

A young woman with dark hair is shown in profile, looking upwards and to the right. She has a gentle smile. A hand with a ring is resting on her shoulder, suggesting support or care. The background is blurred, showing what appears to be a hospital or clinical setting.

FISCAL YEAR 2023

Community Health & Well-Being Impact Report



A Member of Trinity Health

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

Reverence
Commitment to Those
Experiencing Poverty
Safety
Justice
Stewardship
Integrity

OUR VISION

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



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ALL GOOD THINGS BEGIN WITH GRATITUDE

We are pleased to present the St. Joseph's Health Community Health & Well-Being Impact Report for the 2023 fiscal year (July 1, 2022 – June 30, 2023). At St. Joseph's Health, we always focus on putting our patients, residents and community members at the center of all we do.

In the spirit of this commitment, we are proud to provide important, community-oriented programs and services that deepened our connections to the people we serve. We continued to play an essential role in helping people identify and remove their social barriers to health care. Our services are especially vital given that many people abandoned health screenings and other necessary care during the pandemic.

As we continue to promote optimal health for those populations that are experiencing poverty and other vulnerabilities, we realize the need to integrate social and clinical care by building community capacity and partnerships to address social needs, dismantle oppressive systems, including racism, and reduce health inequities.

In FY23, St. Joseph's Health invested more than \$56 million in the health and well-being of our community. These efforts included preventative services, uncompensated care, community partnerships, and other measures to meet the health needs of the uninsured, low-income, and other at-risk populations. Our services benefited both the broader community and vulnerable populations, such as victims of crime, people experiencing homelessness 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." We do this not only as a caring community member but as a catalyst for change.

We remain 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.



Steven Hanks, MD



Katherine A. Derosa



Steven Hanks, MD
President & CEO



Katherine A. Derosa
Chief Mission Officer and
VP of Community Health &
Well-Being

COMMUNITY HEALTH & WELL-BEING

St. Joseph's Health Community Health & Well-Being (CHWB) strategy promotes optimal health for people experiencing poverty and other vulnerabilities in the communities we serve by connecting social and clinical care, addressing social needs, dismantling systemic racism and reducing health inequities.

We do this by:



**Investing in
Our Communities**



**Addressing Patient
Social Needs**



**Strengthening
Community Benefit Impact**

MINISTRY OVERVIEW

St. Joseph's Health includes a 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.

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-III 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, patient-centered 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.

St. Joseph's Health Hospital is considered a Cardiovascular Institute; 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



Creating Healthier Communities

As a dedicated provider of health services, our foremost commitment is to ensure the well-being of every individual.

With empathy and respect, we aim to create a space where individuals feel comfortable coming to us with their concerns and needs. It's vitally important that we take care of those experiencing poverty and those living in vulnerable communities. Approximately 80 percent of healthy outcomes are a direct result of social and behavioral conditions.* This reinforces the need for a holistic approach to addressing health disparities.

Collaborating with partners across Central New York, we've created a network of support for that addresses not only physical health, but also mental and emotional well-being.

Together we are building healthier communities.

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



ADDRESSING PATIENT SOCIAL NEEDS



Food Farmacy

The Food Farmacy at St. Joseph's Health is a Mother Cabrini Health Foundation grant-funded program for patients of Primary Care Centers Main and West, as well as Outpatient Behavioral Health, who have chronic conditions and don't have access to affordable, nutritious food. The Food Farmacy offers eligible participants the food needed to live a healthier lifestyle, and direct access to a community health worker who can assist in connecting participants with local programs and services such as SNAP, WIC, food pantries, housing and programs for seniors. Those enrolled receive:

- Nutritional counseling from a registered dietitian
- Access to care and local resources through the community health worker
- Fresh and healthy food, including recipes, that consists of three-day supply of food each week for a 10-week period

Patient Testimony: *"It learned about nutrition and how to manage calories so I can eat more healthy. It helped me when I was in times of need and not knowing how to come up with food for myself or my kids."*

HealthySteps

HealthySteps is a free program, made available through funding from the New York State Office of Mental Health, at St. Joseph's Primary Care Centers Main and West for families with children up to 3 years old. The goal is to promote the healthy growth of children through important development stages. This work is done with the support of a developmental professional called a HealthySteps specialist. HealthySteps specialists work with health care providers for a team approach.

