imaging, lab, and other ancillary services, outpatient dialysis, primary care (primary care clinics) inpatient and extensive outpatient behavioral health services, a Certified Home Health Care Agency, a College of Nursing, a Pharmacy Residency Program and a Family Medicine Residency Program.

St. Joseph's primary care clinics (2 hospital-based clinics) and physician practices are evolving as role model for excellence in primary care, with all 9 sites having achieved Level 3 Patient Centered Medical Home Certification. Both of the hospital-based clinics are designated Health Professional Shortage Areas (HPSA).

St. Joseph's continuum of care has expanded in recent years to now include a Clinically Integrated Network and ACO; designation as the lead Health Home<sup>1</sup> in Onondaga, Oswego, Madison, Oneida, Lewis and Cayuga Counties; participation in the CNYCC DSRIP program in a 6-county region (same as aforementioned 6 counties); and the innovative development of new programs to support value-based care, such as telemedicine and patient navigator programs.

Outside of the hospital, Franciscan Companies provides a variety of health-related services, products and programs to enable people to live home and live well. Services include home medical equipment, respiratory therapy, sleep disorder treatments, home care, senior programs, wellness initiatives, Lifeline medical alert, medication dispensers and tele-health. More than a dozen companies fall under the Franciscan umbrella serving nearly 40,000 patients annually.

### **Mission**

*We, St. Joseph's Health and Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.*

### *Our Roots:*

*Inspired by our Franciscan Tradition, we are passionate healers dedicated to honoring the Sacred in our sisters and brothers.*

### **Health Needs of the Community**

The CHNA conducted in the winter/spring of 2016 identified four core significant health needs categories within the St. Joseph's Health community. Those needs were then prioritized based on rates and causes of premature death; disease incidence rates; hospitalization rates; health disparities data; available hospital resources and the ability and capacity of the hospital to address the health need in a meaningful way. The four significant health needs identified, in order of priority include:

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<sup>1</sup> Health Home provides care coordination/care management services for Medicaid enrollees with 2+ chronic conditions, inclusive of mental and behavioral health.

<p><b>Prevention of Chronic Disease</b></p>	<p>St. Joseph's selected the prevention of chronic disease as a priority health need largely due to the high incidence of premature death from heart disease, respiratory disease and stroke. In addition, St. Joseph's also assessed the rates of diabetes in our community, as well as the community's hospitalization rates for chronic disease. Not only do the rates of disease point to opportunity in our community, but specifically the health disparities that surfaced among chronic disease-related hospitalization rates highlight critical opportunities. All of these data points combined underscore the need to focus efforts on chronic disease management and reduction.</p>
<p><b>Promotion of Mental Health and the Prevention of Substance Abuse</b></p>	<p>The high rates of mental health-related illness, mental health-related healthcare utilization, and the rates of Opioid-related illness and death in Onondaga County led St. Joseph's to select Mental Health &amp; Substance Abuse as a priority area. Further, coupled with the data, the community's feedback regarding the lack in mental health and substance abuse resources elevated this need as a priority in St. Joseph's community.</p>
<p><b>Promotion of Healthy Women, Infants and Children</b></p>	<p>The rate of health disparities reported for pre-term births of black and Hispanic infants specifically in Onondaga County's urban core of Syracuse, NY, highlighted a critical health need. In addition to these metrics, the infant mortality rates by race for both Onondaga County and the sub-population of Syracuse, NY further emphasized health disparities that need to be addressed within St. Joseph's community.</p>
<p><b>Promotion of a Healthy and Safe Environment</b></p>	<p>Within the CHNA, falls accounted for the #1 (Aged 85+; 410/10,000), #6 (Aged 75-84; 159.7/10,000) and #9 (Aged 65-74; 51.7/10,000) of the top 10 leading causes of hospitalizations among the general Onondaga County population. These trends, combined with the projected population growth of the 65+ age cohort, and the stakeholder identification of elder support as a community need provided the data to support highlighting this topic as a community need.</p>

# Hospital Implementation Strategy

St. Joseph's Health's resources and overall alignment with the hospital's mission, goals and strategic priorities were taken into consideration of the significant health needs identified through the most recent CHNA process.

