Calvary Hospital

2016 - 2018

Community Health Needs Assessment (CHNA) and Implementation Plan

CALVARY HOSPITAL

Where Life Continues

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Executive Summary

Background

Calvary is the country's only hospital dedicated to providing hospice and palliative care to adult patients with advanced cancer and other life limiting illness. Calvary Hospital is a 501(c) (3) not for profit hospital. The expertise of the Medical Staff is focused on treating the constellation of unbearable symptoms that are associated with the most acutely ill end of life patients.

Calvary Hospital is a 225 bed, fully accredited, specialty hospital exclusively dedicated to the palliative care of adult patients in the advanced stages of cancer and other serious or end of life patients. In addition to its inpatient programs at both the Bronx and Brooklyn Campuses, Calvary provides outpatient, home care, hospice, nursing home hospice, and inpatient wound care services. Calvary is committed to the non-abandonment of its patients and families, and provides its services in an environment that recognizes the physical, psychological, spiritual, and emotional needs of its patients.

The Hospital will continue to be faithful to this tradition through a twofold commitment. Calvary will strive primarily to expand its programs and services to meet the emerging physical, psychosocial, and spiritual needs of both patients and families by providing acute inpatient care, home care, and hospice.

As we approach the future with a sense of hope and promise, Calvary is ever mindful of the legacy of our founders, the Women of Calvary, to provide compassionate care while recognizing the individuality and dignity of every patient. At the same time, we will continue to develop new programs and services to meet the needs of today's world.

Calvary Hospital is committed to assuring that it provides a consistently high quality of care in a safe, effective, and efficient manner. The Hospital is dedicated to its mission of meeting the needs of patients and families facing end of life illness.

Mission Statement

The mission of Calvary Hospital is to care for the medical, emotional and spiritual needs of our adult patients with advanced cancer and other life limiting illnesses. It is the only fully accredited acute care hospital in the U.S. devoted exclusively to the palliative care of adult patients. Calvary's core principles are compassion, non-abandonment, dignity and love.

Our Geographic Area

The main service area of Calvary Hospital are in the boroughs of Brooklyn, the Bronx, Manhattan, Queens in the City of New York and with a secondary area servicing the counties of Westchester and Nassau.

Community Health Needs Assessment

Calvary Hospital is required to complete a community health needs assessment (CHNA) to fulfill the Internal Revenue Service (IRS) requirement in the Patient Protection and Affordable Care Act which mandates that all non-profit hospitals conduct a CHNA every three years. The Calvary Hospital CHNA was conducted to ensure that the hospital continues to effectively and efficiently serve the health needs of its service area. The CHNA was developed in accordance with all federal rules and statues, specifically, PL 111-148 (the Affordable Care Act) which added Section 501(r) to the Internal Revenue Code. The Calvary Hospital CHNA was undertaken in this context and developed for the purpose of enhancing health and quality of life throughout the community.

To perform the CHNA Calvary hospital utilized both primary and secondary sources of data. Calvary Hospital analyzed information from the State of New York including Statewide Planning and Research Cooperative System (SPARCS), studies performed by such organizations as the Center to Advance Palliative Care (CAPC), along with other public statistical information and internal studies. Calvary had discussions with various New York State agencies including Department of Health, Department of Aging, Hospice Foundation of America, Geel Community Services, Mentoring Through Mourning, Administration of Children's Services and different Boards of Education. Calvary Hospital received data and/or had discussions with many community leaders including mental health providers, the Bronx Coalition, Greater New York Hospital Association, Association for Death Education and Counseling, local religious leaders, local attorneys, medical schools and other educational institutions. Calvary participated in the Prevention Agenda 2013 – 2018 developed by the New York State Public Health and Health Planning Council (PHHPC).

The broader community was engaged in the discussion through ongoing presentations and lectures. The need for additional education and palliative care services became apparent when the feedback from these community groups was evaluated. As part of our participation in the Prevention Agenda, Calvary participates in a number of meetings, webinars and other activities sponsored by the New York State Department of Health, Greater New York Hospital Association, the Bronx Coalition and other groups in the community.

Calvary Hospital has prepared a Community Service Plan ("CSP") for the State of New York for decades and more recently completed a joint CHNA/CSP in 2013 in accordance with the requirements of the Affordable Care Act. Calvary Hospital reviewed the joint CHNA/CSP which was completed in 2013 as part of the process of evaluating the needs for the 2016 report. Calvary Hospital assessed the needs it included in the 2013 report, evaluated any progress made in meeting these needs and determined their relevance for 2016 and forward.

Calvary Hospital assessed the needs of the community through the lens of the specialized services it is equipped to provide. The oversight of the CHNA process is an intrinsic part of Calvary's regulatory and quality process. Two separate committees of the Board of Directors,

Joint Commissions Steering Committee and Quality Committee, are responsible for evaluating the data and prioritizing the needs of the community identified during the CHNA process. Once the report is final, it was presented to the Board of Directors. On an annual basis, the Quality Committee updates the board on progress against these needs. Calvary Hospital completed a joint CSP/CHNA during 2016 and posted to its website prior to December 31, 2016. The document you are currently reading is a revised CHNA document updated to supplement the narratives relating to the CHNA process and data evaluated at the time the original CHNA/CSP was finalized.

Calvary is the world's leading expert in palliative care. Calvary's core values are compassion, non-abandonment, dignity and love. Our dedication to these principles has helped make Calvary an international model of palliative and end of life care. We envelop our patients and their families in a "community of care." We care for the whole person. We understand that this is the first and only time that our patients will be making this journey. Our staff makes this journey with patients and their families. However long we care for these patients, we know that it is our responsibility to make each day as comfortable as possible for them. We don't abandon them when they need us most. Our commitment extends to providing trained pastoral care – from all faith traditions – tailored to each patient's needs and to the needs of family members.

Based on these specialized services, Calvary identified three needs within the community which needed to be addressed and prepared a summary of its plan to meet these needs:

I. Access to Palliative Care:

The need to provide palliative care in this country is significant. Doctors and hospitals continue to fail their patients in the late stages of chronic disease when cure is not an option. There are concerns regarding pain management and often there is overly aggressive treatment which diminishes the remaining quality of life. The access to palliative care across the country is growing but is still inadequate to cover the need.

