

Community Health Needs Assessment &
Community Service Plan for
Westchester County, City of Yonkers
February 2023



Contact Information

Catherine Hopkins, Director of Employee Health Services and Community Outreach
catherine.hopkins@saintjosephs.org



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Executive Summary

About Saint Joseph's Medical Center

Since its founding by the Sisters of Charity of St. Vincent de Paul in 1888, Saint Joseph's Medical Center (SJMC) has been meeting the health care needs of Yonkers and surrounding communities. We serve our community with patient-centered, quality-focused inpatient and outpatient care, including specialized programs such as orthopedics, cardiology, family medicine and geriatrics; advanced emergency treatment, state-of-the-art diagnostic imaging and ambulatory surgery; inpatient and outpatient behavioral health services; and a network of primary care services.

Each year, more than 55,000 individuals are touched by SJMC and/or its St. Vincent's Westchester Division in Harrison. SJMC strives for excellence in healthcare in an atmosphere of support and shared ministry. We believe in respect and compassion for ourselves and others, excellence in service, the dignity of human life, and commitment to the community. Saint Joseph's expanded in Westchester County and New York City through its 2010 acquisition of the behavioral health services of St. Vincent's Hospital Westchester (SVHW), becoming one of the largest behavioral health providers in the state.

SJMC is committed to understanding and addressing the most pressing health and wellness concerns for community residents. Every three years, SJMC conducts a Community Health Needs Assessment (CHNA) in partnership with community agencies and creates a corresponding Community Service Plan (CSP) to address the health priorities identified by the CHNA. The 2022 CHNA builds upon previous assessments and will continue to guide our community benefit and community health improvement efforts.

CHNA and CSP Leadership

The 2022 CHNA was conducted collaboratively with health departments and health systems serving the Mid-Hudson Region and was overseen by a Steering Committee of representatives from SJMC.

Mid-Hudson Region CHNA Participating Health Departments

Dutchess County Department of Behavioral & Community Health
Orange County Department of Health
Putnam County Department of Health
Rockland County Department of Health
Sullivan County Public Health Services
Ulster County Department of Health and Mental Health
Westchester County Department of Health

SJMC CHNA Planning Committee

Lorraine Horgan, MS, Vice President – External Affairs
Catherine Hopkins, MS, FNP-BC, AE-C, Director of Employee Health Services and Community Outreach

SJMC contracted Community Research Consulting to compile the CHNA reporting and guide the development of the Community Health Improvement Plan. CRC is a woman-owned business that specializes in conducting stakeholder research to illuminate disparities and underlying inequities and transform data into practical and impactful strategies to





advance health and social equity. Our interdisciplinary team of researchers and planners have worked with hundreds of health and human service providers and their partners to reimagine policies and achieve measurable impact. Learn more about our work at buildcommunity.com.

Methodology and Community Engagement

The 2022 CHNA included quantitative research methods and community feedback to determine health trends and disparities affecting the Mid-Hudson Region. Community engagement was an integral part of the 2022 CHNA. In assessing community health needs, input was solicited and received from residents and persons who represent the broad interests of the community, as well as underserved, low-income, and minority populations. These individuals provided wide perspectives on health trends, expertise about existing community resources available to meet those needs, and insights into service delivery gaps that contribute to health disparities and inequities.

The following research methods were used to determine community health needs as part of the Mid-Hudson Region CHNA:

- ▶ **Analysis of Health and Socioeconomic Data:** Public health statistics, demographic and social measures, and healthcare utilization data were collected and analyzed to develop a comprehensive community profile that illuminated health disparities and underlying inequities.
- ▶ **Mid-Hudson Region Community Health Survey:** A randomized survey of 5,699 residents aged 18 or older. The survey was developed collaboratively by local health departments and The Siena College Research Institute to further explore regional health and well-being and inform future health improvement efforts.
- ▶ **Mid-Hudson Region Community Partner Survey:** A survey of community partners, including those who offer services such as mental health support, vocational programs, and programs for underserved populations. A total of 84 surveys were completed by partners, including 18 providers located in Westchester County.

The Regional CHNA comprised seven counties. For purposes of SJMC's service area, this CHNA and CSP report focus on Westchester County and the City of Yonkers.

Identified Health Priorities and Evidence-Based Strategies

To work towards health equity, it is imperative to prioritize resources toward the most pressing and cross-cutting health needs within the community. Priorities were determined by the SJMC CHNA Planning Committee, among other hospital members, taking into consideration research findings and community stakeholder feedback.

Based on CHNA findings and taking into account the health system's expertise and resources, SJMC will focus efforts on the following New York State Prevention Agenda priorities as part of its 2022-2024 CSP:

- ▶ **Prevent Chronic Diseases, Focus Area: Preventive care and management**
- ▶ **Promote Well-Being and Prevent Mental and Substance Use Disorders, Focus Area: Prevent mental and substance use disorders**



Strategies to address the Prevention Agenda priorities will target disparities related to colorectal cancer and mental health. These disparities are largely rooted in socioeconomic differences and inequities and have historically disproportionately affected residents of SJMC's primary service area, comprising zip codes 10701 and 10705 in Yonkers.

As of 2020, colorectal cancer was the second leading cause of cancer-related death in the United States and Westchester County. Recently, the recommended screening age was decreased from 50 to 45 years due to increased incidence of colon cancer diagnosis among younger age groups. While the rates of colorectal cancer for people aged 65 or over dropped by 3.3% each year, rates for people under 50 years increased 2.2% each year. Early screening improves colorectal cancer management and survival rates.

Data reported by the CDC suggests a nearly 10-point difference in the proportion of adults aged 50-74 receiving colorectal cancer screenings when comparing Yonkers primary service area zip codes to Westchester County overall. In 2018, 68.5% of all Westchester County adults received a colorectal cancer screening, exceeding the New York State Prevention Agenda target of 66.3%, while only 60.1% of adults in zip code 10705 and 60.7% of adults in zip code 10701 received similar screening. According to 2015-2017 New York State Cancer Registry data for Yonkers, 51.1% of female colorectal cases and 57.5% of male colorectal cancer cases were diagnosed late stage.

With lower screening rates in the communities SJMC serves, interventions will be designed to create and increase awareness of screening guidelines for early identification. SJMC will develop targeted media patient campaigns (video, social media, and printed materials) in both English and Spanish. SJMC will work with providers and staff to utilize the tools within NextGen EHR and Eagle Dream Population Health Management tool to identify and remind patients near due or overdue for colorectal cancer screening. Patient Care Representatives (PCRs) will track and follow up on all referrals for screening.

Mental health-related data reflect similar disparities in SJMC's service area. In 2020, 14.5% of adults in zip code 10705 and 15.2% of adults in zip code 10701 reported having poor mental health on 14 or more days in a 30-day period compared to 12.5% of adults countywide. 17.4% of adults in zip code 10705 and 18% of adults in zip code 10701 reported having depression compared to 16.6% of adults countywide. Frequent mental distress is a risk factor for suicide among other behavioral health concerns.

In response to community mental health concerns, the SJMC/SVHW Crisis Prevention & Response Team (CPRT) was organized in 2014 in collaboration with the Westchester County Department of Community Mental Health to provide a mobile, person-centered community resource linking Westchester residents to existing supports. The team meets with residents of any age and those who work or attend school in Westchester County who are having, or at risk for, mental health problems. The CPRT provides mental health evaluation and crisis intervention, supportive counseling, information, and referrals for ongoing treatment. SJMC/SVHD serves as the crisis team's main home office and seeks to prevent or address behavioral health crises outside of an emergency room.

In 2020, the CPRT was asked by the Westchester County Department of Community Mental Health to respond to calls from Westchester County residents to the National Suicide Prevention Lifeline (NSPL). The team completed requirements to become a certified NSPL call center; completed training; acquired



expanded phone lines, specialized software, and computers; and implemented the service in December 2021. When the 988 suicide and crisis lifeline number was approved by Congress, the team joined the NYS Office of Mental Health's 988 Planning Coalition to plan for the national launch in July 2022. The 988 service is for anyone who is suicidal, experiencing a mental health or substance use-related crisis, and/or experiencing any kind of emotional distress.

In conjunction with the 988 program, the CPRT was asked to be part of Westchester County's Project Alliance 911 Diversion Program, designed to be a 24x7x365 resource to the county's 911 dispatchers. The program became operational on December 1, 2021 and transfers 911 calls deemed to be mental health-related to CPRT for further risk assessment and telephonic support.

In part, these initiatives are collectively aimed at addressing the post-COVID increase in mental health and substance use issues. Calls to the lifeline are growing monthly and SJMC expects to see greater volume as they expand hours of coverage and ability to answer multiple calls at any given time.

In addition to deploying evidence-based strategies to address disparities and identified priority areas, the 2022-2024 CSP reflects SJMC's ongoing commitment to provide free or low-cost health promotion services. These services include community-based education on diverse health topics and screening and referral services, targeting at-risk or underserved communities.

In determining priority areas, some health needs that were identified in the CHNA will not be directly addressed in SJMC's CSP, however these needs will continue to be met through clinical care and community services. These issues include affordable housing and substance use disorder.

SJMC operates nearly 1,500 units of affordable/supportive housing in Westchester County and four NYC boroughs, and recently opened an 80-unit affordable and supportive housing residence in downtown Yonkers at 10 School Street. Related to substance use disorder, SJMC provides comprehensive behavioral health services, including addiction recovery services. Past community health improvement efforts have included improving access to life-saving Naloxone and Medication-Assisted Treatment services within the community.

Board Approval

The 2022 CHNA and CSP were conducted to comply with both NYS Department of Health and federal IRS Tax Code 501(r) requirements to conduct an assessment every three years and develop a corresponding health improvement plan. The research findings will be used to guide community benefit and population health initiatives for SJMC and to engage local partners to collectively address identified health needs.

SJMC is committed to advancing initiatives and community collaboration to support the New York State Prevention Agenda priorities identified through the CHNA. The 2022 CHNA and CSP report were presented to the SJMC Board of Directors and approved in February 2023.

Following the Board's approval, the CHNA and CSP report was made available to the public via the SJMC website at [https://www.saintjosephs.org/about-us/community-health-needs-assessment-\(chna\)](https://www.saintjosephs.org/about-us/community-health-needs-assessment-(chna)).



Saint Joseph's Medical Center Service Area

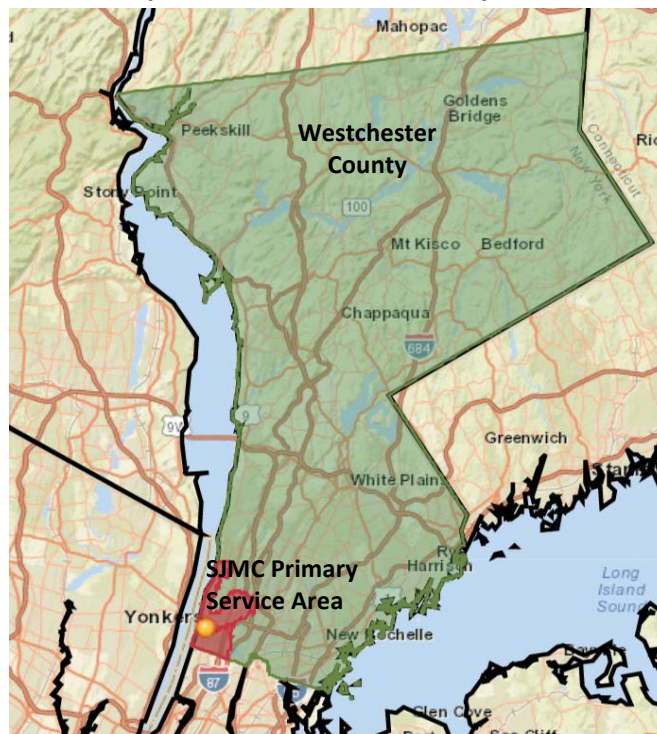
SJMC is located in Yonkers in Westchester County, New York. Westchester County, located just north of New York City in the Hudson Valley, spans 430.5 square land miles and 48 municipalities designated as urban, suburban, and rural geographies. The county is the seventh most populous in New York State and comprises 41.7% of the Mid-Hudson Region population. The population grew 2.1% between the 2010 and 2020 Census, reflecting a lower rate of growth than the national average of 7.4%.

Located along the Hudson River, Yonkers is New York State's third largest city and the largest city in Westchester County. A city in the center of it all, Yonkers serves as the gateway between New York City and the Hudson Valley. Yonkers had an estimated 2020 population of 211,569. The City saw higher 10-year population growth than Westchester County and the nation overall, estimated at 8.0%.

Yonkers is one of the most diverse cities in New York State and the region, with 31% of residents foreign-born, 46% of households speaking a foreign language, and a school district comprised of students hailing from 100 different cultures and nationalities. The City population is also younger than state and national benchmarks with nearly 25% of residents aged 18 or less.

While SJMC serves all of Yonkers, their primary service area encompasses the zip codes immediately surrounding the medical center, including 10701 and 10705. The primary service area is among the most population dense areas in New York State and comprises approximately 50% of the total Yonkers population.

