



John T. Mather
Memorial Hospital
and
St. Charles Hospital

2015 Community Health Needs Assessment: Cancer Executive Summary



St. Charles Hospital
Catholic Health Services
At the heart of health



Purpose

The purpose of the Mather-St. Charles Cancer Program 2015 Community Health Needs Assessment (CHNA) is to identify the cancer-related needs of our primary service population in order to target a specific cancer or a specific region where a gap exists in the provision of cancer-related resources, including education, prevention, screenings and access to resources. The assessment will also assist the patient navigation process and psychosocial services in guiding each facility to address disparities and/or barriers to cancer care.

Goal

The goal of this assessment is:

1. To identify the cancer-related needs of the community and offer prevention and early detection/screening programs to ensure that appropriate and adequate services are provided.
2. To improve and even save lives through access to cancer prevention information, education and cancer screening. This goal will be accomplished by:
 - a. Implementing a community outreach program that targets specific cancer(s), geographic areas and/or demographic segments of the population where, currently, there is a high rate of cancer(s) necessitating improved outreach, education and screenings
 - b. Distributing cancer-related educational material, screening tools and provision of resources for the identified cancer

Methodology

The Community Outreach subgroup of the Mather-St. Charles Cancer Committee has chosen secondary data analysis as the tool for this assessment. This effort incorporated a process of analyzing publicly available data compiled from a variety of data sources including HANYS Market Expert, which provided unique inpatient and outpatient cancer visits by zip codes in the primary service area from 2010-2014, and New York State Department of Health Cancer Registry data from 2008-2012, which included observed cancer cases for both inpatient and outpatient cancer patients in the primary service area. Additional data included all unique cancer cases from 2010-2014 encountered at John T. Mather Memorial Hospital and St. Charles Hospital. Secondary data—including population and socioeconomic demographics - was used to identify and prioritize significant community health needs.

It is important to note that the three sources of data used for the CHNA are not comparable and, as such, the data was analyzed for trending and commonalities.

Introduction

St. Charles and Mather Hospitals formed the Mather - St. Charles Health Alliance in 1997 to enhance medical care to the communities we serve. The Cancer Committee is a joint effort between Mather and St. Charles Hospitals, designed to improve access to specialized, high quality, evidence-based, multidisciplinary cancer services close to home for our patients.

Community outreach is a top priority for Mather and St. Charles Hospitals. Both facilities have supported community health through screenings, prevention and health education; including working collaboratively with the Suffolk County Department of Health to offer a free six-week smoking cessation program, "Learn to Be Tobacco Free." Community outreach screening efforts include lung, prostate cancer, oral cancer and breast cancer. Cancer prevention through education is a regular component of community outreach. Topics include the importance of a healthy diet, exercise, weight management, and smoking cessation.

This report identifies and assesses cancer-related community health needs in the primary service areas served by Mather and St. Charles Hospitals. In addition, it will serve as a foundation for developing and implementing a strategy to address those needs that the hospitals determine they are able to meet in whole or part and that are not currently met.

The assessment also seeks to identify priority health status and access issues for particular geographic areas and populations in the primary service areas of both hospitals by focusing on:

- **Who** in the community is most vulnerable in terms of health status or access to care?
- **What** are the unique health status needs and/or access needs for these populations?
- **Where** do these people live in the community?
- **Why** are these issues present?

The question of how Mather and St. Charles Hospitals can best use their limited resources to assist the identified cancer-related needs of the community will be the subject of the hospitals' implementation strategy.

The following topics and data have been assessed to identify health disparities:

- Education/income levels
- Community issues (availability of health care facilities and resources, etc.)
- Health status indicators (morbidity rates for various diseases and conditions and mortality rates for leading causes of death)

Overview

According to the U.S. Census, the total population of Suffolk County in 2014 was 1,502,968. The primary service area of Mather and St. Charles Hospitals totals 403,028 residents (slide 3) which accounts for just over 20% of the population of Suffolk County. The incidence rate of cancer within the Town of Brookhaven, where Mather and St. Charles Hospitals reside, averages about 2,874 new cases per year (NYS DOH Cancer Incidence for Brookhaven, Suffolk County, provisional data November 2014)

