



THE
CANCER CENTER



Good Samaritan Hospital
Medical Center

Cancer Needs Assessment

2016-2017

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INTRODUCTION

Founded in 1959, Good Samaritan Hospital Medical Center is a 437-bed not-for-profit, acute care community hospital. It is one of six hospital members of Catholic Health Services of Long Island, an integrated health care delivery system that also includes three nursing homes, a regional home care and hospice network, and a community based agency for those with special needs. More than 17,500 employees and 4,600 credentialed physicians work within the CHS system, which meets the health care needs of 23 percent of Long Islanders. Good Samaritan is an employer of choice, with 3,700 full and part-time employees. The Medical Center is the first line of response during a medical emergency, with



a fully staffed and equipped Emergency Department that handles more than 90,000 visits each year. At Good Sam, life begins for more than 2,800 babies each year. To meet the needs of young and growing families, Good Samaritan opened Suffolk County's first pediatric emergency room and offers the area's only comprehensive multi-specialty, free-standing outpatient Center for Pediatric Specialty Care, as well as an inpatient pediatric intensive care unit and a Level III neonatal intensive care unit.

The Breast Health Center was one of the first Centers in New York State to be granted three-year full accreditation by the National Accreditation Program for Breast Centers in 2009 and has continued to receive this designation for three consecutive surveys. The hospital's Women's Imaging Center, accredited by the American College of Radiology for excellence in the performance of stereotactic, MRI, and ultrasound guided biopsies continues to be designated as a Breast Imaging Center of Excellence. The Center features Suffolk County's first 3-D digital breast tomosynthesis system, an advanced mammography technology that is especially useful in imaging dense breast tissue. Minimally invasive gynecologic, general, and urologic surgery is enhanced with the use of the da Vinci® robotic-assisted surgical system. The hospital also offers highly regarded and comprehensive interventional cardiology services, an Open Heart Surgery Program in conjunction with St. Francis Hospital and will be providing Neuro-Interventional Care through its Stroke and Brain Aneurysm Center opening September 2017. As a not-for-profit hospital, Good Samaritan continually reinvests its resources into the Medical Center, offering the latest technological advances in medicine in an environment that is caring, compassionate and close to home. To meet the needs of the region's most vulnerable, uninsured and underinsured populations, the hospital has partnered with the Hudson River Healthcare Martin Luther King, Jr., Community Health Center in Wyandanch. Good Samaritan also provides more than \$43 million in charity care annually.

NEEDS ASSESSMENT

Good Samaritan Hospital Medical Center serves a broad geographic area covering western Suffolk County's South Shore and part of southeastern Nassau County, a region that is home to more than 850,000 individuals.¹ The median age in the primary and secondary service areas, from which more than 90% of the hospital's inpatients and Emergency Department patients come, is 38.4 years. In a sampling of these communities, 88.1% of adults are high school graduates, which exceeds both the United States and New York State averages, but falls slightly short of the Suffolk County average of 88.9%. Median

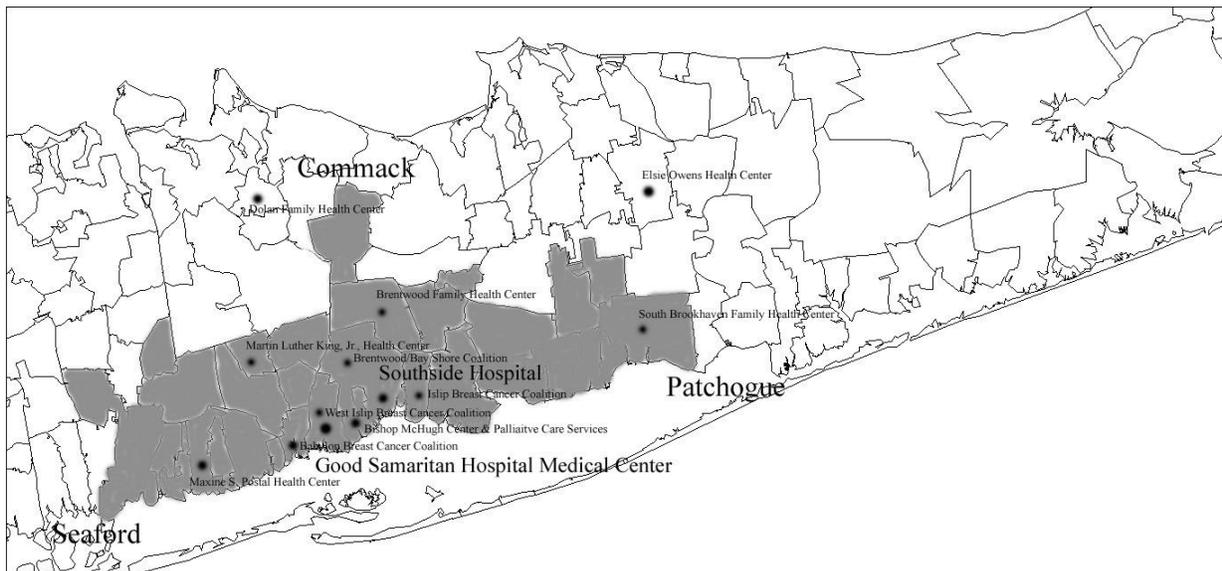
¹ Source: United States Census Bureau American Fact Finder
http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml

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household income is \$84,278, which is slightly lower than the Suffolk County average of \$88,663. Seven percent of residents in a sampling of the hospital's service area are below the Federal poverty level, lower than the County average of 7.8%. Nearly 18% of residents are foreign-born.

There are 12 hospitals within a 20 mile radius of Good Samaritan's service area and more than 70 urgent care/walk-in centers. Within a 15 mile radius of the hospital, there are more than 70 free-standing imaging centers, and nearly 25 ambulatory centers providing outpatient surgery, endoscopy, or other interventional services.²

The following map illustrates the service area depicting the communities served and relative service providers and organizations.



In an effort to remain responsive to evolving community health needs, Good Samaritan Hospital Medical Center is engaged in an ongoing process of soliciting feedback from community members, patients, and partner organizations. In 2016, a more formalized approach to assessing community health needs was undertaken. This multipronged effort consisted of gathering information from a number of sources representing the population served, including:

- A random telephone survey of 500 health care decision-makers in the hospital's primary and secondary service areas, which included members of minority and low income populations;
- A focused community health needs assessment survey distributed to patients, community members, and staff including attendees of Healthy Sunday outreach programs in low income and underserved communities;
- Evaluation forms completed by attendees at Good Samaritan's various community health education programs;
- Data derived from surveys of community-based organizations;

² Source: iTriagehealth.com

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- Transcripts of interviews with community-based organizations serving the Long Island region;
- United States Census data;
- Publicly available data from The County Health Rankings/Roadmaps to Health, The Community Guide, Healthy People 2020, and other widely used sources of indicators and evidence-informed program activities provided by Community Commons' CHNA Toolkit³.
- An epidemiologist with the Suffolk County Department of Health looked at all the data available and prepared a report showing what needs were prevalent which coincided with the survey.

While the data sources represented a diverse group of stakeholders, several common themes emerged from the various survey instruments. Cancer was among the most frequently mentioned health challenges.

At the end of 2015, Good Samaritan updated its community health needs survey and distributed it throughout 2016. Designed to capture specific information about the community's perception of unmet health care needs, the survey was shared with more than 14,000 individuals through electronic and traditional methods at six health screenings and events, in hospital and ambulatory center waiting areas, including the Hudson River Healthcare Martin Luther King, Jr., Health Center, and at support groups. Out of these, 735 completed surveys were collected.

Respondents to the hospital survey were predominantly female, and most were over the age of 48.

Male	29.65%
Female	70.21%

Income levels of respondents to this survey showed 30% earning under \$50,000; 48% earning \$50,000 - \$125,000, and 22% earning more than \$125,000.

\$0 - \$19,999	9.29%
\$20,000 - \$34,999	10.58%
\$35,000 - \$49,999	9.94%
\$50,000 - \$74,999	14.74%
\$75,000 - \$125,000	33.01%
Over \$125,000	22.44%

Ninety-two percent of respondents were white/caucasian, while approximately four percent were African-American and thirteen percent Hispanic.