Saint Joseph's Medical Center Primary Service Area



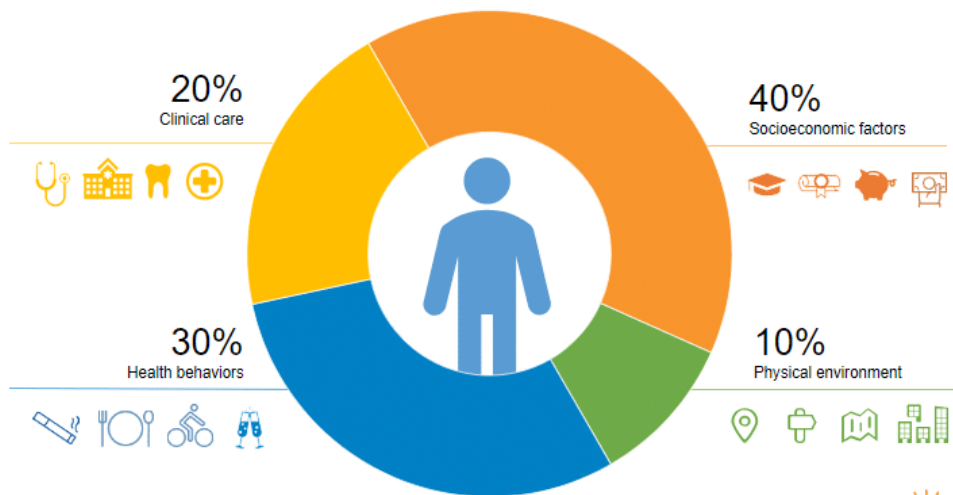


Social Determinants of Health and Health Equity: A closer look at factors that influence well-being

Social determinants of health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health risks and outcomes. Healthy People 2030, the CDC’s national benchmark for health, outlines five key areas of SDoH: economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context.

While health improvement efforts have historically targeted health behaviors and clinical care, public health agencies, including the US Centers for Disease Control and Prevention (CDC), widely hold that at least **50% of a person’s health profile is determined by SDoH.**

WHAT MAKES US HEALTHY?



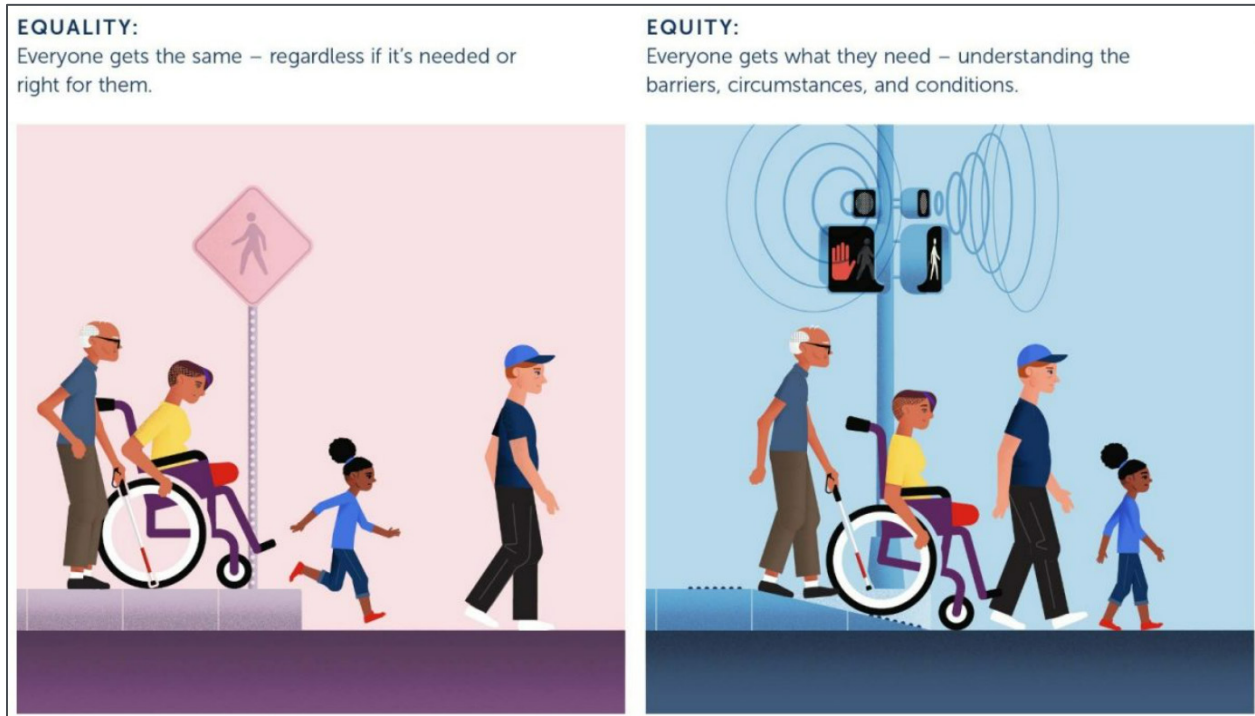
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Source: Centers for Disease Control





Addressing SDoH is a primary approach to achieving health equity. **Health equity can be simply defined as “a fair and just opportunity for every person to be as healthy as possible.”** To achieve health equity, we need to look beyond the healthcare system to dismantle systematic inequities born through racism and discrimination like power and wealth distribution, education attainment, job opportunities, housing, and safe environments, to build a healthier community for all people now and in the future.



Life Expectancy

Life expectancy is an overall measure of health and social equity within a community. Structural factors, including housing quality and affordability, environmental conditions, employment, education, transportation, food security, and experience of racism, all play a role in impacting the quality and length of lives. Consistent with New York overall, Westchester County residents have high average life expectancy of 82 years or higher.

Average Life Expectancy (years)

Westchester County	New York
82.4	80.3

Source: National Center for Health Statistics, 2018-2020

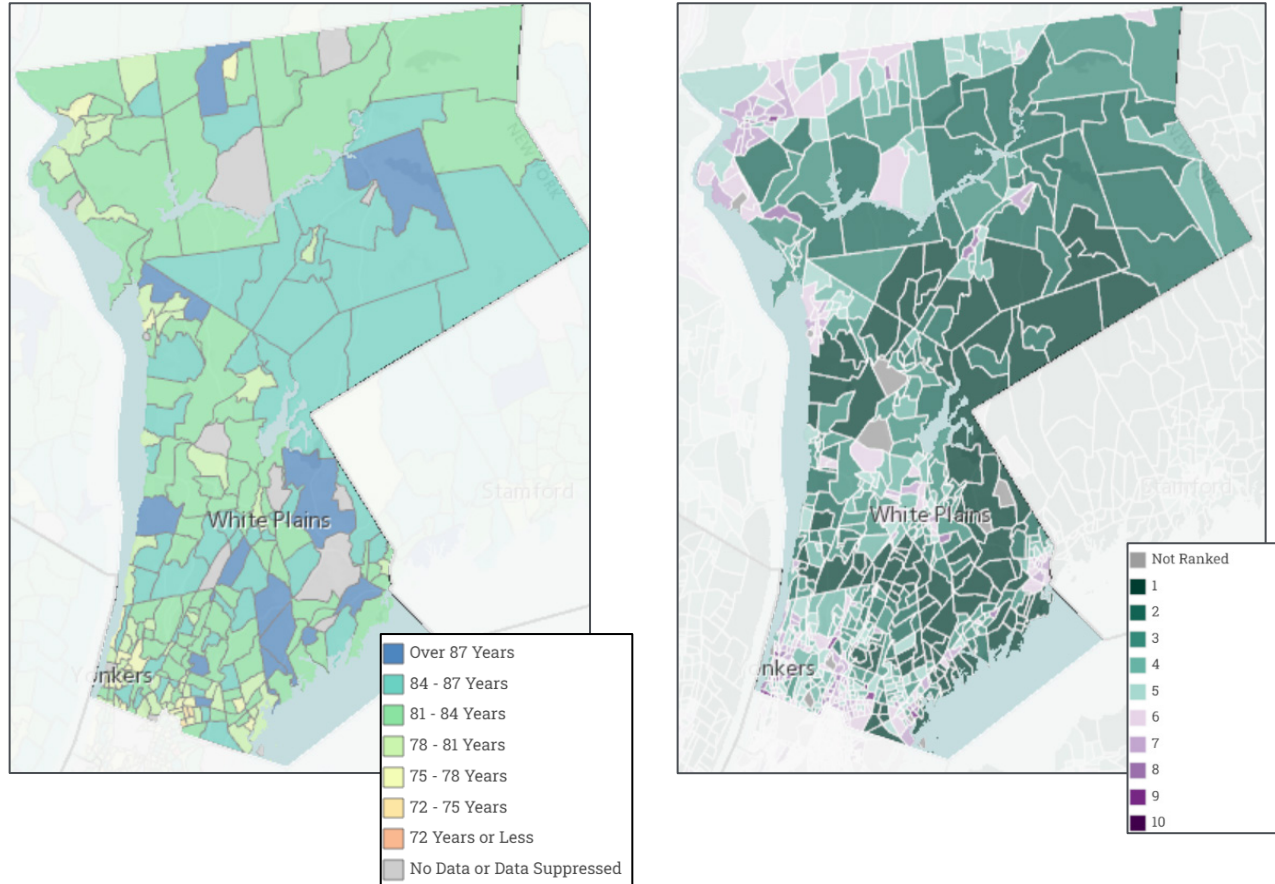
The following maps depict average life expectancy and Area Deprivation Index (ADI) for Westchester County communities. The ADI is a census block group measure of socioeconomic disadvantage based on income, education, employment, and housing quality. ADI scores are displayed on a scale from 1 (least



disadvantaged) to 10 (most disadvantaged). A block group is a subdivision of a census tract and typically contains between 250 and 550 housing units.

While Westchester County overall reports high average life expectancy, pockets of disparity exist across the county, including in SJMC's primary service area zip codes in Yonkers. Select census tracts within the primary service area zip codes have average life expectancy of 76 years or less compared to 85-87 years in neighboring communities. These areas of health disparity align with areas of deprivation.

2010-2015 Life Expectancy by Census Tract and 2020 Area Deprivation Index by Block Group





Mid-Hudson Region Community Health Needs Assessment

SJMC participated in the Mid-Hudson Region CHNA, led by seven health departments and area health systems. The Mid-Hudson Region, located in the southern part of New York State, encompasses the seven counties of Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester. The Mid-Hudson Region is also often referred to as the Hudson Valley. Split into east and west by the Hudson River, the Region is bordered by Connecticut to the east; New Jersey and Pennsylvania to the west; Delaware, Greene, and Columbia Counties to the north; and New York City to the south. The Mid-Hudson Region is a mixture of urban, suburban, and rural areas, including, waterfront cities, farmland, forests, and multiple water sheds.

The full Mid-Hudson Regional CHNA can be found at [https://www.saintjosephs.org/about-us/community-health-needs-assessment-\(chna\)](https://www.saintjosephs.org/about-us/community-health-needs-assessment-(chna)). For purposes of this report, the following sections summarize key CHNA findings for Westchester County. For purposes of this report, the following sections summarize key CHNA findings for Westchester County.

Westchester County Health Summary

According to the 2016-2020 American Community Survey, the total population residing in Westchester County is 968,738, with 48.4% males and 51.6% females. Among them, 61.7% are non-Hispanic White, 14.8% non-Hispanic Black, 6.2% non-Hispanic Asian or Pacific Islander, and 11.7% are of some other race. Just under a quarter of its population is of Hispanic origin and 25.4% of the population is foreign born. About one-third of the residents speak a non-English language at home.

The majority of Westchester County residents over the age of 25 have received a high school diploma/GED and almost half have obtained a college and/or beyond college education. The overall unemployment rate is 5.7%. The median household income is estimated at \$99,489.

While an affluent county in general, there are pockets of communities living in less desirable conditions. About 8.4% of the population lives in poverty, with higher poverty rates among the non-Hispanic Black and Hispanic populations. About 3.9% of the residents are living in overcrowded housing.

Rather than driving alone, 43% of the population uses an alternative mode of transportation for the commute to work, including carpooling, public transportation, walking, bicycling, or telecommuting.

Areas of Focus and Efforts Moving Forward

Given the complexity of Westchester County's geographic, demographic, and socioeconomic compositions, Westchester County Department of Health extended the Regional Community Health Assessment Survey by reaching out to low-income and minority populations with paper-form and online surveys. The extended CHA survey collected information from an additional 1,109 respondents and presented a complex picture with regard to Westchester's current health status, its emerging health



issues, as well as potential areas of focus that the Health Department and collaborative local agencies may provide services to enhance the county's health.

In terms of identifying the department priorities and areas of focus, Westchester County elected to host and facilitate a series of virtual forums with community partners and providers in lieu of a provider survey. The benefits of engaging in these community conversations provided an opportunity to share and discuss the CHNA findings, garner input on currently available and needed assets and resources, identify competing priorities, and establish and convene formal and informal cross-sector partnerships and coalitions to more efficiently share resources and collaboratively address service gaps, barriers to health, and the root causes of inequity.

A wide array of organizations was invited to participate in the forums, including hospital systems, federally funded health centers, mental health agencies, local non-profit community organizations, peer support programs, food pantries, faith-based organizations, local coalitions, school leaders, senior programs, municipality leaders, early intervention and childcare service providers, and others.

Based on the striking findings from the regional and the extended CHNA surveys about the racial disparities in most of the areas probed, there is a general consensus on addressing priorities and focus areas through the lens of racial disparity.

