FISCAL YEAR 2022 Community Health & Well-Being Impact Report



A Member of Trinity Health



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#### **Our 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 Core Values**

We honor the sacredness and dignity of every person.

Commitment to Those Who are Poor We stand with and serve those who are poor, especially those most vulnerable.

#### Safety

We embrace a culture that prevents harm and nurtures a healing, safe environment for all.

#### Justice

We foster right relationships to promote the common good, including sustainability of Earth.

#### Stewardship

We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

**Integrity** We are faithful to who we say we are.

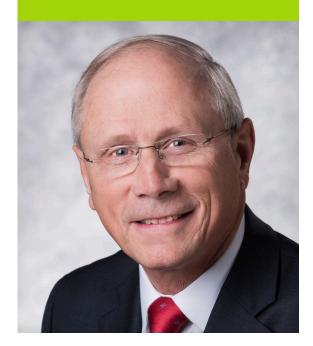
#### **Our Vision**

As a mission-driven innovative health organization, we will become the national leader in improving the health of our communities and each person we serve. We will be the most trusted health partner for life.

## Intro letter

We are pleased to present the Fiscal Year 2022 (FY22), July 1, 2021 – June 30, 2022, St. Joseph's Health Community Benefit report. The last twelve months have been a transformative time in the COVID-19 pandemic as our colleagues and the community continue to adjust to changing guidelines, safety precautions, disease variants, and vaccines. At St. Joseph's Health, it is always our focus to put the patient at the center of all we do. In the spirit of this commitment, we introduced community health workers into our communities in FY 2022. These frontline health care workers serve an important role in helping people identify and remove their social barriers to health care. These services are especially vital after so many people abandoned health screenings and other important care for two years out of fear, or lack of personal contact or communication during the most turbulent times of the pandemic. With the expansion of COVID-19 vaccines and subsequent boosters aimed at reaching new age groups, we continue our campaign to raise awareness of the benefits of being vaccinated and access to these vaccines, especially among the needy and vulnerable. We've also expanded effective treatments for patients. As we continue to encourage vaccination across all groups and communities, we hope to realize improved population health, without disparities, in these at-risk communities. St. Joseph's Health invested \$58.8 million in community health in FY 2022. These efforts included preventative services, uncompensated care, community partnerships, and other efforts to meet the health needs of the uninsured, low-income, and other at-risk populations. Our services benefited victims of crime, homeless people who needed treatment or temporary housing while ill, and people with food insecurities. At St. Joseph's Health, we remain steadfast in our Mission to serve as a "compassionate and transforming healing presence within our communities" and address social influencers of health, not only as a caring community member, but as a catalyst for change. We continue to promote optimal health for those populations that are poor and vulnerable by connecting social and clinical care, addressing social needs, dismantling systemic racism, and reducing health inequities. We continue to be thankful for the opportunities and partnerships that help us invest in our communities and optimize wellness in the Central New York Region and surrounding areas.

James K. Reed, MD, President and CEO Katherine A. DeRosa, Chief Mission Office & VP of Community Health & Well-Being 66 Despite the long hours and tremendous losses our communities experienced over the past year, our teams maintained hope, positivity and creativity.



## Ministry **Overview**

St. Joseph's Health is now a 501c3, Magnet-designated, Article 28, 451-bed hospital and teaching facility, College of Nursing, and comprehensive regional health care system. With the goal of providing integrated world-class health care to area residents, St. Joseph's Health serves 16 Central New York (CNY) counties and Northern Pennsylvania. With a medical staff of 778 physicians/dentists, and 5,383 health care professionals/support personnel, St. Joseph's Health had 22,226 inpatient discharges and 825,173 outpatient encounters in FY2021.

