

***LONG BEACH  
MEDICAL CENTER  
HOSPITAL***

***COMMUNITY SERVICE PLAN***

**2010**

***One-Year Update Report***

**Long Beach Medical Center  
455 E. Bay Drive  
Long Beach, New York 11561  
(516) 897-1000  
[www.lbmc.org](http://www.lbmc.org)**

# **LONG BEACH MEDICAL CENTER HOSPITAL**

## **COMMUNITY SERVICE PLAN 2010 One-Year Update Report**

### **Table of Contents**

	<u>Page</u>
<b>1. Mission Statement</b>	3
<b>2. Hospital Service Area</b>	4
<b>3. Participants and Hospital Role</b>	5
<b>4. Identification of Public Health Priorities</b>	6
<b>5. Update on the Plan of Action</b>	10
<b>6. Dissemination of the Report to the Public</b>	
<b>7. Changes (Actual or Potential) Impacting Community Health, Provision of Charity Care, and Access to Services</b>	
<b>8. Financial Aid Program</b>	

# **1. Mission Statement**

## Mission Statement for Long Beach Medical Center

The fundamental mission of Long Beach Medical Center is to provide high quality services to meet the health care needs of the communities of Long Beach, Lido Beach, Point Lookout, Atlantic Beach, Island Park and other neighboring communities. To the residents of these communities, and to others needing health services, Long Beach Medical Center will provide a broad range of services, including acute care, long term care, home care and ambulatory care consistent with the needs of the community and the capacity of the institution to meet those needs. Where appropriate, the Medical Center will collaborate with other institutions to enhance services to the community.

The Medical Center will be responsive to all patients. It is dedicated to providing services to patients and their families with humanity and compassion. It will not discriminate against any person or group of people on the basis of race, color, religion, national origin, age, sex, marital status or handicap.

Long Beach Medical Center will maintain the highest standards in its appointments to its Medical Staff and in its hiring of all Medical Center personnel. It is committed to excellence and, by embracing the principals of continuous quality improvement, will strive to increase the value of its services by promoting quality and reducing cost.

Long Beach Medical Center is committed to professional education and will provide undergraduate, graduate and post-graduate medical education programs, as well as education programs in other health professions. To achieve and maintain the highest standards of practice, Long Beach Medical Center will also provide educational opportunities for physicians, nurses and all other professional, technical and support personnel associated with the Medical Center.

Long Beach Medical Center will establish and maintain programs designed to increase the public's awareness of its own health needs, utilizing educational techniques which stress health promotion, prevention services and the constructive use of the health resources available through the Medical Center.

## Changes to the Mission Statement

There have been no changes to Long Beach Medical Center's mission since the submission of the 2009 Community Service Plan.

## 2. Service Area

### Hospital Service Area

Long Beach Medical Center is located on a 3.5 square mile, half-mile wide barrier island. The island has three bridges connecting it to the mainland (e.g. the southwestern border of Nassau County, Long Island). The barrier island is comprised of several communities, the largest of which is the City of Long Beach. Other communities include: Lido Beach, Point Lookout, Atlantic Beach, and East Atlantic Beach. The village of Island Park, which is located on the mainland and across the Reynolds Channel bridge, is also considered part of LBMC's primary service area. These are the communities that will be addressed as part of the community/local health planning efforts for the Community Service Plan.

The Medical Center uses zip codes to define its service area. There are four zip codes that comprise the primary service area. These four zip codes represent approximately 75% of the Medical Center's inpatient admissions.

<u>Name of Town/Community</u>	<u>Zip Code</u>	<u>Population (2000 Census)</u>
City of Long Beach, Lido Beach & East Atlantic Beach	11561	39,582
Point Lookout	11569	1,559
Atlantic Beach	11509	2,861
Island Park	11558	8,553

### Changes to Primary Service Area

There have been no changes to Long Beach Medical Center's primary service area since the submission of the 2009 Community Service Plan.

