

# Calvary Hospital Community Health Assessment Submission for the 2025-2030 Prevention Agenda

## Individual Plan

### **Service Areas Covered**

The primary service areas for Calvary Hospital's inpatient facilities are

- The Bronx and Brooklyn

Calvary, through its Hospice, further extends its reach throughout the following counties:

- The Bronx, Brooklyn, Manhattan, Queens, Nassau, Westchester, and Rockland.

### **Local Health Departments (LHDs)**

- New York City Department of Health and Mental Hygiene (NYC DOHMH)
- New York State Department of Health (NYS DOH)

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### **Affiliated Health System**

ArchCare (the healthcare ministry of the Archdiocese of New York)

- Key Partners: ArchCare, NYC Health + Hospitals; all major hospitals in greater New York; various facilities and community advisory boards

### **Entity Completing Assessment and Plan**

The assessment and plan were completed by Calvary Hospital in collaboration with its internal regulatory and quality infrastructure.

**Collaborating Partners:** None

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## Executive Summary

This summary outlines Calvary's Community Health Assessment for the 2025–2030 assessment cycle, aligning with the New York State Department of Health's updated Prevention Agenda framework to improve health equity and access to specialized care.

**Prevention Agenda Priorities and Disparities:** Calvary Hospital focuses on the following priorities to address critical gaps in the Greater New York area:

- Promote Well-Being and Prevent Mental and Substance Use Disorders: Expanding bereavement services to address the mental health burdens of grief and loss.
- Health Disparity Focus: Addressing the utilization gap in hospice care among medically underserved, low-income, and minority populations in The Bronx and Brooklyn. Calvary aims to improve New York's current 51st national ranking in hospice utilization by mitigating economic, linguistic, and cultural barriers that lead to aggressive, non-palliative care at the end of life.

**Data Review:** Calvary utilized a robust combination of primary and secondary data to confirm priorities:

- Secondary Data: Analysis of SPARCS (Statewide Planning and Research Cooperative System) data, New York State mortality statistics, and studies from the Center to Advance Palliative Care (CAPC) and the National Hospice and Palliative Care Organization (NHPCO).
- Primary Data: Internal institutional data, community feedback via social media, and qualitative input from clinical staff and community discussions.
- Socioeconomic Analysis: Review of Social Determinants of Health (SDOH) data, highlighting the high poverty and psychiatric hospitalization rates in the Bronx as major barriers to care.

**Partners and Roles:** Calvary collaborates with a diverse network of stakeholders:

- Governmental Partners: The New York State Department of Health (NYSDOH), NYC Department of Health and Mental Hygiene (NYC DOHMH), NYC Administration for Children's Services, and the NYS Office for the Aging provide regulatory guidance and data alignment.
- Professional & Clinical Partners: Organizations like the Hospice and Palliative Care Association of NYS (HPCANYS), Reimagining Death NYC, and the Public Health and Health Planning Council (PHHPC) assist in policy development.
- Community Partners: The Archdiocese of New York, Catholic Charities Homebase, NYC Health + Hospitals, NY Psychotherapy Counseling Center, major hospital throughout Greater New York and various religious and community leaders help identify evolving needs and facilitate outreach.
- Community Engagement: Broad engagement is maintained through social media platforms (Facebook and Google), lectures, and educational sessions for community leaders like estate attorneys and funeral directors.

**Interventions and Strategies:** Evidence-based strategies were selected based on Calvary's specialized clinical expertise and national best practices. These interventions were selected by the Board of Directors'

- Quality Outcomes Committee to leverage Calvary's unique position as the nation's only fully accredited acute-care specialty hospital devoted exclusively to palliative care:
- Palliative Care Institute (PCI): Providing formalized clinical education to medical students and residents to close the national workforce knowledge gap in palliative care.
- Academy for Healthcare Workforce Advancement: Launched in 2025 with Mother Cabrini Health Foundation funding to facilitate high-level interdisciplinary fellowships and grand rounds.
- CalvaryCare® RN Residency Program: An evidence-based residency model for training nurses specifically in palliative and end-of-life care.
- Bereavement Services: include year-round expert and specialized individual and group counseling and support to children, teens, and adults via in-person and virtual sessions. Children are offered an additional service through Calvary's annual summer camp called Camp Compass; and, support groups for their parents/guardians are available. Service to children, teens and young adults (up to 24 years) are offered free of charge. Services to adults are offered for a nominal fee, to remove financial barriers to mental health services.

**Progress and Evaluation:** Impact and progress are tracked through a structured governance framework:

- Governance Oversight: The Quality Outcomes Committee of the Board and the Joint Commission Steering Committee evaluate data annually to report progress to the full Board.
- Process Measures: Success is measured by the number of clinicians trained through the PCI, utilization rates of hospice services in underserved areas, number of individuals served by the Bereavement Service and their feedback, feedback from partner organizations, and satisfaction scores reported via CMS Care Compare.

- Continuous Improvement: Calvary monitors community feedback and maintains active participation in state-level coalitions to adjust strategies as community needs evolve.

## Calvary's Community Health Assessment (CHA)

### About Calvary

Calvary Hospital continues its legacy as a leader in providing expert, compassionate care for individuals facing end-of-life, including palliative care and bereavement care.

The benchmark for end-of-life care in America, Calvary was established in lower Manhattan in 1899 by a small community of widows known as The Women of Calvary. They began by opening their home to eight women living with cancer.

Today, Calvary delivers unmatched expert and compassionate care that relieves suffering and improves quality of life for approximately 6,000 patients and their families each year. This is achieved through a wide range of medical interventions and support services.

Approximately 1,000 dedicated staff provide this care across various locations. Facilities include Calvary's hospitals in the Bronx and Brooklyn (225 beds). Care extends through Calvary's at-home and community-based palliative and hospice care throughout Greater New York. Calvary also has a Certified Home Health Agency, providing skilled health care services to individuals at home.

A member of ArchCare, the healthcare ministry of the Archdiocese of New York, non-profit Calvary remains responsive to the evolving and growing end-of-life needs of its diverse community. Its continuing mission is known as CalvaryCare®, a 126-year tradition of love and caring for the medical, emotional, and spiritual needs of adult patients with advanced cancer or other life-limiting illnesses, and their loved ones.

Calvary Hospital is the only fully accredited acute-care hospital in the United States devoted exclusively to the palliative care of adult patients. Both the United States Congress and the Centers for Medicare and Medicaid Services recognize Calvary Hospital as a unique entity within the nation's healthcare system.

### Calvary's Mission Statement

The mission of Calvary Hospital is to care for the medical, emotional and spiritual needs of its adult patients with advanced cancer and other life limiting illnesses. Its core values are compassion, caring, commitment, dignity, and non- abandonment.