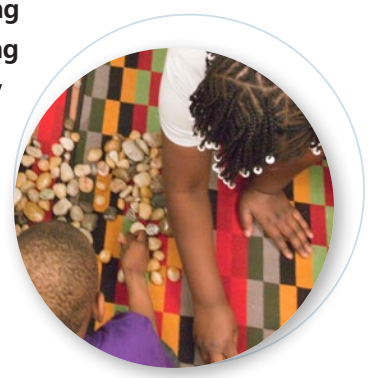
Adult patients with advanced cancer and other life limiting illnesses, need expert care. During the period between 2013 and 2015, Calvary received referrals from approximately 250 healthcare facilities to provide patient care. Calvary admitted 2,955, 2,899 and 3,045 patients for the years 2013, 2014 and 2015, respectively. This is only a fraction of the individuals suffering from these illness in hospitals and nursing homes throughout the NYC area. These journeys are difficult and each patient should be cared for and treated in with respect and in alignment with their family's wishes. Further, their families deserve the same love and sensitivity provided to patients.

The NYC area is diverse. Calvary Hospital believes there is a need for multilingual, multiethnic staff equipped to address the many cultural issues that often arise when addressing end of life concerns of patients and families. Caregivers need to be familiar with – and sensitive to – the needs of a religiously and ethnically diverse patient population. Calvary's outreach nurses regularly go to nursing homes and hospitals to train caregivers so that they can identify patients who would benefit from palliative care.

Calvary Hospital understands that the need to provide these services extends beyond the capacity of beds within its brick and mortar walls. Since 2001, Calvary Hospital has been providing palliative care within the walls of NYU Langone Hospital-Brooklyn. Calvary Hospital has a 25 bed hospital within a hospital in the medical center where we can provide services to patients in Brooklyn, NY and surrounding communities who would not otherwise have access to such care. Calvary Hospital has further expanded its reach by continuing to provide palliative and hospice care within private home and assisted living facilities, NYC nursing homes and hospital settings.

II. Access to Bereavement Services:

Traditional medical care will treat the patient who has the chronic illness without addressing the impact that individual had on the family and community in which s/he lived. The passing of a loved one has broad impact on these individuals. There is a need within the community to both expand services to a larger population and to enhance the specific types of services provided.



Based on its unique experience and role in the healthcare community, Calvary Hospital will continue to address the Mental Health needs of the community through Calvary's extensive Bereavement Program. All individuals grieve after the loss of a loved one, but in some instances grief can become a mental illness. If complicated grief is left to worsen, there could be implications to the children and community of the individual. Calvary Hospital understands that private psychiatric care is expensive and for a vast majority of families in the Hospital's community not economically feasible. Calvary provides free, therapeutic, evidence-based interventions for bereaved individuals, regardless of where their loved one died. The needs/education of clinicians in the community are provided through numerous educational programs offered by Bereavement Services to clinicians working with bereaved family members.

III. Palliative Care Education:

There is a need for formal education to clinical providers to advance knowledge of the field of palliative care and to provide insight into best practices in the field. Through ongoing education, palliative care will continue to expand and reach an increasing number of New Yorkers in needs of modality of care.

Calvary is uniquely positioned to help expand knowledge about palliative care. Calvary has been designated an "international center for training in palliative care" by the National Cancer Institute. The Palliative Care Institute (PCI) communicates, through education and research, Calvary's expertise in caring for patients with advanced disease. It has trained thousands of healthcare professionals to date from North America, Europe, the Middle East and Asia. Each year, more than 800 medical students, residents, and fellows receive training through the PCI, including formalized palliative care rotations for residency and fellowship programs from New York Medical College, Memorial Sloan Kettering Cancer Center, Mount Sinai School of Medicine, and the SUNY-Health Science Center at Brooklyn. The PCI also offers a training program for the New York City Fire Department Emergency Medical Services.

Defining Our Community

The main service area of Calvary Hospital is in the boroughs of Brooklyn, Bronx, Manhattan, Queens in the City of New York and with a secondary area including the counties of Westchester and Nassau. Calvary provides services in the following areas:

Inpatient Care – Bronx, Brooklyn, Manhattan, and Queens

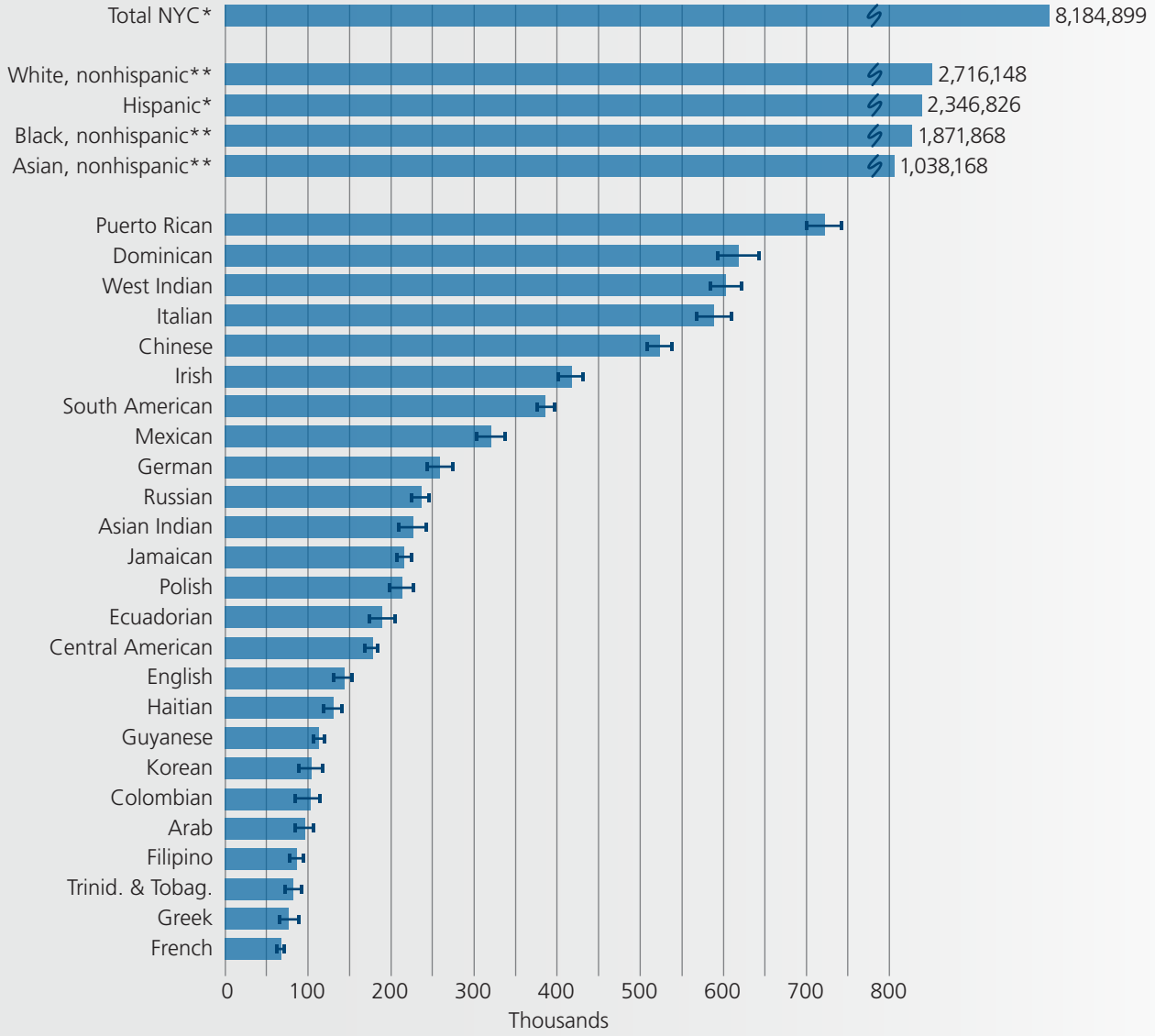
Home Care – Bronx, Brooklyn, Manhattan, Queens, Nassau County, and Westchester County