Community Feedback

Community Partner Survey

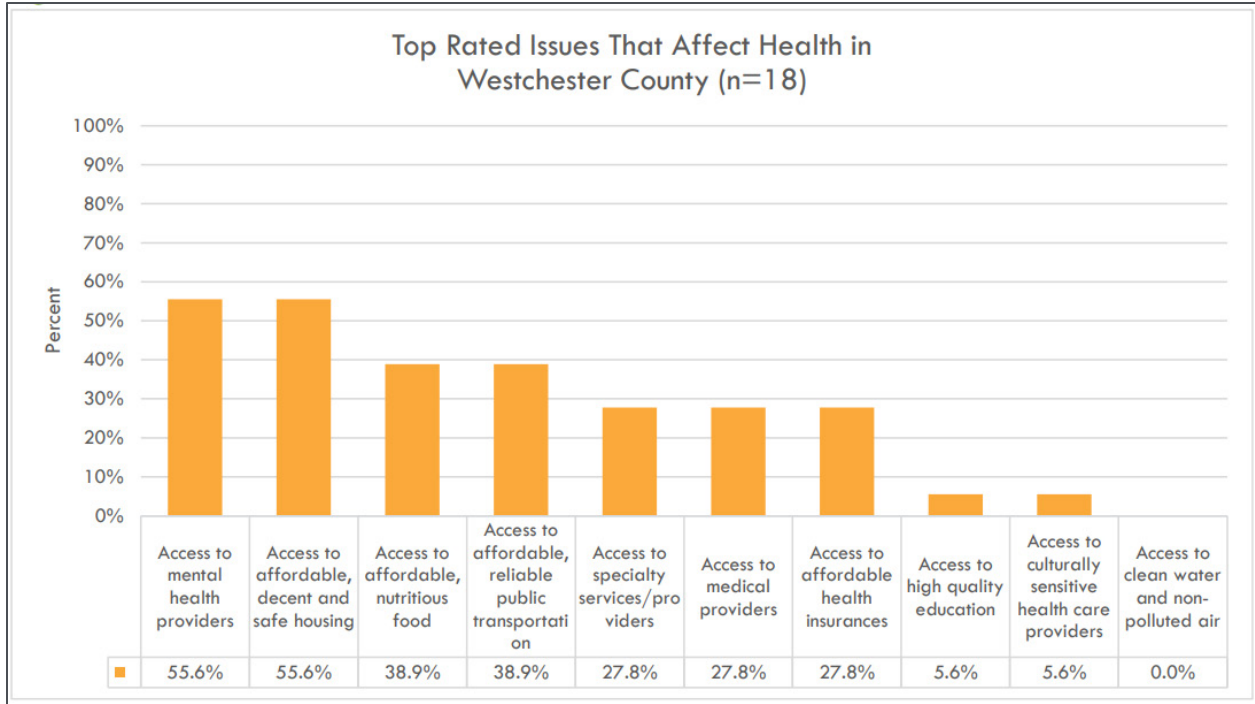
From the Hudson Valley Regional Community Service Provider Surveys, responses were collected from 18 providers located in Westchester County. Those providers identified several issues that affect health in Westchester County, including:

- ▶ Access to affordable, decent, and safe housing
- ▶ Access to mental health providers
- ▶ Access to affordable, nutritious food
- ▶ Access to affordable, reliable public transportation

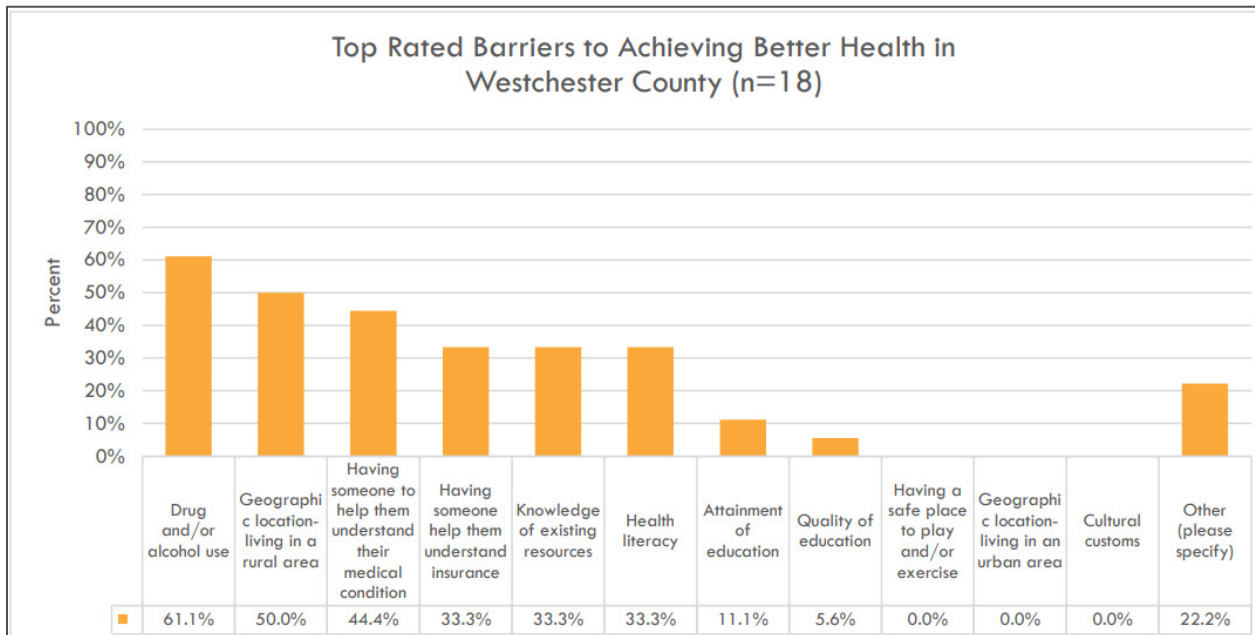
The respondents also acknowledged barriers to people achieving better health in Westchester County, among them, the top three included:

- ▶ Drug and/or alcohol use
- ▶ Geographic location – living in a rural area
- ▶ Having someone to help them understand their medical condition

When asked about the issues impacting and/or highly impacting the health status in Westchester County communities, these respondents suggested that chronic diseases (such as heart disease, diabetes, asthma, obesity, etc.), mental health and substance use issues, and health disparities are the top three issues currently affecting the communities.

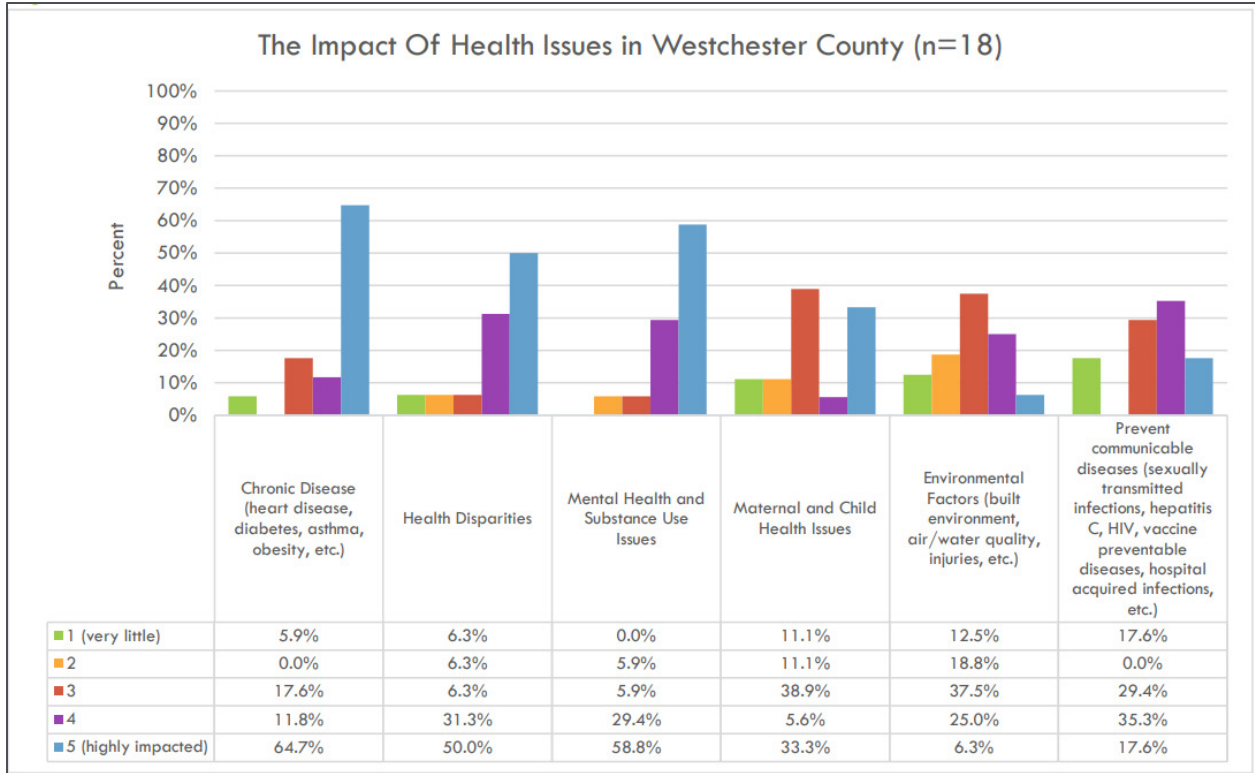


Source: Mid-Hudson Region Community Health Assessment 2022-2024



Source: Mid-Hudson Region Community Health Assessment 2022-2024

*Other: Some additional responses from participants include stigma, language barrier as a large portion of the population being served speaks Spanish, navigating the health system, and places to play and/or exercise.



Source: Mid-Hudson Region Community Health Assessment 2022-2024

Major Findings

Although an affluent county in general, there are pockets of neighborhoods in Westchester County where residents have limited access to affordable, decent, and safe housing; affordable nutritious food; and affordable and reliable public transportation. Such major socioeconomic disadvantages are major issues affecting people’s health status.

In addition to underservice due to major socioeconomic disadvantages, people living in rural areas could feel isolated and far away from easily accessible care. People from immigrant families, people with limited healthcare literacy, and people who have complicated health problems could encounter major difficulties while obtaining necessary care due to language barriers, the complexity of current healthcare and health insurance infrastructure, and/or the severity of their medical conditions.

Another emerging and serious health issue is drug and/or alcohol use among residents, which was acknowledged among most of the providers who responded to the surveys. Substance use is not only a serious health problem among those who are suffering, it also burdens the already strained mental healthcare infrastructure and further increases the limitations of access to care. Over half of the respondents listed “access to mental health providers” as a top-rated issue that affects health in Westchester County, more than sixty percent of the respondents listed “drug and/or alcohol use” as a top-rated barrier to achieving better health in the county, and almost ninety percent of the respondents identified “mental health and substance use” as one of the major issues impacting and/or highly impacting the health status of Westchester County residents.



Specific Recommendations

Based on data collected from the 18 community care providers, three major areas need to be addressed in future healthcare and community services for Westchester County:

- 1) Mental health and substance use issues – 88.2% listed it as one of the major issues impacting and/or highly impacting the health status of residents (58.8% listed it as highly impacting and 29.4% listed it as impacting)
- 2) Health disparities – 81.3% listed it as one of the major issues impacting and/or highly impacting the health status of residents (50.0% listed it as highly impacting and 31.3% listed it as impacting)
- 3) Chronic disease (heart disease, diabetes, asthma, obesity, etc.) – 76.5% listed it as one of the major issues impacting and/or highly impacting the health status of residents (64.7% listed it as highly impacting and 11.8% listed it as impacting)

Given the complexity of Westchester County’s geographic, demographic, and socioeconomic compositions, a collection of 18 respondents from the large pool of healthcare and community service providers existing in the county can by no means present a thorough picture of current health status and service needs of people residing in Westchester County. Therefore, the findings and recommendations presented in this section are suggestive and only shed some lights on the possibly more complicated issues to be addressed.

Community Health Survey

A total of 5,699 surveys were collected as part of the Community Health Survey with an average of 814 surveys collected per county. Weighted proportions of demographic categories are presented below.

Respondent Demographic Breakdown								
	Dutchess	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester	Mid-Hudson
TOTAL COUNT	943	996	777	765	641	647	930	5,699
Gender								
Male	48%	48%	49%	46%	50%	48%	47%	46%
Female	49%	49%	48%	50%	47%	50%	52%	51%
Age								
18 to 34	27%	29%	23%	28%	25%	26%	26%	26%
35 to 49	24%	24%	25%	25%	27%	22%	23%	25%
50 to 64	26%	24%	27%	23%	24%	26%	27%	26%
65 and older	21%	20%	23%	20%	23%	24%	22%	21%
Ethnicity								
White	73%	63%	79%	61%	75%	80%	55%	55%
Non-White	24%	33%	17%	35%	24%	18%	43%	43%

Source: Mid-Hudson Region Community Health Assessment 2022-2024

Note: The responses ‘Don’t know’ and ‘Refused’ are not included in the above table therefore percentages may not add up to 100%.