³ <http://assessment.communitycommons.org/CHNA/>

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White/Caucasian	91.85%
Black/African American	4.23%
Native American	0.47%
Asian/Pacific Islander	1.41%
Multi-racial	2.04%

Cancer was the number one health concern of this group.

Cancer	34.17%
Heart disease & stroke	33.43%
Obesity/weight loss issues	32.25%
Women's health & wellness	27.69%
Diabetes	26.66%
Asthma/lung disease	15.02%
Mental health depression/suicide	13.55%
Safety	10.16%
Environmental hazards	9.72%
Child health & wellness	7.07%
Drugs & alcohol abuse	3.53%
Vaccine preventable diseases	2.50%
HIV/AIDS & sexually transmitted diseases (STDs)	1.18%

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Among those who experienced barriers to accessing routine care, the most often cited issues are insurance and an inability to afford co-payments or deductibles.

No insurance	47.49%
Unable to pay co-pays/deductibles	40.12%
Fear (e.g. not ready to face/discuss health problem)	32.30%
Don't understand need to see a doctor	20.65%
There are no barriers	16.08%
Language barriers	14.16%
Lack of availability of doctors	13.27%
Transportation	13.27%
Don't know how to find doctors	9.59%
Cultural/religious beliefs	4.72%

Respondents suggested that the health of their families and neighbors could be improved through, among other services, greater access to drug and alcohol rehabilitation, healthier food choices and increased job opportunities.

Drug & alcohol rehabilitation services	33.48%
Healthier food choices	33.04%
Job opportunities	29.86%
Weight loss programs	25.80%
Clean air & water	24.93%
Mental health services	23.48%
Smoking cessation programs	16.67%
Recreation facilities	15.80%
Transportation	13.33%
Safe childcare options	11.74%
Safe places to walk/play	11.74%
Safe worksites	4.49%

Among the screenings, health services and education that respondents felt would be most beneficial were blood pressure, cancer, drug and alcohol abuse, exercise, cholesterol, mental health/depression, routine care or well check-ups, and nutrition.

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Blood pressure	29.85%
Cancer	29.56%
Drug and alcohol	25.44%
Diabetes	25.00%
Exercise/physical activity	22.94%
Cholesterol	22.79%
Mental health/depression	21.03%
Importance or routine well checkups	20.44%
Nutrition	19.26%
Dental Screenings	13.97%
Heart disease	12.79%
Emergency preparedness	10.74%
Eating disorders	9.41%
Suicide prevention	7.21%
Vaccination/immunizations	6.62%
Disease outbreak information	4.85%
HIV/AIDS & sexually transmitted diseases (STDs)	3.09%
Prenatal care	2.79%

One goal of the Federal government’s Healthy People 2020 initiative is to “Reduce the number of new cancer cases, as well as the illness, disability, and death caused by cancer.”⁴ Cancer survivors number approximately 1 million in New York State.⁵ Survivors face a range of physical, emotional, psychosocial, employment, legal, and interpersonal challenges, many of which the health care system is still in the early stages of addressing. At the same time, it has long been understood that risk factor management, early detection, and advanced, evidence-based treatment protocols can prolong life and improve the odds of achieving a cure. These advances will lead to increasing the numbers of cancer survivors, many of whom will view their cancer as a chronic illness requiring ongoing management.

⁴ Healthy People 2020 Website:

<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=29>

⁵ 2012-2017 New York State Comprehensive Cancer Control Plan

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Many lifestyle factors contribute to the development of cancer. The use of tobacco products, physical inactivity, poor nutrition, and obesity may increase the risk of cancer. Good Samaritan has partnered with Suffolk County to hosts free, six-session Smoking Cessation programs. Other modifiable risk factors include exposure to ultraviolet light due to sun exposure or the use of tanning salons. Given Good Samaritan's location less than half a mile from the Great South Bay and in close proximity to the destination beaches of Fire Island, focus on the prevention, diagnosis and treatment of skin cancer as well as other cancers is an important community health initiative for the hospital and the community it serves. Information related to skin cancer prevention was provided at the Good Samaritan Hospital Foundation Garden Party in August 2016 with more than 150 attendees learning about sun and safety.