Hospice – Bronx, Brooklyn, Manhattan, Queens, Nassau County, and Westchester County

As the referral center for end of life care in the greater NYC area, Calvary receives referrals from 250 healthcare organizations.

The NYC Department of City Planning publishes statistical information on the demographics of the New York City Area. New York City was the most populous city in the United States in July 2015 with a population of 8,550,405 people. About 1 in every 38 people living in the United States resides in New York City and it has a population density of 27,000 people per square mile. Based on race alone, in 2015 approximately 44.9% of the population was White, 25.6% was Black or African American, and 15.3% was Asian. 29.1% of the population was Hispanic of any race. On the following page is a chart published by the Department of City Planning showing a distribution of the population based on Race/Hispanic Origin and Ancestry.

Total Population by Race/Hispanic Origin and Ancestry – New York City, 2010



** This estimate is controlled, and a statistical text of sampling variability is not appropriate.*

*** Margins of error for white, black and Asian nonhispanics are +/-3,203; +/-7,361; +/-6,747, respectively.*

This symbol represents a break in the scale and the introduction of a new scale.

The "2015 American Community Survey 1-Year Estimates" put out by the NYC Planning shows comparative economic characteristics of the different NYC boroughs as well as NYC as a whole. In 2015, 16.8% of the NYC population as a whole live in poverty with the number rising to 27.9% if one reviews only statistical data for those living in the Bronx. When only households with a female head are considered the percentage of families living in poverty rises to 29.8% for NYC as a whole and 41.2% for the Bronx. An excerpt from the chart is shown on the next page.

CPO3: Comparative Economic Characteristics

2015 American Community Survey 1-Year Estimates

Subject	Bronx		Brooklyn		Manhattan		Queens		Staten Island		New York City	
	2015 Est.	2014 Est.	2015 Est.	2014 Est.	2015 Est.	2014 Est.	2015 Est.	2014 Est.	2015 Est.	2014 Est.	2015 Est.	2014 Est.
EMPLOYMENT STATUS												
Population 16 years and over	1,126,603	1,111,679	2,087,398	2,074,383	1,426,666	1,418,130	1,910,721	1,897,917	382,448	381,285	6,933,836	6,883,394
In labor force	59.7%	58.4%	63.8%	63.4%	67.9%	67.3%	64.4%	63.9%	57.7%	58.4%	63.8%	63.3%
Civilian labor force	59.7%	58.4%	63.7%	63.4%	67.9%	67.3%	64.4%	63.9%	57.6%	58.4%	63.8%	63.2%
Employed	53.3%	51.4%	58.9%	57.9%	63.7%	62.9%	60.0%	59.0%	54.5%	54.8%	59.0%	58.0%
Unemployed	6.4%	7.0%	4.9%	5.4%	4.2%	4.4%	4.4%	4.9%	3.1%	3.6%	4.7%	5.2%
Armed Forces	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%
Not in labor force	40.3%	41.6%	36.2%	36.6%	32.1%	32.7%	35.6%	36.1%	42.3%	41.6%	36.2%	36.7%
Civilian labor force	672,639	648,915	1,330,353	1,314,286	968,038	954,322	1,230,171	1,212,574	220,362	222,528	4,421,563	4,352,625
Unemployment Rate	10.7%	11.9%	7.6%	8.6%	6.1%	6.6%	6.8%	7.7%	5.4%	6.2%	7.4%	8.3%
Females 16 years and over	607,384	600,996	1,116,383	1,110,635	759,317	755,793	993,326	989,303	199,961	199,074	3,676,371	3,655,801
In labor force	55.7%	54.4%	59.6%	58.9%	63.0%	63.5%	57.8%	57.1%	52.6%	53.3%	58.8%	58.3%
Civilian labor force	55.7%	54.4%	59.6%	58.9%	63.0%	63.5%	57.8%	57.1%	52.5%	53.3%	58.8%	58.3%
Employed	49.8%	47.9%	55.3%	54.0%	59.0%	59.4%	53.9%	52.8%	50.1%	50.5%	54.5%	53.6%
Own children of the householder under 6 years	122,224	121,404	224,335	225,492	94,219	96,817	165,656	167,371	32,668	33,383	639,102	644,467
All parents in family in labor force	63.3%	69.7%	62.0%	60.6%	70.3%	63.8%	63.0%	61.2%	59.5%	59.7%	63.6%	62.9%
Own children of the householder under 6-17 years	224,846	225,490	361,861	354,309	135,622	130,838	292,513	282,856	69,583	69,146	1,084,425	1,062,639
All parents in family in labor force	67.1%	66.4%	66.0%	64.2%	71.4%	65.4%	66.8%	65.9%	63.2%	61.0%	66.9%	65.1%
INCOME AND BENEFITS (In 2015 Inflation-Adjusted Dollars)												
Total households	495,513	492,481	940,176	942,402	751,244	762,228	774,752	785,985	167,462	164,971	3,129,147	3,148,067
Less than $10,000	16.5%	16.4%	10.8%	11.7%	8.9%	10.3%	6.6%	7.5%	9.5%	8.4%	10.1%	10.9%
$10,000 to $14,999	8.7%	9.4%	6.4%	6.4%	5.5%	4.8%	4.0%	4.6%	3.8%	4.3%	5.8%	5.9%
$15,000 to $24,999	13.7%	14.6%	10.8%	11.5%	7.9%	7.7%	9.5%	10.4%	7.5%	8.6%	10.1%	10.6%
$25,000 to $34,999	10.9%	10.6%	9.6%	9.1%	6.3%	6.4%	9.1%	8.5%	6.1%	7.5%	8.7%	8.4%
$35,000 to $49,999	13.2%	13.8%	11.3%	12.5%	8.0%	8.1%	12.6%	12.4%	9.8%	9.2%	11.0%	11.4%
$50,000 to $74,999	15.5%	15.1%	15.5%	15.4%	13.0%	12.1%	18.3%	18.5%	15.5%	14.3%	15.6%	15.3%
$75,000 to $99,999	8.3%	8.6%	10.5%	11.0%	9.2%	10.3%	12.8%	12.8%	12.3%	14.2%	10.5%	11.1%
$100,000 to $149,999	8.3%	7.5%	12.8%	11.6%	13.8%	14.0%	15.1%	14.4%	19.5%	17.6%	13.3%	12.6%
$150,000 to $199,999	2.8%	2.3%	5.9%	5.1%	7.9%	8.0%	6.8%	6.4%	8.8%	8.8%	6.3%	5.9%
$200,000 or more	2.0%	1.7%	6.5%	5.7%	19.3%	18.3%	5.2%	4.3%	7.2%	7.2%	8.6%	7.9%
Median household income ($)	35,176	33,789	51,141	48,041	75,575	76,103	60,422	57,245	71,622	71,259	55,752	53,070
Mean household income ($)	51,513	48,989	78,063	72,804	140,997	134,933	78,725	74,776	88,298	88,832	89,680	85,454
With Supplemental Security Income	12.4%	12.9%	9.0%	9.2%	6.2%	6.6%	5.7%	5.6%	5.2%	4.8%	7.8%	8.0%
Mean Supplemental Security Income ($)	8,885	8,818	8,961	9,163	8,108	8,971	8,930	9,093	9,784	9,619	8,804	9,040
With cash public assistance income	7.2%	7.5%	4.5%	4.9%	2.5%	2.8%	3.2%	3.4%	3.1%	3.6%	4.1%	4.3%
Mean cash public assistance income ($)	3,656	3,387	3,548	3,651	3,550	2,853	3,636	3,285	2,925	4,403	3,571	3,417
With Food Stamp/SNAP benefits in the past 12 months	35.8%	37.2%	23.3%	23.7%	13.6%	13.5%	13.6%	14.1%	12.7%	14.2%	20.0%	20.4%