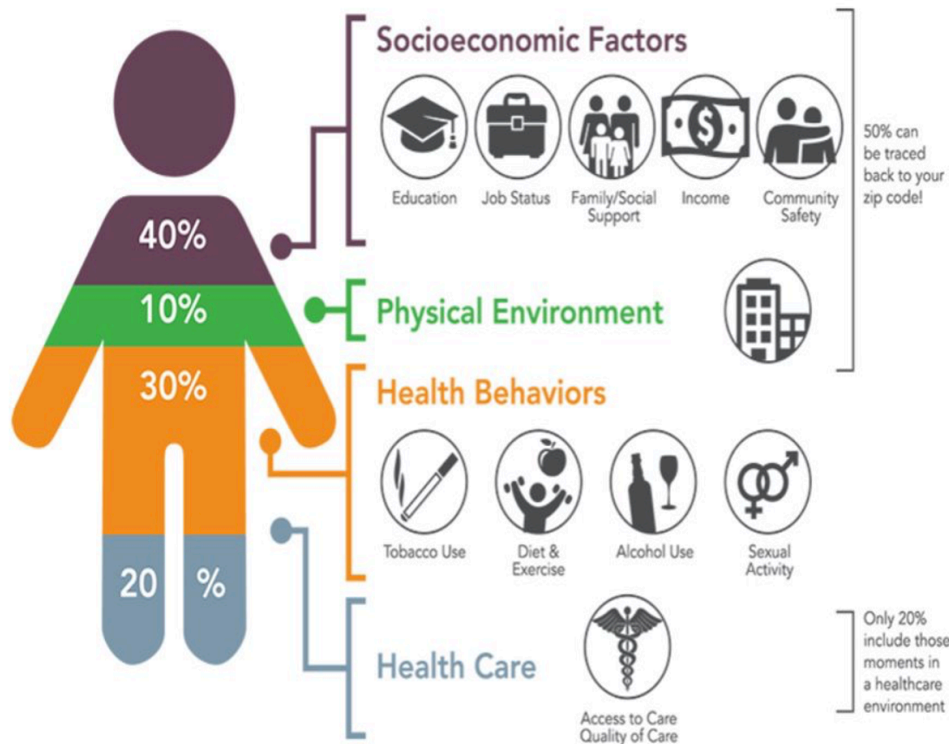


ADDRESSING PATIENT SOCIAL NEEDS



Dually Enrolled Medicare and Medicaid Patients: Social Care Intervention for Congestive Heart Failure

Will engage patients within the “Focused Population” | Successfully reduced CHF 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)

ADDRESSING PATIENT SOCIAL NEEDS



Diabetes Prevention Program (DPP)

The DPP is a yearlong lifestyle change program clinically proven to stop the onset of type 2 diabetes. Participants learn about how nutrition, fitness, sleep, exercise, and mindfulness combine to build healthy habits that lead to sustainable lifestyle change. Trained lifestyle coaches offer classes to help our community members develop healthier habits that allow them to gain control of their health and prevent or delay type 2 diabetes.

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 evidence-based tobacco dependence treatment to all New Yorkers who use tobacco products.

Our team works to facilitate change within medical health care organizations, community centers, federally qualified health centers, behavioral health care 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.



DPP Patient Testimony

"I have a diagnosis of polycystic ovarian syndrome (PCOS) with comorbidities of obesity class III, pre-diabetes and numerous food and drug allergies. I have been trying to lose weight and get healthy for a long time. My doctor directed me to this course which is free to Trinity employees. My HgbA1C has gone down from 6.4 to 5.4. My mean glucose has gone from 138 to 108. I love the discussion and camaraderie with my classmates. We are all on the same journey."

INVESTING IN OUR COMMUNITY



St. Joseph's Health Sponsorships

Francis House, Operation Walk, Nascentia Health Foundation, Sisters of St. Francis, Le Moyne College, Dunbar Center, Most Holy Rosary School, Loretto, Sarah's Guest House, Rome Health, The MOST, Catholic Charities, Westcott Community Center, Assumption Church, and Interfaith Works of CNY.

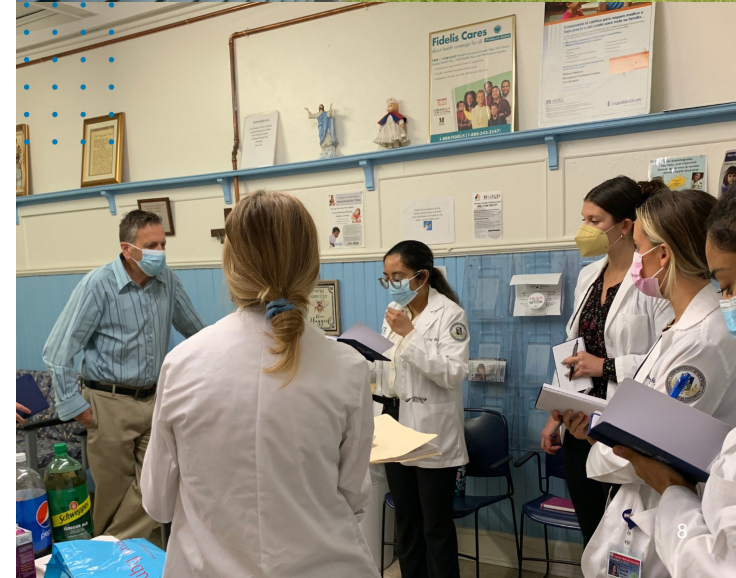
Sponsorship Highlights

Westcott Community Center \$15,000 - Home Repairs for Seniors

- This project includes the hiring of a contractor who will assess damage and complete repairs in the homes of senior citizens who receive services from Westcott Community Center.

Assumption Church \$15,000 - Transitioning Leadership at Poverello Health Center

- Poverello Health Center has recently had a change in leadership and these funds were used to offset the costs associated with the process.



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Visit [sjhsyr.org](https://www.sjhsyr.org) for more information.