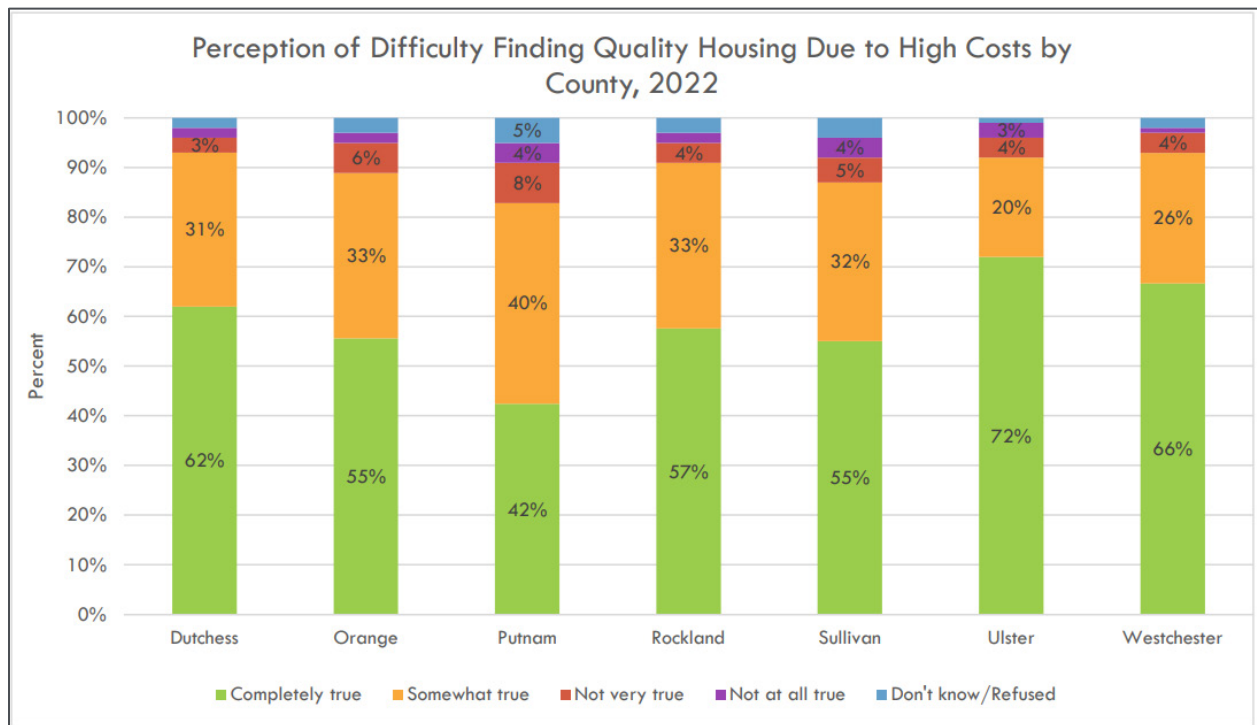


Select results from the Community Health Survey are presented below, focusing on identified areas of need, including housing, mental health, substance use disorder, and chronic disease. The impact of COVID-19 on these areas is presented as available.

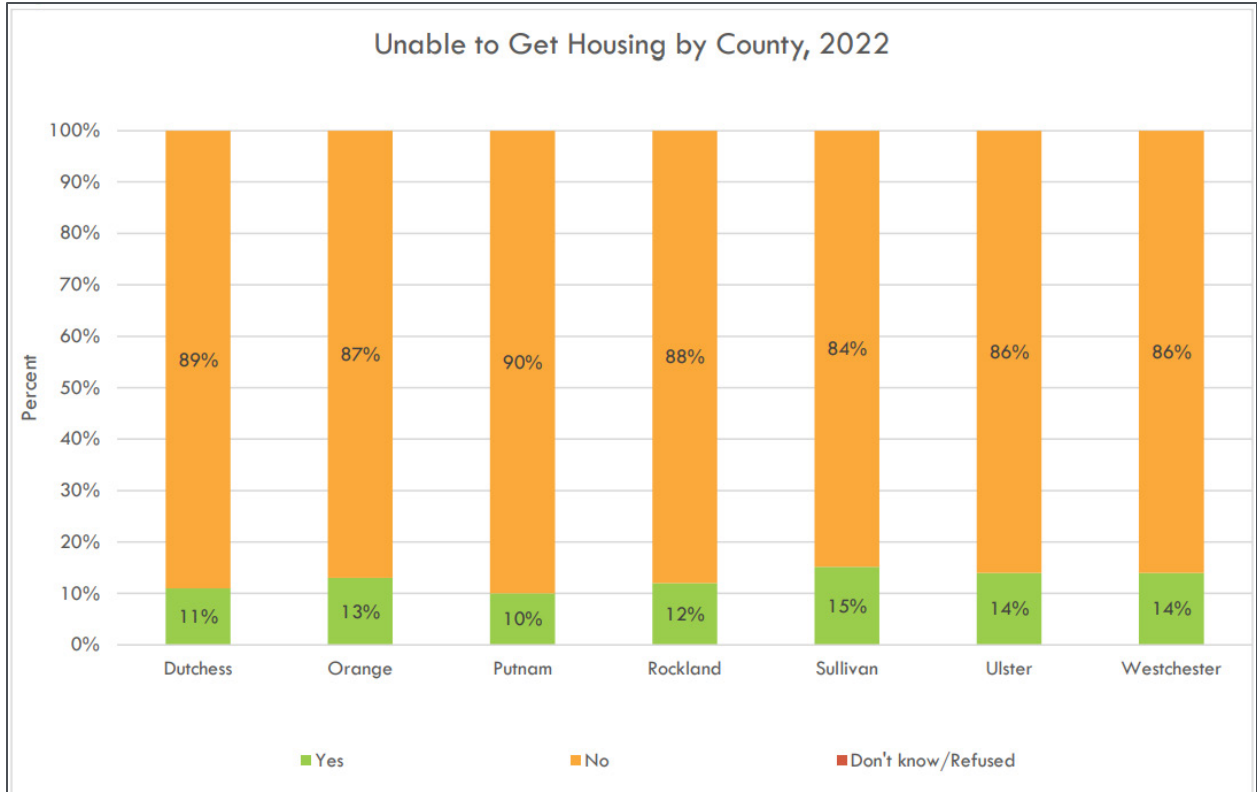
Related to COVID-19, 33% of Westchester County survey respondents and 44% of their family members had COVID at the time of the survey. Approximately 21% of survey respondents and/or their family members experienced symptoms of long-COVID (lasting more than four weeks). Ninety-two percent (92%) of residents had been vaccinated for COVID, the highest proportion in the Mid-Hudson Region.

Housing

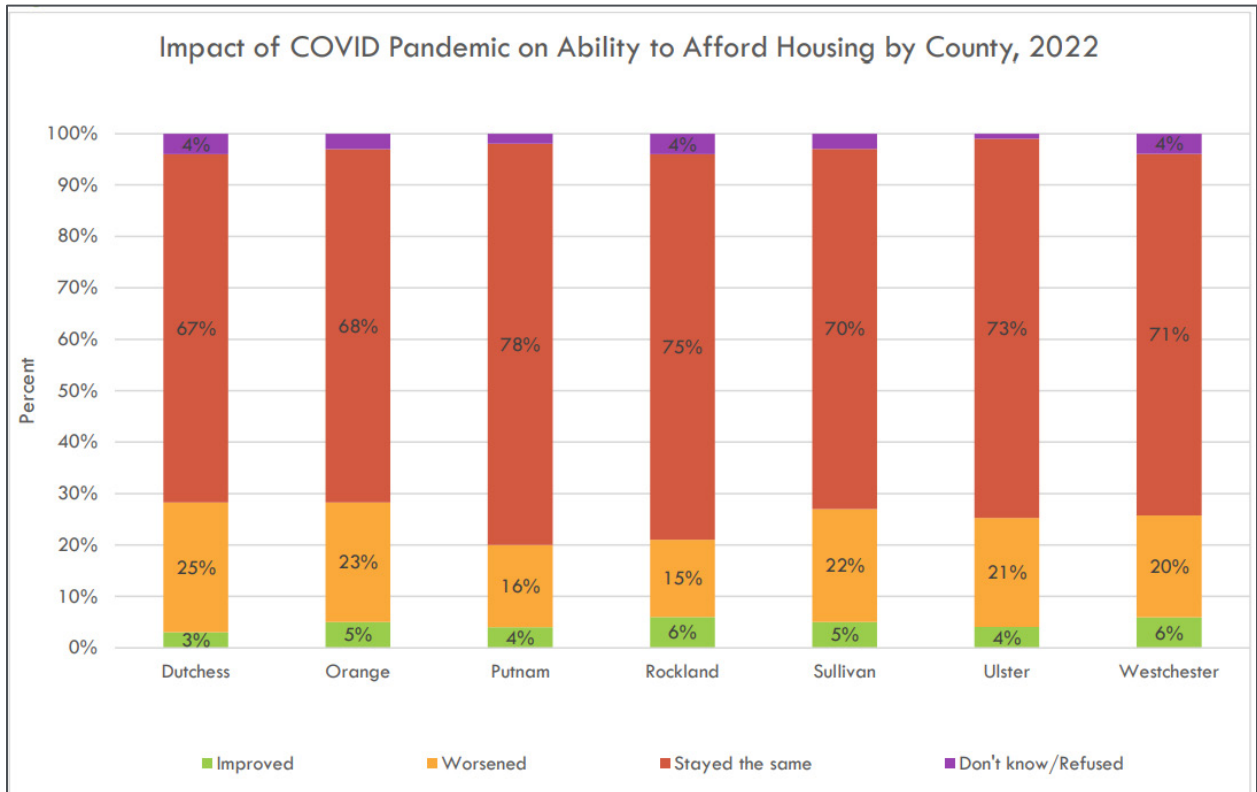
Two-thirds of Westchester County survey respondents said it was “completely true” that they had difficulty finding quality housing due to high costs, the second highest proportion in the Mid-Hudson Region. Fourteen percent (14%) of respondents were unable to get housing when they needed it and 20% said their ability to afford housing “worsened” due to the COVID-19 pandemic.



Source: Mid-Hudson Region Community Health Assessment 2022-2024



Source: Mid-Hudson Region Community Health Assessment 2022-2024



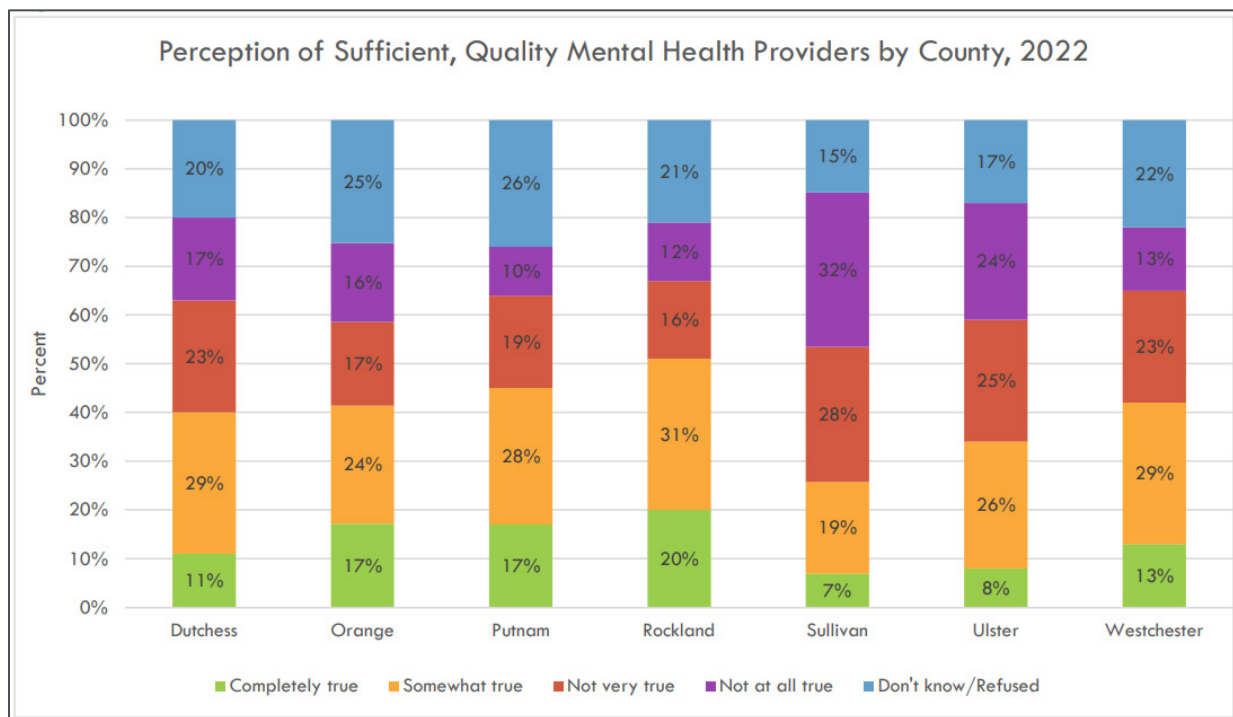
Source: Mid-Hudson Region Community Health Assessment 2022-2024