Primary Service Area Population

Centereach:	29,189	Miller Place:	13,200
Coram:	29,030	Mount Sinai:	12,638
East Setauket:	18,949	Patchogue:	44,837
Farmingville:	17,638	Port Jefferson Station:	24,235
Holbrook:	27,655	Port Jefferson:	8,968
Holtsville:	13,261	Ridge:	12,834
Medford:	28,506	Rocky Point:	12,709
Middle Island:	13,553	Ronkonkoma:	38,421

Selden:	
Shoreham:	
Sound Beach:	
Stony Brook:	
TOTAL POPULATION	
Source:	U.S. Census Bureau

Summary of Key Findings

Among all cancers, the top five most common inpatient and outpatient cancers among men and women in the primary service area of Mather and St. Charles Hospitals are as follows:

<u>Inpatient</u>	<u>Outpatient</u>
Lung	Breast
Breast	Bladder
Colon	In-situ Breast/Genitourinary
Prostate	Lung
Kidney	Skin

Lung Cancer

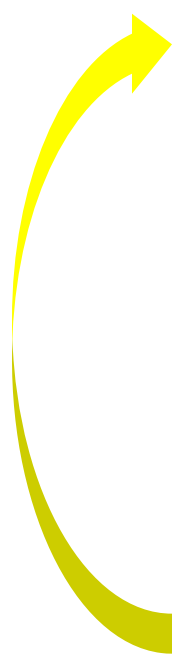
Lung cancer cases were examined by looking at data from both hospitals on inpatient and outpatient lung cancer cases from 2010-2014, NYS inpatient and outpatient visits by age and ethnicity from 2010-2014 in the primary service area, as well as all NYSDOH observed cases by zip codes in the primary service area from 2008-2012.

Data showed that lung cancer is generally diagnosed at a late age (55-84) with nearly 90% of this patient population being Caucasian. Zip code analysis of the primary service area reports the highest incidence of lung cancer is found in areas where the population is younger and less educated as well as areas with a heavy concentration of senior citizens living in senior housing. One community in particular, Ridge, stands out repeatedly as

number one in cancer incidence.

NYSDOH Observed Lung Cancer by Zip for Selected Sites 2008-

Town	2010C	Lung/ Bronchus	Rate	Median Age	HS+
Ridge	12,834	119	0.9272	48.8	92.8
Patchogue	44,837	232	0.5174	38.7	87.2
Medford	28,506	137	0.4806	38.3	89.3
Ronkonkoma	38,421	176	0.4581	39.6	92.2
Selden	24,655	111	0.4502	37.3	90.9
Middle Island	13,553	61	0.4501	41.0	93.0
Port Jefferson Station	24,235	108	0.4456	38.7	90.3
Port Jefferson	8,968	37	0.4126	44.1	98.1
Holbrook	27,655	114	0.4122	40.1	93.4
East Setauket	18,949	77	0.4064	42.4	96.1
Rocky Point	12,709	51	0.4013	36.8	94.0
Holtsville	13,261	53	0.3997	38.7	94.5
Centereach	29,189	113	0.3871	38.7	92.2
Coram	29,030	110	0.3789	38.7	90.6
Mount Sinai	12,638	46	0.3640	42.0	94.4
Sound Beach	7,895	26	0.3293	37.1	95.3
Farmingville	17,638	56	0.3175	36.8	92.1
Stony Brook	18,511	50	0.2701	26.5	98.3
Miller Place	13,200	34	0.2576	39.4	97.0
Shoreham	6,344	15	0.2364	40.0	96.8
COMMUNITY AVERAGE	403,028	1726	0.4283	39.2	93.4



Source: NYSDOH Observed Cases (Cancer Registry Data)

Breast Cancer

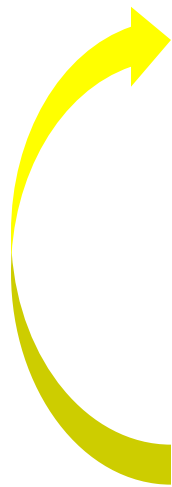
Breast cancer cases were examined by looking at data from both hospitals on inpatient and outpatient lung cancer cases from 2010-2014, NYS inpatient and outpatient visits by age

and ethnicity from 2010-2014 in the primary service area, as well as all NYSDOH observed cases by zip codes in the primary service area from 2008-2012.

