Catholic Health Physician Partners

Health Equity Strategic Plan

2025 – 2026

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A note from Catholic Health's President & Chief Executive Officer

We're **all** part of the solution.

Dear Colleagues,

Catholic Health has a comprehensive plan for enhancing Health Equity across our service area. The pages you're about to read through will show you just how and where you play an indispensable role.

The sad truth is that many people, both nationally and regionally, suffer a vastly disproportionate amount of preventable disease. These are largely driven by the social determinants of health (SDOH): dietary habits, neglect and lack of access to quality health care.

We can do something about this, and Catholic Health is committed to doing so. Under the leadership of Dr. Lawrence Eisenstein, we have a comprehensive program to address the economic and social obstacles to good health.

Rooted in mission, Catholic Health believes health care is a right, not a privilege. That's why we treat all patients in need of our services, regardless of their ability to pay. It's also why we have proactive programs designed to bring exceptional health care to our underserved communities.

By working together, we can bend the disease curve. As you ramp up access to quality care, you address those SDOH. As you screen for and detect disease at its earliest stages, you make it possible to preempt serious, long-term debilitating diseases.

And that computes to longer, healthier lives as well as sharp reductions in health care costs. I thank you for being part of this all-important effort.

Patrick O'Shaughnessy, DO, MBA
President & CEO

A note from Catholic Health Physician Partners' Chief Operating Officer

Dear Colleagues,

Welcome to Catholic Health Physician Partners. It is both an honor and a privilege to reaffirm our unwavering commitment and dedication to advancing health equity through the implementation of our strategic plan. As we continue our mission to deliver high-quality care to every member of our community, we understand that achieving health equity is not merely an aspiration—it is our collective responsibility. This plan serves not only as a guiding document, but also as a blueprint for meaningful action.

At Catholic Health Physician Partners, we recognize that health disparities persist and that systemic barriers often hinder individuals from accessing the care they need. Our commitment is grounded in the belief that every person deserves equitable access to high-quality health care, regardless of background or circumstances as evidenced at our Bishop McHugh centers, providing access to state-of-the-art care.

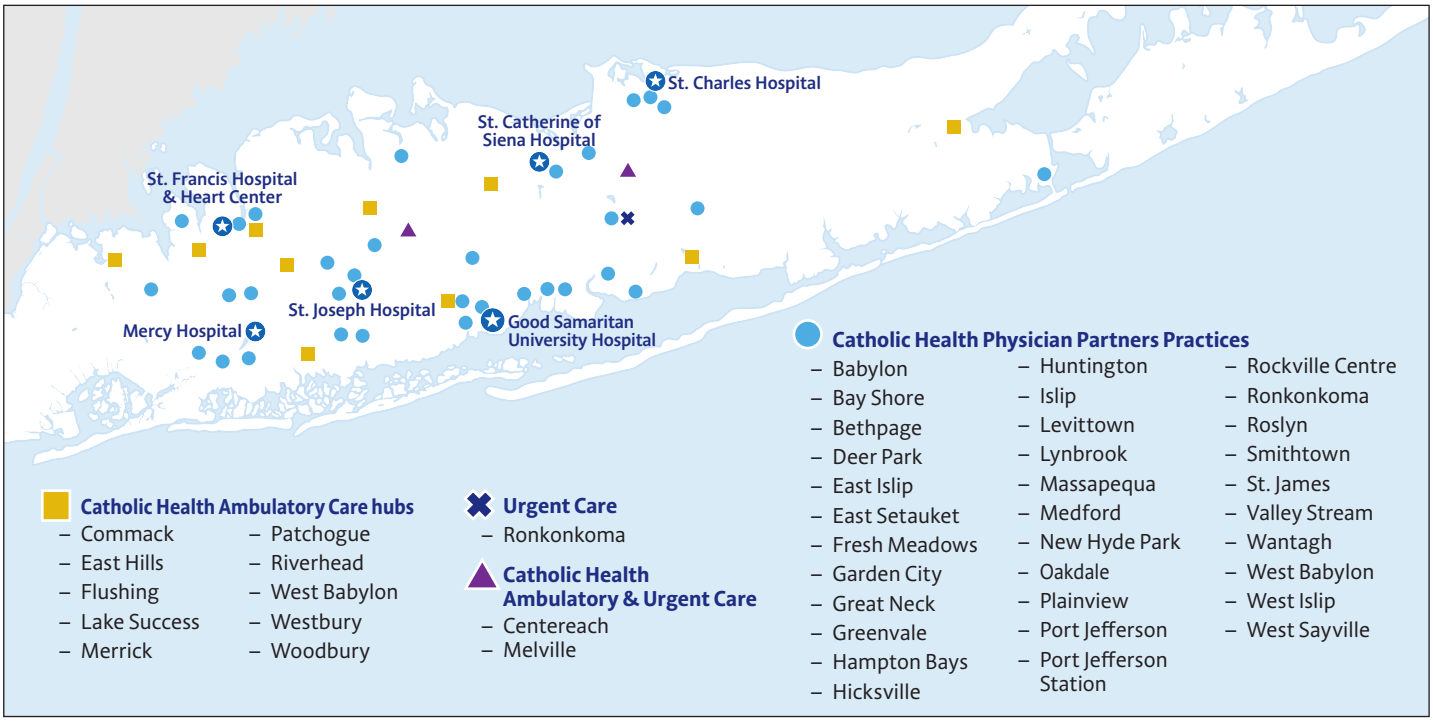
Some of the key initiatives outlined in Catholic Health Physician Partners' Health Equity Strategic Plan are included in this communication.

Sincerely,

Joseph O'Doherty
Chief Operating Officer & Senior Vice President of Finance

Introduction

Catholic Health is a faith-based health care delivery organization, predominantly serving the residents of Nassau and Suffolk counties on Long Island. Comprised of 6 hospitals, 3 skilled nursing facilities, vibrant home care service delivery, home hospice and thousands of providers across Long Island, Catholic Health is proud of our mission of mercy, and considers mission and health equity as part of everything that is done at Catholic Health facilities and by its providers.



Executive Summary

In 2022, Catholic Health set out to establish and incorporate a strategy and path forward for a newly formed Community and Public Health Program, of which health equity would be at the core. The inaugural Health Equity Written Strategic Plan 2023–2024 was released in the Fall of 2023. Guided by data, and following a model of defined goals and objectives, we present the third annual edition of Catholic Health's written Health Equity Strategic Plan, 2025–2026. This year's plan looks back on the second full year of efforts, and provides an update on objectives and direction. Further, this plan adds new objectives based on the incredible growth of Catholic Health's equity initiative.

In line with Catholic Health's Mission and Vision, and for compliance with regulatory requirements, Catholic Health continues to advance work towards health equity. Led by our Director of Epidemiology and Public Health Analytics, this year's data is presented with a higher degree of stratification and analysis. Data collection is done with purpose and intent, and measures have been evaluated to assess the specific needs of the communities we serve, and to guide strategic operations going forward. With an emphasis on identifying and impacting health disparities, all of this work is done with the goal of achieving maximal health outcomes for our patients.

Catholic Health has committed to improving the health and wellness of all people within the communities we serve. With the support of Catholic Health leadership and the Board of Directors, the pillars of the Community Health Roadmap (see Figure 1.0) have not changed. This Health Equity Strategic Plan describes efforts to achieve objectives within the pillars. This report evaluates opportunities for improvement, and identifies deliverables and objectives, along with associated timeframes. Much of the design and implementation of this work is carried out by the volunteer members of Catholic Health's health equity taskforce, referred to as the Health Equity Leadership Council (HELC). With representation from all campuses and major departments, the HELC and its four subcommittees continued to make great strides during their second year. These efforts are summarized in the Plan and the HELC is a vital source of objectives moving forward.

Much has changed since last year's plan was released. One thing that has not changed is Catholic Health's commitment to serving all of our patients, to help them live a life of wellness including successful preventive care and to assist in overcoming obstacles. Guided by our Ethical and Religious Directives we provide care for everyone, and as health equity is defined as the opportunity for everyone to achieve their highest level of health outcomes, our efforts continue and grow. This report summarizes the health equity efforts undertaken by Catholic Health and provides a strategic plan going forward.

Catholic Health's Mission and Health Equity

As described in the definitions section which follows, health equity is defined as "the state in which everyone has a fair and just opportunity to attain their highest level of health. As a Catholic health care provider organization, Catholic Health is bound to follow the Ethical and Religious Directives for Catholic Health Care Services, 6th Ed. (ERDs), a book published by the United States Conference of Catholic Bishops. The ERDs guide us and not only support health equity work, but also require it. Catholic Health's Mission aligns with the ERDs. As such, health equity is not seen as a political topic for debate. Rather, health equity simply refers to the care we provide, with an emphasis on ensuring that we care for the most vulnerable, with the goal that all patients have their best potential health outcome.

The most relevant ERD connecting with our mission is ERD#3: *In accord with its mission, Catholic Health should distinguish itself by service to and advocacy for those people whose social condition puts them at the margins of our society and makes them particularly vulnerable to discrimination: the poor; the uninsured and the underinsured; children and the unborn; single parents; the elderly; those with incurable diseases and chemical dependencies; racial minorities; immigrants and refugees. In particular, the person with mental or physical disabilities, regardless of the cause or severity, must be treated as a unique person of incomparable worth, with the same right to life and to adequate health care as all other persons.*

Further, following these directives are mandatory for Catholic health care providers as expressed in ERD #5: *Catholic Health care services must adopt these directives as policy, require adherence to them within the institution as a condition for medical privileges and employment, and provide appropriate instruction regarding the directives for administration, medical and nursing staff and other personnel.*

Caring for our patients and helping them achieve their highest health outcomes remains our objective. This Health Equity Strategic Plan is based on the tenets of our mission and follows the requirements of being a Catholic health care provider. Deliverables described within this plan are reported and discussed at Mission and Ministry Committee meetings. This written Strategic Plan is presented to the Board of Directors for approval via the Quality Management Committee meeting (QMC).