### **3. Participants and Hospital Role**

#### Participants

In 2009, Long Beach Medical Center, along with representatives from the eleven other hospitals located in Nassau County (e.g. Franklin Hospital Medical Center, Mercy Medical Center, Nassau University Medical Center, New Island Hospital, North Shore University Hospital, North Shore University Hospital at Glen Cove, North Shore University Hospital at Plainview, North Shore University Hospital at Syosset, St. Francis Hospital, South Nassau Communities Hospital and Winthrop University Hospital) County, participated in the Nassau County Department of Health's collaborative effort to select public health priorities. Upon review of county and local health statistics, the group selected the following two Prevention Agenda priorities:

- Tobacco Use: Prevention and Cessation
- Prevention of Falls Among Those Ages 65+ Years.

On April 15, 2010, the Nassau County Department of Health (NCDOH) convened follow-up meetings to discuss the two county Prevention Agenda priorities. The meetings were attended by the Nassau County hospital providers and other county agencies. At the meeting, the hospitals provided updates on their progress in addressing the health priorities.

On May 27, 2010, the Suffolk County Department of Health sponsored a Falls Summit. A representative of Long Beach Medical Center attended this meeting. A joint Nassau and Suffolk County Fall Prevention Conference is being planned for the fall of 2010.

Within the Long Beach community, the Medical Center is actively involved in community task forces to address three health priorities. Two of the coalitions were formed to address the county-specific health priorities and one coalition addresses the community-identified priority of underage drinking and substance use. All three community task forces will meet approximately 10-12 times in 2010. Information on the membership of these committees and specific activities is included in section 5 of this report.

#### **4. Identification of Public Health Priorities**

As mentioned previously, Long Beach Medical Center is addressing the two public health priorities identified by the Nassau County Department of Health and the Nassau County hospitals and one community-specific health priority.

- Tobacco use: Prevention and cessation (Nassau County priority)
- Unintentional injury: Prevention of falls among those aged 65+ Years (Nassau County priority)
- Prevention of Underage Drinking, Tobacco and Marijuana Use (Long Beach priority)

Data that support the selection of the Tobacco Prevention/Cessation priority include:

- By February, 2008, 45% of US Hospitals had adopted ‘smoke-free campus’ policies compared to a New York state rate of 57.6%
- According to the Centers for Disease Control, smoking is the single greatest avoidable cause of disease and death
- 15.4% of Nassau County residents reported smoking within the past 30 days on the 2006 Nassau County Behavioral Risk Factor Survey. This compares favorably to the rates for New York State (20.5%) and the United States (20.6%).

Data that support the selection of the Fall Prevention priority include:

- Between 2001 and 2007, fall-related deaths among New York adults 65 and older increased 13% and fall-related hospitalizations increased 15%
- Nassau County’s fall-related hospitalizations for persons 65+ were 233.3 per 100,000 population, compared to a state rate of 196.0 per 100,000
- Long Beach (zipcode 11561) is one of the ten communities in Nassau County with the highest average rates of hospitalizations due to falls (SPARCS data, 2004-2006); Long Beach residents experienced over 600 fall-related hospitalizations per 100,000 population compared to a Nassau County rate of approximately 500 per 100,000 population
- In any given year, 30% to 40% of the senior population will experience an injury-causing fall. Extrapolating this statistic to our community, approximately 2,332 Long Beach seniors will experience an injury-causing fall each year

Data that support the selection of the Underage Drinking priority include:

- Our 3.5 square mile community has 79 establishments where liquor can be purchased

- The acceptance of alcohol use and abuse by youth and adults in our community has been documented by school, community and county health department surveys. In 2000, age of onset of first time “drunk” was documented at 13.7 years and age of first marijuana use at 14.4 years.
- The County’s 2006 Behavioral Risk Factor survey revealed that 22.9% of our city’s adults had engaged in binge drinking in the past 30 days, as compared to national and state rates of 14% and 14.7%, respectively.
- Coalition surveys have shown that while more than 50% of parents are very concerned about their children using alcohol or marijuana, almost one quarter of parents (22.3%) feel it is okay for teens to drink at parties as long as they don’t get drunk.