Data showed that breast cancer is generally diagnosed between ages 45-74 with nearly 90% of this patient population being Caucasian. The high incidence of diagnosis in the age range of 45-54 supports the American College of Radiology's recommendation to continue baseline mammogram screenings for breast at age 40 as opposed to new guidelines by The American Cancer Society that recommend baseline mammogram screenings begin at age 45. Zip code analysis of the primary service area reports the highest incidence of lung cancer is found in towns closest to each hospital with the exception of Ridge, which reports the highest incidence of breast cancer cases in the primary service area.

NYSDOH Observed Breast Cancer Cases by Zip for Selected Sites 2

Town	2010C	Breast	Rate	Median Age	HS+
Ridge	12,834	101	0.7870	48.8	92.8
Port Jefferson	8,968	62	0.6913	44.1	98.1
East Setauket	18,949	98	0.5172	42.4	96.1
Shoreham	6,344	32	0.5044	40	96.8
Mount Sinai	12,638	62	0.4906	42	94.4
Holtsville	13,261	64	0.4826	38.7	94.5
Sound Beach	7,895	36	0.4560	37.1	95.3
Centereach	29,189	131	0.4488	38.7	92.2
Rocky Point	12,709	56	0.4406	36.8	94.0
Ronkonkoma	38,421	169	0.4399	39.6	92.2
Miller Place	13,200	58	0.4394	39.4	97.0
Holbrook	27,655	120	0.4339	40.1	93.4
Middle Island	13,553	58	0.4279	41	93.0
Medford	28,506	120	0.4210	38.3	89.3
Coram	29,030	122	0.4203	38.7	90.6
Stony Brook	18,511	71	0.3836	26.5	98.3
Patchogue	44,837	169	0.3769	38.7	87.2
Selden	24,655	87	0.3529	37.3	90.9
Farmingville	17,638	62	0.3515	36.8	92.1
Port Jefferson St	24,235	76	0.3136	38.7	90.3
COMMUNITY AVERAGE	403,028	1754	0.4352	39.2	93.4



Source: NYSDOH Observed Cases (Cancer Registry Data)

Colon Cancer

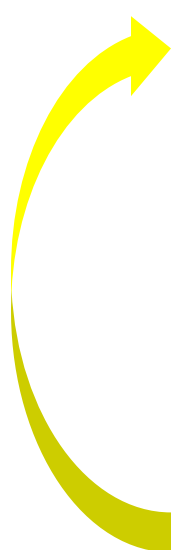
Colon cancer cases were examined by looking at data from both hospitals on inpatient and outpatient lung cancer cases from 2010-2014, NYS inpatient and outpatient visits by age and ethnicity from 2010-2014 in the primary service area, as well as all NYSDOH observed cases by zip codes in the primary service area from 2008-2012.

Data showed that colon cancer is generally diagnosed between ages 55-84 however it is important to note that a considerable spike in number of cases from 45-54 and 55-64 supports the American Cancer Society's recommendation that colon cancer screenings begin at age 50. Once again ethnicity for this cancer is nearly 90% Caucasian. Zip code analysis of the primary service area reports the highest incidence of colon cancer is found in towns closest to each hospital with the exception of Ridge, which reports the highest incidence of breast cancer cases in the primary service area.

NYSDOH Observed Colon Cancer by Zip for Selected Sites 2008-

Town	2010C	Colorectal	Rate	Median Age	HS+
Ridge	12,834	65	0.5065	48.8	92.8
Sound Beach	7,895	27	0.3420	37.1	95.3
Shoreham	6,344	21	0.3310	40.0	96.8
Middle Island	13,553	39	0.2878	41.0	93.0
Port Jefferson Station	24,235	67	0.2765	38.7	90.3
Patchogue	44,837	120	0.2676	38.7	87.2
East Setauket	18,949	50	0.2639	42.4	96.1
Medford	28,506	75	0.2631	38.3	89.3
Port Jefferson	8,968	23	0.2565	44.1	98.1
Holbrook	27,655	69	0.2495	40.1	93.4
Centereach	29,189	72	0.2467	38.7	92.2
Coram	29,030	71	0.2446	38.7	90.6
Ronkonkoma	38,421	93	0.2421	39.6	92.2
Holtsville	13,261	31	0.2338	38.7	94.5
Selden	24,655	55	0.2231	37.3	90.9
Miller Place	13,200	27	0.2045	39.4	97.0
Mount Sinai	12,638	22	0.1741	42.0	94.4
Farmingville	17,638	30	0.1701	36.8	92.1
Rocky Point	12,709	19	0.1495	36.8	94.0
Stony Brook	18,511	27	0.1459	26.5	98.3
COMMUNITY AVERAGE	403,028	1003	0.2489	39.2	93.4