continued on page 11

CPO3: Comparative Economic Characteristics (continued from page 10)

2015 American Community Survey 1-Year Estimates

Subject	Bronx		Brooklyn		Manhattan		Queens		Staten Island		New York City	
	2015 Est.	2014 Est.	2015 Est.	2014 Est.	2015 Est.	2014 Est.	2015 Est.	2014 Est.	2015 Est.	2014 Est.	2015 Est.	2014 Est.
INCOME AND BENEFITS (In 2015 Inflation-Adjusted Dollars)												
Families	323,424	325,570	583,603	587,222	302,832	323,217	529,270	530,480	127,322	121,343	1,866,451	1,887,832
Less than $10,000	12.3%	12.5%	6.4%	7.5%	5.5%	6.7%	3.9%	4.5%	6.5%	5.4%	6.6%	7.2%
$10,000 to $14,999	7.4%	8.2%	5.6%	5.6%	4.7%	3.2%	3.2%	3.4%	2.5%	2.9%	4.8%	4.8%
$15,000 to $24,999	13.9%	14.9%	11.1%	11.8%	7.3%	8.1%	8.4%	9.3%	5.4%	6.9%	9.8%	10.7%
$25,000 to $34,999	11.1%	11.9%	10.1%	9.4%	7.5%	6.7%	9.5%	8.6%	5.3%	7.0%	9.3%	9.0%
$35,000 to $49,999	13.1%	13.9%	11.9%	12.8%	8.1%	9.3%	12.5%	12.9%	9.0%	8.8%	11.5%	12.2%
$50,000 to $74,999	17.4%	15.2%	15.8%	16.0%	10.9%	10.3%	18.2%	19.0%	16.0%	15.7%	16.0%	15.7%
$75,000 to $99,999	8.8%	9.6%	10.8%	11.2%	8.0%	8.3%	12.9%	13.8%	13.6%	14.3%	10.8%	11.4%
$100,000 to $149,999	10.1%	8.3%	14.0%	12.5%	12.6%	12.8%	17.7%	15.7%	22.2%	20.1%	14.7%	13.2%
$150,000 to $199,999	3.4%	3.2%	6.5%	6.1%	7.8%	7.8%	7.8%	7.6%	10.8%	10.8%	6.8%	6.6%
$200,000 or more	2.4%	2.3%	7.9%	7.3%	27.6%	26.8%	6.0%	5.2%	8.8%	8.1%	9.7%	9.2%
Median family income ($)	40,493	37,081	56,737	54,261	92,144	90,682	66,403	63,964	82,709	80,950	61,413	58,763
Mean family income ($)	57,288	53,963	87,013	81,853	190,872	179,381	85,698	82,259	99,681	99,351	99,205	94,980
Per capita income ($)	18,880	18,179	28,898	27,090	67,255	64,692	27,778	26,602	31,284	31,647	34,396	32,947
HEALTH INSURANCE COVERAGE												
Civilian noninstitutionalized population	1,434,184	1,416,359	2,625,368	2,610,676	1,634,473	1,625,401	2,324,250	2,306,695	470,512	469,283	8,488,787	8,428,414
With health insurance coverage	89.4%	86.6%	90.9%	89.0%	93.4%	92.4%	88.4%	85.6%	94.5%	93.4%	90.7%	88.6%
With private health insurance	43.0%	42.4%	52.9%	52.0%	67.6%	68.7%	56.9%	54.5%	70.1%	69.7%	56.1%	55.3%
With public coverage	55.8%	53.6%	44.7%	44.1%	34.0%	31.8%	39.5%	38.5%	33.9%	33.8%	42.5%	41.2%
No health insurance coverage	10.6%	13.4%	9.1%	11.0%	6.6%	7.6%	11.6%	14.4%	5.5%	6.6%	9.3%	11.4%
PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL												
All families	27.9%	29.1%	18.5%	19.7%	13.5%	13.2%	11.2%	12.3%	12.0%	12.1%	16.8%	17.6%
With related children of the householder under 18 years	37.7%	38.1%	25.2%	27.1%	21.2%	19.0%	15.9%	17.3%	15.7%	18.2%	24.1%	25.0%
With related children of the householder under 5 years only	27.6%	25.6%	20.3%	20.2%	14.0%	7.3%	11.3%	12.9%	12.9%	13.9%	17.6%	16.1%
Married couple families	15.0%	15.8%	13.9%	14.5%	6.0%	6.2%	8.0%	8.5%	8.3%	7.2%	10.4%	10.7%
With related children of the householder under 18 years	20.6%	21.4%	18.8%	19.7%	8.5%	7.8%	10.1%	11.1%	10.4%	10.4%	14.3%	14.7%
With related children of the householder under 5 years only	12.2%	11.6%	13.7%	14.1%	7.2%	3.3%	7.0%	9.2%	5.2%	7.3%	9.7%	9.4%
Families with female householder, no husband present	41.2%	41.9%	27.9%	29.4%	30.0%	30.7%	20.1%	23.5%	25.7%	28.1%	29.8%	31.6%
With related children of the householder under 18 years	51.3%	50.8%	37.1%	38.7%	42.4%	39.3%	30.1%	32.6%	33.0%	38.9%	40.6%	41.4%
With related children of the householder under 5 years only	45.4%	43.2%	36.4%	31.7%	34.7%	22.6%	24.5%	25.8%	40.5%	44.3%	36.5%	32.4%
All people	30.4%	31.6%	22.3%	23.4%	17.6%	17.6%	13.8%	15.2%	14.4%	14.5%	20.0%	20.9%
Under 18 years	42.9%	43.3%	31.3%	33.1%	24.3%	22.2%	18.8%	20.3%	18.2%	21.5%	28.6%	29.6%