### Service Area and Demographics

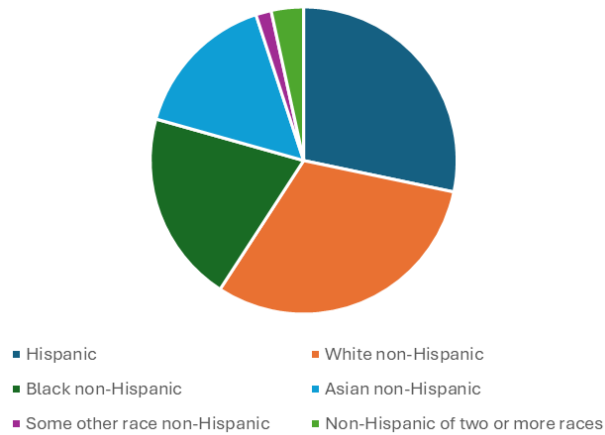
The primary service areas for Calvary Hospital's inpatient facilities are The Bronx and Brooklyn. Calvary Hospice extends its reach throughout the Bronx, Brooklyn, Manhattan, Queens, Nassau, Westchester, and Rockland counties. As a key center for end-of-life care in the greater NYC area, Calvary receives referrals from all major healthcare systems in the region.

### Demographic Overview

The communities within Calvary's service areas are diverse in population, race, ethnicity, and socioeconomic status.

- New York City: As of July 2024, New York City's population is estimated at approximately 8.48 million residents, showing two consecutive years of growth after a pandemic-era decline. The demographic makeup is approximately 30.9% White, 20.2% Black or African American, 15.6% Asian, and 28.3% Hispanic of any race.

## New York City Population, 2020 Census Data



- In the Bronx, where Calvary has its 200-bed hospital, the 2020 census shows that Bronx County's population was 1,472,654, with 54.8% identifying as Hispanic, 28.5% as Black, 8.9% as White, and 4.6% as Asian.
- In Brooklyn, where Calvary has a 25-bed hospital, the 2020 census shows a population of approximately 2.74 million. The racial and ethnic breakdown was about 35.4% White, 26.7% Black or African American, 18.9% Hispanic, and 13.6% Asian.
- Westchester County: The population was 1,006,447 in 2024. In 2023, the median household income was approximately \$118,411. Westchester County's demographic breakdown is approximately 49.5% White, 26.8% Hispanic, 13.0% Black, 6.5% Asian, 1.0% American Indian/Alaska Native, and 3.2% identifying with two or more races.
- Nassau County: The population was 1,392,438 in 2024. In 2023, the median household income was approximately \$143,408, with a significant share of households earning over \$200,000. Nassau County's demographic breakdown is approximately 55.8% White, 11.7% Asian, 10.5% Black, 18.4% Hispanic, and 1.0% identifying as Native American/Other, plus 2.6% identifying as multiracial.
- Rockland County: The population was 348,144 in 2024. In 2023, the median household income was approximately \$110,631. Rockland County's demographic breakdown is approximately 60.9% White, 10.0% Black, 6.0% Asian, and 19.6% Hispanic or Latino.

Calvary operates in vibrant, increasingly diverse communities representing a range of views and needs regarding palliative and end-of-life care. Calvary admits nearly 6,000 patients across the metro area annually, including approximately 2,500 adults for acute care at our Bronx and Brooklyn locations. We focus on providing services that respect and meet these diverse needs.

### Assessment of Community Health Needs

The Calvary Hospital CHA ensures that Calvary continues to serve the end-of-life care needs of its service area effectively and efficiently. The CHA was developed in accordance with all federal rules and statutes, specifically, PL 111-148 (the Affordable Care Act) which added Section 501(r) to the Internal Revenue Code. The Calvary Hospital CHA was undertaken in this context and developed for the purpose of enhancing end-of-life care needs, including palliative care, bereavement care, and quality of life throughout the community.

Calvary conducts its comprehensive CHA and its CSP process every three years, with ongoing annual reporting. The most recent CHA process utilized extensive primary and secondary data sources, including the Statewide Planning and Research Cooperative System (SPARCS) data from the State of New York, studies from organizations like the Center to Advance Palliative Care (CAPC), and internal institutional data.

The Hospital actively solicits and considers feedback from a range of constituents within its service areas. It engages in discussions with the New York State Department of Health, the New York State Office for the Aging, the New York City Department of Mental Health and Hygiene, and numerous other state and local

agencies to better serve medically underserved, low-income, and minority populations. This collaborative effort extends to working with community-based organizations, the Archdiocese of New York, and other religious groups.

Community input is also gathered through digital platforms. Calvary utilizes its social media presence, including its Facebook page, to engage community members. This outreach approach supports ongoing interaction with the communities served. In addition, we solicit feedback from our patients and partner organizations to assure we are effectively meeting the needs of the community we serve.

Ultimately, Calvary Hospital assesses community end-of-life needs through the lens of the specialized palliative care, bereavement care and end-of-life care services it is uniquely equipped to provide. The oversight of the CHA process is a critical component of Calvary’s regulatory and quality infrastructure. The Board of Directors’ Quality Outcomes Committee and the Joint Commission Steering Committee are responsible for evaluating data, prioritizing needs, and reporting annually to the full Board on progress made against these needs.

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

Performing a Community Health Assessment (CHA) involves a structured, ongoing process of identifying community health needs and developing implementation strategies to address those needs, in compliance with federal IRS requirements and New York State’s Prevention Agenda. Calvary Hospital’s CHA process utilizes robust secondary public health data (state, county, and community levels) as well as primary data from internal surveys and community discussions to determine prioritized needs.

In the most recent CHA cycle, key collaborators representing broad community interests and special expertise in public health were engaged:

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|---|---|
| <ul style="list-style-type: none"> <li>• New York State (NYS DOH) and New York City Departments of Health (NYC DOHMH)</li> <li>• Hospice and Palliative Care Association of New York State (HPCANYS)</li> <li>• NYC Health + Hospitals (Various facilities and community advisory boards)</li> <li>• NYC Administration for Children’s Services</li> <li>• Catholic Charities Homebase</li> </ul> | <ul style="list-style-type: none"> <li>• NYC Department of Aging</li> <li>• NYC Board of Education</li> <li>• NYC Department of Education, Mental Health services</li> <li>• Hospice Palliative Care Institute of NY</li> <li>• New York State Public Health and Health Planning Council (PHHPC)</li> </ul> |
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Additionally, Calvary maintains ongoing partnerships with various other organizations, including medical schools, religious leaders, local hospitals, and community-based organizations, to facilitate continuous identification and assessment of evolving community health needs.

**Assessment of Health Needs of the Community**

Calvary Hospital’s community needs assessment process is aligned with New York State’s updated health improvement framework. The Prevention Agenda 2025-2030, which shifts focus from overall health outcomes to reducing health disparities and advancing health equity by addressing the Social Determinants of Health (SDOH). This framework was developed in collaboration with numerous partners, including the New York State Public Health and Health Planning Council (PHHPC) and local organizations.

The new cycle incorporates a "Health Across All Policies" approach and emphasizes the following five domains for action:

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|--|--|
| <ul style="list-style-type: none"> <li>• Economic Stability</li> <li>• Social and Community Context</li> <li>• Neighborhood and Built Environment</li> </ul> | <ul style="list-style-type: none"> <li>• Health Care Access and Quality</li> <li>• Education Access and Quality</li> </ul> |
|--|--|

Calvary uses detailed secondary public health data, as well as primary data from internal surveys and community discussions, to determine and prioritize needs within these new domains. The Hospital focuses

on priority areas that align with its specialized mission, specifically aspects of Health Care Access and Quality, and elements of Social and Community Context related to mental well-being and chronic disease.