#### Impact or changes that have been realized as a result of the collaborative plan

The smoking and fall prevention initiatives are too recent to have resulted in any community changes. The Underage Drinking Coalition has been active for ten years and has seen significant community changes in that time.

- Between 2000 and 2008, achieved significant decrease in youth who had used substances in the past 30 days (e.g. 7<sup>th</sup> graders’ alcohol use dropped from 35% to 7%, marijuana use declined from 12% to 0.9% and tobacco use went from 20% to 2%. For 9<sup>th</sup> graders, alcohol use dropped from 47% to 30%, marijuana use decreased from 35% to 10% and tobacco use declined from 12% to 8%.
- Between 2000 and 2008, youths’ perception of harm from substance use increased dramatically (e.g. 9<sup>th</sup> grade perception of alcohol harm jumped from 23% to 78%, marijuana harm increased from 37% to 48% and smoking harm soared from 49% to 91%. The results were similar for 7<sup>th</sup> and 11<sup>th</sup> graders.

#### Non-Prevention Priorities Considered in Assessment Process

The following is a description of other hospital public health programs not included in the Prevention Agenda, including program scope and goals.

##### Family Care Center

Long Beach Medical Center’s Family Care Center (FCC) is a prime example of the Medical Center’s commitment to providing care to the medically needy. The mission of the FCC is to provide primary and specialty medical services to individuals with limited or no health care insurance and, where possible, to enroll patients in assistance programs that will fully or partially cover the costs of preventive and necessary healthcare services. The Center’s staff includes attending physicians, resident physicians and interns, registered nurses, a nurse educator, nutritionist, social worker, financial counselor and students of the New York College of Osteopathic Medicine.

In 2009, the Family Care Center provided over 7,200 patient visits. One of the goals of the FCC is to increase the number of patients using the center, especially among Latino/Hispanic residents. The FCC's scope includes primary care clinics (e.g. pediatric/adolescent, gynecologic/obstetric and adult medical) and specialty clinics (e.g. acupuncture, arthritis, cardiology, dermatology, gastroenterology, neurology, osteopathic manipulation, orthopedics, podiatry, pulmonary and surgery). The FCC participates in outreach efforts to local churches and other community organizations as part of its outreach efforts.

The Family Care Center is an active participant in New York State's Child Health Plus and Family Health Plus programs and partners with the Nassau County Health and Welfare Council to offer onsite enrollment, one day a week, for Medicaid programs.

#### Chronic Renal Dialysis Center

The Medical Center expects to open its new chronic renal dialysis center in November or December of 2010. The new service will assure that Long Beach's growing elderly population, particularly those with diabetes, can receive comprehensive services through the resources of their community hospital. The hospital-based chronic renal dialysis service will have the full capability of servicing patients/residents regardless of their medical treatment requirements, thereby eliminating costly hospital admissions for chronic dialysis services. The project will promote improved access and greater efficiency in the delivery of healthcare services in the Long Beach community.

#### Health Care for Military Personnel

TRICARE is the worldwide health care program of the Department of Defense and covers health care services for eligible beneficiaries from any of the seven uniformed services – the Army, Navy, Air Force, Marine Corps, Coast Guard, Commissioned Corps of the U.S. Public Health Service, and the Commissioned Corps of the National Oceanic and Atmospheric Administration. TRICARE also covers National Guard and Reserve members and their families before, during, and after activation.

In early 2009, TRICARE's North Region Contractor - Health Net Federal Services, Inc. - initiated discussions with LBMC regarding Health Net's need to increase its Nassau County provider network. According to Health Net statistics, there are 5,000 eligible military beneficiaries residing in Nassau County, of which 1,092 are currently enrolled in TRICARE. In September 2009, the Medical Center initiated a communications programs (e.g. flyers, press releases) to make Nassau County servicemen and their families aware of the availability of TRICARE-sponsored services at the Medical Center.