Related children of the householder under 18 years	42.7%	43.1%	31.2%	32.9%	24.1%	21.9%	18.5%	20.0%	18.1%	21.3%	28.5%	29.4%
Related children of the householder under 5 years	40.3%	41.0%	31.9%	33.2%	19.2%	14.9%	17.3%	20.1%	18.2%	22.2%	27.1%	27.9%
Related children of the householder 5 to 17 years	43.7%	44.0%	30.8%	32.8%	26.9%	25.8%	19.1%	19.9%	18.1%	21.0%	29.1%	30.1%
18 years and over	26.2%	27.5%	19.6%	20.5%	16.4%	16.8%	12.5%	13.9%	13.3%	12.5%	17.7%	18.6%
18 to 64 years	26.3%	27.8%	19.2%	19.9%	16.2%	16.6%	12.4%	13.8%	13.7%	12.8%	17.6%	18.4%
65 years and over	25.3%	25.9%	21.7%	23.7%	17.1%	17.7%	12.9%	14.5%	11.6%	10.9%	18.1%	19.3%
People in families	28.8%	30.2%	20.6%	21.8%	15.9%	15.0%	11.6%	12.9%	12.4%	12.6%	18.2%	19.1%
Unrelated individuals 15 years and over	37.8%	38.0%	28.3%	29.2%	20.0%	21.6%	24.2%	25.7%	29.5%	27.0%	26.0%	27.0%

Population statistics prepared by Westchester County Department of Planning based on 2010 Census data reported a total population of 949,113 individuals. The racial diversity in the population included 57.4% White, 13.3% Black, .1% American Indian, and 5.4% Asian and Pacific Islander with the remainder having mixed race or other designations. The Hispanic or Latino population was 21.8%. The Westchester County Department of Planning provided information on the median household income and range for Westchester based on demographic information complied between 2005-2009. The median household income for the period was $79,585 with approximately 53,000 households earning over $200,000 and 111,275 households earning less than $50,000.

The website DataUSA published demographic information on Nassau County, NY based on population surveys in 2012 and 2014. The racial diversity of the population of the county is 61.1% White, 16.5% Hispanic, and 11.1% Black with the remainder having mixed race or other designations. The population is 1.36M people with a median household income of $101,380.

Calvary Hospital is located in a vibrant, socio-economically diverse, multi-ethic community. Due to the specialized services the Hospital performs, its community is diverse as to race, ethnicity, and economic factors but it is unified by the end of life process. Calvary focuses on providing services to individuals and their families when cure is no longer an option. The major community it serves is area hospitals and healthcare providers which are a large referral source. Calvary Hospital steps in when traditional medicine has run its course. Calvary admitted 2,955, 2,899 and 3,045 patients for the years 2013, 2014 and 2015, respectively.

Input from Persons Representing the Broad Interests of the Community Including Those with Special Expertise in Public Health

Performing a CHNA involves identifying the health needs of the hospital's community and creating strategies to address the prioritized needs. Calvary Hospital's CHNA uses detailed secondary public health data at state, county, and community levels, and internal surveys and discussions from the community to determine the needs. In performing the CHNA, some of the stakeholders Calvary worked with are listed below:

- NYS / NYC Departments of Health
- Hospice and Palliative Care Association New York (HPCANYS)
- NYC Health Council
- Department of Aging in NYC
- NYC Board of Education
- Department of Education Mental Health
- Hospice Palliative Care Institute of NY
- New York State Public Health and Health Planning Council (PHHPC)

In addition to the above, Calvary has ongoing partnerships with various other organizations including medical schools, religious leaders, local schools, local hospitals and community organizations to help them to identify the needs.