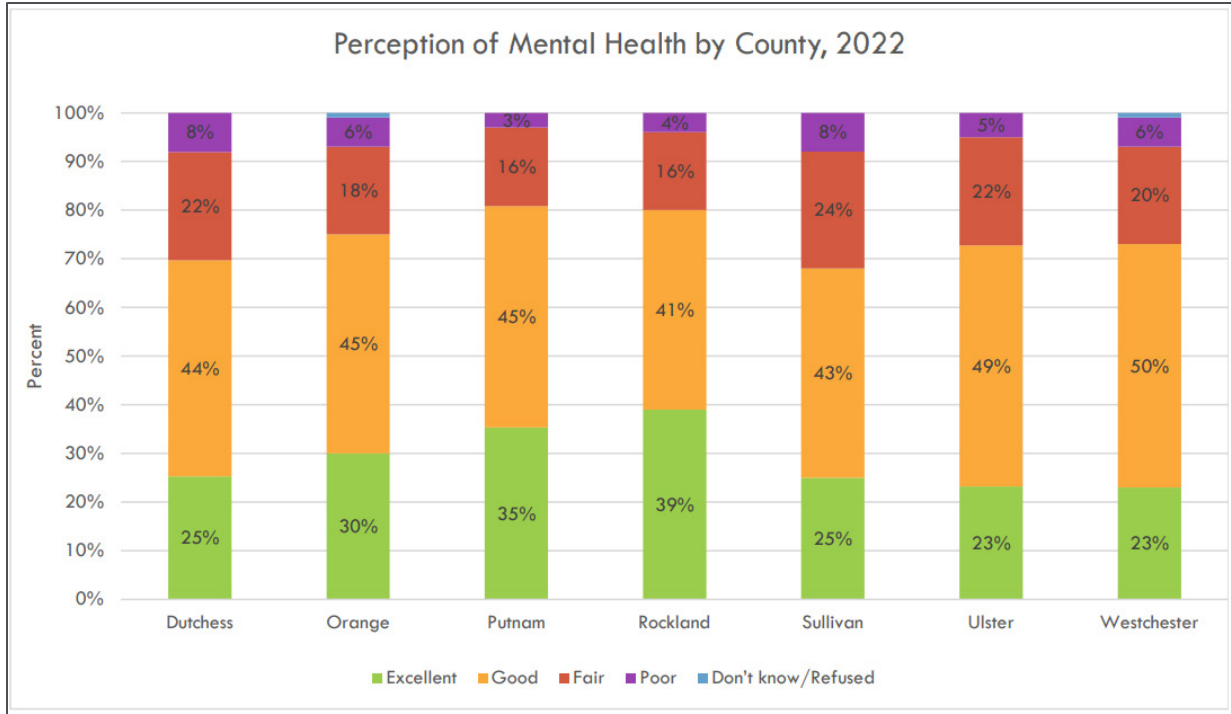
Mental Health

More than one-third (36%) of Westchester County survey respondents said it was “not very true” or “not at all true” that their community has sufficient, quality mental health providers. The demand for mental health providers in Westchester County is potentially high as 26% of respondents rated their mental health as “fair” or “poor,” and 70% said they are “somewhat stressed” or “very stressed.” Approximately 25% of respondents had visited a mental health provider (e.g., psychiatrist, psychologist, social worker, and/or therapist) for 1-on-1 appointments or group-sessions (either in-person or online) within the last 12 months.

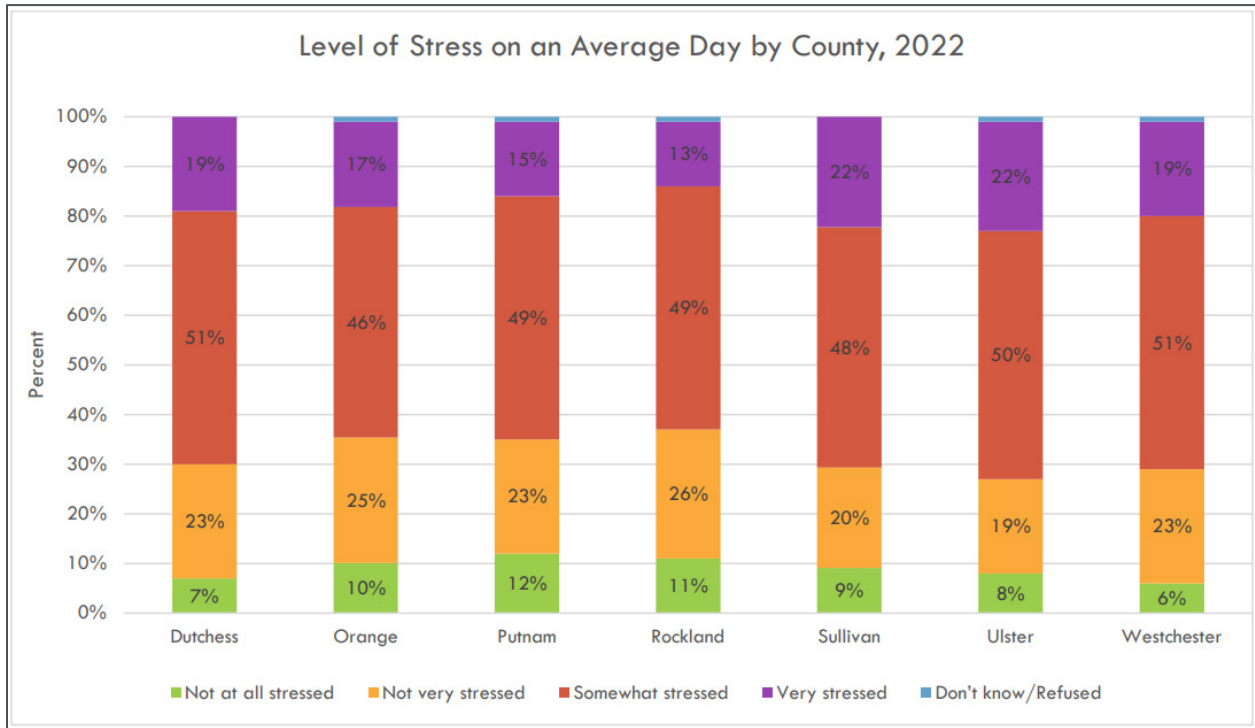
COVID-19 had a significant negative affect on health, particularly mental health, for residents nationwide. Among Westchester County survey respondents, 25% said that their physical health worsened during the pandemic, while 31% said that their mental health worsened.



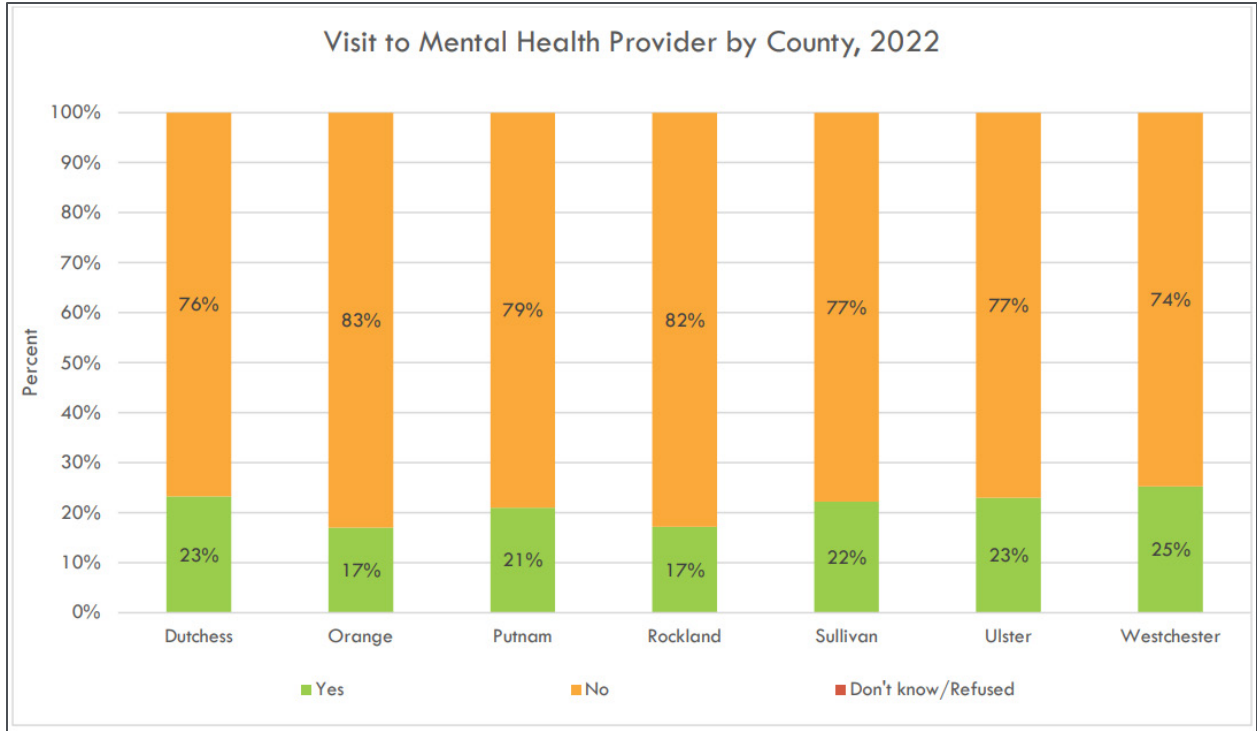
Source: Mid-Hudson Region Community Health Assessment 2022-2024



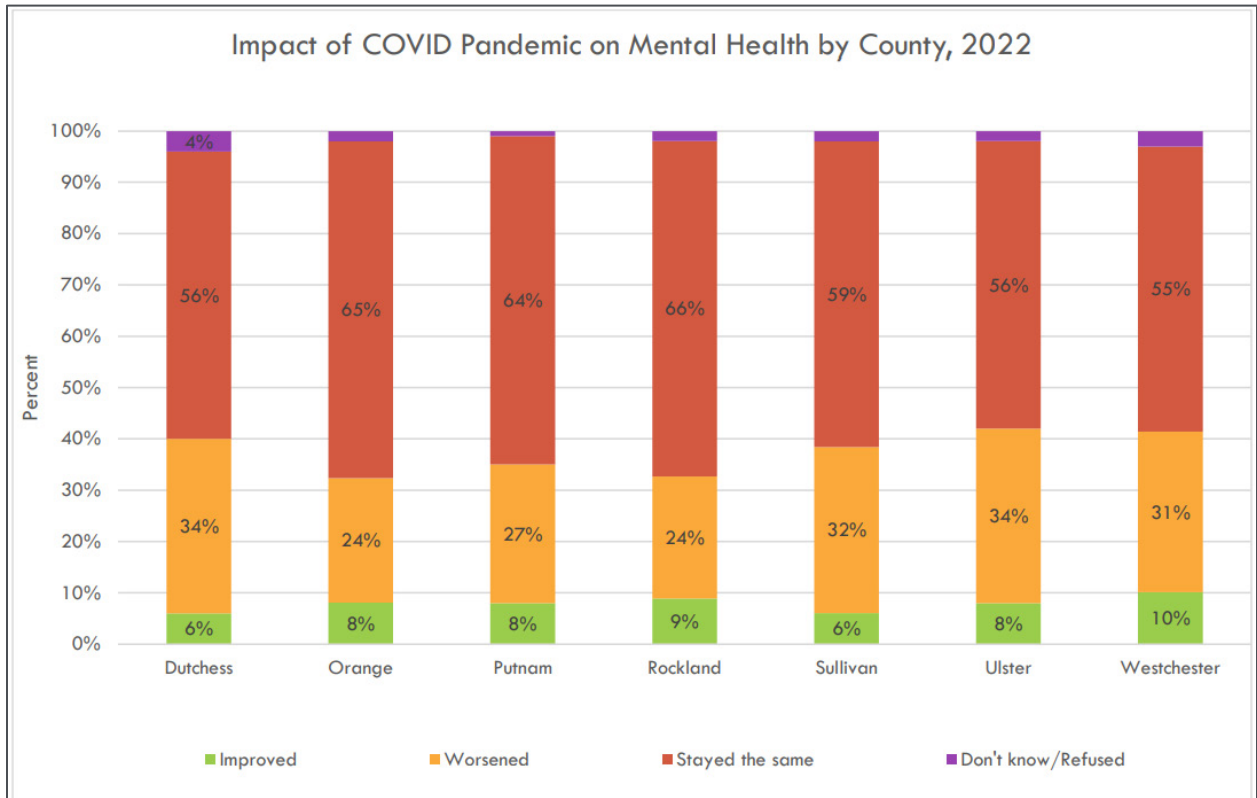
Source: Mid-Hudson Region Community Health Assessment 2022-2024



Source: Mid-Hudson Region Community Health Assessment 2022-2024



Source: Mid-Hudson Region Community Health Assessment 2022-2024



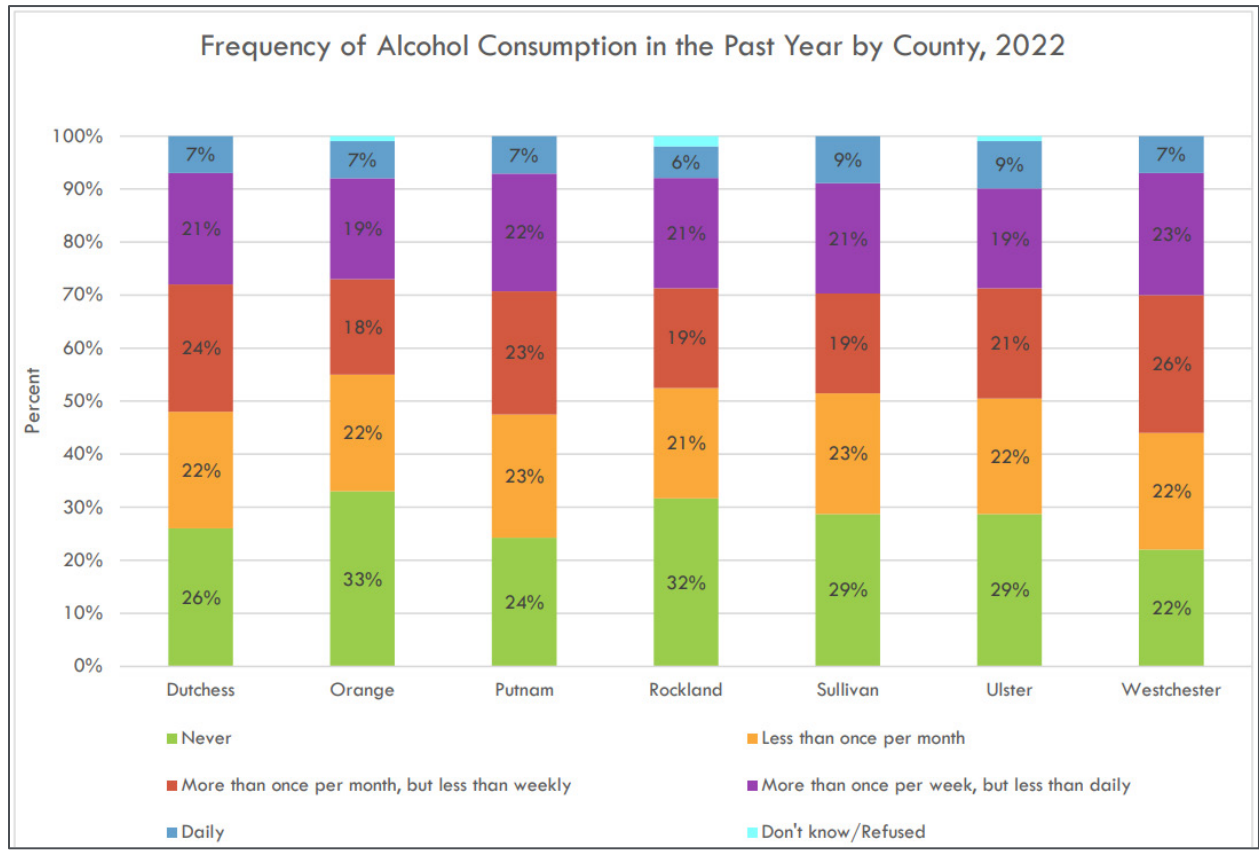
Source: Mid-Hudson Region Community Health Assessment 2022-2024