### Key Collaborators and Stakeholders

In performing the CHA, Calvary involves numerous stakeholders:

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|---|--|
| <ul style="list-style-type: none"><li>• NYS DOH and NYC DOHMH</li><li>• Hospice and Palliative Care Association of New York State (HPCANYS)</li><li>• NYC Health + Hospitals (including community advisory boards)</li><li>• NYC Administration for Children’s Services</li></ul> | <ul style="list-style-type: none"><li>• Catholic Charities Homebase</li><li>• NYC Department for the Aging</li><li>• NYC Board of Education</li><li>• Hospice Palliative Care Institute of NY</li><li>• New York State Public Health and Health Planning Council (PHHPC)</li></ul> |
|---|--|

Through ongoing partnerships with various other organizations, including medical schools, religious communities, and Community-Based Organization, Calvary continues to identify and address community needs, particularly focusing on how chronic diseases and mental health issues intersect with palliative and end-of-life care needs. The goal is to address the root causes of injury and illness within its diverse service area, ensuring all residents can attain their highest level of health.

The attention on Social Determinants of Health (SDOH) in the Prevention Agenda 2025-2030 has a profound and direct impact on communities, especially in The Bronx and Brooklyn, areas characterized by significant socioeconomic diversity and health disparities. Studies consistently show that where one lives and their economic stability are major determinants of health outcomes.

The Bronx historically has some of the poorest health outcomes among New York City boroughs.

- **Economic Stability and Poverty:** The Bronx faces high poverty rates (approximately 27.9% as of 2023 data), which studies identify as the single greatest barrier to care. Economic instability affects everything from the ability to take time off work for appointments to affording transportation, healthy food, and medicine.
- **Neighborhood and Built Environment:** High rates of asthma prevalence in the Bronx (higher than the NYC average) point to environmental factors and housing quality issues. There is an ongoing need for access to safe places for exercise and healthy food retail stores.
- **Health Care Access and Quality:** The borough often suffers from an undersupply of primary care facilities, concentrating care needs in hospitals and emergency departments.
- **Mental Health Disparities:** Several community districts in the Bronx have significantly high psychiatric hospitalization rates, indicating major mental health burdens that require targeted interventions.

Brooklyn is geographically large and diverse, with pronounced disparities between its neighborhoods.

- **Socioeconomic Divides:** The greatest concentration of low-income communities is in Central and East Brooklyn, which correlates with higher incidences of chronic disease and cancer mortality rates.
- **Housing Instability:** Housing instability and affordability are consistently ranked as top priorities by residents in areas like Brownsville and East New York, which directly impact health outcomes and well-being.
- **Cultural and Linguistic Barriers:** Despite the city's language diversity, insufficient translation services block access to key health and social services for many immigrant communities in Brooklyn, hindering culturally competent care and engagement.

For Calvary Hospital's service area, the focus on Social Determinants of Health is critical. These structural and environmental conditions directly influence access to timely palliative and end-of-life care. Economic instability, housing issues, and linguistic barriers exacerbate existing disparities, meaning that residents in underserved areas of The Bronx and Brooklyn are more likely to receive aggressive, non-palliative care at the end of life and less likely to enroll in hospice.

Calvary's strategy to address these priorities integrates social services, mental health support, and culturally sensitive outreach to truly improve end-of-life care for all New Yorkers, regardless of their socioeconomic or geographic circumstances.

### **Leading Causes of Death and Current Mortality Trends**

The Centers for Disease Control and Prevention (CDC) National Center for Health Statistics continues to examine and track the leading causes of death across the United States. Recent data provides a clear picture of shifting mortality trends post-pandemic.

Following significant disruption during the COVID-19 pandemic years of 2020 and 2021, mortality patterns are beginning to stabilize, but challenges remain. The U.S. experienced an unprecedented decline in life expectancy during the height of the pandemic, falling by 2.4 years between 2019 and 2021 to 76.4 years.

#### **Latest Mortality Statistics (2023-2024 Data)**

- **Overall Trends:** Preliminary data for 2023 indicate welcome stabilization. Life expectancy increased slightly from 2021 to 77.5 years in 2022. The age-adjusted death rate for the U.S. also decreased by 5.3% between 2021 and 2022. While these represent positive shifts, they do not yet return to pre-pandemic 2019 levels.
- **Leading Causes:** In the most recent full data sets (2022 final data), the top two leading causes of death remain consistent: Heart disease and Cancer.
- **COVID-19's Position:** COVID-19 was the third leading cause of death in 2022, though its rank has decreased since its peak in 2020 and 2021.
- **Other Significant Issues:** Provisional data for 2023 highlights a continued increase in deaths from drug overdose, which surpassed 112,000 in 2023, pointing to an ongoing behavioral health crisis that requires urgent attention.

These statistics underscore the vital necessity of comprehensive healthcare services that address both chronic physical illness and complex end-of-life needs within the community.

### **New York State Leading Causes of Death**

The New York State Department of Health (NYS DOH) tracks mortality data closely, with the landscape shifting significantly over the past several years.

#### **Cancer Incidence and Mortality**

In New York, cancer remains a primary public health concern. While data from 2017-2019 showed a decreasing trend in incidence rates, more recent data (2017-2021) suggests a slightly different picture.

- The age-adjusted cancer incidence rate for New York (465.1 cases per 100,000 population) is slightly above the U.S. average (444.4) for all cancer sites combined.
- Cancer remains the second leading cause of death in New York State, responsible for over 32,000 deaths in 2023.
- In New York City, cancer kills nearly 13,000 residents annually, with lung cancers being the leading cause of cancer death for both men and women.

### **Shifting Trends**

The COVID-19 pandemic drastically altered mortality statistics in 2020 and 2021, but its rank is now changing. The New York City Department of Health (NYC DOHMH) has tracked these shifts.

- **Heart Disease:** Heart disease is currently the leading cause of death in New York State, with a death rate of 152.8 per 100,000 people in 2023.
- **Cancer (malignant neoplasms)** is the second leading cause of death in New York City, killing nearly 13,000 residents annually. While overall cancer incidence and mortality rates in NYC have shown a

slight decline over the past few decades, significant disparities exist across different boroughs and demographic groups.

- Incidence and Mortality: On average, approximately 40,000 New York City residents are diagnosed with cancer each year.
  - Leading Cause of Cancer Death: For both men and women, lung cancer is the leading cause of cancer death, with smoking identified as the primary preventable cause.
  - Most Common Diagnoses in women is breast cancer is the most commonly diagnosed cancer. In men, prostate cancer is the most commonly diagnosed cancer. Four cancer sites—lung, breast, prostate, and colorectal—account for nearly half of all cancer diagnoses and deaths in NYC.
  - Disparities and Inequities: While White, non-Hispanic New Yorkers tend to have the highest incidence rates of cancer overall, Black, non-Hispanic New Yorkers have the highest overall cancer death rates. Non-Hispanic Black men, in particular, face the highest rates of prostate cancer incidence and mortality.
  - Note: The Bronx, where calvary is headquartered, has historically recorded some of the highest cancer mortality rates, while Staten Island has experienced some of the highest overall incidence rates.
- COVID-19's Current Rank: Following its peak as the third leading cause of death in 2020 and 2021, COVID-19 deaths have decreased substantially. In 2023, COVID-19 dropped to the ninth leading cause of death in New York State and tenth nationally.
- Other Significant Trends: While the COVID-19 rate declined, other issues persist. Overdose deaths remain a public health emergency in NYC, with 3,046 deaths recorded in 2023, and are a central focus of the city's public health strategy.
- Mental health and bereavement care needs align with death rates. There is a strong, well documented link between bereavement and mental health. The loss of a loved one is a major stressor that can trigger severe psychological, emotional and physical issues including depression, anxiety, PTSD, and prolonged grief disorder. According to the NIH, 45%-50% of adults experience symptoms of major depression in the first month following the loss of a loved one, with roughly 10%-49% developing more severe conditions such as prolonged grief disorder or persistent depressive disorder. Approximately 40% of children and 47% of teens develop major depression.