Assessment of Health Needs of the Community

To begin the assessment of community needs Calvary started with the Prevention Agenda 2013-2018 developed by the New York State Public Health and Health Planning Council (PHHPC) at the request of the Department of Health, in partnership with Calvary Hospital and more than 140 organizations across the state. This Prevention Agenda was developed through the collaboration of organizations across the spectrum including local health departments, health care providers, health plans, community based organizations, advocacy groups, academia, schools, and others who can influence the health of individuals and communities. It was designed to serve both as a plan to improve the health of residents of New York and an aid to assist hospitals in developing their own CHNA. The Prevention Agenda notes five priority areas:

- Prevent chronic diseases
- Promote healthy and safe environments
- Promote healthy women, infants and children
- Promote mental health and prevent substance abuse
- Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases and healthcare associated Infections

While Calvary Hospital agreed that all five priorities were important to the overall health of New Yorkers, the Hospital focused on chronic diseases and mental health because those two initiatives were in line with the Calvary's specialized mission. Further research, investigation, and discussion was undertaken to assess the greater needs in the community regarding chronic disease and mental health. Chronic disease puts stressors on the patient, family and friends during the time of treatment. In many situations, the surviving loved ones suffer years of depression and other mental health issues.

The New York Department of Public Health estimates in 2001, over 70% of all deaths that occurred in New York State were due to chronic diseases such as asthma, cancer, diabetes, heart disease and stroke. The New York Department of Public Health estimates nearly 110,000 individuals in the State of New York learn they have cancer, and around 35,000 succumb to the disease, making it the second leading cause of death in the state. Based on their website data, in 2014, the overall cancer incidence rate of 476.5 cases per 100,000 persons in New York was the fifth highest among 50 states and the District of Columbia, significantly above the national average of 436.6/100,000. Based on the department's specific data between 2010 & 2014 relating to cancer in NYC, the mortality rate overall is 31.6% but is significantly higher for certain diagnosis such as pancreas or lung cancer where it is 78.1% or 64.04%, respectively.

Cancer Incidence & Mortality for NYC between 2010 & 2014
Based on NY State Department of Health Data

	Incidence	Mortality	Mortality %
Breast Cancer	5,724	1,032	18.02%
Lung Cancer	4,252	2,723	64.04%
Pancreatic Cancer	1,182	923	78.10%
Other	67,856	20,293	29.91%
Total	79,014	24,970	31.60%

The cancer diagnosis affects more than simply the patient. The diagnosis affects families, care givers and the entire community. There is a strain on the individuals and the families as the illness is being treated. If unfortunately, the treatment is not successful, there is a lasting effect on the family members especially in the case where children lose their parents. **The impact of cancer and chronic disease as a health priority is apparent but the overlap to the priority of mental health can also be seen.**

The Center to Advance Palliative Care (CAPC) issued the America's Care of Serious Illness which was a 2015 state-by-state report card on access to palliative care in our nation's history. The report measures the extent to which seriously ill patients receive access to palliative care in hospitals. The report analyzed whether seriously ill patients in the United States are receiving equitable access to palliative care services in hospitals. Building on prior report cards performed in 2008 and 2011, this study shows the growth of hospital palliative care programs across the fifty states and identifies gaps. In 2015, nationally 66.5% of hospitals have palliative care programs up from 63.0% in 2011 and 52.8% in 2008. For the State of New York, 76.8% of hospitals have programs up from 72.8% in 2011 and 59.1% in 2008. While New York is above the average, 25% of the hospitals still do not provide this care. New York receives a B rating which is equivalent to the national average relating to access to care. The report concluded that care varies by region and that there was a lack of workforce to meet the demand. The report also noted that although more hospitals were creating programs, for-profit hospitals reported fewer programs than tax-exempt hospitals.

A 2008 study by Morrison RS, Penrod JD, Cassel JB, et al. Entitled "Cost Savings Associated with U.S. Hospital Palliative Care Consultation Programs" concluded hospital palliative care consultation teams are associated with significant hospital cost savings.

The 2011 Public Opinion Research – CAPC report showed the following:	
Doctors might not provide all of the treatment options or choices available	58%
Doctors might not talk and share information with each other	55%
Doctors might not choose the best treatment option for a seriously ill patient's medical condition	54%
Patients with serious illness and their families leave a doctor's office or hospital feeling unsure about what they are supposed to do when they get home	51%
Patients with serious illness and their families do not have enough control over their treatment options	51%
Doctors do not spend enough time talking with and listening to patients and their families	50%

The following CAPC registry data was considered in the assessment of the needs:

- Overall palliative care service penetration is 4.8%; for small hospitals (<150 beds) it is 7.3% and for large hospitals (500+ beds) it is 3.7%.
- Programs report receiving 67.0% of funding from their hospital, 23.9% from billing; and 3% from philanthropy, foundations or grants.
- Overall, only 35.3% of programs report using a standardized screening tool to identify potential palliative care patients. This holds across hospital size.
- Small hospitals are much more likely to get referrals for palliative care from hospitalists, with an average of 64.1% of referrals coming from hospitalists; large hospitals report an average of 33.4% of referrals coming from hospitalists.
- Across all programs, the mean percentage of patients discharged home (including assisted living facilities) is 42%. Of those, one-third receive home hospice.
- On average, programs report total staff head count across disciplines of 8.7, and full-time equivalent (FTE) of 5.4.

Calvary Hospital's Palliative Care Institute (PCI) has conducted research projects including an NIH collaborative study with Memorial Sloan-Kettering Cancer Center (MSKCC) investigating "The Desire for a Hastened Death in Terminally Ill Cancer Patients", an NIH study with MSKCC and Fordham University on "Measuring Hope and Hopelessness at the End of Life" and an NIH study with MSKCC assessing "Family Focused Grief Therapy". The success of these projects further demonstrates the need for palliative care.

To gain a better understanding of the need for bereavement services, Calvary Hospital participated in some ad hoc research studies such as the three listed below:

- MSKCC: "Identifying Family Members in Need of Support during Palliative Care and Bereavement."
- Consultant Montefiore-Einstein Center for Cancer Care: The BOLD Buddy Program
- Stakeholder Albert Einstein College of Medicine, Patient Centered Outcomes Research Institute (PCORI) Study

A 2013 article in Psychology Today by Deborah Khoshaba, Psy. D, entitled "About Complicated Bereavement Disorder" explains that in some instances grief can become a chronic, debilitating mental health condition. Up to 20% of bereaved persons, may have symptoms severe enough that they require intervention.