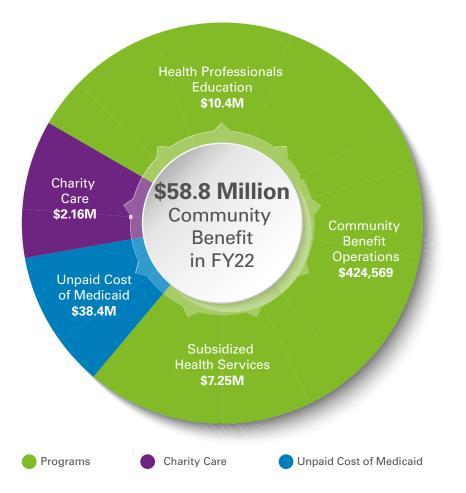
Patients served are primarily among the impoverished; 73% receive Medicaid, Medicare or have no insurance. Race/Ethnicity is: 76% White, 13% African American, 5% Hispanic, 4% Asian, and 1% Native American. Ages include: 5% are 0-17 years (yrs) old, 14% are 18-29 yrs, 40% are 30-59 yrs and 40% are 60+ yrs. Gender: 53% female and 47% male. St. Joseph's Health's specialty services/satellite facilities include eight Level-3 certified Patient-Centered Medical Home Primary Care Centers; Family and Transitional Medicine, Dental and Pharmacy Residency programs; a Dental Office; and Ambulatory Surgery Center. Also included: Air Medical Transport; certified home health care; medical/psychiatric emergency services; dialysis centers; and population health initiatives that use evidence-based, patientcentered processes that focus on coordinated care and long-term relationships. In 2015, St. Joseph's Health created an Accountable Care Organization and Clinically Integrated Network to improve the patient experience, provide quality care and reduce health care costs.

Considered CNY's "heart hospital", St. Joseph's Health is a Cardiovascular Center of Excellence; Certified Stroke Center; Center for Wound Care and Hyperbaric Medicine; CNY Regional Tobacco Center; New York State (NYS) designated Mental Health Center; Accredited Breast Center; and Level III Perinatal Center with a Level III Neonatal Intensive Care Unit.



## Community Benefit

Our CHNA identified priority areas, Prevent Chronic Diseases (PCD) and Promote Well-Being and Prevent Mental and Substance Use Disorders (PWPMSUD), drove our implementation strategy. Partnering with other local agencies, we developed our County CHIP workplan. The St. Joseph's Health interventions were broken down further into the focus areas of healthy eating and food security, physical activity, tobacco prevention, and preventive care and management for PCD. Our interventions targeted our community, including our own colleagues.



#### Health Professions Education: Training Tomorrow's Doctors

Today St. Joseph's Health Family Medicine Residency is the largest family medicine residency program in the Northeast. It is an unopposed family medicine residency program, which blends the primary care orientation of a community hospital with the academic and educational resources of a major medical university. The goal is to produce strong clinicians who are capable of delivering high-quality care in rural and urban settings.

# Faith Community Nursing Program: A holistic approach to patient care... connecting mind, body and spirit

The Faith Community Nursing program aims to build additional capacity in the community to support community members with health improvement activities offered through the "home base" of a faith community.

#### **Improving Mental Health: Zero Suicide Program**

A collaborative community effort to reduce the incidence of suicide. The St. Joseph's Health role in this effort includes but is not limited to, standard suicide assessments in inpatient and outpatient settings, standardized safety plans and postdischarge follow-up phone call protocols.

# Advancing Social Care

### Investments

#### **Food Farmacy**

Seeking to reduce A1c's (blood sugar levels) and to assist patients with weight loss, through dietcontrolled meals. The food provided is consistent with what would be available through local pantries. A registered Dietitian provides education and supervision, while providing patients with seasonal menus and necessary supplies for meal preparation and creation. A Community Health Worker manages the supply of food on-site, as well as the distribution to patients, while also identifying and addressing any gaps in care or social care needs. Patients enrolled in this program must have an A1c greater than 7.1, assessed for food insecurity, and be served by St. Joseph's Health Primary Care Center-Main. Approximately 20 patients have benefited from this program throughout FY22.

#### It Starts Here

In collaboration with Interfaith Works of Central New York to address COVID-19 Vaccine hesitancy, St. Joseph's Health It Starts Here campaign supported community engagement and mobilization efforts in our most vulnerable communities. This project reached 167,934 individuals, while holding and attending 73 Vaccine specific events, which resulted in 1,350 vaccinations for individuals from the Black and Latinx communities, from March 2021 through January 2022.

#### **Covid-19 Response and Recovery**

Continued collaboration with Interfaith Works of CNY, as well as technology support to Care Managers, purchasing of improved medical beds in St. Joseph's Health ICU departments, and access to a wheelchair accessible van for patient transportation needs.

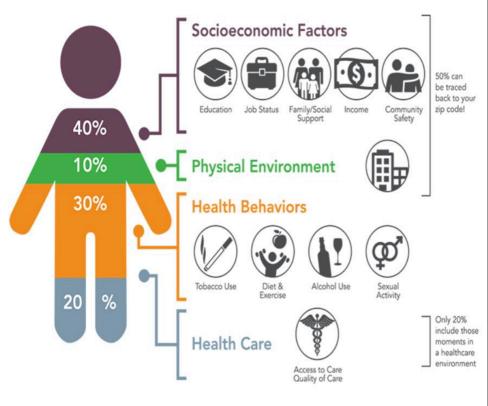


St. Joseph's Health received a \$500,000 grant aware from the Mother Cabrini Health Foundation, which will serve patients with uncontrolled Diabetes Type II and food insecurity.