Key definitions

Health equity

Catholic Health defines health equity using the Centers for Disease Control and Prevention's (CDC) definition: "Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health." Catholic Health also ascribes to the CMS advancement of health equity actions including:

- Identify health disparities.
- Define specific and actionable goals for addressing any disparities identified.
- Prioritize populations and communities that are historically underserved.
- Establish and implement their organization's health equity strategy.
- Determine what tools and resources their organization needs to implement its strategy.
- Monitor and evaluate progress in addressing health disparities.

Priority populations

Catholic Health serves a diverse population across Long Island. Our patients, who represent nationalities from all across the world, speak more than a dozen primary languages. In evaluating population health and demographics on Long Island, including race, ethnicity and language data, along with geography (see figures 1.1.1–1.3.1), Catholic Health's equity strategy defines the system-wide priority population as those living in zip codes with the highest quartile of social vulnerability, as defined by the Social Vulnerability Index (SVI). The highest SVI quartile represents approximately 15% of our patient population and significant health disparities can be found when comparing the highest quartile to the rest of our patients (see figure 2.0).

Social Determinants of Health (SDOH)

Social Determinants of Health (SDOH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, worship and age. This includes but is not limited to factors including economic, environmental, built environment, literacy and access to healthy food.

Social Vulnerability Index (SVI)

The SVI is a database of the CDC and Agency for Toxic Substances and Disease Registry (ASTDR), which refers to "the resilience of communities (the ability to survive and thrive) when confronted by external stresses on human health." There are 16 factors that are formulated into a geographic map of social vulnerability, including demographics (e.g., race and ethnicity, socioeconomics) and numerous SDOH (e.g., housing situation and transportation access).

REaL

The term REaL refers to data collected on race, ethnicity and preferred language. Appropriate collection of demographic data plays a key role in understanding health equity. Both CMS and the American Hospital Association (AHA) have published numerous points of information emphasizing the need to collect REaL data. As explained by the AHA, "collecting and stratifying patient REaL data are crucial for hospitals and health systems to understand the populations they serve and to implement the appropriate interventions for improving quality of care."

New York State 1115 Medicaid Waiver

New York State approved the 1115 Medicaid Waiver and the waiver period began on April 1, 2024. The Waiver period runs through March 31, 2027. New York State has chosen nine Social Care Networks (SCN) to administrate the Waiver over nine regions. The Health and Welfare Council of Long Island (HWCLI), longtime partners of Catholic Health, have been chosen as the SCN of Long Island. The main goal of the Waiver will be to address SDOH in Medicaid patients, and connect them to ongoing social services through community based partners. The resulting improvement in health outcomes, and decrease in preventable downstream health care utilization, are the long term justifications for the project. Catholic Health is actively participating as screeners for SDOH.

Figure 1.0

Equity as the central theme of the Community Health Roadmap

In 2022, Catholic Health established a Community Health Roadmap, which incorporates health equity into every aspect. This roadmap describes specific objectives and action steps that will guide Catholic Health along the health equity journey. The specific pillars, objectives and system action steps to improve health equity are presented.

Pillars of community health on the equity journey

Organizational culture, systemic integration & education

Catholic Health is working to incorporate an improved organizational culture of health equity system-wide. Educating more than 17,000 employees at Catholic Health on the tenets and practices of health equity was achieved through numerous in-service and educational objectives. Since the launch of our health equity initiative in early 2023, we have successfully trained over 4,300 new employees during the system-wide orientation on the fundamentals of health equity. This foundational training is part of our commitment to create an inclusive health care environment that recognizes and addresses disparities in care. The goal is to ensure that all employees receive comprehensive education on essential topics, including unconscious bias, SDOH and health equity principles. The Education subcommittee of the HELC has developed a robust educational framework. This includes mandatory learning modules and resources that employees must complete. This prioritizes ongoing professional development aimed at fostering a culture of continuous learning and improvement in health equity practices.

Data analytics and strategic planning

Equity programs must be based on appropriate collection, stratification and analysis of demographic and epidemiologic outcome data. It is imperative to improve the collection of REaL data to identify health disparities. The most appropriate geographic data (i.e. census tract, zip code, or SVI data) will be used to identify community needs and vital stakeholders, resources and strategic initiatives to decrease health disparities. Led by our Director of Epidemiology and Public Health Analytics, and with the incredible support of the Digital Transformation Systems (DTS) team, a new SDOH Dashboard has been launched to help ensure that all Catholic Health practitioners have access to the actual data within the communities they serve, so they can appropriately gear efforts at preventive health.

Screening for SDOH using the New York State Accountable Health Communities (NYSAHC) tool became the standard of care at Catholic Health, and a subsequent resource Database in Epic is expected to be activated soon to ensure there are resources for providers to offer to those who screen positive. Continual improvement in collection, stratification and analysis of data is paramount for any health equity program.

Community engagement/participation

Community member participation in their own health care will ultimately lead to improved outcomes. Access to care is a key component of achieving participation in care and outcome measures will be used to assess internal efforts at community engagement. Targeted community engagement based on statistical needs, health disparities and outcome measures, ensures the tenet that we provide tailored services to individuals and communities, with emphasis on serving the most at-risk. This aligns with our definition of health equity.

To help meet our goal of gaining community member participation in their own health care, we have numerous active initiatives in progress. This includes but is not limited to our speakers' bureau (can present in 26 different languages), our telehealth access initiative at St. Brigid's Parish, the growth of community health workers screening for SDOH, alignment and re-routing of our two Community Outreach buses to meet the needs of specific communities (with addition of bilingual social workers on the buses to help with insurance enrollment for those eligible), and hundreds of community health screening, education and resource-oriented events across Long Island.

Social Determinants of Health (SDOH)

Catholic Health supports a strategy of "well care" over the more traditional "sick care" often offered by hospitals and hospital systems. In our model of well care, addressing the SDOH as a means of helping people stay healthy and out of the hospital is a guiding principal. More than 80% of a person's health outcomes are not clinical, but rather, are based on the social drivers and influences in their lives, along with their genetics. While we cannot alter genetics, Catholic Health endeavors to improve the controllable social drivers that lead positively to health, and negatively to illness and diseases, often chronic in nature. To launch Catholic Health's work in this realm, in 2022, we launched a Food Insecurity Screening Program in all six of our Emergency Departments (ED). The initiative consists of screening all patients coming into the ED with the "Hunger Vital Signs," published by the CDC. What differs this award-winning program from many others is that anybody who screens positive is provided with a "food-to-go bag" to ensure they do not go home to an empty kitchen. While that bag is only meant to cover food needs over the first couple of days post-discharge, social work teams spend those days addressing the social service need and ensuring ongoing food and nutrition services are implemented.

Food insecurity is not the only important SDOH and over the past year, Catholic Health has taken the major step of incorporating the New York State Accountable Health Communities (NYSAHC) social determinant screening tool as standard of care for all patients admitted to our hospitals. Further, we began the difficult task of preparing and providing a community resource data base which will be available in our Electronic Health Record (Epic) for all of our providers to use as a resource when patients screen positive. Practicing "well-care" will not be successful if we do not acknowledge the role of non-clinical and social factors. This brings us into realms outside of our book of business, so community collaboration is vital. Partnering with Community-Based Organizations (CBOs) is a vital component of achieving health equity and meeting the SDOH needs of our patients. Catholic Health has established strong relations with the Health and Welfare Council of Long Island (HWCLI), including representation on the SCN governing body for the New York State 115 Medicaid Waiver, which is hosted by HWCLI. This helps us connect with many of the CBOs they represent.
All of this leads to helping patients proactively stay healthy and well, avoiding unnecessary hospitalization.

Quality and Patient Experience

Catholic Health values quality to the point that "there is no quality without equity." As such, equity is to be treated with quality metrics and measures, and performance is to be evaluated in an ongoing fashion. The HELC is establishing quality metrics and measures, staff is being trained and there will be a culture of accountability for the results. Ensuring that we meet our patients' needs, including their cultural and religious needs, is paramount in our patient experience strategy. Factors such as communicating with patients in their preferred language, is an example of the intersection of equity, patient experience and quality. Outcomes are impacted by a patient's comprehension of medical discussions.

The intersection of health equity and quality is so important that the formal reporting of the minutes of the HELC is part of the system-wide QMC (a Board of Directors level meeting), and the HELC Chairman presents a report on equity activities at the meetings. This year's Health Equity Strategic Plan represents increased collection, stratification, and analysis of data metrics as it relates to quality and patient experience. As an example, ensuring that we communicate with patients in a way they understand will surely lead to improved outcomes and decreased negative quality indicators.

Regulatory requirements

Catholic Health diligently monitors and updates new procedures and reporting regulations from major oversight, regulatory and evaluative bodies, including but not limited to CMS, the Joint Commission and Leapfrog. Training staff in new rules and reporting requirements is embedded in equity metrics and training.

Catholic Health strives to achieve the highest scores on reviews, meet all emerging measures and reporting requirements, and comply with new imperatives as it relates to health equity, health disparities, evaluation and any identified necessary corrective measures.

Health Equity Leadership Council (HELC)

Catholic Health has established a multidisciplinary system-wide HELC to further the mission of Catholic Health and its affiliated entities. The Council shall champion and steward the system's continued advancements in health equity for its patients, its employees and the Long Island community in a manner consistent with the system's responsibilities under state and federal law, and the ERDs for Catholic health care services as interpreted and applied by the Bishop of the Diocese of Rockville Centre.

Catholic Health defines "health equity" as being achieved when every person has a fair and just opportunity to attain his or her highest level of health. Specifically, Catholic Health is dedicated to ensuring, insofar as it depends on the system, that excellent health outcomes are available to every person who presents at one of the system's facilities or physician practice locations, notwithstanding social, political, economic or other conditions that commonly result in and perpetuate injustice or inequity among individuals.