Impact of Actions from 2013 CHNA/CSP

Calvary Hospital is consistently monitoring the needs of the community and reviews them against their initiatives. As part of their participation in the Prevention Agenda with the State of New York Public Health and Health Planning Council, Calvary performs an annual review of their progress against these priorities. Calvary Hospitals Public Affairs Department monitors the website and addresses all comments or concerns which are submitted. Calvary Hospital completed a joint Community Health Needs Assessment/Community Service Plan for the State of New York during 2013. No comments were submitted to Calvary Hospital regarding the 2013 CHNA/CSP or the related Implementation Strategy.

Unfortunately, the underlying need for palliative care and the emotional support provided to both the patient and loved ones will not be extinguished. However, it is the mission of Calvary Hospital to continue to provide education and outreach services to a larger population. The goal is for the understanding of the needs and the access to care to be expanded over time.

As a response to needs within the community, Calvary Hospital was able to start targeted support programs such as those for death of a child, tween groups separate from child and young adult groups and men's groups. A trend was noticed regarding cancer diagnosis for first responders from the World Trade Center accident. Calvary Hospital works with the New York Fire Department to identify needs and provide services.

Identification of Significant Health Needs and Resources

Calvary Hospital assessed the needs of the community through the lenses of the specialized services it is equipped to provide. The Joint Commissions Steering Committee and Quality Committees of the Board of Directors are responsible for evaluating the data and prioritizing the needs. Calvary Hospital used secondary and qualitative data to determine three top health issues based on capacity, resources, competencies, and needs specific to the populations it serves. All needs are a priority with palliative care services being the most significant need. These issues are within the hospital's scope, competency and resources to impact in a meaningful manner. Calvary Hospital's end of life palliative care is the world's most comprehensive. For more than a century, it has been treating not only the physical pain, but has also been providing enormous emotional relief, to both the patient and the family. Calvary eliminates the stress and anxiety at a time when people are most vulnerable. Calvary Hospital is uniquely positioned to meet these specialized needs noted below:

Need #1: Palliative Care Services

New York Public Health Law section 2997-d on Palliative Care requires that hospitals, nursing homes, home care agencies, special needs assisted living residences, and enhanced assisted living residences provide access to information and counseling regarding options for palliative care appropriate to patients with advanced life limiting conditions and illnesses. These providers and residences must also facilitate access to appropriate palliative care consultation and services, including associated pain management consultation and services, consistent with the patient needs and preferences.

The need to provide palliative care in this country is significant. Doctors and hospitals continue to fail their patients in the late stages of chronic disease when cure is not an option. There are concerns regarding pain management and often there is over aggressive treatment which diminishes the remaining quality of life. As noted above, the access to palliative care across the country is growing but there is still inadequate access to care.

Calvary Hospital is the only fully accredited acute care specialty hospital in the U.S. exclusively providing palliative care for adult patients with advanced cancer and other life limiting illnesses. Calvary Hospital provides an extensive continuum of care, including:

1) **Inpatient care:** Calvary Hospital's inpatient care is for adults with advanced cancer and other life limiting illnesses who need to be cared for in an acute care setting. Inpatient care is provided at Calvary's Bronx campus, Brooklyn campus, and at the Dawn Greene Hospice in Manhattan.

2) **Calvary@Home:** The umbrella for Calvary's certified Home Health Agency and Home Hospice. Calvary@Home is comprised of our comprehensive home care and hospice services serving patients who live throughout the metropolitan New York area. Calvary Hospice provides end of life care to patients with life limiting illnesses whose care has

transitioned from active curative to palliative and quality of life focused. The majority of care is provided in the patient's home and as needed, short term inpatient care is provided at several facilities throughout the greater New York area. In addition to professional services, hospice benefit includes the cost of medicines, equipment, supplies and transportation.

Calvary@Home partners with patients' families to promote quality of life, address pain management and other symptoms, and help prepare both the patient and their loved ones for what to expect in the final days of life. Published data verifies that Calvary's Home Care and Hospice program continues to exceed national and regional measures for the relief of symptoms.

3) **Family Care/Social Work:** Our Family Care/Social Work staff understands the direct link between the family's well-being and the patient's condition. Family Care provides an array of services free of charge to help relieve the family's stress and help them cope with the illness of their loved one. The Family Care Center, located at the Bronx campus, offers respite from the medical floors and education about cancer screenings. Because end stage illnesses often lead to problems that are difficult to handle, a Social Work/Family Care Practitioner is assigned to each patient and their family on the day of admission. The assigned Social Worker/Family Care Practitioner is available to the patient and family throughout the period of hospitalization and is available on call 24 hours a day, seven days a week. Services we provide include: individual counseling, family counseling, group counseling for both children and adults, community resource information, education programs, wellness programs including massage, yoga, manicures and progressive muscle relaxation. Relatives and friends of Calvary Hospital patients are invited to attend these weekly groups. Professionally led by a Social Work/Family Care Practitioner, the groups are designed as a special opportunity to talk about your own experience as a family member or friend of a patient.

4) **Pastoral Care:** With 30 Hospital chaplains of many different faith traditions on staff, Calvary's Pastoral Care service is the largest of any hospital in the metropolitan area. Pastoral caregivers are integral members of the caregiving team. Calvary understands that the demographics of our community include areas with strong religious affiliations. Calvary believes it is essential to work with these religious leaders to provide resources to support the physical and spiritual needs of members of these different communities some of which are immigrant populations. For example, Calvary collaborated with Yeshiva University's affiliated Rabbi Isaac Elchanan Theological Seminary to provide rabbinic consultation to observant families in accordance with Jewish law (*halakha*). Calvary's goal was to arm people with the tools they needed to make the right end of life decisions for themselves and their families.

5) **Therapeutic Recreation:** Activities give patients a sense of accomplishment and bring meaning to each day. Activities include: drawing, sculpture, ceramics, and horticulture. Regular social hours offer a range of activities from bingo to music therapy. Therapeutic Recreation also sponsors special presentations, including performances by Juilliard students and, initiated in 2009, concerts by "Sing for Your Seniors", throughout the year.

End-stage illness often leads to problems that are difficult to handle. Calvary Hospital's family-centric approach to patient care has been instrumental to our success in helping relieve the pain and suffering of thousands of patients and families.

Need #2: Bereavement Services

Traditional medical care will treat the patient who has the chronic illness without realizing the impact that individual had on the family and community in which s/he lived. If an individual does not know how to process grief, it may not only impact them. For example, a primary care giver's grief, may diminish the caregiver's ability to care for the caregiver's children. The passing of a loved one has broad impact on these individuals.