These statistics are crucial for organizations like Calvary as they help to prioritize health needs in a dynamic healthcare landscape and address persistent racial and ethnic disparities in health outcomes across NYC boroughs.

### **Community Assets**

Comprehensive and inclusive Bereavement Services are limited in Calvary's service area. VNS Health, GriefShare, Catholic Charities of Brooklyn and Queens, The Bereavement Center of Westchester, Hospice Care Network, The Jewish Board and private therapists and counselors, offer various degrees and models of counseling and support for adults, children and teens, and at various costs.

### **Identified Priority Needs**

Calvary has identified three key needs within its community and our mission, and outlines its contemporary plans to address them, reflecting current healthcare trends and data.

#### **I. Access to Palliative Care**

The need for widespread palliative care remains significant, with national data consistently showing persistent gaps in access, particularly in underserved communities. Despite a growing understanding that

palliative care improves quality of life and reduces healthcare costs, a significant workforce shortage of specialty-trained clinicians persists across the United States.

Note that New York State consistently has the lowest hospice utilization rate in the nation, ranking 51st out of all 50 states and the District of Columbia. As of the most recent data, only about 26.3% of eligible Medicare decedents in New York received hospice care before death, compared to the national average of approximately 46.9%. The average length of stay in hospice in New York is also significantly shorter than the national average, at only 17 to 19 days.

This low utilization is not due to a single factor, but a complex interplay of healthcare system structures, provider behavior, and community demographics as reported by organizations such as the Centers for Medicare & Medicaid Services (CMS), the National Hospice and Palliative Care Organization (NHPCO), the Hospice and Palliative Care Association of New York State (HPCANYS), and others.

Adult patients with advanced cancer and other life-limiting illnesses require expert, specialized care. Between 2022 and 2025, Calvary received referrals from approximately 20 healthcare facilities and health systems, providing care to nearly 6,000 of patients annually.

Key initiatives to address this need include:

- **Culturally Responsive Care:** The community Calvary serves is highly diverse. Studies emphasize that patients whose cultural values are respected are more likely to trust their care team and report higher satisfaction. Calvary is committed to ensuring a multilingual, multiethnic staff equipped to address the complex cultural and religious issues surrounding end-of-life concerns, ensuring that caregivers are sensitive to the diverse needs of the patient population.
- **Community and Home-Based Care:** Aligned with the national trend toward home-based models, Calvary understands the need to extend services beyond its physical locations. Through its Hospice and Palliative Care Service, Calvary partners with families to manage symptoms and support patients in various settings, including its 200-bed Bronx campus, 25-bed Brooklyn campus, and partner nursing homes, including those within its own healthcare system, ArchCare, and private residences across Greater New York.
- **Caregiver Education:** Calvary Nurses and Hospice staff regularly train caregivers in nursing homes and hospitals to help them identify patients who would benefit from timely palliative care intervention, a critical step in addressing the current workforce knowledge gaps.

## **II. Access to Bereavement Services**

Bereavement support is increasingly recognized as a vital component of mental health and community wellness, especially following the widespread isolation and unique challenges posed by the COVID-19 pandemic. Untreated grief can lead to complicated mental health issues, and a significant portion of the population requires professional support beyond family networks.

Calvary Hospital leverages its experience to address the emotional and mental health needs of the community through its extensive, free Bereavement Program services, available to anyone who has experienced a significant loss, regardless of where the death occurred.

- **Expanded, Accessible Support:** Calvary offers free, therapeutic, evidence-based interventions to address a broad spectrum of losses, including those related to illness, accidents, suicide, or violence. The program addresses the financial barriers that often prevent access to private counseling services.
- **Integrated Digital Platforms:** Recognizing that teletherapy and online support are widely available, Calvary utilizes digital platforms for interactions with community members, complementing its in-person services.
- **Professional Education:** The program also provides educational resources and training to clinicians in the community, building capacity within the broader healthcare system to support bereaved families effectively.

## **III. Palliative Care Provider Education**

A persistent need exists for formal education and training for clinical providers to advance knowledge of palliative care best practices. Many professional education programs still do not adequately cover core palliative care competencies, resulting in knowledge and practice gaps.

Calvary addresses these educational needs through its Palliative Care Institute (PCI), an internationally recognized center for training designated by the NIH's National Cancer Institute, and The Academy for Healthcare Workforce Advancement, launched in 2025 to provide and facilitate high-level education for staff in palliative, hospice, and end-of-life care. Housed within the Palliative Care Institute and with funding from the Mother Cabrini Health Foundation, the Academy trains both Calvary staff and external healthcare professionals. Its initial program includes a series of grand rounds (formal recurring medical education sessions where healthcare professionals present and discuss special topics), a palliative care conference and graduate interdisciplinary fellowships with local universities.

In addition, Calvary provides:

- **Professional Training:** The PCI communicates Calvary's expertise through education and research, training healthcare professionals from around the globe. Annually, hundreds of medical students, residents, and fellows receive specialized training, including formal rotations with affiliates like The Albert Einstein College of Medicine, a prestigious, research-intensive medical school and an independent academic entity within the Montefiore Einstein system.
- **Workforce Development:** In response to changing workforce dynamics and the need to build nursing capacity, the CalvaryCare® RN Residency Program in Palliative and End-of-Life Care offers a unique entry point for new and early-career nurses in this specialized field. This initiative, established in 2023, directly addresses workforce shortages and promotes evidence-based care delivery.
- **Community Outreach:** The PCI has also extended its reach to non-healthcare professionals, offering programs such as training for the Fire Department of the City of New York Emergency Medical Services, broadening the community's capacity to engage with palliative care principles.

**Calvary Hospital is uniquely positioned to meet the specialized, evolving needs of the Greater New York community for end-of-life care, including palliative care and bereavement care.**

### **Need #1: Palliative Care Services**

New York Public Health Law section 2997-d mandates that hospitals and other healthcare facilities provide access to information, counseling, and consultation regarding appropriate options for palliative care for patients with advanced life-limiting conditions.

The need for widespread, quality palliative care in the U.S. is significant and growing. Doctors and hospitals frequently underserve patients in the late stages of chronic disease when cure is not the primary option. Inadequate pain management and overly aggressive treatment remain common challenges that diminish the remaining quality of life. The Center to Advance Palliative Care (CAPC) consistently reports on the insufficient access to specialty-level palliative care across the country, particularly in home and community settings.