The six-pronged mission of the Council is as follows:

- Establish Catholic Health as the most trusted health care system on Long Island by its dedication to justice in the system's delivery of health services.
- Align the system with its Catholic Mission to reach and serve all communities, especially the most vulnerable, through the stewardship and deployment of its resources for the advancement of health equity.
- Increase, improve and leverage community relationships and partnerships to inspire, empower and sustain individuals to augment their health.
- Integrate consideration of health equity into all aspects of the system's operations.
- Address and ameliorate SDOH to improve overall health outcomes and decrease unnecessary hospital admissions and readmissions.
- Meet emerging regulatory and industry requirements relative to health equity.

Subcommittees of the Council

Scope by Subcommittee

- **Catholic Health First:** Address health equity related needs, objectives and deliverables within the workforce and walls of Catholic Health.
- **Education:** Address education and training, disseminate information and raise awareness of equity activities, system initiatives and regulatory.
- **Long Live Long Island:** Address community partnerships, patient engagement and social drivers.
- **Quality and Data Analytics:** Address screening tools, epidemiology and digital optimization for information collection and messaging.

Summary of year's results by subcommittee

Catholic Health First
(Paul Stuart, Chair)

Completed objectives:

- Evaluated and selected the eCornell equity-related certificate program as the foundational training for building our Health Equity Champion network.
- Graduated first cohort from the eCornell certificate program and secured funding for the second cohort in 2026.
- Identified four questions on the annual employee engagement survey to track as a measure of how our employees are feeling about belonging at Catholic Health as it relates to health equity.
- Compiled childcare resources available to our employees in one convenient location on the Catholic Health intranet.
- Increased employee awareness of the Employee Crisis Fund through incorporating it into the New Employee Orientation.

Ongoing objectives:

- Leverage the eCornell certificate program to establish and grow our campus equity champion network.
- Track engagement survey results related to health equity.
- Ensure our employees are aware of existing public and private childcare resources available to them.
- Increase visibility, accessibility and utilization of existing Catholic Health programs and offerings that support the health and welfare of our workforce.

Future objectives:

- Establish a formalized internal pathway for employees in crisis to follow in order to access assistance and resources.
  - Leverage our internal Care Management expertise to support our employees in crisis through providing intake and referrals services.
- Leverage our Health Equity Champion network to gather deeper insight from our employees regarding our engagement survey results.
- Collaborate with the Long Live Long Island subcommittee to foster community relationships that support our recruitment strategy.
- Partner with our Center for Performance Excellence to increase awareness and utilization of existing Catholic Health programs and offerings that support career development and advancement.

Education subcommittee
(Annmarie Smith and Dilys White, MD, Co-Chairs)

Completed objectives:

- Develop education programs that cover SDOH, implicit bias, cultural appropriateness and health equity frameworks.
  - Inclusive Leadership Behavior workshop.
  - Managing Difficult Conversation workshop.
- Require employee participation in continuing education sessions focused on health equity.
  - Unconscious Bias online module, launched April 2024, refreshed April 2025.
  - Health Equity education for new employees, implemented in 2023.
  - SDOH education, launched 2024 and expanded January 2025.
- Expand GME curriculum.
  - Education on health equity, and SDOH has been integrated into the physician resident program at Good Samaritan University Hospital and throughout the system.
- Activate Internal Speakers Bureau (equity education, system orientation speakers).
- Create an educational library on topics related to Health Equity (Catholic Health Academy).

Future objectives:

- Regularly evaluate the effectiveness of health equity education programs and make adjustments based on feedback and outcomes.
  - Create tailored learning modules for different roles within the health care system.
- Support the Catholic Health first subcommittee with the Health Equity Champions Program. Equity Champions completed Cornell's certificate program.
- Incorporate topics of health equity, SDOH and inclusive behaviors into the GME Series.
- Collaborate with educational institutions to improve learning resources.

Long Live Long Island (Lisa Santeramo, Chair)

Completed objectives:

- Established a Speakers Bureau: Currently 26 languages able to be presented by Catholic Health staff: Arabic, Bengali, Chinese, Creole, English, Filipino, French, German, Greek, Hindi, Italian, Korean, Malayalam, Mandarin, Polish, Portuguese, Punjabi, Romanian, Russian, Spanish, Tagalog, Tamil, Telugu, Turkish, Ukrainian and Urdu.

Ongoing objectives:

- Curate equity-specific community events based on data and mission.
- Expand collaboration with CBOs.
- Seek community grants in alignment with key equity priorities.

Future objectives:

- Volunteer Recruitment: Collaborate with the Human Resources Committee to create a system-wide program to better recruit employees for volunteer community outreach and speaking opportunities. This will enable Catholic Health to expand our reach within vulnerable communities.
- CBO Partnerships:
  - Utilizing the listening session data: Identify and engage potential community partners that will support our mission goals.
  - Bandwidth analysis: Establish internal mechanisms and processes to manage external partner relationships and address potential bandwidth challenges.
- Physician Partners and IPA synergy:
  - **Map practices with Health Equity focus**
    Develop and maintain an inventory of Catholic Health employed practices, facilities, and associated voluntary practices that either (a) operate a health equity initiative or (b) serve a patient panel with at least [20]% Medicaid or uninsured patients.
  - **Engage in listening sessions**
    Conduct structured listening sessions with leaders and frontline staff from the identified practices/facilities from item (i) to document their experiences and strategies in addressing social drivers of health outcomes.
  - **Align with Community Outreach**
    Identify actionable opportunities to align practice-level health equity and SDOH efforts with Catholic Health's existing community outreach programs, with recommendations for cooperation and integration.

Data and Quality subcommittee (Monique Ford and Jason Tagliarino, Co-Chairs)

Completed objectives:

- Establish and deploy system-wide SDOH screening tool.
- Expand SDOH mandatory education to Catholic Health employees.
- Develop an SDOH dashboard with stratification by unit and demographic information.
- Stratify patient experience data by demographic information with key improvement targets.

Ongoing objectives:

- Expand SDOH to all hospital outpatient departments and patient self-service during e-Check in.
- Implement action plans related to enhanced health equity data reporting to site to develop tailored action plans to address these gaps.
- Ensure equitable access to age-friendly care by systematically identifying and addressing the unique social, cultural, and clinical needs of diverse older adult populations, with the aim of reducing disparities in health outcomes and improving quality of life across all demographic groups.
- Implement the Epic Community Resource dashboard to track the most common resources recommended.
- Enable community resource directory in MyChart.

Future objectives:

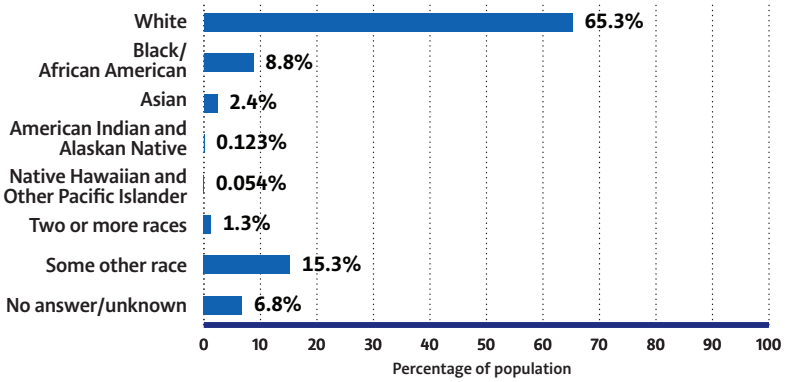
- Implement new Epic encounter level dashboard to assess encounter-level instead of patient-level screening rates for SDOH. Compare screening and positivity rates across encounter types and combinations of departments and providers, and use metrics related to the specific questionnaires and modes of screenings to find factors contributing to success.
- Extract SDOH from notes using generative AI: Keep patients from falling through the cracks. Use generative AI to process visit notes and identify potential SDOH concerns. When the AI detects a risk, inline reminders prompt clinicians to complete a formal screening, which helps them ensure that patients can receive assistance and helps make your population-level reports more accurate.
- SDOH interventions shown front and center so that clinicians, care managers, community health workers, and others can see a full picture of how a patient's social needs are being addressed. Social drivers include more information about interventions, such as whether an intervention might be needed, is in progress, or is not requested. They also show orders, procedures, and referrals that address a domain in addition to the Compass Rose Programs and community resource recommendations that already appear.

Demographics of Catholic Health's patients

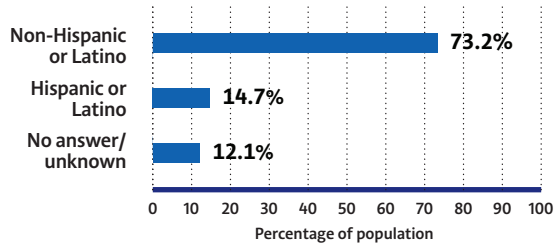
The following data are based on patient encounters from January 1, 2024 to December 31, 2024.