Source: NYSDOH Observed Cases (Cancer Registry Data)



Prostate Cancer

Prostate cancer cases were examined by looking at data from both hospitals on inpatient and outpatient lung cancer cases from 2010-2014, NYS inpatient and outpatient visits by age and ethnicity from 2010-2014 in the primary service area, as well as all NYSDOH observed cases by zip codes in the primary service area from 2008-2012.

Data showed that prostate cancer is generally diagnosed at a much younger age than cancers reported in this report with most cases occurring in the 45-74 age range. Though the number of cases is small, ethnicity for this cancer is approximately 80% Caucasian. However this is the first cancer where we see data for the Black/African American population with approximately 13% of prostate cancer cases. Zip code analysis of the primary service area reports a high incidence of prostate cancer found in towns closest to each hospital. The town of Ridge has the highest prevalence of prostate cancer cases.

Town	2010C	Prostate	Rate	Median Age	HS+
Ridge	12,834	69	0.5376	48.8	92.8
Mount Sinai	12,638	66	0.5222	42.0	94.4
Middle Island	13,553	66	0.4870	41.0	93.0
East Setauket	18,949	85	0.4486	42.4	96.1
Shoreham	6,344	28	0.4414	40.0	96.8
Port Jefferson	8,968	39	0.4349	44.1	98.1
Holbrook	27,655	119	0.4303	40.1	93.4
Miller Place	13,200	54	0.4091	39.4	97.0
Stony Brook	18,511	74	0.3998	26.5	98.3
Coram	29,030	115	0.3961	38.7	90.6
Port Jefferson Station	24,235	95	0.3920	38.7	90.3
Ronkonkoma	38,421	145	0.3774	39.6	92.2
Holtsville	13,261	50	0.3770	38.7	94.5
Centereach	29,189	105	0.3597	38.7	92.2
Medford	28,506	97	0.3403	38.3	89.3
Patchogue	44,837	150	0.3345	38.7	87.2
Farmingville	17,638	57	0.3232	36.8	92.1
Rocky Point	12,709	39	0.3069	36.8	94.0
Selden	24,655	70	0.2839	37.3	90.9
Sound Beach	7,895	14	0.1773	37.1	95.3
COMMUNITY AVERAGE	403,028		0.3814	39.2	93.4



Source: NYSDOH Observed Cases (Cancer Registry Data)

Kidney & Urinary Cancer

Kidney and urinary cancer cases were examined by looking at NYS inpatient data by age from 2010-2014 in the primary service area.

It is important to note the low volume of cases for this particular cancer with approximately 100 per year for the past three years. The age range of 55-84 represented the highest

number of cases with approximately 95% of the cases being Caucasian. The town of Ridge again had the highest prevalence of this cancer.

Bladder Cancer

Kidney and urinary cancer cases were examined by looking at NYS outpatient data by age from 2010-2014 in the primary service area.

The age range for bladder cancer skews to an older population with the heaviest concentration of cases in the 65-85+ population. Approximately 88% of the cases are Caucasian. The town of Ridge again had the highest prevalence of this cancer.

Skin Cancer

Skin cancer cases were examined by looking at NYS outpatient data by age from 2010-2014 in the primary service area.

The age range for outpatient skin cancer cases is concentrated in the 55-84 age group. Approximately 90% of the cases were Caucasian. However, it is to be noted that for the first time, the Asian population accounts for a small percentage of skin cancer total in each year 2010-2014.