Cancer rates in Suffolk County exceed those in New York State, with local clusters reported. A 2003 study found that the communities of Ronkonkoma, Central Islip, Islip Terrace, and East Islip had clusters of lung cancer in females that were 40% higher than the New York State average⁶ and the New York State Department of Health reports that thyroid cancer rates in men across Suffolk County are 30% or more higher than the State average.⁷

Locally, New York State reports that from 2005 – 2009, six communities immediately surrounding Good Samaritan reported lung and bronchus cancer incidence that was 15 – 49 percent above expected number of cases, while six communities reported that the number of cases was greater than 50% higher than expected. Thirteen communities recorded a higher than expected number of colorectal cancer cases; three recorded a higher than expected number of prostate cancer cases; and seven recorded a higher than expected number of breast cancer cases.⁸

Patients and families facing a diagnosis of cancer face social, economic, cultural and emotional challenges. At an already sensitive time, they must also navigate and manage one of the most complex health care systems in the world. Many of these hardships have life-altering and permanent consequences.

Financial concerns can greatly affect access to timely health care for individuals who are uninsured and underinsured. The percentage of individuals living in poverty from 2007 – 2011 was 5.7%. In 2009, approximately 7.5% of adults on Long Island did not have any health care coverage and nearly 13% reported they did not have a regular health care provider. Good Samaritan's Emergency Department treated 27,231 uninsured patients from 2007-2009, and in 2012 the medical center delivered \$43,000,000 in charity care. The number of ethnic minorities continues to grow in Suffolk County, most notably among the Hispanic population. The number of Hispanics increased from 16.3% of the population in 2010 to 17.6% in 2015. Since 2007, Suffolk County residents aged 65 and older grew by nearly 2%, from 13% of the population to 14.9%. As this trend continues, it is likely that the number of cancer survivors will increase.⁹

Long Island's public transportation system does not lend itself to ease of access to health care. While local bus services have demonstrated gains in ridership due to the population growth, these services provide limited connections between local neighborhoods and railroad stations and offer limited

⁶ Geoffrey M. Jacquez and Dunlie A. Greiling, "Local clustering in breast, lung and colorectal cancer in Long Island," New York; International Journal of Health, 2003 February 17; <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC151676/>

⁷ Maps of Cancer by County: <http://www.health.ny.gov/statistics/cancer/registry/cntymaps/cntymaps.pdf>

⁸ Source: New York State Cancer Registry

⁹ 2012-2017 NYS Comprehensive Cancer Control Plan

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north/south intra-island mobility. This system can have a significant impact on access to health care. A trip from the northern portion of Good Samaritan's catchment area to the hospital can take up to two hours one way on two trains and two buses and can cost the individual more than \$30.00. While those with Medicaid qualify for transportation for health care, the underinsured cannot afford the time or money to seek care.

There are large numbers of trained health care providers within the Good Samaritan area, but most are private practitioners who are unwilling to accept new Medicaid patients. The three county health care centers within the catchment area provide a wide range of primary care services, but are overburdened and waits for care are long and discouraging. To help meet these needs, Good Samaritan expanded its outreach program to include screenings for the uninsured and underinsured. These screening programs, including parish outreach and regularly scheduled health fairs, have identified even more patients in need of expedited access to care. In addition, the Medical Center has strengthened its partnership with Cancer Services Programs and the American Cancer Society to offer Navigation Services to ensure access to care and insurance.

Cultural barriers to care can include written and oral language barriers as well as myths and fears about cancer and health care providers. Cultural barriers can cause patients to delay seeking care and again result in more advanced cancer at the time of diagnosis and treatment

RESPONSE

The National Cancer Institute defines cancer health disparities as "differences in the incidence, prevalence, mortality and burden of cancer that exist among specific population groups in the US." Yet they also note that "many of the differences in cancer incidence and mortality rates among racial and ethnic groups may be due to factors associated with socioeconomic status (SES) rather than ethnicity."¹⁰

Good Samaritan has long been committed to cancer prevention, as well as providing access to the most advanced diagnostic and treatment protocols. In this realm, the hospital offers an ongoing series of annual free screenings including a breast screening, prostate cancer screening, skin cancer screening, head and neck cancer screening, and colorectal cancer screening. Professionally facilitated support groups for cancer patients and caregivers, including separate groups for breast cancer patients and those diagnosed with breast cancer at a very young age, are offered. A comprehensive Cancer Services brochure, as well as information on the hospital's Breast Health Center, Women's Imaging Center and 3-D digital tomography, are regularly distributed to the community through health and wellness events and programs and provides patients and the community with information about the range of cancer programs available at Good Samaritan.