Calvary 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 provides a crucial continuum of care designed to address these gaps:

1. **Inpatient Care:** Provided for adults from throughout Greater New York needing acute care in our hospitals in Bronx and Brooklyn.
2. **Hospice:** Calvary's Hospice service is vital, as contemporary trends emphasize aging in place and home-based care. The majority of care is provided in the patient's home across the metropolitan area. Published data consistently verifies that Calvary Hospice meets or exceeds national and regional measures for symptom relief and overall quality ratings, as reported by sources such as the Centers for Medicare & Medicaid Services (CMS Care Compare).

3. **Family Care/Social Work:** Recognizing the direct link between family well-being and patient condition, this service provides an array of free services to help families cope. Social Workers are integral members of the care team, available 24/7 on call. The Family Care Center in the Bronx offers support groups, individual counseling, and wellness programs (e.g., pet therapy, guided meditation) designed to alleviate family stress.
4. **Pastoral Care:** Aligned with the diverse demographics of its service area, Calvary maintains a staff of approximately 15 chaplains representing major faith traditions, with access to chaplains of all faiths (Buddhism, Islam, etc.). Recognizing strong religious affiliations in many communities, Calvary integrates pastoral caregivers into the care team and conducts training programs for seminarians from the Archdiocese of New York and other dioceses, ensuring future clergy are equipped with palliative care skills for their community ministries.
5. **Therapeutic Recreation:** Activities provide a sense of accomplishment and bring meaning to each day. Services such as arts and crafts, horticulture, creative arts, and salon services were impacted by pandemic restrictions but are actively being restored as public health guidelines allow, recognizing the proven impact these therapeutic interventions have on patient mood and well-being.

## **Need #2: Bereavement Services**

There is a strong, well documented link between bereavement and mental health. The loss of a loved one is a major stressor that can trigger severe psychological, emotional and physical issues including depression, anxiety, PTSD, and prolonged grief disorder. According to the NIH, 45%-50% of adults experience symptoms of major depression in the first month following the loss of a loved one, with roughly 10%-49% developing more severe conditions such as prolonged grief disorder or persistent depressive disorder. Approximately 40% of children and 47% of teens develop major depression.

Traditional medical models often overlook the holistic impact of chronic illness and death on the family and community unit. Data consistently shows that unresolved grief can have profound and lasting effects on mental health, economic stability, and family functioning. A primary caregiver disabled by complicated grief may be unable to maintain employment or care for children, creating cycles of vulnerability. Children experiencing unaddressed grief can develop chronic mental health issues.

Calvary Hospital provides extensive bereavement services for adults, children, and teens who have lost a loved one, offering individual and group support tailored to different relationships, ages, and locations across the New York metropolitan area, as well as virtual sessions. For children, in addition to individual and group sessions, Calvary offers a summer day camp, Camp Compass, which combines traditional camp activities with therapeutic bereavement activities for children and teens, as well as groups for parents/guardians, provided free of charge.

The CDC has recognized grief as a public health issue, emphasizing the need for accessible, high-quality support services.

## **Current Needs and Priorities**

Current analysis of community health needs highlights the following priorities:

- **Standardized Professional Practices:** The need to adopt and promulgate evidence-based professional practice standards in bereavement care remains critical.
- **Accessible Community Education:** Required for both professionals providing services and the public to raise awareness about the need for support and available resources.
- **Targeted Support for Vulnerable Populations:** Specific access to sibling and child-focused groups remains a key priority, as children process grief differently than adults.

## **Calvary Response**

Calvary Hospital addresses these needs through its extensive Bereavement Program, available to anyone in our service areas who has lost a loved one, regardless of where the death occurred (illness, accident, or violence).

- Addressing Financial Barriers: A key focus is removing financial barriers to care. While many private counseling services in the NYC area charge high fees (often over \$100 per session), restricting access for low-income populations, Calvary's children's and parent/guardian programs are offered free of charge, while adult services are offered for a nominal fee.
- Diverse and Targeted Programming: Groups are offered in different languages and encourage shared experiences. Calvary operates over two dozen groups tailored to diverse needs, including:
  - Specific groups for young adults (ages 18-25) and men of all ages.
  - Mindfulness and movement groups that combine talking with experiential exercises like yoga and guided visualization.
- Specialized Child and Adolescent Support: Calvary operates one of the metropolitan area's few bereavement programs specifically for young children and adolescents. These programs, along with Camp Compass®, a free week-long bereavement camp, provide a lifeline for the nearly 400 children and teens served annually.
- Community Outreach and Partnerships:
  - Calvary works closely with the New York Fire Department and New York Police Department. Its expertise was instrumental in identifying the trend of cancer diagnoses related to World Trade Center (WTC) first responders, and the hospital continues to support this community with specialized services.
  - Community outreach to groups such as community-based counseling centers, schools, and private practices, remains essential for connecting individuals in need with services.

Through these robust, programs, Calvary addresses the mental and emotional health burdens caused by the death of a loved one within the community, reinforcing its mission of compassion and non-abandonment.

### **Need #3: Palliative Care Provider Education**

A persistent and growing need exists for formal education for clinical providers to advance knowledge of palliative care and insight into best practices. Despite growing demand, the U.S. faces significant shortages of specialized palliative care professionals. The Center to Advance Palliative Care (CAPC) consistently highlights the gap between patient needs and the available specialized workforce. Ongoing education is essential to expanding the reach of this critical modality of care throughout New York State and beyond.

#### The Palliative Care Institute (PCI)

The Palliative Care Institute (PCI) serves as Calvary research and education arm. Its mission is to transmit Calvary's expertise in relieving suffering to hospitals, clinics, and long-term care facilities. The foundation of this teaching is rooted in clinical competence and a philosophy of non-abandonment and love.

- Training: The PCI hosts hundreds of medical students, residents, fellows, and other healthcare professionals for intensive palliative care training, annually.
- Addressing Workforce Gaps: While the Association of American Medical Colleges reported approximately 20,417 U.S. medical school graduates in 2023-2024, the need for specialty training in managing complex illnesses remains vast. The PCI directly addresses this gap through formalized palliative care rotations for residency and fellowship programs from key institutions.
- In 2025, Calvary also launched its Academy for Healthcare Workforce Advancement to provide and facilitate high-level education for staff in palliative, hospice, and end-of-life care. Housed within the Palliative Care Institute and with funding from the Mother Cabrini Health Foundation, the Academy trains both Calvary staff and external healthcare professionals. Its initial program includes a series of grand rounds (formal recurring medical education sessions where healthcare professionals present and discuss special topics), a palliative care conference and graduate interdisciplinary fellowships.

- **Innovative Nursing Workforce Development:** The CalvaryCare® RN Residency Program in Palliative and End-of-Life Care directly responds to changing demands within the nursing profession and builds capacity within the organization. This model of education provides a unique opportunity for recent graduate nurses and early/mid-career nurses to specialize immediately in palliative care. Prioritizing the development of a specialized RN workforce is key to providing compassionate, evidence-based care to people with advanced cancer and other life-limiting illnesses.