John T. Mather Memorial Hospital

Top 5 Cancers by Volume 2010-2014

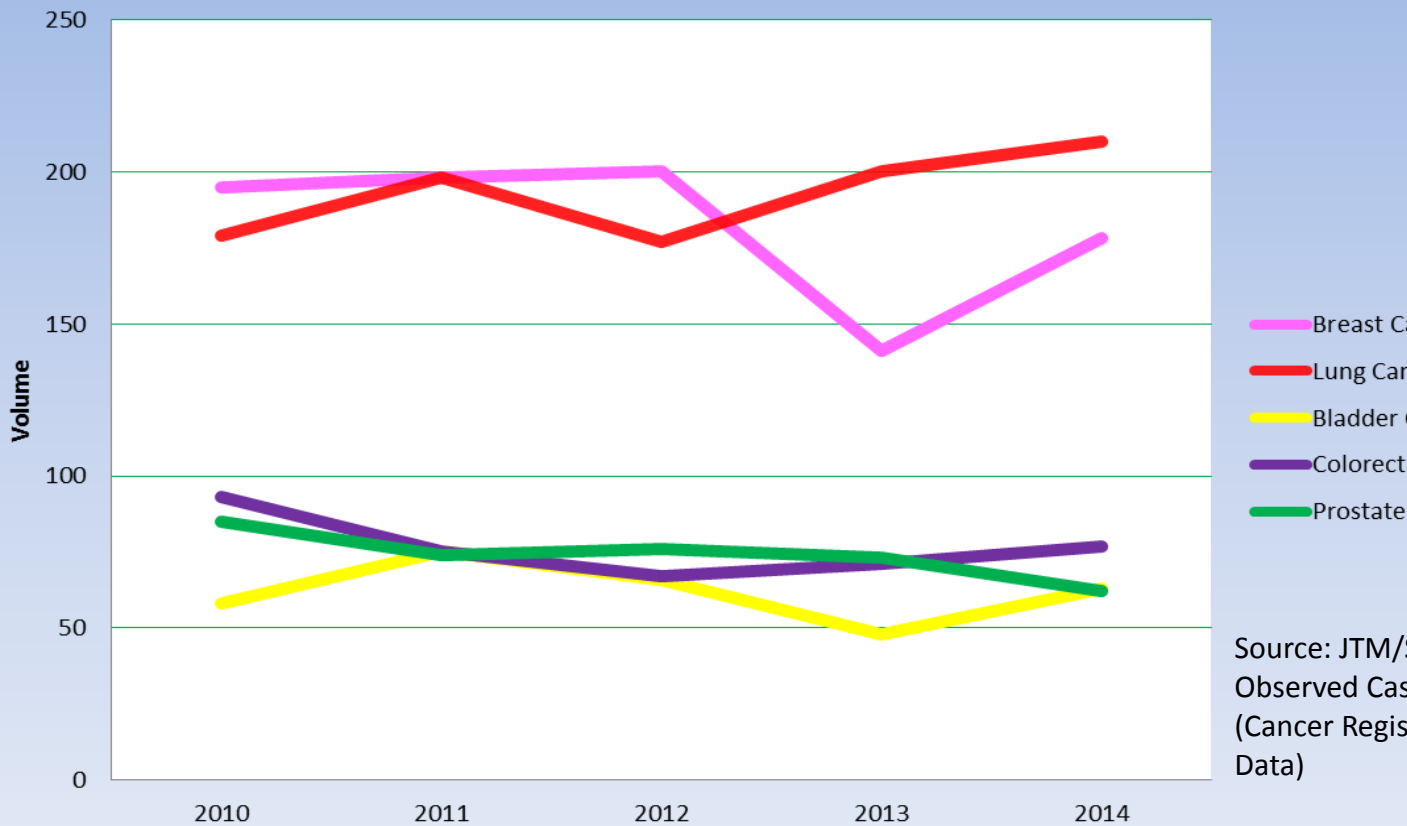
Mather Hospital Top 5 Cancers

Top 5 Cancers by Total Volume

	2010	2011	2012	2013	2014	Grand Total
Breast Cancer	195	198	200	141	178	912
Lung Cancer	179	198	177	200	210	964
Bladder Cancer	58	75	66	48	63	310
Colorectal Cancer	93	75	67	71	77	383
Prostate Cancer	85	74	76	73	62	370

-Includes all cases that and/or receiving first co Mather; as well as case recurrence or metastat treatment other than fi treatment.
-All cases are recorded encounter at Mather.