Catholic Health's Patient Population Overview

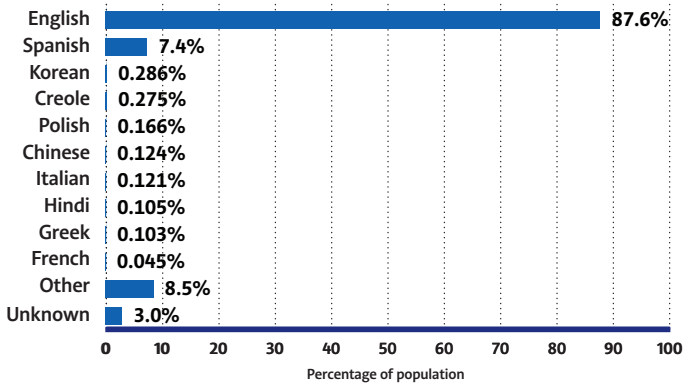
Patient race Figure 1.1.1: Patient race for all patients 18 years and older who had an encounter in 2024 (N=576,412). Source: Epic



Ethnicity Figure 1.2.1: Patient ethnicity for all patients 18 years and older who had an encounter in 2024 (N=576,412). Source: Epic

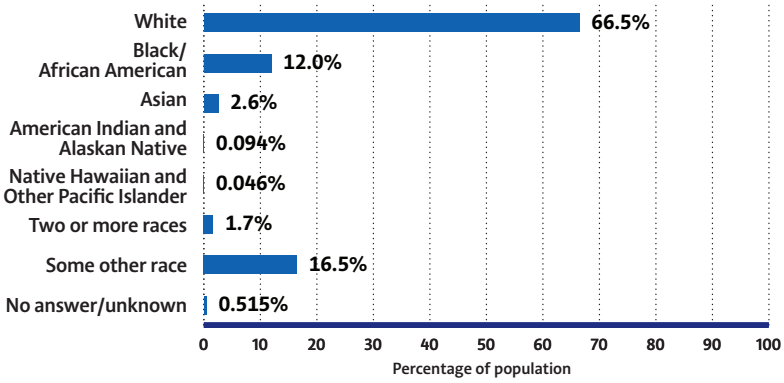


Preferred language Figure 1.3.1: Preferred language for all patients 18 years and older who had an encounter in 2024 (N=576,412). Source: Epic

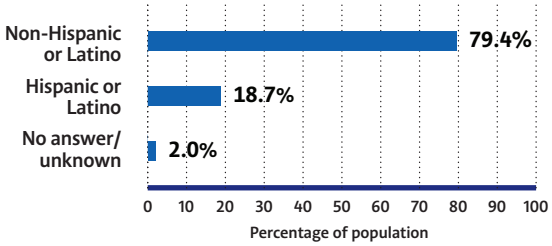


Catholic Health's Hospital Admissions Patient Population Overview

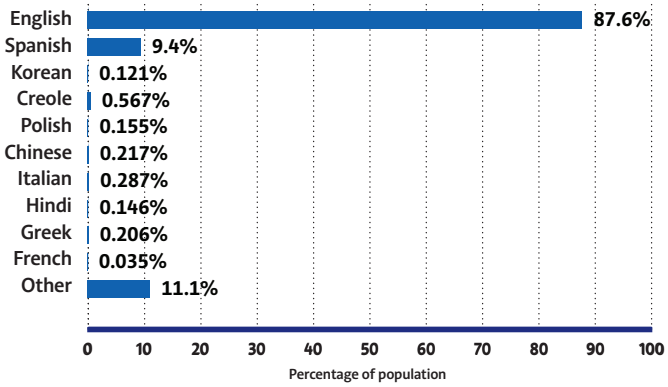
Patient race Figure 1.1.2: Patient race for all patients 18 years and older who had a hospital admission in 2024 (N=75,278). Source: Epic



Ethnicity Figure 1.2.2: Patient ethnicity for all patients 18 years and older who had a hospital admission in 2024 (N=75,278). Source: Epic

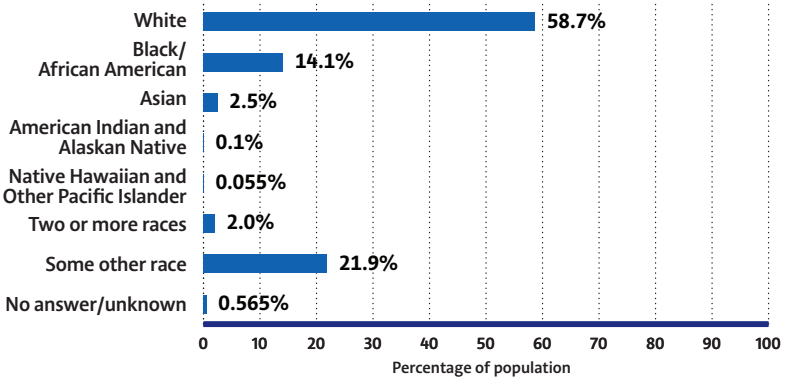


Preferred language Figure 1.3.2: Preferred language for all patients 18 years and older who had a hospital admission in 2024 (N=75,278). Source: Epic

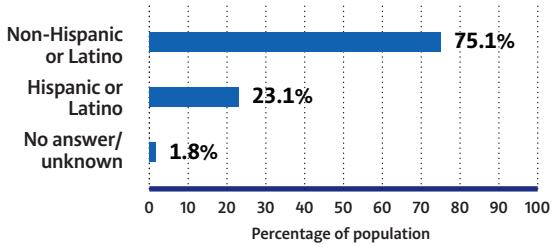


Catholic Health's Emergency Department Patient Population Overview

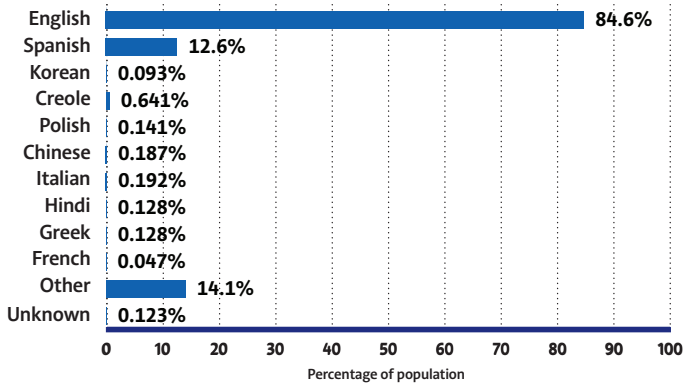
Patient race Figure 1.1.3: Patient race for all patients 18 years and older who had an emergency department encounter in 2024 (N=139,409). Source: Epic



Ethnicity Figure 1.2.3: Patient ethnicity for all patients 18 years and older who had an encounter in 2024 (N=139,409). Source: Epic

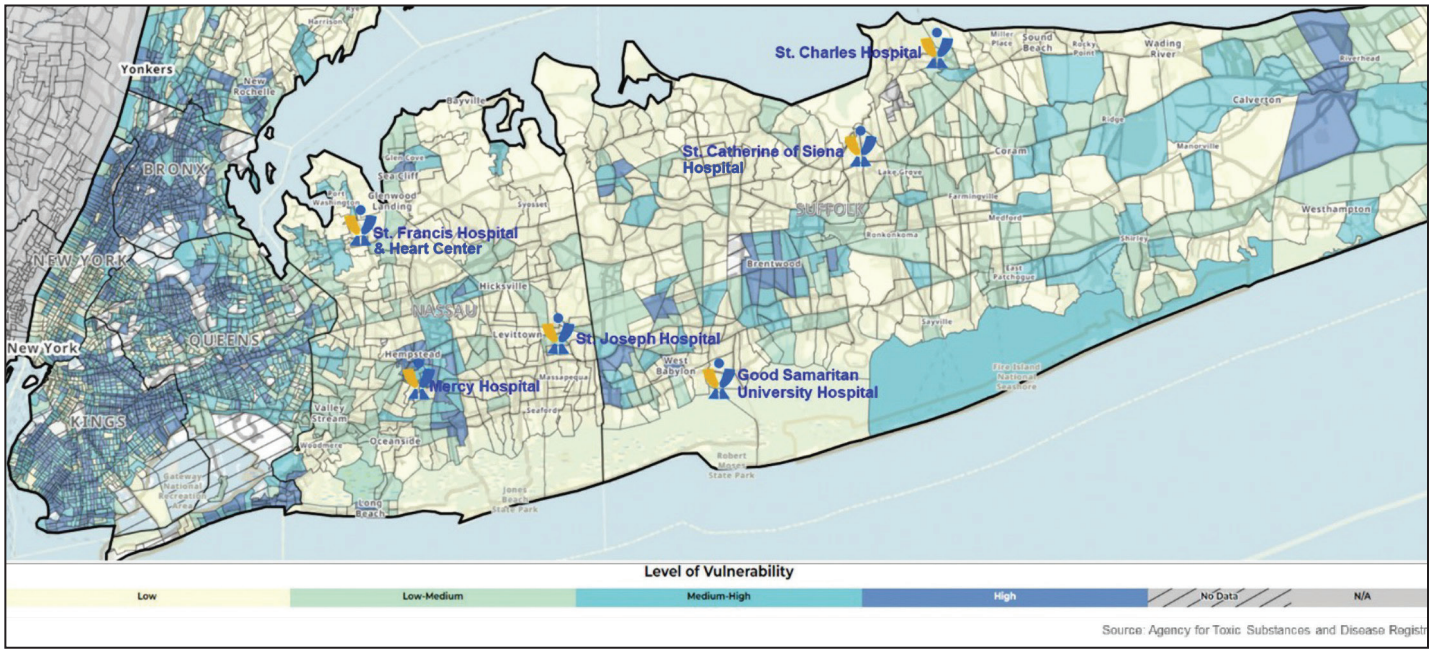


Preferred language Figure 1.3.3: Preferred language for all patients 18 years and older who had an encounter in 2024 (N=139,409). Source: Epic



2020 Social Vulnerability Index by Census Tract for Queens, Nassau and Suffolk

Figure 2.0: SVI by Census Tract for Catholic Health service areas. Source: Epic



Identified System-wide Health Disparities

All disparities have been measured using Chi-square tests for statistical significance. Statistical significance was considered to be a p-value of less than 0.05. If no statistically significant differences were found it is denoted by an asterisk (*).

All data were obtained through Epic and include all patients with any encounter in the Catholic Health System from January 1 to December 31, 2024. Patients who died during or prior to 2024 were excluded from the sample. Age was calculated based upon each patients' date of birth. For the influenza vaccination measure, the time period followed the '24 – '25 flu season (August 1, 2024 – July 31, 2025).

Race and ethnicity follow the Office of Management and Budget (OMB) federal race and ethnicity standard classifications. These are standard definitions provided by OMB to promote uniformity and comparability for race and ethnicity data. These categories are used in the decennial census, household surveys, administrative forms and medical/public health research.

Preferred language was categorized as English, Spanish or other languages from the patient's last stored value during 2024.

Language data were disaggregated by our top two languages to facilitate visualization and statistical analyses. Stratification by preferred language does not include changes in self-reported preferred language.