In the current state, the needs can be outlined as follows:

- **Professional Practice Standards need to be promulgated and adopted;**
- **Community Education for the professionals providing services is required;**
- **Public Education regarding the need for services and availability of groups is required;**
- **Access to Sibling and Child groups are needed (additional services to be established);**
- **Groups geared toward children are needed**

All people will grieve the loss of a loved one. In some cases, grief becomes prolonged and becomes a mental disorder known as complicated grief. Bereavement services are important to help all people through the grieving process not only for the individual but the family and community. For example, an individual who is disabled by complicated grief will be unable to hold employment or care for children.

Currently, a variety of individuals and organizations provide Bereavement Services in the New York City area. Fees range from free services to $100 per session. A cost of $100 per session is not always feasible for a lower income population; thus, restricting access to care. In addition, there may be cultural barriers to receiving mental health care which need to be understood and overcome.

Calvary Hospital offers bereavement support groups in the Bronx, Brooklyn, and Manhattan. Calvary's programs are available to anyone who has lost a loved one, whether that person was a patient at Calvary, or someone from the larger community whose death was attributable to illness, accident, or violence. Support groups are offered in different languages.

Calvary Hospital works closely with the New York Fire Department to identify needs of the first responders. Because of Calvary's expertise and investment in the community, Calvary identified a trend of cancer diagnosis relating to first responders in the World Trade Center attack. Calvary took steps to work with the community to provide these much needed services.

All Calvary's groups are free and open to the community. Calvary's groups encourage family members and friends to share their experiences of loss and sorrow, to help them find solace and strength to continue with their lives.

Calvary's bereavement programs address the special problems that can arise when a child or adolescent suffers the devastating loss of a parent, sibling, or other loved one. Calvary has one of the metropolitan area's few bereavement programs specifically for young children, and also one of the few for bereaved adolescents and young adults (ages 18-25). Our bereavement support groups are open to individuals of all faith traditions and backgrounds, and they become a lifeline for the nearly 400 children and teens we serve every year. Groups meet at St. Joseph High School in Brooklyn, and St. Jean Baptiste High School in Manhattan on the Upper East Side. All bereavement support programs, including Calvary's Camp Compass®, a week-long bereavement camp, are offered free of charge, as part of Calvary's core mission of compassion and non-abandonment.

Our bereavement-support programs for children and teens are open to all whose loved one was cared for at Calvary or our home hospice. Groups and camp are also open to children in the community, and in fact, most of the participants from the community did not have a loved one cared for by Calvary. Through the groups and camp, children and teens honor their deceased loved ones and learn to live life fully.

Community outreach is essential to finding the individuals in need. Below is a listing of some of the outreach sessions and community partners: St. Louis Senior Center, Clinician Presentation for the Department of Family Assistance, Geel Community Services, Women's Abuse Shelter in Brooklyn, Start of P.S. 67, VA Hospital, South Nassau Communities Hospital, Grief in the Workplace Lecture for Montefiore Wellness Center and NY Organ Donors.

Need #3: Palliative Care Provider Education

There is a need for formal education to clinical providers to advance knowledge of the field of Palliative Care and to provide insight into best practices in the field. Through ongoing education, Palliative Care will continue to expand and reach and increasing number of New Yorkers in needs of modality of care.

Calvary's research and teaching arm, whose mission is to transmit the expertise that Calvary has developed in palliative care into hospitals, clinics, and long-term care facilities throughout our area and beyond.

The Palliative Care Institute (PCI), Calvary Hospital's research and education division, aims to communicate the expertise that Calvary has developed in relieving the suffering of patients and families with advanced illness. The foundations of this care are clinical competence, a philosophy of non-abandonment and love. Each year, more than 800 medical students, residents, fellows and other health care professionals receive training in palliative care through the PCI. The Association of American Medical Colleges estimates that for 2014-2015, nationally there were 18,943 medical school graduates with over 1,600 from New York medical schools. This number is small in comparison to the vast number of licensed doctors who are practicing throughout NYC and the nation.

In 2005, the NIH's National Cancer Institute designated Calvary an international leader in palliative care and invited the Hospital to participate in the Middle East Cancer Consortium (MECC). Comprised of the national ministries of health from Egypt, Turkey, Israel, Cyprus, Jordan and the Palestinian Authority, MECC members have visited Calvary regularly during the past decade.

Calvary Hospital has partnered with the New York Fire Department to teach its unique approach in palliative care and provide emergency medical technician (EMT) personal training programs in caring for patients at the end of their life.

Calvary is the only organization to offer a Clinical Pastoral Education Program that provides students with hands-on experience with terminally ill patients. Calvary also hosts an annual Pastoral Care Day to share our expertise with the interfaith community.

Calvary works with local educators and school mental health consultants to set up educational programs to assist parents and teachers with helping children deal with grief.

Calvary offers an annual Trusts and Estates Conference which is a continuing legal education seminar which brings together many of the most experienced trust and estate attorneys to discuss end of life issues.

The PCI is engaged in community outreach where it provides educational sessions to a wide range of members of the community not directly involved in healthcare.

Prioritization and Implementation Strategy

Palliative Care

There are no other hospitals in the United States that specialize in end of life and palliative care. Hence, in the community it services it is the end of life service provider from all acute care hospitals. Calvary Hospital's goal is to expand their services to the greatest number of patients. The need is greater than the number of hospital beds licensed to Calvary Hospital; therefore, services are provided at a patients home, in NYC nursing homes and area critical care hospitals. It is the mission of Calvary Hospital to provide quality end of life care.

Bereavement Services

- Calvary Hospital's goal is to improve access to bereavement services in the New York City area through expansion of Bereavement services provided.
- Calvary Hospital will expand its outreach and intervention through the use of the following methods: hospice home visits, hospice phone calls, hospital phone calls, community phone calls, individual community therapy, group therapy and event/lectures. It will use this outreach to try to identify people in need and help them get these services.
- Listen to community leaders and continue to provide specialized bereavement groups such as those for parents or siblings of murdered children or those suffering from the death of a child.
- Continue community outreach into the schools to identify populations at risk.

Palliative Care Education

- Through the Palliative Care Institute, Calvary Hospital will provide formal education to clinical providers to advance knowledge of the field of Palliative Care and to provide insight into best practices in the field.
- Continue to explain education of medical students, fellows and other providers.
- Expand community outreach to provide educational services for community leaders including estate attorneys, religious leaders, hospice directors and funeral directors.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