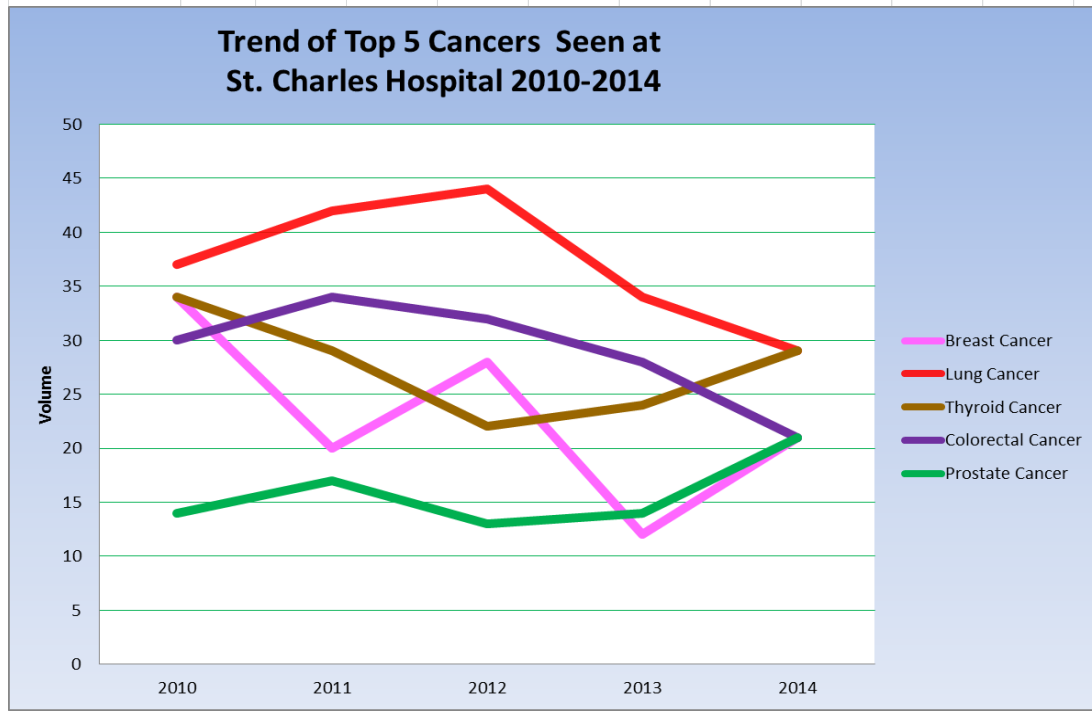
Trend of Top 5 Cancers Seen at Mather Hospital 2010-2014



St. Charles Hospital

Top 5 Cancers by Volume 2010-2014

Top 5 Cancers by total Volume							
	2010	2011	2012	2013	2014	Grand Total	
Breast Cancer	34	20	28	12	21	115	-Includes all cases that were diagnosed and/or receiving first course of treatment at St. Charles; as well as cases diagnosed with recurrence or metastatic disease, or receiving treatment other than first course of treatment. -All cases are recorded one time at the first encounter at St. Charles.
Lung Cancer	37	42	44	34	29	186	
Thyroid Cancer	34	29	22	24	29	138	
Colorectal Cancer	30	34	32	28	21	145	
Prostate Cancer	14	17	13	14	21	79	



The five year trend for top five cancers seen at St. Charles Hospital shows a decline from 2012-2014 in lung cancer and colon cancer cases. Thyroid and prostate cancers had an increase from 2013-2014, though the total number of cases is very small. The volume of breast cancer cases has not been consistent with extreme peaking and declining in number of cases over the five year period.

Conclusion and Next Steps

The data provided valuable information on where Mather and St. Charles Hospitals should concentrate community outreach efforts. With a commitment to improving access to cancer care, next steps include:

- Focus outreach efforts in the primary service area
 - Emphasize those communities with highest prevalence rates, specifically Ridge, for outreach, education and screenings toward achieving prevention and/or early intervention.
- Community outreach and education provided to at-risk populations as defined by age, socio-economic and ethnicity data
- Prioritize needs and identify strategies that are consistent with each hospital's strengths