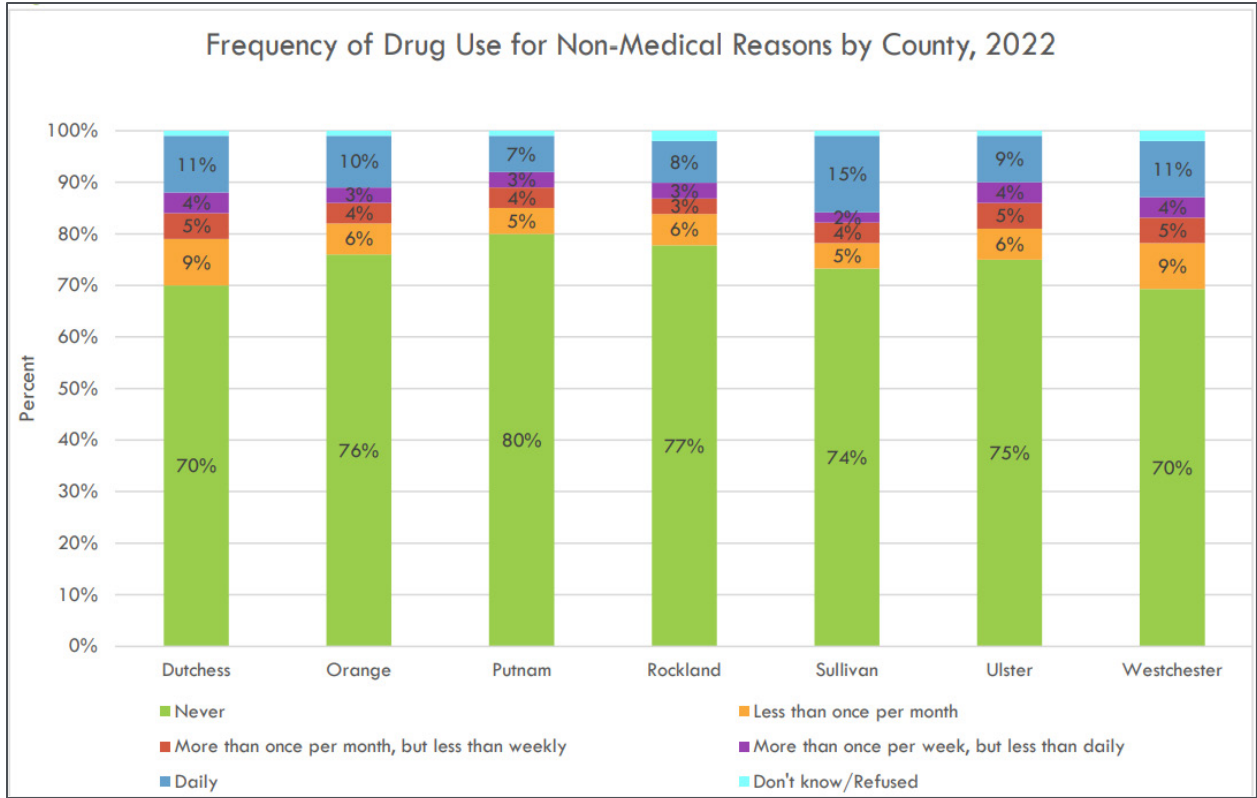
Substance Use Disorder

Westchester County survey respondents were the most likely to report any alcohol consumption within the Mid-Hudson Region. Approximately 7% of respondents reported daily use and 23% reported use more than once per week. Similarly, Westchester County survey respondents were among the most likely to report using a drug for non-medical reasons (30%). More than 1 in 10 respondents (11%) reported daily use of a drug for non-medical reasons.

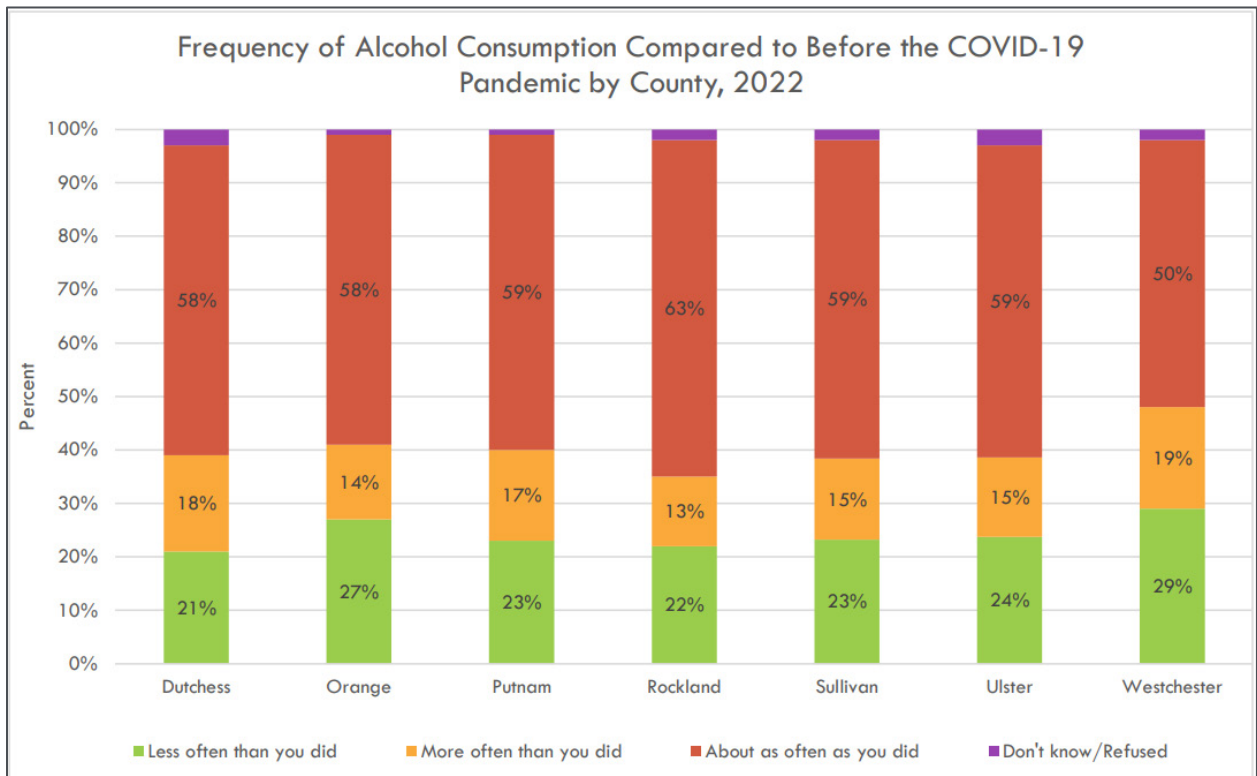
Consistent with mental health-related findings, COVID-19 had a significant negative affect on substance use disorder, with 19% of Westchester County survey respondents reporting more frequent alcohol and/or drug use.



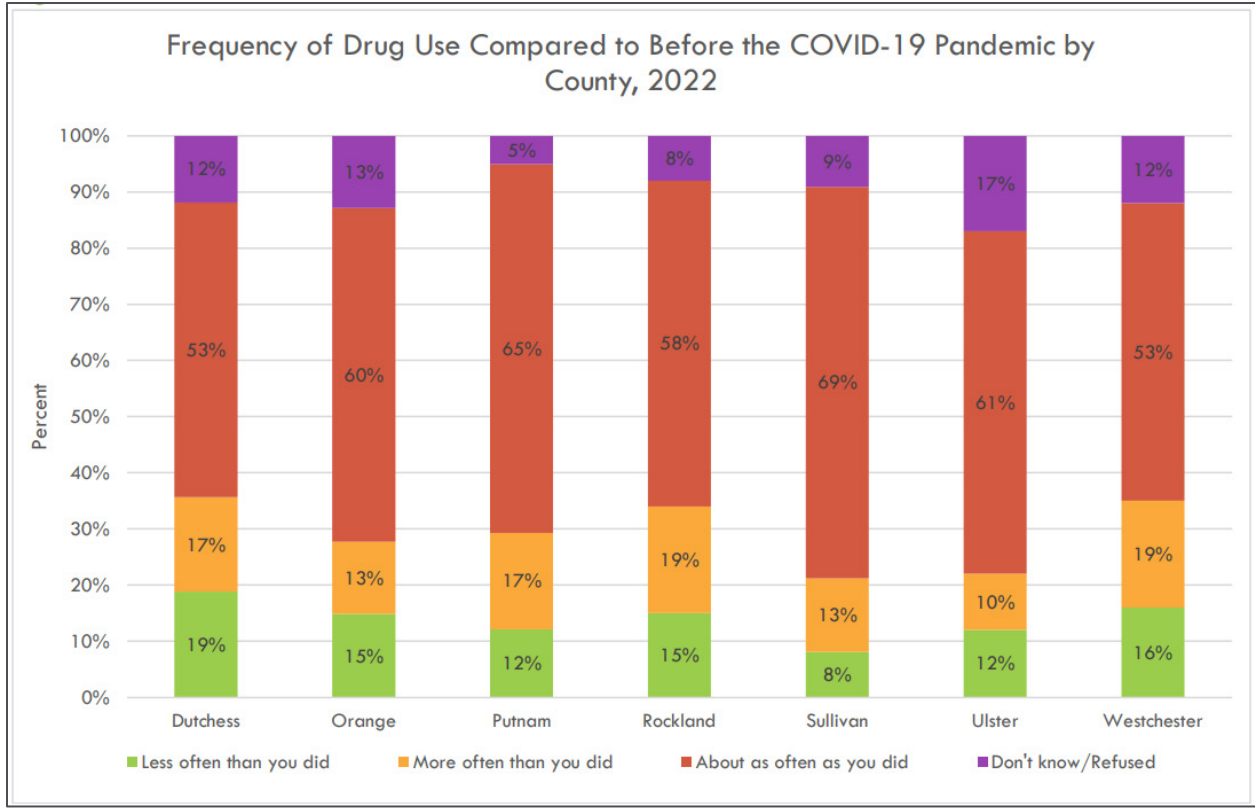
Source: Mid-Hudson Region Community Health Assessment 2022-2024



Source: Mid-Hudson Region Community Health Assessment 2022-2024



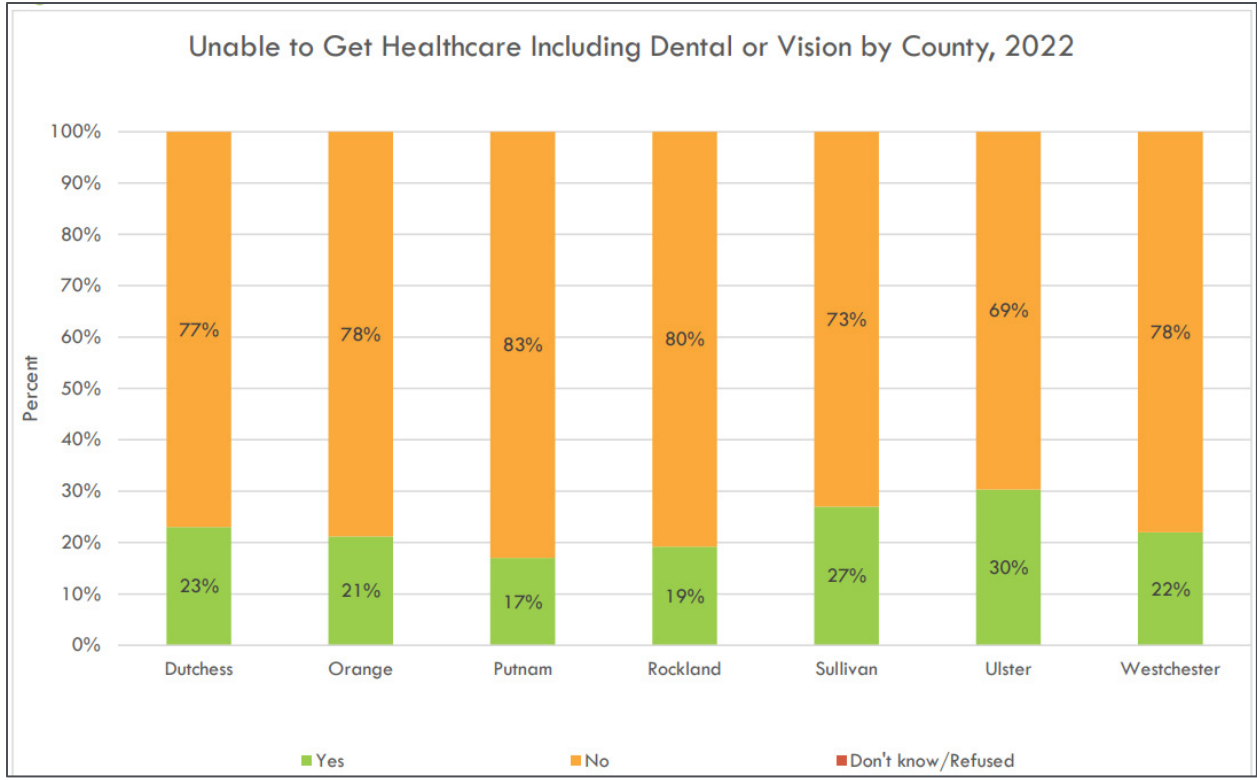
Note: Results shown for respondents that reported drinking alcohol in the past year.