Body Mass Index (BMI)

Table 1.1: Percent of patients 18 years and older with a BMI >25 by SVI

Source: Epic

SVI 2020 overall percentile (zip code)	Low vulnerability			High vulnerability		
Measures	% patients with BMI ≥25	# patients with BMI ≥25	Total # patients	% patients with BMI ≥25	# patients with BMI ≥25	Total # patients
St. Charles Hospital	77.8%	22,853	29,372	79.8%	1,336	1,675
St. Joseph Hospital	74%	18,643	25,197	75.7%	2,818	3,722
St. Catherine of Siena Hospital	74.6%	18,643	25,003	80.7%	2,091	2,590
St. Francis Hospital & Heart Center	75.6%	56,799	75,144	79.4%	10,294	12,958
Good Samaritan University Hospital	75.3%	62,146	82,589	78.5%	15,214	19,381
Mercy Hospital	76.5%	18,267	23,894	80.5%	13,348	16,587

Table 1.2: Percent of patients 18 years and older with a BMI≥25 by race

Source: Epic

OMB Race	White		Black or African American		Asian		American Indian and Alaska Native		Native Hawaiian and other Pacific Islander		Two or more races		Some other race		No answer/ unknown	
	Patients with BMI ≥25		Patients with BMI ≥25		Patients with BMI ≥25		Patients with BMI ≥25		Patients with BMI ≥25		Patients with BMI ≥25		Patients with BMI ≥25		Patients with BMI ≥25	
Measures	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
St. Charles Hospital	77.6%	25,221	80.8%	1,873	64.3%	496	81.4%	43	90.9%	11	78%	659	82.4%	2,183	74.8%	579
St. Joseph Hospital	74.1%	19,525	76.7%	3,004	60.5%	860	77.8%	18	80%	15	76.7%	623	75.2%	4,732	67.7%	158
St. Catherine of Siena Hospital	74.5%	21,640	82.5%	1,493	58.7%	652	77.8%	27	69.2%	13	81%	543	79.2%	3,019	71.6%	218
St. Francis Hospital & Heart Center	75.9%	68,895	83.5%	5,704	61.5%	2,885	85.3%	95	75%	48	78.8%	935	78.9%	8,599	68.5%	979
Good Samaritan University Hospital	75.3%	64,144	78.3%	10,707	61.1%	1,738	78%	109	70.7%	58	77.7%	2,100	77.6%	21,609	71.5%	1,546
Mercy Hospital	73.5%	13,244	79.2%	12,165	68.9%	1,017	72.5%	51	72.7%	22	82.3%	568	82.6%	12,914	73.6%	588

Table 1.3: Percent of patients 18 years and older with a BMI ≥25 by ethnicity

Source: Epic

OMB Ethnicity	Not Hispanic/Latino			Hispanic/Latino			No answer/unknown		
Measures	% patients with BMI ≥25	# patients with BMI ≥25	Total # patients	% patients with BMI ≥25	# patients with BMI ≥25	Total # patients	% patients with BMI ≥25	# patients with BMI ≥25	Total # patients
St. Charles Hospital	77.4%	20,071	25,944	83.5%	2,992	3,585	74%	1,137	1,536
St. Joseph Hospital	73.8%	17,630	23,874	76.3%	3,420	4,487	72.8%	418	574
St. Catherine of Siena Hospital	74.3%	17,151	23,087	80.4%	3,216	4,002	73.1%	377	516
St. Francis Hospital & Heart Center	75.7%	57,970	76,607	82.1%	6,948	8,467	71.8%	2,200	3,065
Good Samaritan University Hospital	75.1%	56,213	74,805	78.9%	18,406	23,325	71.5%	2,776	3,884
Mercy Hospital	75.9%	20,784	27,375	83.4%	10,034	12,030	73.5%	856	1,164

Table 1.4: Percent of patients 18 years and older with a BMI ≥25 by preferred language

Source: Epic

SVI 2020 overall percentile (zip code)	English			Hispanic/Latino			Other languages		
Measures	% patients with BMI ≥25	# patients with BMI ≥25	Total # patients	% patients with BMI ≥25	# patients with BMI ≥25	Total # patients	% patients with BMI ≥25	# patients with BMI ≥25	Total # patients
St. Charles Hospital	77.7%	22,947	29,541	84.5%	974	1,153	75.6%	269	356
St. Joseph Hospital	74.2%	19,608	26,426	75.9%	1,354	1,783	69.9%	504	721
St. Catherine of Siena Hospital	74.8%	19,217	25,699	82.9%	1,217	1,468	70.6%	302	428
St. Francis Hospital & Heart Center	75.9%	62,368	82,219	83.6%	3,192	3,818	74.2%	1,551	2,090
Good Samaritan University Hospital	75.5%	65,703	87,058	79.4%.	10,134	12,757	71.2%	1,540	2,164
Mercy Hospital	76.9%	24,825	32,282	84.2%	6,120	7,270	72.9%	643	882

Breast Cancer screening

Breast cancer screening was defined as a patient having a breast cancer screening or mammography marked as completed from January 1, 2023 to December 31, 2024 for all women that had an encounter with Catholic Health in 2024.

Table 2.1: Percent of patients 40– 75 years with a Breast Cancer screening by SVI

Source: Epic

SVI overall percentile (zip code)	Low vulnerability			High vulnerability		
Measures	% patients breast cancer screening	# patients breast cancer screening	Total # patients	% patients breast cancer screening	# patients breast cancer screening	Total # patients
St. Charles Hospital	23.9%	2,710	11,323	24.6%	175	710
St. Joseph Hospital	24.2%	1,784	7,383	16.8%	197	1,172
St. Catherine of Siena Hospital	32%	2,791	8,717	22.2%	201	907
St. Francis Hospital & Heart Center	41.1%	10,993	26,755	29.3%	1,446	4,940
Good Samaritan University Hospital	46.3%	14,887	32,131	27.2%	1,749	6,434
Mercy Hospital	34.6%	3,355	9,703	23.6%	1,476	6,247

Table 2.2: Percent of patients 40 – 75 years with a Breast Cancer screening by race

Source: Epic

OMB Race	White		Black or African American		Asian		American Indian and Alaska Native		Native Hawaiian and other Pacific Islander		Two or more races		Some other race		No answer/ unknown	
	Breast cancer screening		Breast cancer screening		Breast cancer screening		Breast cancer screening		Breast cancer screening		Breast cancer screening		Breast cancer screening		Breast cancer screening	
Measures	%	Total #	%	Total #	%	Total #	%	Total #	%	Total #	%	Total #	%	Total #	%	Total #
St. Charles Hospital	24.4%	9,629	20.6%	797	33.8%	201	31.6%	19	20 %	5	21.5%	195	23.5%	874	13.9%	317
St. Joseph Hospital	26.9%	5,562	16.6%	997	11%	264	0%	6	28.6%	7	20.9%	187	16.3%	1,439	16.3 %	98
St. Catherine of Siena Hospital	33.4%	7,453	21.8%	556	30.8%	253	42.9%	14	33.3%	6	19.8%	182	22.3%	1,059	15%	107
St. Francis Hospital & Heart Center	43%	23,682	29.2%	2,574	35.7%	1,063	36.1%	36	26.3%	19	41.7%	360	24.6%	3,471	18.5%	504
Good Samaritan University Hospital	50.9%	25,612	31.3%	3,967	38.3%	606	38.3%	39	30.8%	26	30.7%	628	24.3%	6,924	27%	781
Mercy Hospital	42.3%	5,334	28.7%	4,645	28.9%	384	28.9	25	11.1%	9	28%	232	21.7%	4,294	11.5%	1,080

Table 2.3: Percent of patients 40 – 75 years with a Breast Cancer screening by ethnicity

Source: Epic

OMB Ethnicity	Not Hispanic/Latino			Hispanic/Latino			No answer/unknown		
	Breast cancer screening			Breast cancer screening			Breast cancer screening		
Measures	% patients	# patients	Total patients	% patients	# patients	Total patients	% patients	# patients	Total patients
St. Charles Hospital	24.8%	2,488	10,052	21.9%	283	1,290	16.4%	114	696
St. Joseph Hospital	24.3%	1,698	7,001	17.3%	234	1,351	23.6%	49	208
St. Catherine of Siena Hospital	33%	2,649	8,016	21.7%	298	1,374	19,2%	46	240
St. Francis Hospital & Heart Center	41.4%	11,107	26,815	26.9%	933	3,466	28%	400	1,428
Good Samaritan University Hospital	48.1%	14,141	29,401	25.6%	1,874	7,312	33.3%	622	1,870
Mercy Hospital	35.2%	3,753	10,663	22.5%	892	3,972	13.7%	188	1,368

Table 2.4: Percent of patients 40 – 75 years with a Breast Cancer screening by preferred language

Source: Epic

Language	English			Spanish			Other languages		
	Breast cancer screening			Breast cancer screening			Breast cancer screening		
Measures	% patients	# patients	Total patients	% patients	# patients	Total patients	% patients	# patients	Total patients
St. Charles Hospital	24.4%	2,782	11,384	16.1%	78	485	17.8%	26	146
St. Joseph Hospital	24.5%	1,872	7,632	11.7%	77	657	13%	33	254
St. Catherine of Siena Hospital	32.4%	2,872	8,874	15%	90	600	22%	32	141
St. Francis Hospital & Heart Center	40.8%	11,992	29,405	18.8%	314	1,669	23.6%	136	576
Good Samaritan University Hospital	47.1%	15,692	33,337	17.4%	762	4,383	23%	183	796
Mercy Hospital	33.5%	4,200	12,553	20.6%	537	2,602	18%	58	322

Primary Care Physician (PCP)

Having a PCP was defined as having a health care provider documented in the electronic health record during 2024.