### **Specialized and Community Education Initiatives**

Calvary's commitment to education extends beyond traditional medical roles:

- **Clinical Pastoral Education (CPE):** Calvary remains the only organization to offer a CPE Program that provides students with hands-on experience exclusively with terminally ill patients, integrating spiritual care directly into the clinical setting.
- **International Recognition:** Since 2005, the NIH's National Cancer Institute has recognized Calvary as an international leader, facilitating ongoing knowledge exchange through partnerships in Japan and through associations such as the Middle East Cancer Consortium (MECC), a non-governmental organization dedicated to cancer control, research, and education across the Middle East region.

### **Calvary Hospital addresses the critical needs identified through its Community Health Assessment (CHA) with strategic goals that leverage its unique specialization and robust community engagement model.**

#### **Palliative Care Services Expansion**

Calvary maintains a distinctive position as having the only fully accredited acute-care hospital in the United States dedicated exclusively to palliative and end-of-life care. This accreditation is a testament to the specialized, acute-level care provided, which serves as the tertiary referral center for numerous acute care hospitals throughout the New York metropolitan area.

Calvary's strategic goals are focused on broadening access to its specialized services across multiple care settings:

- **Diversified Care Settings:** The primary goal is to expand the reach of services beyond its physical campuses (Bronx and Brooklyn) by enhancing and growing its home-based care, as well as services to affiliated nursing homes, and academic-based health care systems and hospitals. This strategy aligns with current healthcare trends prioritizing home- and community-based services that enhance quality of life and patient preference.
- **Mission-Driven Access:** The overarching mission is to ensure quality, compassionate, end-of-life care is accessible to the greatest number of patients, adhering to best practices recognized by organizations like the Center to Advance Palliative Care (CAPC).

#### **Bereavement Services Enhancement**

Calvary Hospital aims to mitigate the pervasive impact of grief within the New York City area by continuously improving access to and expansion of its comprehensive bereavement services. The focus is on early identification and targeted intervention to prevent complicated grief and support healthy coping mechanisms.

Key objectives include:

- **Integrated Outreach and Intervention:** The hospital will continue to improve outreach strategies encompassing various modalities: targeted phone interventions, individual and group therapy, and educational events/lectures. These interventions are designed to proactively identify at-risk individuals and facilitate access to timely support.
- **Culturally Responsive Programming:** We are committed to listening to community leaders and developing specialized, culturally sensitive support groups. This includes targeted groups for parents or siblings of murdered children, those suffering the death of a child, and addressing unique needs identified within diverse immigrant populations.

- School and Youth Engagement: Continued community outreach into public and private schools remains a priority for identifying at-risk youth populations and providing specialized programs, such as Camp Compass®, designed specifically for children and adolescents experiencing loss.

### **Palliative Care Education and Leadership**

Through the Palliative Care Institute (PCI) and The Academy for Healthcare Workforce Advancement, Calvary is committed to advancing the professional knowledge base and disseminating best practices in palliative care across the healthcare spectrum.

#### **Strategic educational goals include:**

- Formal Clinical Education: Calvary will continue to provide formal, evidence-based education to clinical providers, advancing knowledge in the field of palliative care.
- Expanding Professional Capacity: We aim to expand the education and training of medical students, fellows, nurses (via programs such as the RN Residency program), and other providers through affiliations with institutions like New York Medical College and Memorial Sloan Kettering Cancer Center.
- Interprofessional Community Outreach: Expanding community outreach to provide specialized educational sessions for a diverse range of community leaders is a key focus. This includes collaborating with professionals such as estate attorneys, religious leaders, hospice directors, and funeral directors to create a comprehensive support network within the community.

**It is worth noting The New York State Center for Hospice and Palliative Care was established in August 2024**, which has a core mission and vision focused on advancing community-based, person-centered end-of-life care and promoting health equity across New York.

Calvary Hospital is uniquely positioned to form a strategic partnership with the Center. By collaborating, Calvary could serve as a clinical incubator, providing crucial insights into effective practices for managing complex, acute end-of-life symptoms that currently keep patients in traditional acute care settings rather than hospice.

A partnership such as this could enable New York to scale proven models that address the specific needs of diverse, urban populations, directly informing best practices for the entire state and helping to lift New York from its 51st national ranking in hospice utilization.

A key area for possible collaboration involves addressing critical workforce shortages and education gaps identified through ongoing needs assessments. The N.Y.S. Center aims to develop education and training programs, and Calvary's established Palliative Care Institute (PCI) and the CalvaryCare® RN Residency Program provide a ready-made, formalized infrastructure for training future clinicians. This would help ensure that all New York providers are equipped with the skills needed to initiate difficult conversations, manage symptoms effectively, and prevent the inappropriate deferral of palliative and hospice care.

Furthermore, a partnership could focus on targeted community outreach to address existing health disparities and cultural barriers to care access. Calvary's extensive engagement with medically underserved, low-income, and minority populations in The Bronx and Brooklyn provides a vital grassroots network. Collaborations with the Center and community-based organizations could improve access for marginalized populations, demonstrate tangible progress in reducing health inequities, and ultimately advance the quality and accessibility of end-of-life care for all New Yorkers.

### **Conclusion**

Calvary remains steadfast in its mission to provide expert, compassionate care to patients and families facing advanced illnesses. By aligning with the New York State Prevention Agenda 2025–2030, Calvary is committed to expanding access to palliative care, enhancing bereavement support, and leading clinical education initiatives. Through strategic partnerships and a dedicated focus on the social determinants of health, Calvary strives to eliminate disparities in end-of-life care and ensure that every individual in the diverse communities of The Bronx, Brooklyn, and throughout Greater New York receives the dignity and support they deserve.



## Calvary Hospital Community Service Plan 2025-2030

### Community Health Needs

The assessment of community health needs was conducted through the lens of Calvary Hospital's specific purpose, which is the provision of end-of-life care, including palliative care and bereavement care. Utilizing the New York Prevention Agenda 2025-2030, this Community Service Plan (CSP) identifies state priority areas within the scope of Calvary's specific mission.

#### I. Access to Palliative Care

The need for widespread palliative care remains significant, with national data consistently showing persistent gaps in access, particularly in underserved communities. Despite a growing understanding that palliative care improves quality of life and reduces healthcare costs, a significant workforce shortage of specialty-trained clinicians persists across the United States.

Note that New York State consistently has the lowest hospice utilization rate in the nation, ranking 51st out of all 50 states and the District of Columbia. As of the most recent data, only about 26.3% of eligible Medicare decedents in New York received hospice care before death, compared to the national average of approximately 46.9%. The average length of stay in hospice in New York is also significantly shorter than the national average, at only 17 to 19 days.

This low utilization is not due to a single factor, but a complex interplay of healthcare system structures, provider behavior, and community demographics as reported by organizations such as the Centers for Medicare & Medicaid Services (CMS), the National Hospice and Palliative Care Organization (NHPCO), the Hospice and Palliative Care Association of New York State (HPCANYS), and others.

Adult patients with advanced cancer and other life-limiting illnesses require expert, specialized care. Between 2022 and 2025, Calvary received referrals from approximately 20 healthcare facilities and health systems, providing care to nearly 6,000 of patients annually.