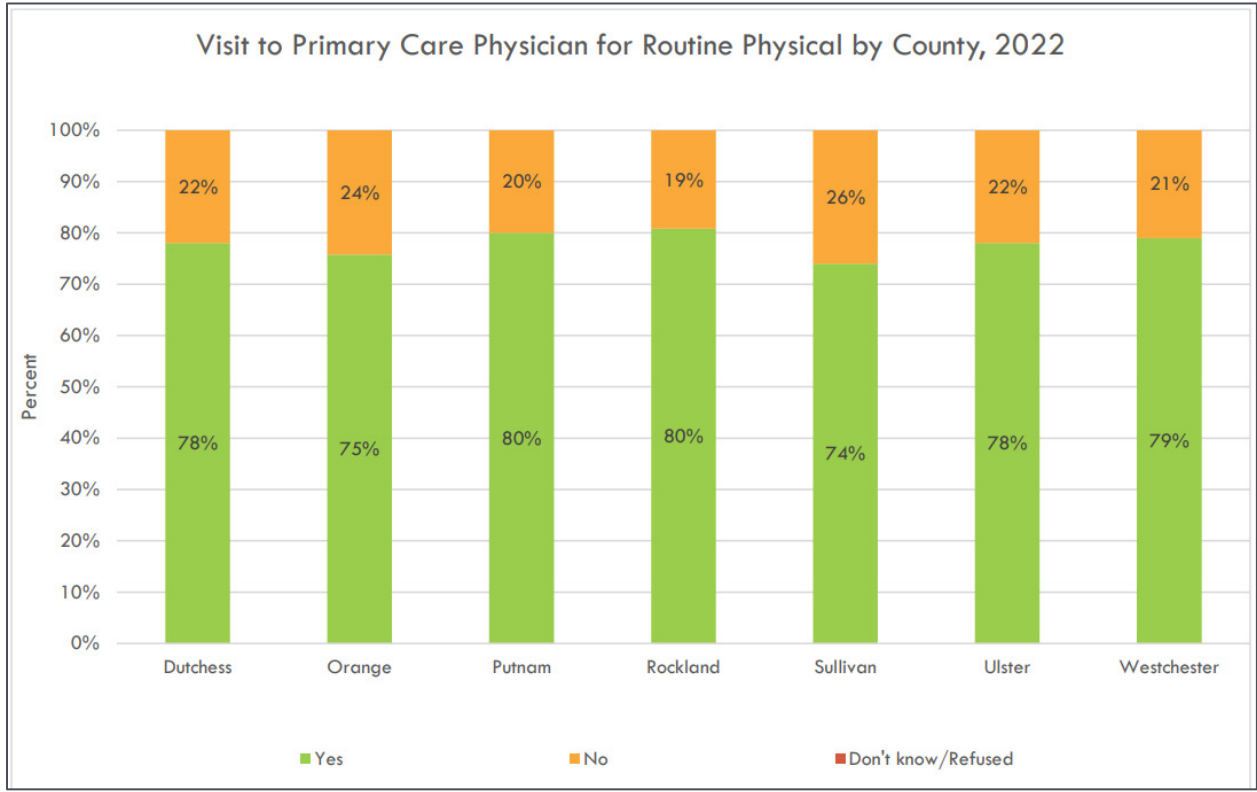
Note: Results shown for respondents that reported non-medical drug use in the past year.

Chronic Disease

Access to timely and adequate primary care services can help individuals prevent and/or manage chronic disease. Approximately 22% of Westchester County survey respondents reported not being able to get healthcare, including dental or vision care at the time of the survey. A similar proportion, 21%, reported not visiting a primary care physician for a routine checkup. The top reasons for not visiting a primary care physician were, in order of prevalence, did not have time (35%), another unspecified reason (27%), and concerns over COVID (22%).



Source: Mid-Hudson Region Community Health Assessment 2022-2024



Source: Mid-Hudson Region Community Health Assessment 2022-2024



Community Assets to Address Identified Health Priorities

Community assets and resources, including organizations, people, policies, and physical spaces, elevate quality of life for residents. Identifying the assets that exist in Westchester County is an important component of the CHNA, both to mobilize and employ resources to address identified health issues, as well as to address existing gaps in services.

Westchester County has a rich supply of assets and resources that support the health and well-being of its residents. Some examples include:

- ▶ Ample green spaces as well as County and State parks providing about 98% of the population with access to outdoor recreation and exercise opportunities
- ▶ Extensive healthcare systems, including hospitals, federally qualified health centers, urgent care centers, and laboratories, operating within the county and providing timely and state-of-art direct healthcare
- ▶ A large number of colleges and universities located within the county providing opportunities for health and other education
- ▶ The extensive Bee-Line bus system serving over 27 million passengers annually, providing transportation services to over 65% of all Westchester County residents and workplaces with walking distance to a Bee-Line bus route, making the bus both close and convenient
- ▶ United Way's 211 information and referral system contains information on non-profit organizations for many communities in Westchester County
- ▶ A variety of community organizations, task forces, coalitions, and other agencies working on providing direct services as well as policy and structural change within the county

Note: The above list is not intended to be a comprehensive assessment of all services available to Westchester County residents and may not capture the many critical programs and initiatives offered by agencies across the county.



Evaluation of Impact from 2019 Community Service Plan

In 2019, SJMC completed a CHNA and developed a supporting three-year Community Service Plan (CSP) for health improvement. The CSP outlined strategies for measurable impact on identified priority health needs, including Prevent Chronic Diseases and Promote Well-Being and Prevent Mental and Substance Use Disorders. The priority needs aligned with the top needs of service area residents and the New York State Prevention Agenda.

Within six months of the release of the 2019 Implementation Plan, the COVID-19 pandemic shifted the priorities of our community and SJMC adapted its work to respond to the emergent needs of residents. The following sections outline our work to impact the 2019 CHNA priority health areas and respond to COVID-19 in our communities.

Priority: Prevent Chronic Diseases

Saint Joseph's Family Health Center

Saint Joseph's Family Health Center (FHC) marks its 30th anniversary this year. The FHC has grown to be the community health center of choice for the residents of Southwest Yonkers, serving more than 20,000 patients each year, ranging in age from newborn to 104 years. The healthcare services offered at the FHC have expanded over time to include primary and preventive care, well child and adolescent services, prenatal care, specialized OB/gynecological services, behavioral health, nutrition services, and most recently, telemedicine. In 2020, in partnership with Feeding Westchester, an onsite free food pantry was added for patients who present with food insecurity. Our Board-Certified Family Medicine Physicians, along with 30 Family Medicine Residents, provide evidence-based care addressing chronic conditions, such as diabetes and asthma. Our preventive services focus on keeping patients healthy by addressing weight issues and BMI; following up on Breast Cancer and Colorectal Cancer screenings; and scheduling annual wellness checks that include screenings for depression, fall risk, and immunization status.

Yonkers Public Schools - School Based Health Program

Saint Joseph's runs School-Based Health Programs (SBHPs) in four of the Yonkers Public Schools. The SBHP provides a full array of primary health services, including, but not limited to, routine care of children with chronic conditions such as asthma, obesity, and diabetes; comprehensive histories and physical examinations; laboratory testing; immunizations; health counseling; and dental preventive services. Additional services focus on health education in areas such as managing asthma, nutrition, substance use, accident prevention, personal hygiene, normal growth and development, and first aid.

Continuity of care at the SBHPs is assured during non-school hours, holidays, weekends, and vacations through Saint Joseph's FHC. Emergency telephone contact with the collaborating or covering physician is available on a 24-hour basis through the primary care back up system developed for the FHC. This integration has resulted in better health outcomes and increased access to care for youth.



Implementation Plan Year End Summary 2021-2022

The SJMC team established and met the following goals to improve chronic disease, specifically asthma, outcomes for patients:

Education and Training

- a. Resident/Provider trainings were held for incoming residents and providers in October 2020 and September 2021
- b. Grand Rounds for updated asthma guidelines were held with Dr. Krishnan in February 2021, with case reviews in April and May
- c. Nurses were provided education and training on patient asthma education tools in October 2021, November 2021, and January 2022; SBHP Nurse Practitioners (NPs) were invited to attend
- d. In January 2022, all nursing staff, health facilitators, and NPs participated in a training on how to educate children on asthma, using health literate flip charts
- e. SJMC held two community education events hosted by the YWCA in April and October of 2021
- f. SJMC held waiting room education presentations in September 2021 and March 2022

Policies and Practices

- a. In September 2020, SJMC established physician orders specific to chronic condition well visits, including asthma, to serve as a guide for nursing and provider intervention. The physician order was added to the EMR and is reviewed annually. An alert informs the nurse or provider that the order is valid for the year.
- b. SJMC streamlined asthma templates in the EMR to facilitate documentation of key factors, including smoking cessation, Asthma Control Test, the Asthma Action Plan, and assessment of triggers. In October 2021, the SBHC NPs were instructed on how to document in the EMR.
- c. In April 2022, the SBHP joined the project with specific education goals in the school setting. The goals for the SBHC Asthma Project require two visits four to six weeks apart:
 - a. Visit 1:
 - i. Administer flipchart pre-test to student, followed by the “Let’s Take Control of Asthma” flipchart education, regardless of score
 - ii. Administer Asthma Control Test (ACT)
 - iii. Review inhaler technique, medication compliance, and environmental exposures
 - iv. Conduct Smoking Assessment
 - v. If student does not have an Asthma Action Plan, draft one and review with student. If student already has one written, then review with the student.
 - b. Visit 2:
 - i. Administer flipchart post-test to student and if they score less than 4, re-provide flipchart education
 - ii. Administer Asthma Control Test (ACT)
 - iii. Re-review inhaler technique, medication compliance, and environmental exposures
 - iv. Conduct Smoking Assessment
 - v. Review understanding of Asthma Action Plan
- d. Additional improvements to the asthma template and training were conducted in January 2022
- e. Developed laminated tools to facilitate Asthma Control Test and Depression Screening



Data Reporting

- a. As part of the Project BREATHE NY asthma initiative for children ages 0-18, SJMC validated its data measures for monthly reporting, including: severity classification, documentation of control, asthma control status, persistent asthma and prescribed ICS, and Asthma Action Plan.
- b. In 2022, SJMC began to see a higher volume of patients in general returning to care. For all patients with asthma, SJMC conducted the following:
 - a. 2021: Asthma Action Plan updated for 41% of eligible patients; Depression Screening updated for 70% of eligible patients
 - b. 2022: Asthma Action Plan updated for 52% of eligible patients; Depression Screening updated for 85% of eligible patients
- c. SJMC added additional measures for data reporting including monitoring of referrals and smoking cessation counseling.

Challenges and Barriers

The COVID pandemic created many challenges and barriers to implementing the 2019 CSP, including, but not limited to, the closure of schools, redeployment of 70% of SJMC staff, and limited acute care visits to the FHC. SJMC also identified ongoing challenges with EMR documentation and continues to explore best practices with staff.

Priority: Promote Well-Being and Prevent Mental and Substance Use Disorders

Crisis Prevention and Response Team

SJMC's Department of Psychiatry provides comprehensive outpatient and inpatient mental health services, addiction treatment programs and crisis services, and residential services. For those experiencing a mental health crisis, SJMC also offers a Crisis Prevention and Response Team (CPRT), which can provide assessment, crisis intervention, supportive counseling, and linkages to services and follow up. The CPRT is an interdisciplinary mobile team of mental health professionals that partners with schools, law enforcement, and various health and social service agencies. The team responds to people directly in the community.

The CPRT's goal is to help people avoid crises and to prevent emergency room visits and hospitalizations. When necessary, the team helps individuals access community resources that serve as alternatives to hospitalization. When there is truly no alternative to hospitalization, the team offers support in arranging hospital admission.