Table 3.1: Percent of patients 18 years and older with a PCP by SVI

Source: Epic

SVI overall percentile (zip code)	Low vulnerability			High vulnerability		
Measures	% patients with PCP	# patients with PCP	Total # patients	% patients with PCP	# patients with PCP	Total # patients
St. Charles Hospital	83.4%	29,870	35,814	79.7%	1,633	2,049
St. Joseph Hospital	85.7%	22,556	26,311	76%	2,973	3,911
St. Catherine of Siena Hospital	91.4%	24,605	26,932	83.7%	2,342	2,797
St. Francis Hospital & Heart Center	91.4%	76,038	83,221	86.1%	12,482	14,504
Good Samaritan University Hospital	88.5%	79,227	89,482	75.8%	15,617	20,615
Mercy Hospital	76%	21,128	27,789	65.8%	12,659	19,249

Table 3.2: Percent of patients 18 years and older with a PCP by race

Source: Epic

OMB Race	White		Black or African American		Asian		American Indian and Alaska Native		Native Hawaiian and other Pacific Islander		Two or more races		Some other race		No answer/ unknown	
	with PCP		with PCP		with PCP		with PCP		with PCP		with PCP		with PCP		with PCP	
Measures	%	Total #	%	Total #	%	Total #	%	Total #	%	Total #	%	Total #	%	Total #	%	Total #
St. Charles Hospital	85.3%	30,404	77.2%	2,248	81.5%	606	78%	50	81.8%	12	79.2%	702	77.1%	2,738	56%	1,138
St. Joseph Hospital	89.1%	20,228	76.6%	3,100	76.6%	881	75%	20	73.3%	15	84.1%	648	75.1%	5,030	36.1%	335
St. Catherine of Siena Hospital	92.8%	23,186	84.5%	1,652	87.2%	698	90.3%	31	84.6%	13	87.2%	569	82.8%	3,265	58.1%	334
St. Francis Hospital & Heart Center	92.7%	75,711	86.9%	6,405	85.7%	3,070	94.3%	106	86%	50	91.1%	1,038	83.3%	9,727	57.6%	1,694
Good Samaritan University Hospital	92.2%	69,369	79.6%	11,335	83.1%	1,820	86.1%	115	79%	62	84.7%	2,186	72.7%	23,153	73.1%	2,143
Mercy Hospital	83.8%	14,987	72.9%	12,986	77.2%	1,151	89.2%	53	95.8%	24	77.7%	622	63.9%	13,892	41%	3,567

Table 3.3: Percent of patients 18 years and older with a PCP by ethnicity

Source: Epic

OMB Ethnicity	Not Hispanic/Latino			Hispanic/Latino			No answer/unknown		
Measures	% patients with PCP	# patients with PCP	Total # patients	% patients with PCP	# patients with PCP	Total # patients	% patients with PCP	# patients with PCP	Total # patients
St. Charles Hospital	85.4%	26,620	31,161	75.6%	3,177	4,203	67.5%	1,711	2,533
St. Joseph Hospital	86.9%	21,547	24,803	75.5%	3,502	4,637	59.5%	486	817
St. Catherine of Siena Hospital	92.5%	22,885	24,741	83.2%	3,578	4,299	68.8%	487	708
St. Francis Hospital & Heart Center	91.9%	77,229	84,040	86.7%	8,203	9,458	72.4%	3,114	4,303
Good Samaritan University Hospital	90.5%	72,689	80,346	72.8%	17,840	24,515	81.5%	4,340	5,322
Mercy Hospital	78.3%	23,570	30,103	64.8%	8,296	12,798	44.3%	1,939	4,381

Table 3.4: Percent of patients 18 years and older with a PCP by preferred language

Source: Epic

Language	English			Spanish			Other languages		
Measures	% patients with PCP	# patients with PCP	Total # patients	% patients with PCP	# patients with PCP	Total # patients	% patients with PCP	# patients with PCP	Total # patients
St. Charles Hospital	84.1%	30,297	36,011	65.6%	893	1,361	75.1%	317	422
St. Joseph Hospital	86%	23,739	27,609	67.1%	1,231	1,829	75.6%	565	747
St. Catherine of Siena Hospital	91.7%	25,395	27,700	76.3%	1,186	1,555	82.3%	367	446
St. Francis Hospital & Heart Center	91.2%	83,017	91,024	84.9%	3,605	4,245	86.4%	1,913	2,214
Good Samaritan University Hospital	89.7%	84,644	94,404	64.1%	8,518	13,296	74.6%	1,698	2,275
Mercy Hospital	77.8%	28,700	36,899	58%	4,421	7,622	69.8%	666	954

Flu vaccine

Influenza vaccination was defined as all patients who received an influenza vaccination from August 1, 2024 to July 31, 2025. Influenza vaccination was defined through self-reported vaccination outside of Catholic Health and documentation of influenza vaccination administered in the electronic health record. Patients who were contraindicated for the flu vaccine were excluded. Contraindication was defined as hypersensitivity to eggs/thimerosal, had a prior negative reaction to a vaccination, had a bone marrow transplant within the last six months and had a history of Guillain-Barre syndrome. Patients who refused to receive a flu vaccination and did not receive a vaccination at another encounter were excluded.

Table 4.1: Percent of patients 60 years and older with an influenza vaccination by SVI

Source: Epic

SVI overall percentile (zip code)	Low vulnerability			High vulnerability		
Measures	% patients with flu vaccine	# patients with flu vaccine	Total # patients	% patients with flu vaccine	# patients with flu vaccine	Total # patients
St. Charles Hospital*	24.2%	3,459	14,302	22.7%	167	735
St. Joseph Hospital	18.6%	2,046	11,000	11.8%	139	1,180
St. Catherine of Siena Hospital	23.3%	2,449	10,501	16.2%	106	654
St. Francis Hospital & Heart Center	24.4%	11,377	46,584	19.1%	1,405	7,362
Good Samaritan University Hospital	28.2%	10,834	38,363	18.4%	1,025	5,559
Mercy Hospital	18.3%	2,075	11,317	11.7%	636	5,435

Table 4.2: Percent of patients 60 years and older with an influenza vaccination by race

Source: Epic

OMB Race	White		Black or African American		Asian		American Indian and Alaska Native		Native Hawaiian and other Pacific Islander		Two or more races		Some other race		No answer/ unknown	
	with flu vaccine		with flu vaccine		with flu vaccine		with flu vaccine		with flu vaccine		with flu vaccine		with flu vaccine		with flu vaccine	
Measures	%	Total #	%	Total #	%	Total #	%	Total #	%	Total #	%	Total #	%	Total #	%	Total #
St. Charles Hospital	24.5%	13,283	17.7%	627	30.4%	204	14.3%	14	100%	2	36.1%	155	21%	730	9.7%	443
St. Joseph Hospital	19.9%	9,700	9.3%	818	10.3%	348	18.2%	11	0%	3	17.9%	190	9.9%	1,282	5.1%	157
St. Catherine of Siena Hospital	23.8%	9,939	14.5%	385	18.2%	236	10%	10	75%	4	16.7%	114	15.2%	670	10.8%	111
St. Francis Hospital & Heart Center	24.7%	45,266	19.4%	2,893	25.2%	1,419	13%	54	20%	20	26.9%	449	14.7%	4,152	9.3%	778
Good Samaritan University Hospital	29%	34,903	18.6%	3,424	27.9%	652	17.8%	45	55.6%	9	25.2%	472	16.6%	4,632	15.3%	855
Mercy Hospital	21.5%	7,908	11.9%	4,511	16.6%	421	11.1%	18	37.%	8	18.3%	186	12.4%	2,926	2.7%	1,281

Table 4.3: Percent of patients 60 years and older with an influenza vaccination by ethnicity

Source: Epic

OMB Ethnicity	Not Hispanic/Latino			Hispanic/Latino			No answer/unknown		
Measures	% with flu vaccine	# with flu vaccine	Total # patients	% with flu vaccine	# with flu vaccine	Total # patients	% with flu vaccine	# with flu vaccine	Total # patients
St. Charles Hospital	24.8%	3,362	13,548	21.5%	191	888	12.8%	131	1,022
St. Joseph Hospital	18.4%	2,038	11,051	10.3%	111	1,079	16.6%	63	379
St. Catherine of Siena Hospital	23.3%	2,412	10,363	17.5%	143	818	15.6%	45	288
St. Francis Hospital & Heart Center	24.5%	11,986	48,890	17.3%	662	3,819	11.8%	275	2,322
Good Samaritan University Hospital	28.2%	10,772	38,210	17.2%	774	4,507	19.5%	444	2,275
Mercy Hospital	17.7%	2,315	13,044	13.7%	349	2,547	4.9%	81	1,668

Table 4.4: Percent of patients 60 years and older with an influenza vaccination by preferred language

Source: Epic

Language	English			Spanish			Other languages		
Measures	% with flu vaccine	# with flu vaccine	Total # patients	% with flu vaccine	# with flu vaccine	Total # patients	% with flu vaccine	# with flu vaccine	Total # patients
St. Charles Hospital*	23.9%	3,566	14,911	21.2%	66	311	25.9%	52	201
St. Joseph Hospital	18.5%	2,132	11,537	8.4%	43	510	8.6%	37	428
St. Catherine of Siena Hospital	23.1%	2,518	10.899	13.3%	44	332	17.2%	38	221
St. Francis Hospital & Heart Center	24%	12,406	51,591	14.1%	268	1,903	17.9%	249	1,390
Good Samaritan University Hospital	27.8%	11,478	41,277	12.7%	325	2,566	17.1%	187	1,095
Mercy Hospital	16.8%	2,483	14,783	12.9%	220	1,707	9.2%	42	458

Annual Wellness Visit (AWV) or Physical Examination

Annual Wellness Visit or physical examination was measured by ICD codes related to an AWV or physical examination documented as visit diagnosis, billing diagnosis or on the patient's problem list during 2024. If a patient had an ICD code documented during 2024, they were marked as "yes" having an AWV or physical exam during the 2024 year.