Key initiatives to address this need include:

- **Culturally Responsive Care:** The community Calvary serves is highly diverse. Studies emphasize that patients whose cultural values are respected are more likely to trust their care team and report higher satisfaction. Calvary is committed to ensuring a multilingual, multiethnic staff equipped to address the complex cultural and religious issues surrounding end-of-life concerns, ensuring that caregivers are sensitive to the diverse needs of the patient population.
- **Community and Home-Based Care:** Aligned with the national trend toward home-based models, Calvary understands the need to extend services beyond its physical locations. Through its Hospice and Palliative Care Service, Calvary partners with families to manage symptoms and support patients in various settings, including its 200-bed Bronx campus,

25-bed Brooklyn campus, and partner nursing homes, including those within its own healthcare system, ArchCare, and private residences across Greater New York.

- Caregiver Education: Calvary Nurses and Hospice staff regularly train caregivers in nursing homes and hospitals to help them identify patients who would benefit from timely palliative care intervention, a critical step in addressing the current workforce knowledge gaps.

## **II. Access to Bereavement Services**

Bereavement support is increasingly recognized as a vital component of mental health and community wellness, especially following the widespread isolation and unique challenges posed by the COVID-19 pandemic. Untreated grief can lead to complicated and chronic mental health issues, and a significant portion of the population requires professional support beyond family networks. As death rates rise due to demographic shifts, the need for bereavement counseling is rising. Availability is inconsistent and costs for services can be a barrier since it is not a reimbursable service.

Calvary Hospital leverages its experience to address the emotional and mental health needs of the community through its extensive, free Bereavement Services Program available to anyone who has experienced a significant loss, regardless of where the death occurred.

- Expanded, Accessible Support: Calvary offers free, therapeutic, evidence-based interventions to address a broad spectrum of losses, including those related to illness, accidents, suicide, or violence. The program addresses the financial barriers that often prevent access to private counseling services.
- Integrated Digital Platforms: Recognizing that teletherapy and online support are widely available, Calvary utilizes digital platforms for interactions with community members, complementing its in-person services.
- Professional Education: The program also provides educational resources and training to clinicians in the community, building capacity within the broader healthcare system to support bereaved families effectively.

## **III. Palliative Care Provider Education**

A persistent need exists for formal education and training for clinical providers to advance knowledge of palliative care best practices. Many professional education programs still do not adequately cover core palliative care competencies, resulting in knowledge and practice gaps.

Calvary addresses these educational needs through its Palliative Care Institute (PCI), an internationally recognized center for training designated by the NIH's National Cancer Institute, and The Academy for Healthcare Workforce Advancement, launched in 2025 to provide and facilitate high-level education for staff in palliative, hospice, and end-of-life care. Housed within the Palliative Care Institute and with funding from the Mother Cabrini Health Foundation, the Academy trains both Calvary staff and external healthcare professionals. Its initial program includes a series of grand rounds (formal recurring medical education sessions where healthcare professionals present and discuss special topics), a palliative care conference and graduate interdisciplinary fellowships with local universities.

In addition, Calvary provides:

- Professional Training: The PCI communicates Calvary's expertise through education and research, training healthcare professionals from around the globe. Annually, hundreds of medical students, residents, and fellows receive specialized training, including formal

rotations with affiliates like The Albert Einstein College of Medicine, a prestigious, research-intensive medical school and an independent academic entity within the Montefiore Einstein system.

- **Workforce Development:** In response to changing workforce dynamics and the need to build nursing capacity, the CalvaryCare® RN Residency Program in Palliative and End-of-Life Care offers a unique entry point for new and early-career nurses in this specialized field. This initiative, established in 2023, directly addresses workforce shortages and promotes evidence-based care delivery.
- **Community Outreach:** The PCI has also extended its reach to non-healthcare professionals, offering programs such as training for the Fire Department of the City of New York Emergency Medical Services, broadening the community's capacity to engage with palliative care principles.

## **Prioritization Methods**

### **Description of the Prioritization Process, Community Engagement, and Justification for Unaddressed Health Needs**

Three priorities emerged after an analysis of Calvary's mission, the results of the Community Health Assessment, which describes the community engagement, and The New York State Prevention Agenda 2025-2030, so no prioritization was needed. We will address each one.

## **Objectives, Interventions, and Action Plan**

### **I. Alignment with Prevention Agenda, Priorities and Objectives**

Given our very specific and focused mission, Calvary aligns solely with the Social & Community Context Domain, the 3 priorities of: 1) Anxiety & Stress; 2) Depression; and 3) Adverse Childhood Experiences, and the objective: 5.0 Decrease the percentage of adults who experience frequent mental distress from 13.4% to 12.0%. Additionally, we address the priority of Affordability by offering services for free or a nominal fee..

### **II. Action Plan and Interventions**

#### Actions and Impact:

There is a strong, well documented link between bereavement and mental health. The loss of a loved one is a major stressor that can trigger severe psychological, emotional and physical issues including depression, anxiety, PTSD, and prolonged grief disorder. According to the NIH, 45%-50% of adults experience symptoms of major depression in the first month following the loss of a loved one, with roughly 10%-49% developing more severe conditions such as prolonged grief disorder or persistent depressive disorder. Approximately 40% of children and 47% of teens develop major depression. Bereavement counseling is an effective strategy that can mitigate these issues in adults, teens and children.

Calvary Bereavement Services include year-round expert and specialized individual and group counseling and support to children, teens, and adults via in-person and virtual sessions. Children are offered an additional service through Calvary's annual summer camp called Camp Compass; and, support groups for their parents/guardians are available. Service to children, teens and

young adults (up to 24 years) are offered free of charge. Services to adults are offered for a nominal fee.

We monitor our progress based on the number of individuals counseled, number of referrals from partner organizations, and feedback from individuals served as well as partners in terms of access and impact. We utilize a continuous quality improvement framework and adjust as feedback indicates.

#### Geographic Focus

Calvary Bereavement Services are offered to children, teens and adults in the Bronx, Brooklyn, Manhattan, Queens, Nassau, Westchester, and Rockland.

#### Resource Commitment

Calvary will provide Bereavement counselors, supplies and materials to support all bereavement services.

#### Participant Roles

Calvary Bereavement counselors will provide year-round expert and specialized individual and group counseling and support to children, teens, and adults via in-person and virtual sessions. Children will be offered an additional service through Calvary's annual summer camp called Camp Compass; and, support groups will be made available for their parents and/or guardians.

#### Health Equity

Calvary Bereavement Services are free for children and adolescents (ages 6 to 18) and their parents/guardians, as well as for young adults up to age 24. For all adults in the community, services are offered for a nominal charge regardless of age, race, ethnicity, sex, gender, education, language, income, or physical ability.

### **Partner Engagement**

As identified in the Community Health Assessment, the need is great. Serving as many individuals in need of bereavement counseling as possible is a main priority for Calvary Bereavement Services. In addition to our internal systems, we work with community and local organizations to refer individuals/families needing bereavement counseling utilizing their network. Examples of the many organizations with which we network are the NYC Medical Examiner's office, NYC Administration for Children's Services, Catholic Charities Homebase, NY Psychotherapy Counseling Center, local schools, private practices, and community based non-profit counseling centers.

### **Sharing Findings with Community**

We plan to make the Community Health Assessment, Community Service Plan and information about the Bereavement Service Program available on our website. In addition, information about the Bereavement Services Program is shared through our internal mechanisms and with external community organizations.