## **Significant health needs to be addressed**

St. Joseph's Hospital will focus on developing and/or supporting initiatives and measure their effectiveness, to improve the following three health needs:

- **Prevention of Chronic Disease** – Detailed need specific Implementation Strategy on pp.5-6.
- **Promotion of Mental Health and the Prevention of Substance Abuse** – Detailed need specific Implementation Strategy on pp.7-8.
- **Promotion of Healthy Women, Infants and Children** – Detailed need specific Implementation Strategy on p.9

## **Significant health needs that will not be addressed**

St. Joseph's Hospital acknowledges the wide range of priority health issues that emerged from the CHNA process, and determined that it could effectively focus on only those health needs which it deemed most pressing, under-addressed, and within its ability to influence. St. Joseph's will not take action on the following health need:

- **Promotion of a health and Safe Environment:** Within the CHNA, falls accounted for the #1 (Aged 85+; 410/10,000), #6 (Aged 75-84; 159.7/10,000) and #9 (Aged 65-74; 51.7/10,000) of the top 10 leading causes of hospitalizations among the general Onondaga County population. These trends, combined with the projected population growth of the 65+ age cohort, and the stakeholder identification of elder support as a community need provided the data to support highlighting this topic as a community need. Due to system constraints related to having the capacity and expertise to develop community-based, targeted interventions for these populations, St. Joseph's has not included this priority in its CHNA Implementation Plan. St. Joseph's will, however, continue to support current community-based programming and provider education initiatives as can be accommodated with current resources.

This implementation strategy specifies community health needs that the Hospital has determined to meet in whole or in part and that are consistent with its mission. The Hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During the three years ending FY19, other organizations in the community may decide to address certain needs, indicating that the Hospital then should refocus its limited resources to best serve the community.

**CHNA IMPLEMENTATION STRATEGY  
FISCAL YEARS FY17 – FY19**

<b>HOSPITAL FACILITY:</b>	St. Joseph’s Hospital (Syracuse, NY)		
<b>CHNA SIGNIFICANT HEALTH NEED:</b>	Prevention of Chronic Disease		
<b>CHNA REFERENCE PAGE:</b>	12	<b>PRIORITIZATION #:</b>	1
<b>BRIEF DESCRIPTION OF NEED:</b> St. Joseph’s selected the prevention of chronic disease as a priority health need largely due to the high incidence of premature death from heart disease, respiratory disease and stroke. In addition, St. Joseph’s also assessed the rates of diabetes in our community, as well as the community’s hospitalization rates for chronic disease. Not only do the rates of disease point to opportunities for improvement in our community, but specifically the health disparities that surfaced among chronic disease-related hospitalization rates highlight critical opportunities among specific patient populations.			
<b>GOAL:</b> Decrease the rates of hospitalization due to diabetes, stroke and hypertension.			
<b>OBJECTIVE:</b> Impact the rates of tobacco use and obesity in our service area, which lead to the development and exacerbation of chronic disease.			
<b>ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:</b>			
<ol style="list-style-type: none"> <li>1. Participate through St. Joseph’s Primary Care Center-West in a collaborative partnership with Syracuse University’s Lerner Center and Excellus on the implementation of a Diabetes Prevention Program</li> <li>2. Participate in the implementation of a collaborative, community-based program (Transforming Communities Initiative) with the Onondaga County Health Department, Westside Initiative, NorthsideUp, Syracuse University, and HealtheConnections to develop environments and promote policy changes to impact obesity and tobacco use.</li> <li>3. Participate in efforts to advocate for Tobacco21 legislation at the local (County) and state level.</li> <li>4. Implement tobacco screening and follow-up protocols within hospital primary care centers as part of the Delivery System Reform Incentive Payment program Project 3.b.i.</li> <li>5. Participate in a place-based community effort in collaboration with the Dunbar Center, Southwest Community Center, and the American Heart Association to improve access to preventive health services as a means of decreasing cardiovascular health disparities.</li> </ol>			
<b>ANTICIPATED IMPACT OF THESE ACTIONS:</b>			
<ol style="list-style-type: none"> <li>1. Overall improvement of the health indicators which point to the development of diabetes.</li> <li>2. Decrease in the level of access to tobacco products within the community, and increase in access to exercise.</li> <li>3. Increased number of tobacco screenings and associated follow-up</li> <li>4. Increased access to preventive health screenings for a specific population at risk for cardiovascular disease</li> </ol>			
<b>PLAN TO EVALUATE THE IMPACT:</b>			
<ol style="list-style-type: none"> <li>1. Measure the levels of HgbA1C (&lt;7%) and Weight of Excellus Diabetes program participants, with a targeted improvement of both measures from baseline.</li> <li>2. Measurement of the impact of policy and environmental changes (tobacco, obesity) as related to access for specific populations within the community.</li> <li>3. Measurement of the number of patients screened for tobacco use and referred to tobacco cessation resources</li> <li>4. Measurement of the number of individuals gaining access to preventive screening services.</li> </ol>			

**PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:**

The hospital will commit resources and staff time through its Primary Care Center – West, Community Benefit Operations, the Regional Center for Tobacco Health Systems, advocacy, marketing & communications and administration. The hospital will further commit resources within its grant writing capacity to identify and solicit funding.

**COLLABORATIVE PARTNERS:**

St. Joseph’s Primary Care Center – West, St. Joseph’s Community Benefit Operations, Onondaga County Health Department, Syracuse University’s Lerner Center, NorthsideUp, Syracuse Westside Strategy, HealthConnections, Excellus, Dunbar Center, Southwest Community Center , the American Heart Association, Trinity Health

## CHNA IMPLEMENTATION STRATEGY FISCAL YEARS FY17 – FY19

<b>HOSPITAL FACILITY:</b>	St. Joseph’s Hospital (Syracuse, NY)		
<b>CHNA SIGNIFICANT HEALTH NEED:</b>	Promotion of Mental Health and the Prevention of Substance Abuse		
<b>CHNA REFERENCE PAGE:</b>	14	<b>PRIORITIZATION #:</b>	2
<b>BRIEF DESCRIPTION OF NEED:</b> The high rates of mental health-related illness, mental health-related healthcare utilization, and the rates of Opioid-related illness and death in Onondaga County led St. Joseph’s to select Mental Health & Substance Abuse as a priority area. Further, coupled with the data, the community’s feedback regarding the lack in mental health and substance abuse resources elevated this need as a priority in St. Joseph’s community.			
<b>GOAL:</b> Impact the incidence of emergency department utilization and hospitalizations due to the use of opioids and due to the exacerbation of mental health conditions.			
<b>OBJECTIVE:</b> Improve access to mental health and substance abuse management services and resources.			
<b>ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:</b>			
<ol style="list-style-type: none"> <li>1. Continue to support a host of outpatient behavioral health programs, including but not limited to adult &amp; children’s outpatient services; health home program; community residences; the LINK program; Peer Advocacy Program; Personalized Recovery Oriented Services; and Project CHANCE (collaboration with Onondaga County, Rescue Mission &amp; Salvation Army).</li> <li>2. Implement a “Vital Access Provider” Behavioral Health grant program to optimize current resources and expand access to services.</li> <li>3. Implement the Delivery System Reform Incentive Payment (DSRIP) program Project 4.a.iii “Strengthen Mental Health Systems”</li> <li>4. Implement a project to support the reduction of opiate use in Onondaga County in collaboration with the Onondaga County Health Department, Crouse Hospital, Upstate University Hospital, Syracuse University’s Lerner Center for Public Health Promotion, and the Central New York Care Collaborative.</li> </ol>			
<b>ANTICIPATED IMPACT OF THESE ACTIONS:</b>			
<ol style="list-style-type: none"> <li>1. Increased access to an expanded portfolio of outpatient behavioral health services.</li> <li>2. Development of new community-based health promotion and disorder prevention partnerships</li> <li>3. Expansion of current efforts with the Department of Health and the Office of Mental Health to implement collaborative care in primary care settings,</li> <li>4. Increased access to shared data and information to improve care.</li> </ol>			
<b>PLAN TO EVALUATE THE IMPACT:</b>			
<ol style="list-style-type: none"> <li>1. Measure the number of patients accessing outpatient behavioral health programs year-over-year as a measure of the efficacy of efforts to expand access and optimize current services/resources.</li> <li>2. Measure the impact of the Opioid project through a related Opioid use measure within the Onondaga County (Examples: impact on prescribing practices, or impact on access to opioids through Emergency Departments)</li> </ol>			
<b>PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:</b>			
St. Joseph’s will commit programmatic expenses allocated to outpatient behavioral health services, resources to manage the Vital Access Provider grant, resources to participate in DSRIP and design/implement the related project, resources to design and participate in a community-based opioid intervention.			