Table 5.1: Percent of patients 18 years and older with an annual wellness visit or physical exam by SVI

Source: Epic

SVI overall percentile (zip code)	Low vulnerability			High vulnerability		
Measures	% patients with AWV/ physical exam	# patients with AWV/ physical exam	Total # patients	% patients with AWV/ physical exam	# patients with AWV/ physical exam	Total # patients
St. Charles Hospital	12.3%	3,248	26,311	8%	312	3,911
St. Joseph Hospital	15.2%	5,450	35,814	11.5%	235	2,049
St. Catherine of Siena Hospital	16.1%	4,345	26,932	11.1%	310	2,797
St. Francis Hospital & Heart Center	16.6%	13,807	83,221	13.8%	2,000	14,505
Good Samaritan University Hospital	19.2%	17,195	89,482	9.9%	2,031	20,615
Mercy Hospital	15.4%	4,289	27,789	13.2%	2,547	19,249

Table 5.2: Percent of patients 18 years and older with an annual wellness visit or physical exam by race

Source: Epic

OMB Race	White		Black or African American		Asian		American Indian and Alaska Native		Native Hawaiian and other Pacific Islander		Two or more races		Some other race		No answer/ unknown	
	with AWV/ physical exam		with AWV/ physical exam		with AWV/ physical exam		with AWV/ physical exam		with AWV/ physical exam		with AWV/ physical exam		with AWV/ physical exam		with AWV/ physical exam	
Measures	%	Total #	%	Total #	%	Total #	%	Total #	%	Total #	%	Total #	%	Total #	%	Total #
St. Charles Hospital	15.5%	30,404	12.3%	2,248	22.4%	606	6%	50	0%	11	14.4%	702	14.2%	2,738	7%	1,138
St. Joseph Hospital	13.5%	20,228	7.2%	3,100	8.2%	881	10%	20	6.7%	15	9.9%	648	8.5%	5,030	11.3%	335
St. Catherine of Siena Hospital	16.5%	23,186	12.5%	1,652	17%	698	3.2%	31	7.7%	13	13%	569	12.1%	3,265	8.1%	334
St. Francis Hospital & Heart Center	16.9%	75,712	13%	6,405	15.3%	3,070	21.7%	106	8%	50	19.2%	1,038	13.9%	9,727	9%	1,694
Good Samaritan University Hospital	20.9%	69,369	12.4%	11,335	24.8%	1,820	24.3%	115	19.4%	62	14.8%	2,186	9.2%	23,153	17.7%	2,143
Mercy Hospital	16.9%	14,987	12.1%	12,986	14.2%	1,151	11.3%	53	16.7%	24	17.8%	622	17.1%	13,892	2.5%	3,567

Table 5.3: Percent of patients 18 years and older with an annual wellness visit or physical exam by ethnicity

Source: Epic

OMB Ethnicity	Not Hispanic/Latino			Hispanic/Latino			No answer/unknown		
Measures	% patients with AWV/ physical exam	# patients with AWV/ physical exam	Total # patients	% patients with AWV/ physical exam	# patients with AWV/ physical exam	Total # patients	% patients with AWV/ physical exam	# patients with AWV/ physical exam	Total # patients
St. Charles Hospital	15.8%	4,925	31,161	12%	504	4,203	10.1%	257	2,533
St. Joseph Hospital	12.2%	3,031	24,803	9.2%	425	4,637	12.7%	104	817
St. Catherine of Siena Hospital	16.4%	4,058	24,741	12.3%	527	4,299	9.9%	70	708
St. Francis Hospital & Heart Center	16.4%	13,823	84,041	16.2%	1,530	9,458	10.6%	458	4,303
Good Samaritan University Hospital	19.8%	15,885	80,346	9.6%	2,344	24,515	18.8%	1,002	5,322
Mercy Hospital	14.4%	4,326	30,103	17.9%	2,297	12,798	5%	219	4,381

Table 5.4: Percent of patients 18 years and older with an annual wellness visit or physical exam by preferred language

Source: Epic

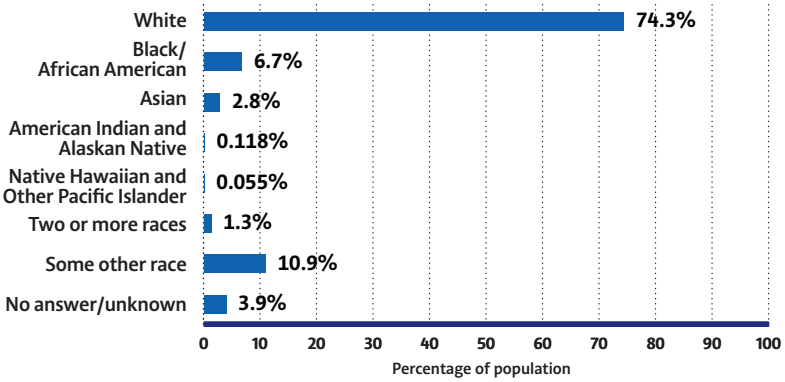
Language	English			Spanish			Other languages		
Measures	% patients with AWV/ physical exam	# patients with AWV/ physical exam	Total # patients	% patients with AWV/ physical exam	# patients with AWV/ physical exam	Total # patients	% patients with AWV/ physical exam	# patients with AWV/ physical exam	Total # patients
St. Charles Hospital	15.4%	5,529	36,011	7.6%	103	1,361	12.8%	54	422
St. Joseph Hospital	12.2%	3,371	27,609	7.7%	141	1,829	6.4%	48	747
St. Catherine of Siena Hospital	16.2%	4,499	27,700	6.8%	106	1,555	11.2%	50	446
St. Francis Hospital & Heart Center	16.3%	14,846	91,025	16.8%	713	4,245	11.4%	252	2,214
Good Samaritan University Hospital	19.2%	18,158	94,404	6%	800	13,296	11.9%	270	2,275
Mercy Hospital	14%	5,153	36,899	20.7%	1,578	7,622	11.1%	106	954

Catholic Health Physician Partners Health Equity Strategic Plan

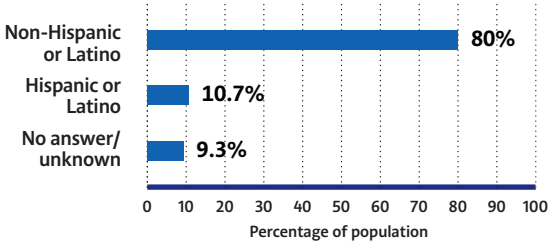
The following data were obtained from Epic and includes all patients who had an encounter with Catholic Health Physician Partners from January 1 to December 31, 2024. Patients are only included in the sample once, even if they had more than one encounter with Catholic Health Physician Partners. Patients who died during or prior to 2024 were excluded from the sample.

Catholic Health Physician Partner's Patient Population Overview

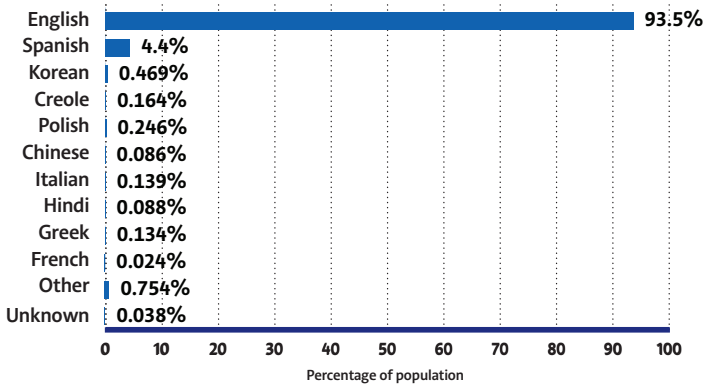
Patient race Figure 3.1.1: Patient race for all patients 18 years and older who had an office visit or AWV in 2024 (N=300,966). Source: Epic



Ethnicity Figure 3.2.1: Patient ethnicity for all patients 18 years and older who had an office visit or AWV in 2024 (N=300,966). Source: Epic

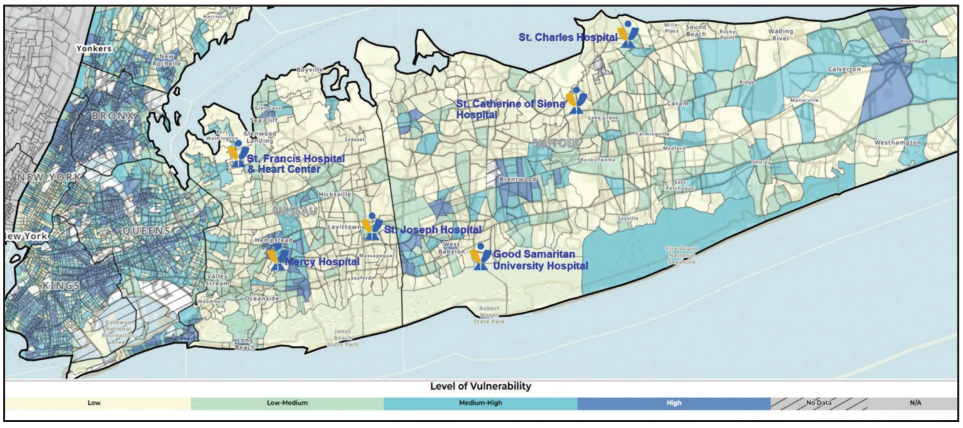


Preferred language Figure 3.3.1: Preferred language for all patients 18 years and older who had an office visit or AWV in 2024 (N=300,966). Source: Epic



2020 Social Vulnerability Index by Census Tract for Queens, Nassau and Suffolk

Figure 4.0: SVI by Census Tract for Catholic Health service areas.
Source: Epic



Catholic Health Physician Partners Identified Health Disparities

All disparities have been measured using Chi-square tests for statistical significance. All analyses were statistically significant.

All data were obtained from Epic Data includes all patients with at least one encounter marked as an annual wellness visit or an office visit, and the patient has at least one encounter in an ambulatory department in the Catholic Health System from January 1 to December 31, 2024. Patients who died during or prior to 2024 were excluded from the sample. Age was calculated based upon each patients' date of birth.

Race and ethnicity follow the Office of Management and Budget (OMB) federal race and ethnicity standard classifications.

These are standard definitions provided by OMB to promote uniformity and comparability for race and ethnicity data. These categories are used in the decennial census, household surveys, administrative forms and medical/public health research.

Preferred language was categorized as English, Spanish or other languages from the patient's last stored value during 2024. Language data were disaggregated by the top two languages to facilitate visualization and statistical analyses. Stratification by preferred language does not include changes in self-reported preferred language.

Breast Cancer screening

Breast cancer screening was defined as a patient having a breast cancer screening or mammography marked as completed from January 1, 2023 to December 31, 2024 for all women for all encounters in 2024.