The Medical Center continues to work with community partners such as, faith-based and not-for-profit organizations, to educate and screen individuals who have or are at high risk for cancer. Free screening results with positive outcomes are forwarded to an affiliated Good Samaritan physician through the Physician Information and Referral Line or the hospital's Find a Doctor section of its website. Under the auspices of our Cancer Center, patients are made aware of available clinical trials.

¹⁰NCI Cancer Health Disparities Fact Sheet <http://www.nci.nih.gov/newscenter/healthdisparities>

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Despite these initiatives, barriers to appropriate cancer diagnostic tests and treatment continue to prevent many people from getting care when they need it.

Cancer patient navigation can address many of the barriers that prevent access to timely screening, diagnosis, follow up and treatment.

Over the past year, Good Samaritan has demonstrated an increased commitment to improving cancer services to the local community. In 2016, the Medical Center entered into an employment agreement with a second full time radiation oncologist as well as a new gynecologic oncologist. Recently the hospital acquired a prominent hematology/oncology practice to further streamline cancer care services.

With the focus on radiation therapy, the hospital purchased the Six Degrees of Freedom enhancement for its linear accelerator. This upgrade to the TrueBeam™ Linear Accelerator at the Cancer Center at Good Samaritan can twist and turn to exactly the right position and allow for nearly perfect positioning, thereby avoiding vital structures such as the brain and spinal cord from radiation. This new technology offers precise treatment of multiples sites including lung, prostate, gastrointestinal, gynecological, head and neck and bone tumors.

The robust navigation services for Good Samaritan's Radiation Oncology Department and Breast Health Center leads the way for development of site specific navigation service. To foster further growth in navigation services, a strong relationship has been cultivated with the American Cancer Society (ACS). Simplifying referral patterns to the ACS has been developed to increase the number of navigation services offered to cancer patients.

Good Samaritan's staff enjoys robust relationships with multiple community partners. The following are community collaborators that have offered their support to Good Samaritan's patient navigation program:

- Cancer Services Program
 - New York state Department of Health
 - Suffolk County Department of Health (DOH)
- Hudson River Health Care Martin Luther King, Jr., Health Center
- Suffolk County DOH Health Care Centers
- Babylon Breast Cancer Coalition
- West Islip Breast Cancer Coalition
- Brentwood/Bay Shore Breast Cancer Coalition
- Islip Breast Cancer Coalition
- American Cancer Society
- Long Island Witness Project
- Great South Bay YMCA
- Community Alliances and Businesses
- Breast Cancer Help, Inc.
- Sisters of Greater Long Island

To increase the breast cancer screening rate in New York State by 10% over the next five years, as well as improve the quality of screening and diagnostic follow-up, the Department of Health is funding a breast cancer navigation project. This will enhance existing patient navigation services at breast centers accredited by the National Accreditation Program for Breast Center (NAPBC). The NAPBC Patient

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Navigation Project will help underserved women, regardless of their insurance status, navigate the health care system to complete breast cancer screenings according to clinical guidelines. Working in collaboration with physicians and community partners, all Good Samaritan’s navigators will keep lines of communication open, and stakeholders up-to-date, on the progress of each patient. Separations in care will be replaced by a cohesive and coordinated plan of care, individualized to meet the needs of each patient and his or her family.

Plans are in place to expand on the successful patient navigation model already in place in the hospital’s Breast Health and Radiation Oncology Centers. Cancer leadership has planned to recruit, assign, train and employ patient navigators who have direct knowledge of the hospital’s surrounding communities and can facilitate the care of those who are at risk for or have cancer.