The CPRT expanded its mobile service to include Saturday coverage and Sunday phone coverage. The team received approximately 12,246 calls during 2019-2021, which led to 3,760 patient contacts. As part of its services, the team offers "bridge visits" for county providers, providing follow up with clients at high risk for readmission and/or who need assistance connecting to care. The team made 708 bridge visits between 2019-2021.

Due to the COVID pandemic, the team halted all mobile visits in March 2020. However, the CPRT maintained service to the community through telephonic visits and Zoom video conferencing. Telemedicine capabilities allowed the team to continue to meet the needs of the community and increase contacts, while still needing to limit mobile visits.



Addressing the Opioid Epidemic

1. Improving Access to Treatment and Recovery Services

SJMC outpatient addiction programs focused on reducing the time from first contact to assessment to active enrollment in treatment. The focus is driven by SJMC’s goal to engage individuals in need of treatment as quickly as possible to improve recovery success rates. SJMC has expanded the use of medication-assisted treatment (MAT), especially SUBOXONE, in all of its behavioral health programs in response to the opioid epidemic as it is expected to contribute to a reduction in opioid-related deaths. SJMC promotes open access to MAT services, particularly following an overdose or related encounter, maximizing patient motivation to receive treatment during this time. Rapid access to MAT provides immediate craving and overdose risk relief, as well as enhances patient engagement through a positive perception of program efficacy. This results in increased average length of stay in treatment, which is correlated with improved patient outcomes.

SJMC also increased the number of medical staff trained in a trauma-informed approach to substance use disorder treatment. This approach is supported by compelling research evidence documenting the high co-morbidity of substance use disorder, including opioid use disorder, with both trauma and adverse childhood experiences. Trauma-Informed Care (“TIC”) takes into account knowledge of patient trauma and incorporates this knowledge into all aspects of service delivery. It informs practitioners of the need to link substance use disorder patients to appropriate trauma care to achieve evidence-backed best practice outcomes.

2. Promoting use of overdose-reversing drugs

SJMC adopted a comprehensive strategic plan to prevent mental and substance use disorders, with the goal of reducing opioid and other substance misuse and deaths. The first component of the plan is to provide Naloxone administration training to various entities including prescribers, consumers, and community-based organizations.

More than 100 training sessions (reaching over 2,000 people) were provided from 2019-2022 on the use of Naloxone Overdose Rescue Kits (Narcan). Naloxone training was provided to EMS, police departments, and various teachers, parents, and students throughout the County of Westchester.

Additionally, the following community-based organizations received training:

- Coachmen
- Crossroads
- Halfway House
- Volunteers of America
- Family Shelter Mt Vernon
- YWCA White Plains
- School St Residence (Yonkers)
- Regan House
- Municipal Housing Authority of Yonkers
- Yonkers YMCA
- WJCS

Number of Naloxone Trainings and Kits Distributed by year:

2019	2020	2021	2022
536	880	332	452

Substance use disorder education and prevention programs were also offered throughout Westchester County. These programs reached schools, parents, and community groups on topics such as vaping,



identifying drug paraphernalia, bullying, and strategies to address child substance use.

Other project goals and accomplishments:

- 100% SJMC/SVH Behavioral Health programs trained and stocked with Naloxone
- 81-100% of substance use disorder patients assessed within 5 days in 2022 (Target 70%)
- 72-97% of substance use disorder patients admitted within 7 days in 2022 (Target 70%)
- 83-93% of opioid use disorder patients on Medication-Assisted Treatment in 2022 (Target 75%)
- 100% of substance use disorder staff trained on TIC in 2019-2022
- TIC training video available on hospital-wide Intranet for all MH staff
- TIC training for community partners was not achieved due to COVID considerations and prioritization of Naloxone training

Addressing Social Determinants of Health

SJMC is committed to addressing social determinants of health (SDoH) and removing barriers to access to care to optimize its efforts to improve the health outcomes of those it serves. We look forward to continued success with our prevention initiatives and the ongoing support of our community. As part of the 2019 CSP, SJMC undertook the following initiatives to improve SDoH indicators for patients and community members:

Behavioral Health Comorbidities

- In 2018, behavioral health services introduced a SDoH screening into its standard assessment. The questionnaire addresses non-clinical patient challenges, including economic stability, housing, education, and social supports. When issues are identified, treatment providers attempt to address them through Health Home Care Coordination Programs and other resources. Health Home Care Coordination Programs in Westchester County and NYC were expanded to provide services to over 1,300 individuals in need. The programs work closely to address SDoH, as well as support linkages to medical and behavioral health treatment.
- The “Bridge Home” project was developed in collaboration with the NYC Department of Homeless Services and the Staten Island Performing Provider System. Through this project, our Residential Services staff have placed eight families from the NYC shelter system into permanent supported housing. SJMC Residential Services expanded its supported housing units in the Bronx (20 units) and opened the Sr. Jane Manor apartments to include 19 units of licensed mental health housing on Staten Island.

Food Insecurity

Responding to the food insecurity needs of the community we serve, SJMC partnered with Feeding Westchester on two initiatives in May 2020:

- **Mobile Food Distribution:** Our partner, Feeding Westchester, delivers 7,000 pounds of food to SJMC on a monthly basis. The food is distributed across the street from the hospital on the second Tuesday of each month. Volunteer students from our partner, the Charter School of Educational Excellence, and staff from Saint Joseph's Hospital and the FHC distribute bags of nutritious food to those presenting with food insecurity.



- On-Site Food Pantry: SJMC, in conjunction with our partner, Feeding Westchester, developed an on-site food pantry at the FHC. Patients are screened upon arrival for food insecurity and are discretely provided with a bag of nutritious food during their visit.

Affordable/Supportive Housing

On June 9, 2022, a ribbon-cutting ceremony was held to celebrate the grand opening of Landy Court, SJMC's newest affordable/supportive housing project, located at 10 School Street in downtown Yonkers.

The seven-story building features 32 efficiency one- and two-bedroom affordable housing units for individuals and families who meet the affordable housing guidelines. The building also has 48 efficiency units of supportive housing. Referrals for the supportive housing units come from the Westchester County Single Point of Access program which is coordinated through Westchester County's Department of Community Mental Health. Amenities at Landy Court include a roof-top garden, fitness center, large community rooms, library/computer room, and laundry facilities.

SJMC's affordable and supportive housing meets a significant need in our community. The affordable housing provides a new, attractive, and permanent place to live for local individuals and families who meet the qualifications. The 48 supportive apartments meet the needs of individuals able to live independently in the community with on-site support services. Supportive housing is designed to offer assistance to help individuals maintain skills of daily living and foster successful community integration.

The building is named after James J. Landy who has served as Chairman of the Board of SJMC since 1991 and has long been an advocate for affordable and supportive housing.

The project supports the mental health and primary healthcare needs of an impoverished population and brings SJMC's housing commitment to nearly 1,500 affordable/supportive housing units throughout Westchester County, the Bronx, Queens, Brooklyn, and Staten Island.

Crisis Residence

SJMC is building a 15-bed crisis residence at the Harrison campus that will provide a homelike setting with support services for those who need behavioral healthcare but do not require hospitalization. This is the first project of this type in New York State and further recognition for SJMC's innovative commitment to caring for individuals with mental illness. The Crisis Residence is anticipated to open in the Summer of 2023.

Smoking Cessation

SJMC continued its smoke and tobacco free campus policies. The Yonkers and Harrison campuses are both smoke free and patients and clients in all programs are assessed for smoking dependence. Education, smoking cessation groups, and access to nicotine replacement therapies are offered. Employees who smoke are encouraged to discuss smoking cessation options with their primary care physician or learn about quitting through the New York State Smokers' Quit Line.

Screenings, education, smoking cessation groups, and access to nicotine replacement therapies are also offered at numerous SJMC's outpatient programs throughout Westchester County and New York City.



2022-2024 Community Service Plan

Prioritization Process and Identified Priorities

To work towards health equity, it is imperative to prioritize resources toward the most pressing and cross-cutting health needs within the community. In assessing and prioritizing community health needs, SJMC took into account CHNA data findings and community feedback, including resident and provider perspectives. The priorities were selected by the CHNA Planning Committee based on scope, severity, and ability to impact.

The 2022 CHNA continued to support Prevent Chronic Diseases and Promote Well-Being and Prevent Mental and Substance Use Disorders as significant needs for service area residents, although the focus areas have shifted for the purpose of SJMC's CSP. Efforts to address chronic disease will target colorectal cancer (previously asthma), while efforts to address mental and substance use disorders will target mental health (previously opioids). The refined focus areas reflect disparities within SJMC's primary service area, many exacerbated by the COVID-19 pandemic, and new resources to impact these needs.

The 2022 CHNA identified needs are aligned with the New York State Prevention Agenda.

SJMC 2022-2024 Community Service Plan Priority Areas

- ▶ **Prevent Chronic Diseases, Focus Area: Preventive care and management**
- ▶ **Promote Well-Being and Prevent Mental and Substance Use Disorders, Focus Area: Prevent mental and substance use disorders**

SJMC 2022-2024 Community Service Plan

The 2022-2024 CSP builds upon previous health improvement activities, while advancing new opportunities that recognize emerging health challenges and a focus on health equity. The following is a summary of SJMC's 2022-2024 CSP, outlining goals, objectives, strategies, and process measures for addressing the identified priority areas.



Priority Area: Prevent Chronic Diseases

Focus Area: Preventive Care and Management

Goal: Increase cancer screening rates for colorectal cancer.

Objectives:

- > The percentage of adult patients ages 45-49 years receiving a colorectal screening will increase to 70%.
- > The percentage of adult patients ages 50-64 years receiving a colorectal screening will increase to 70%.

Intervention Strategies	Process Measures
Work with primary care providers and staff to utilize the tools within NextGen EHR to identify patients near due or overdue for colorectal cancer screening.	<ul style="list-style-type: none"> ● Number of patients reached through patient reminder systems ● Compliance with screening guidelines among patients reached through patient reminder systems ● Provider or clinic colorectal cancer screening rates
Utilize Eagle Dream Population Health Management tool to develop patient campaigns through email alerts and mail.	<ul style="list-style-type: none"> ● Number of patients reached through campaigns ● Compliance with screening guidelines among patients reached through patient campaigns ● Provider or clinic colorectal cancer screening rates
Develop educational materials regarding colorectal cancer and the importance of early screening.	<ul style="list-style-type: none"> ● Number of health literate materials developed and distributed at health center locations and public events ● Number of partners engaged in community awareness efforts ● Number of individuals reached through education that were then referred for cancer screening ● Change in knowledge or awareness of need for cancer screening among individuals reached through education
Conduct quarterly educational waiting room presentations to increase awareness of the importance of colorectal cancer screening.	<ul style="list-style-type: none"> ● Number of presentations conducted ● Number of individuals reached through education that were then referred for cancer screening ● Change in knowledge or awareness of need for cancer screening among individuals reached through education



Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders

Focus Area: Prevent mental and substance use disorders

Goal: Prevent suicides

Objectives:

- > Increase access to community-based supports for individuals who are having, or at risk for, mental health concerns/crisis.
- > Increase access to suicide prevention and mental health crisis support services.

Intervention Strategies	Process Measures
Provide Crisis Prevention & Response Team (CPRT), offering mobile, person-centered mental health evaluation, crisis intervention, supportive counseling, information, and referrals.	<ul style="list-style-type: none"> ● Number of community response encounters ● Number of community support referrals and follow up
Staff and operate the 988 Suicide and Crisis Lifeline for Westchester County.	<ul style="list-style-type: none"> ● Number of lifeline calls received ● Number of community support referrals ● Operational capacity: hours available, multiple call answering
Support the Westchester County Project Alliance 911 Diversion Program to divert mental health-related 911 calls to CPRT.	<ul style="list-style-type: none"> ● Number of mental health-related 911 calls diverted to CPRT ● Number of community support referrals and follow up
Use SAFE-T and C-SSRS suicide risk assessment to identify all high-risk outpatients in licensed behavioral health programs and utilize safety plan to reduce risk.	<ul style="list-style-type: none"> ● Monitor for 100% compliance of use of risk assessment tools ● Monitor development of safety plans for 100% of high-risk patients ● Investigate all suicide attempts/completed suicides to determine if corrective actions in programs are needed



Next Steps

Community and Partner Engagement

SJMC continues to collaborate in addressing community needs through the Healthy Yonkers Initiative (HYI) established in 1998 by the City of Yonkers and St. John's Hospital. The HYI is a partnership of over fifty community-based organizations, local health and city departments, schools, businesses, faith-based institutions, and individuals in the City of Yonkers. These community partners are involved in the assessment of community health needs in our primary service area, the City of Yonkers, and its surrounding communities. St Joseph's has actively participated and supported HYI since its inception. The community partners continue to meet quarterly, rotating venues among the members. During these sessions, SJMC shares health information from the New York State and Westchester County Departments of Health and disseminates market share data.

SJMC thanks our community partners for their commitment to the health and well-being of Yonkers and Westchester County residents and welcomes the opportunity to continue to strengthen our community together.

CHNA and CSP Dissemination Plan

SJMC made the CHNA and CSP available on its website, and posted their release on social media outlets. SJMC will maintain a printed copy of the CHNA and CSP at the hospital at all times for public inspection upon request. SJMC will continue to promote its prevention and health improvement initiatives through the local media and will actively work with our partners to optimize communication to the community.

For more information regarding the CHNA or CSP, or to submit comments or feedback, contact Catherine Hopkins, Director of Employee Health Services and Community Outreach (Catherine.Hopkins@saintjosephs.org).