Table 6.2.1: Percent of patients 40 – 75 years with a Breast Cancer screening by SVI Source: Epic

SVI overall percentile (zip code)	Low vulnerability			High vulnerability		
Measures	% patients breast cancer screening	# patients breast cancer screening	Total # patients	% patients breast cancer screening	# patients breast cancer screening	Total # patients
Catholic Health Physician Partners	41.5%	36,521	87,979	31.5%	4,298	13,631

Table 6.2.2: Percent of patients 40 – 75 years with a Breast Cancer screening by race Source: Epic

OMB Race	White		Black or African American		Asian		American Indian and Alaska Native		Native Hawaiian and other Pacific Islander		Two or more races		Some other race		No answer/ unknown	
	Breast cancer screening		Breast cancer screening		Breast cancer screening		Breast cancer screening		Breast cancer screening		Breast cancer screening		Breast cancer screening		Breast cancer screening	
Measures	%	Total #	%	Total #	%	Total #	%	Total #	%	Total #	%	Total #	%	Total #	%	Total #
Catholic Health Physician Partners	43.5%	74,499	37.6%	8,115	33.3%	2,720	35.3%	116	45.2%	62	39.4%	1,428	30.7%	12,127	27.4%	3,908

Table 6.2.3: Percent of patients 40 – 75 years with a Breast Cancer screening by ethnicity Source: Epic

OMB Ethnicity	Not Hispanic/Latino			Hispanic/Latino			No answer/unknown		
	Breast cancer screening			Breast cancer screening			Breast cancer screening		
Measures	% patients	# patients	Total patients	% patients	# patients	Total patients	% patients	# patients	Total patients
Catholic Health Physician Partners	42.8%	35,061	81,840	32%	3,971	12,400	31.9%	2,937	9,215

Table 6.2.4: Percent of patients 40 – 75 years with a Breast Cancer screening by language Source: Epic

Language	English			Spanish			Other languages		
	Breast cancer screening			Breast cancer screening			Breast cancer screening		
Measures	% patients	# patients	Total patients	% patients	# patients	Total patients	% patients	# patients	Total patients
Catholic Health Physician Partners	42%	40,170	95,629	21.6%	1,237	5,715	26.7%	553	2,075

Flu vaccine

Influenza vaccination was defined as all patients who received an influenza vaccination during the '24-'25 flu season (August 1, 2024-July 31, 2025). Influenza vaccination was defined through self-reported vaccination outside of Catholic Health and documentation of influenza vaccination administered in the electronic health record. Patients who were contraindicated for the flu vaccine were excluded. Contraindication was defined as hypersensitivity to eggs/thimerosal, had a prior negative reaction to a vaccination, had a bone marrow transplant within the last six months and had a history of Guillain-Barre Syndrome. Patients who refused to receive a flu vaccination and did not receive a vaccination at another encounter were excluded.

Table 7.4.1: Percent of patients 60 years and older with an influenza vaccination by SVI

Source: Epic

SVI overall percentile (zip code)	Low vulnerability			High vulnerability		
Measures	% patients with flu vaccine	# patients with flu vaccine	Total # patients	% patients with flu vaccine	# patients with flu vaccine	Total # patients
Catholic Health Physician Partners	26.2%	38,013	145,179	18.3%	3,660	19,969

Table 7.4.2: Percent of patients 60 years and older with an influenza vaccination by race

Source: Epic

OMB Race	White		Black or African American		Asian		American Indian and Alaska Native		Native Hawaiian and other Pacific Islander		Two or more races		Some other race		No answer/ unknown	
	with flu vaccine		with flu vaccine		with flu vaccine		with flu vaccine		with flu vaccine		with flu vaccine		with flu vaccine		with flu vaccine	
Measures	%	Total #	%	Total #	%	Total #	%	Total #	%	Total #	%	Total #	%	Total #	%	Total #
Catholic Health Physician Partners	26.9%	130,924	20.7%	9,365	19.6%	4,339	19.5%	159	26.6%	64	26.8%	1,580	17.5%	13,147	15.1 %	5,614

Table 7.4.3: Percent of patients 60 years and older with an influenza vaccination by ethnicity

Source: Epic

OMB Ethnicity	Not Hispanic/Latino			Hispanic/Latino			No answer/unknown		
Measures	% with flu vaccine	# with flu vaccine	Total # patients	% with flu vaccine	# with flu vaccine	Total # patients	% with flu vaccine	# with flu vaccine	Total # patients
Catholic Health Physician Partners	26.6%	37,100	139,361	18.6%	2,202	11,865	17%	2,378	13,966

Table 7.4.4: Percent of patients 60 years and older with an influenza vaccination by preferred language

Source: Epic

Language	English			Spanish			Other languages		
Measures	% with flu vaccine	# with flu vaccine	Total # patients	% with flu vaccine	# with flu vaccine	Total # patients	% with flu vaccine	# with flu vaccine	Total # patients
Catholic Health Physician Partners	26%	40,264	154,818	13.5%	796	5,902	13.9%	615	4,411

Annual Wellness Visit (AWV) or Physical Examination

Annual Wellness Visit or physical examination was measured by ICD codes related to an AWV or physical examination documented as visit diagnosis, billing diagnosis or on the patient's problem list during 2024, procedure codes for AWV, and if the encounter type was an annual wellness visit. If a patient had an ICD code, procedure code, or encounter type as annual wellness visit documented during 2024, they were marked as "yes" having an AWV or physical exam during the 2024 year.

Table 8.5.1: Percent of patients 18 years and older with an annual wellness visit or physical exam by SVI

Source: Epic

SVI overall percentile (zip code)	Low vulnerability			High vulnerability		
Measures	% patients with AWV/ physical exam	# patients with AWV/ physical exam	Total # patients	% patients with AWV/ physical exam	# patients with AWV/ physical exam	Total # patients
Catholic Health Physician Partners	30.8%	80,226	260,833	21.7%	8,318	38,265

Table 8.5.2: Percent of patients 18 years and older with an annual wellness visit or physical exam by race

Source: Epic

OMB Race	White		Black or African American		Asian		American Indian and Alaska Native		Native Hawaiian and other Pacific Islander		Two or more races		Some other race		No answer/ unknown	
	with AWV/ physical exam		with AWV/ physical exam		with AWV/ physical exam		with AWV/ physical exam		with AWV/ physical exam		with AWV/ physical exam		with AWV/ physical exam		with AWV/ physical exam	
Measures	%	Total #	%	Total #	%	Total #	%	Total #	%	Total #	%	Total #	%	Total #	%	Total #
Catholic Health Physician Partners	30.7%	221,955	25.5%	19,897	28.9%	8,351	31.9%	354	33.9%	165	31.2%	3,936	25%	32,608	27.6%	11,906

Table 8.5.3: Percent of patients 18 years and older with an annual wellness visit or physical exam by ethnicity

Source: Epic

OMB Ethnicity	Not Hispanic/Latino			Hispanic/Latino			No answer/unknown		
Measures	% patients with AWV/ physical exam	# patients with AWV/ physical exam	Total # patients	% patients with AWV/ physical exam	# patients with AWV/ physical exam	Total # patients	% patients with AWV/ physical exam	# patients with AWV/ physical exam	Total # patients
Catholic Health Physician Partners	30.2%	72,189	239,052	25%	8,054	31,186	29.8%	8,322	27,934

Table 8.5.4: Percent of patients 18 years and older with an annual wellness visit or physical exam by preferred language

Source: Epic

Language	English			Spanish			Other languages		
Measures	% patients with AWV/ physical exam	# patients with AWV/ physical exam	Total # patients	% patients with AWV/ physical exam	# patients with AWV/ physical exam	Total # patients	% patients with AWV/ physical exam	# patients with AWV/ physical exam	Total # patients
Catholic Health Physician Partners	30.5%	85,341	279,585	16.1%	2,125	13,189	17.4%	8	113

Strategic Health Equity Plan Goals

Breast cancer screening:
Increase mammogram rates among eligible women in underserved communities

Community Engagement
Partner with FBOs, shelters, and local influencers/CBOs to provide educational materials.

Culturally and Linguistically Appropriate Communication
Provide materials in multiple languages (e.g., Spanish, Hindi, Chinese, etc.) tailored to cultural beliefs about cancer.

Access Expansion
Expanded hours of operations for mammograms.

Provider Engagement
Train providers, use EMR alerts to flag patients overdue for screening.

Patient Experience (PX)
Develop a Community Volunteer Cancer program to improve the patient experience.

Flu vaccine:
Achieve an increase in flu vaccination rates in high-risk, low-access populations annually

Community Engagement
Work with schools, workplaces and places of worship for flu vaccine clinics. Work with schools, workplaces and places of worship for flu vaccine clinics.

Culturally and Linguistically Appropriate Communication
Counter misinformation through multilingual campaigns and targeted social media.

Access Expansion
Provide evening/weekend flu clinics/pods.

Provider Engagement
Educate providers on disparities in vaccine uptake and how to build trust.

Patient Experience (PX)
Medical Interpreter training for medical assistants, which would ensure accurate communication, reduce medical errors and improve patient satisfaction.

Annual Wellness Visit (AWV) or physical examination:

Community Engagement
Use Quality team nurses to educate and assist with scheduling annual checkups.

Culturally and Linguistically Appropriate Communication
Send reminders using preferred language and channel (text, phone, email).

Access Expansion
Use hybrid model for ease of access to annual checkups.

Provider Engagement
Increase outreach to no-show and overdue patients.

Metrics

Screening Uptake: Increased mammogram completion in target groups.

Vaccine Coverage: 10% of eligible population vaccinated by race/ethnicity/zip code.

Annual Wellness Visit Completion: Increased number of patients completing annual wellness visits by SVI scores.

Patient Satisfaction: Surveys focused on barriers reduced and improved experience of care based on Race, Ethnicity and Language (REaL) data.

Provider Engagement: 10% increase of trainings completed in cultural competence and equity-focused care across Catholic Health Physician Partners.

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