# Advancing Social Care

## Duals project: Medicaid and Medicare Dually Enrolled Project - Reducing Preventable Hospitalizations

Over 700 patients in "Focused Population". | Successfully reduced ACSC (Ambulatory Care Sensitive Conditions) Admissions | 1 Community Health Worker | 1 LPN Nurse Coach | 1 ACO network supporting the project through effective communication and timely referrals to the CHW



- Collaborate to assign patients to a Community Health Worker or LPN Nurse Coach with the support of the Accountable Care Organization (ACO)
- Identify if the member has a Primary Care Provider, and if the member does not, ensure a process is in place to assist member with selecting a St. Joseph's Health Primary Care Physician (PCP).
- Identify suboptimal patterns in care utilization
- Hold weekly Care Conference to discuss specific patient needs/activities
- Ensure patient provided with behavioral health support as needed (counseling, psych referral and/or PCP-managed medication)
- Conduct assessment of health literacy and language access needs, adjust communication accordingly
- Encourage member to sign-up for the electronic medical record portal, if available and patient has internet.
- Conduct medication reconciliation and identify barriers to filling and taking medications as prescribed
- Connect member with pharmacy assistance program(s)
- Assess member understanding of current diagnoses, plan of care
- Assess for social needs. Identify resources in Community Resource Directory, 211, and/or Unite Us depending on your region.
- Conduct home visits per protocol
- Ensure ongoing outreach to evaluate member status and needs

Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

### **Diabetes Prevention Program**

The DPP is a year-long lifestyle change program clinically proven to stop the onset of type 2 diabetes. We educate participants about how nutrition, fitness, sleep, exercise, and mindfulness combine to build healthy habits that lead to sustainable lifestyle change. Local lifestyle coaches are trained and offer classes by ZIP code to help their community members make the right decisions to gain control of their health and reverse prediabetes.

### **Tobacco Cessation**

Central New York Regional Center for Tobacco Health Systems at St. Joseph's Health serves 10 Central New York counties, working with health care systems to improve the reach and delivery of evidencebased tobacco dependence treatment to all New Yorkers who use tobacco products.

Our team works to facilitate system change with community centers, Federally Qualified Health Centers, behavioral healthcare organizations, and other Community Based Organizations serving populations disproportionately affected by tobacco use and dependence.

Additionally, our Regional Center partners with St. Peter's Health Partners to offer our patients the Virtual Butt Stops Here smoking cessation program.

"You are making a difference. My A1C dropped from 6.3% to 5.4%. If I get another normal A1C, I can drop the prediabetes label. I'm still working on losing 20 pounds, but I will get there over time. Keep up the good work."

# Impacting Social Influencers of Health

## **Sponsorships**:

American Heart Association	Dunbar Center	American Red Cross of Eastern NY	
Interfaith Works of CNY	Brady Faith Center	Sarah's Guest House	
Sisters of Saint Francis	AFE Foundation	Rome Health Foundation	
Salvation Army	YWCA	RISE Inc.	
United Way	Meals on Wheels	Catholic Charities of Onondaga	
Focus Greater Syracuse	The Loretto Foundation	County	

#### **Advancing SIOH Policy**

Living wage Affordable housing **Bacism is a Public Health Crisis** Affordable access to healthcare

#### **Shareholder Advocacy**

Food/Nutrition Tobacco Health/Medications **Gun Violence Environmental Health** 

**Anchor Strategies** 

St. Joseph's Health operates a Social Care Hub, which is managed by the Coordinator of Social Work. This hub can be referred to by anyone in the system and referrals can be for patients and colleagues alike, who need additional support and connectivity to relevant/needed services. The Hub receives approximately 15-20 referrals each month and both encourages use of and utilizes the "findhelp" Community Resource Directory.

## Policies Advanced

St. Joseph's Health collaborates significantly with the Healthcare Association of New York State (HANYS) on a multitude of significant policy initiatives and debates as policy develops over the course of the fiscal year. For FY22, these initiatives included but are not limited to: COVID acute care surge capacity, COVID Vaccines, COVID related operational policies, health system reimbursement policies, acute care staffing policy, workforce shortage and development policy, and Medicaid system transformation.

# Community Health & Well-Being Impact Report



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