**COLLABORATIVE PARTNERS:**

Onondaga County Health Department, Syracuse University's Lerner Center, NorthsideUp, Primary Care Center-West, St. Joseph's Outpatient Behavioral Health Programs, CNY Care Collaborative, Dunbar Center, Southwest Community Center, DSRIP Operations/VAP Program Project Manager, St. Joseph's Community Benefit Officer & Coordinator, Trinity Health

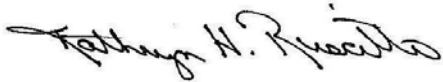


**CHNA IMPLEMENTATION STRATEGY  
FISCAL YEARS FY17 – FY19**

<b>HOSPITAL FACILITY:</b>	St. Joseph’s Hospital (Syracuse, NY)		
<b>CHNA SIGNIFICANT HEALTH NEED:</b>	Promotion of Healthy Women, Infants and Children		
<b>CHNA REFERENCE PAGE:</b>	15	<b>PRIORITIZATION #:</b>	3
<b>BRIEF DESCRIPTION OF NEED:</b> The rate of health disparities reported for pre-term births of black and Hispanic infants specifically in Onondaga County’s urban core of Syracuse, NY, highlighted a critical health need. In addition to these metrics, the infant mortality rates by race for both Onondaga County and the sub-population of Syracuse, NY further emphasized health disparities that need to be addressed within St. Joseph’s community.			
<b>GOAL:</b> Impact the number of pre-term births and infant mortality rates in Syracuse, with a particular focus on existing disparities among Onondaga County’s black and Hispanic infants.			
<b>OBJECTIVE:</b> Improve access to prenatal and postpartum care for vulnerable populations.			
<b>ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:</b>			
<ol style="list-style-type: none"> <li>1. Maintain access to critical OB/GYN and family medicine services through the hospital’s primary care clinics.</li> <li>2. Support prenatal care through outreach to vulnerable populations, with potential implementation of the Centering Pregnancy program.</li> <li>3. Participation in DSRIP Program project 4.d.i, focusing on preconception and interconception (between pregnancies) risks (smoking, use of alcohol/drugs, unintended pregnancy) and implementation of strategies to reduce those risks.</li> </ol>			
<b>ANTICIPATED IMPACT OF THESE ACTIONS:</b>			
<ol style="list-style-type: none"> <li>1. Increased access to prenatal care and support</li> <li>2. Decreased incidence of risk behaviors associated with preterm births</li> </ol>			
<b>PLAN TO EVALUATE THE IMPACT:</b>			
<ol style="list-style-type: none"> <li>1. Measurement of the number of patients accessing prenatal care through the Hospital’s PCCs and associated support programs (i.e. centering Pregnancy).</li> <li>2. Measurement of the preterm birth and infant mortality rates in both Onondaga County and Syracuse, NY, with a focus on the impact of interventions on existing health disparities.</li> </ol>			
<b>PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:</b>			
St. Joseph’s will commit programmatic expenses allocated to primary care clinics and OB/GYN clinics, resources to participate in DSRIP and design/implement the preterm birth project, resources to offer additional prenatal support services to vulnerable populations.			
<b>COLLABORATIVE PARTNERS:</b>			
Primary Care Center-West, Primary Care Center – Main, Primary Care Center – James St., CNY Care Collaborative, DSRIP Operations/VAP Program Project Manager, Onondaga County Health Department, Centering Pregnancy Program/centering healthcare Institute (potential), St. Joseph’s Community Benefit Officer & Coordinator, Trinity Health			

## Adoption of Implementation Strategy

On September 1, 2016, the Board of Directors for St. Joseph's Hospital Health Center met to discuss the FY17 – FY19 Implementation Strategy for addressing the community health needs identified in the FY17 – FY19 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy.



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Kathryn Ruscitto, President and CEO  
St. Joseph's Hospital Health Center

9/12/2016  
Date