**Appendix A: CHA/CHIP/CSP Self-Assessment Checklist**

**Local Health Department/Hospital Name:**

**Service County:**

**Date of Submission:**

<b>Required Components</b>	<b>Met</b>	<b>Not Met</b>	<b>Page#</b>
Cover page that includes a list of participating organizations, service area, type of plan (joint vs. individual), and contact details	<b>X</b>	X	p.1
Table of Contents reflecting all sections and subsections	<b>X</b>		p. 2
Executive Summary as outlined in the guidance	<b>X</b>		p. 3
<b>Community Health Assessment (CHA)</b>			
Describe service area and reflect the demographic profile of population	<b>X</b>		p. 4
Describe socioeconomic, educational, and environmental factors that affect health	<b>X</b>		p. 4
Provide an overview of the population's health and identify factors that contribute to health status and health challenges	<b>X</b>		p. 7
Assemble and analyze secondary data and whenever possible primary data to describe the health status of the community	<b>X</b>		p. 8
Compile and analyze trend data to describe changes in community health status and in factors affecting health	<b>X</b>		p. 8
Use scientific methods for collecting and analyzing data	<b>X</b>		p. 8
Compare selected local data with data from other jurisdictions (e.g., local to state, local to local)	<b>X</b>		p. 8

Provide evidence of community collaboration in planning and conducting the assessment	X		p. 6
Identify leading community health problems	X		p. 9
Identify population groups at risk for health problems	X		p. 8
Identify existing and needed health assets and resources	X		p. 9
<b>Community Health Improvement Plan (CHIP)/ Community Service Plan (CSP)</b>			
<b>Workplan Template:</b>			
Utilize CHA findings to identify priorities	X		Social & Community Context tab
Follow workplan template instructions to select priorities, objectives, interventions, and measures	X		Social & Community Context tab
Submit Workplan in Excel format	X		Social & Community Context tab
<b>CHIP/CSP Narrative:</b>			
Describe the process and criteria used to identify priorities based on the findings of the community health assessment	X		p. 3
Describe the community engagement process that was used to select the new priorities	X		p. 3
Justify unaddressed health needs	X		p. 3
Select at least three priorities from the Prevention Agenda list. At least one priority should include social determinants of health factors such as Poverty, Unemployment, Nutrition Security, Housing Stability and Affordability, etc.	X		p. 3
Develop objectives, interventions, and an action plan			p. 3

Describe the process for monitoring plan progress with community partners and making mid-course corrections	X		p. 4
Briefly describe plans for disseminating CHA/CHIP/CSP reports to the public	X		p. 4

**Submission: Send the documents to [prevention@health.ny.gov](mailto:prevention@health.ny.gov) on or before December 31, 2025.**

Additional Comments:

OLHS USE ONLY:

Date received:

Date of initial review: Reviewer(s):

Date of emailing feedback:

Submitting Organization		
Organization Name	County(ies) of Service	Liaison Name
Calvary Hospital	The Bronx, Brooklyn, Manhattan, Queens, Nassau, Westchester, Rockland	Solomon A. Torres
Is this a joint plan? Yes/No		
<p><i>Note: a joint plan is defined as submitting one Community Health Assessment and Community LHD(s) and hospital(s) within the same county.</i></p>		

Participating Organization(s)		
Organization Name	County(ies) of Service	Liaison Name
<p>Org B:</p> <p><i>If this is a joint plan, add the names of all participating LHDs and hospitals.</i></p>		
Org C:		
Org D:		



**Liaison Email**

[storres@calvaryhospital.org](mailto:storres@calvaryhospital.org)



*Health Improvement Plan for both the*



**Liaison Email**







**Social & Community Context**

**Instructions:**  
 Please review the Community Health Improvement Planning Guidance for the required elements of the Community Health Improvement Plan (CHIP) and Community Service Plan (CSP):  
[https://www.health.ny.gov/prevention/prevention\\_agenda/2025-2030/docs/letter\\_and\\_guidance.pdf](https://www.health.ny.gov/prevention/prevention_agenda/2025-2030/docs/letter_and_guidance.pdf).

**Column B:** Select a priority from the dropdown menu. For new priorities NOT listed in the Prevention Agenda, first identify the appropriate SDOH domain tab, then manually enter the priority name. See page 9 of the guidance for details about adding additional priorities.

**Column C:** Select an objective from the dropdown menu. To add an additional objective not in the dropdown, type it in the blank cell. See page 9 of the guidance for details about adding additional objectives not included in the Prevention Agenda.

**Column D:** Enter and cite the intervention. List each intervention on a separate row; use evidence-based interventions; if not available, best or promising practices.

**Column E:** List disparities the intervention addresses.

**Column F:** Identify the specific metric or measure used to evaluate the intervention's implementation progress.

Domain	Priority	Objective	Intervention	Disparities Being Addressed	Family of Measures	Timeframe		Implementation Partner <i>(Please select one partner from the</i>	Partner Role(s) and Resources
Social & Community Context									



**Neighborhood & Built Environment**

**Instructions:**  
 Please review the Community Health Improvement Planning Guidance for the required elements of the Community Health Improvement Plan (CHIP) and Community Service Plan (CSP):  
[https://www.health.ny.gov/prevention/prevention\\_agenda/2025-2030/docs/letter\\_and\\_guidance.pdf](https://www.health.ny.gov/prevention/prevention_agenda/2025-2030/docs/letter_and_guidance.pdf).

**Column B:** Select a priority from the dropdown menu. For new priorities NOT listed in the Prevention Agenda, first identify the appropriate SDOH domain tab, then manually enter the priority name. See page 9 of the guidance for details about adding additional priorities.

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**Column E:** List disparities the intervention addresses.

**Column F:** Identify the specific metric or measure used to evaluate the intervention's implementation progress.

Domain	Priority	Objective	Intervention	Disparities Being Addressed	Family of Measures	Timeframe		Implementation Partner <i>(Please select one partner from the</i>	Partner Role(s) and Resources
Neighborhood & Built Environment									
Neighborhood & Built Environment									







**Education Access & Quality**

**Instructions:**  
 Please review the Community Health Improvement Planning Guidance for the required elements of the Community Health Improvement Plan (CHIP) and Community Service Plan (CSP):  
[https://www.health.ny.gov/prevention/prevention\\_agenda/2025-2030/docs/letter\\_and\\_guidance.pdf](https://www.health.ny.gov/prevention/prevention_agenda/2025-2030/docs/letter_and_guidance.pdf).

**Column B:** Select a priority from the dropdown menu. For new priorities NOT listed in the Prevention Agenda, first identify the appropriate SDOH domain tab, then manually enter the priority name. See page 9 of the guidance for details about adding additional priorities.

**Column C:** Select an objective from the dropdown menu. To add an additional objective not in the dropdown, type it in the blank cell. See page 9 of the guidance for details about adding additional objectives not included in the Prevention Agenda.

**Column D:** Enter and cite the intervention. List each intervention on a separate row; use evidence-based interventions; if not available, best or promising practices.

**Column E:** List disparities the intervention addresses.

**Column F:** Identify the specific metric or measure used to evaluate the intervention's implementation progress.

Domain	Priority	Objective	Intervention	Disparities Being Addressed	Family of Measures	Timeframe		Implementation Partner <i>(Please select one partner from the</i>	Partner Role(s) and Resources
Education Access & Quality									
Education Access & Quality									