Navigators will continue to build on the organization’s Breast Health Center and Radiation Oncology model and expand into other diseases of high priority such as colorectal cancer, gynecological cancers and lung cancer. Access to health care, as outlined in Healthy People 2020, will be the primary focus. Improved outcomes are the result of early detection of cancer through routine screenings including mammography, Pap testing and colorectal screening.

Strengthening Ties with the American Cancer Society

In the past, Good Samaritan’s Cancer Committee had individual contact with local American Cancer Society (ACS) representatives. After the ACS reorganization, all contact was changed to a more corporate mode, making it difficult for hospital staff to ascertain patient referral forms due to the various layers of the system.

Currently, the ACS has stabilized and provides a regular presence at Good Samaritan’s Cancer Committee Meetings. Regularly coordinated meetings between this ACS staff member and Good Samaritan’s Cancer Leadership, Care Management and Social Work team members has led to a more streamlined system for patient referrals and follow up for navigation and services.

American Cancer Society Programmatic Referrals

2015 Total	2016 Total	Jan 2017	Feb	March	April	May	June
34	25	13	26	31	29	34	29

Good Samaritan looks to continue to develop this seamless referral system with the ACS. The Cancer Center looks to enhance this to a digital version, creating ease of access for all stakeholders involved. Key leadership will be working with Good Samaritan’s Information Technology Department to help the facility reach this goal.

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Oncology Solutions

Cancer Services has remained a strength for Good Samaritan, but due to increased competition, the facility has lost market share to other hospitals and systems. The lack of a physical building focused on outpatient cancer services, a fragmented approach amongst cancer related departments and support systems and issues related to managed care and reimbursement has increased this gap. In addition, other services became a focus due to changes in the Long Island health care landscape.

In an attempt to determine Good Samaritan's future in the specialty of oncology services, Catholic Health Services consulted with Oncology Solutions to perform a strategic plan and provide suggestions, including a clear vision statement for all facilities within the system.

In its report, Oncology Solutions looked to empower Good Samaritan's cancer services to transition to a symbiotic oncology network of providers, accelerating success. An organizational chart was developed to show the hierarchy of cancer services and leadership for both Good Samaritan and the CHS system. The development of a physical cancer center was suggested. Location and development of this center is currently in progress. A hub and spoke model was developed for both Nassau and Suffolk counties, with Good Samaritan and St. Francis Hospital located at the center for both areas. The need to acquire cancer related physician practices was identified need and has been progressing as well.

HEALTH LITERACY, DIVERSITY AND CULTURAL COMPETANCE

Good Samaritan has an extensive translator program that assists patients, families and staff with any communication issues. A language line telephone system provides 24 hour-a-day translation services. The Medical Center staff is trained to respect, understand, react and treat patients and families appropriately. The current staff and volunteers reflect the diversity of the community and serve to educate each other in sensitive areas.

The Medical Center has an extensive community education program that provides numerous informational brochures and outreach. These programs include:

- Health Fairs
- Lecture Series
- Screenings
- Presence at Community Events

CONCLUSION

As a disease, cancer carries the potential to cause great financial, emotional and physical distress to individuals and all those connected to them. As researchers and physicians develop new methods to battle cancer's potentially devastating impact, front line health care providers need to:

- Improve community outreach to achieve earlier screening and diagnosis so patients may take full advantage of the advances in medicine and all available evidenced-based treatment regimens.

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- Develop a system which enables patients and their families to effectively participate in their care.
- Implement initiatives to help overcome barriers to care and to mitigate the effects of health care disparities among those being diagnosed with and treated for cancer.

A well-organized cancer patient navigation program that is integrated into a comprehensive cancer program and linked to education, screenings, community resources, diagnostic and evidence-based treatment protocols, will help accomplish these goals.

In addition, the growth in relationships with Cancer Services Program and the American Cancer Society have provided cancer patient with screenings, treatment and navigation throughout the cancer care continuum that they may not have been offered.

The growth of Good Samaritan's Cancer Center and the addition of highly skilled physicians and advanced technology continues to address the needs and concerns of the community on the south shore of Suffolk County and beyond. In conjunction with the ACS, Good Samaritan can ensure that all have access to a wide variety of diagnosis and screening options, no matter their income, ethnicity or barriers to care.