#### Orthopedic Center of Excellence

In September 2009, the Medical Center announced its partnership with New York University (NYU) Langone Medical Center for the establishment of an Orthopedic

Center of Excellence on the Long Beach Medical Center campus. This collaboration has brought surgical experts from NYU's Hospital for Joint Diseases to the Long Beach campus to support the Medical Center's orthopedic services. Residents of southern Nassau County benefit from unparalleled access to orthopedic expertise and outstanding rehabilitative care in the convenience of their own community.

#### Behavioral Health and Substance Abuse Programs

The Medical Center offers a comprehensive array of behavioral health and substance abuse services for individuals and families, many of whom have limited, if any, medical coverage for these conditions. Programs include: inpatient psychiatric unit, inpatient medically managed detoxification program, outpatient mental health counseling center, outpatient alcohol and substance abuse treatment center and outpatient methadone maintenance treatment program. Services are provided on a confidential basis and outpatient programs are available on a sliding-scale basis for individuals with limited resources.

#### Community Health Screenings & Education Programs

During 2009, the Medical Center hosted numerous free screenings, support groups and health education programs for the community. The activities included:

- Provided 23 blood pressure screenings at Long Beach Library and Oceanside Senior Center
- Provided over 1,000 free health screenings at LBMC's Annual Boardwalk Health Fair
- Provided over 300 free health screenings at the Town of Hempstead's Senior Health Fair
- Annual stroke screening
- Weekly screenings for anxiety & depression
- 13 health lectures for community groups
- Health support groups for bereavement and diabetes
- Added two new support groups: Gambling Anonymous and Gam-Anon
- Provided staff for Health Career Day at Long Beach High School
- Safe Sitter programs for youth
- Provided NYS Infection Control Course for health workers

## **5. Update on the Plan of Action**

**In 2009, the Nassau County Tobacco Use: Prevention and Cessation “Thought Leaders” group agreed on the following action plan:**

### Year 1

- Evaluate all programs and educational materials currently offered  
Establish smoke-free hospital campuses
- Seek community input for smoking cessation classes– survey on best methods
- Develop plan on educating hospital and physician staff
- Develop provider education on discussing tobacco use and cessation with patients. CME credits will be awarded as an incentive.
- Develop media campaign with the Center for Tobacco Control and all hospitals
- Discuss with hospital pharmacies to ensure appropriate smoking cessation medication are part of their formulary

### **Update on Implementation**

The Medical Center’s implementation priority for 2010 is to make its own campus smoke-free. This priority supports the Nassau County Department of Health’s participation in the New York Healthiest State Initiative for hospitals to focus on creating smoke-free campuses.

To that end, LBMC established the **Smoke-Free Campus Task Force** in October 2009. The goal of the task force is a smoke-free hospital and nursing home campus as of January 1, 2011. The task force has established a detailed plan for achieving its goal and meets monthly. Members of the task force include:

**Patricia Hincken**, Director, Alcohol and Substance Abuse Services (Task Force Chair)

**Arnold Chapman**, Director, Pharmacy

**Beverly Grandy**, Business Associate

**Joan Hiland**, Nursing Administration Supervisor, Komanoff Center

**Toni Kapen**, Director, Behavioral Health Development

**Robert Krauss**, Director, Methadone Counseling Center

**Michele Levine**, Director, Human Resources

**Sharon Player**, Director, Public Affairs

**Gary Rubin**, Director, Engineering

**Judi Vining**, Coordinator, Underage Drinking Coalition

Activities that have been completed to date include:

- The committee researched smoke-free policies, discussed strategies to implement smoke-free campus and developed a smoke-free plan and time-line
- Met with representatives from North Shore-LIJ Tobacco Control Center to learn about North Shore-LIJ's plans for going smoke-free
- Presentation to medical staff, residents and interns on the use and effectiveness of nicotine replacement therapies (e.g. NRT's). The presentation was provided by representatives from North Shore-Long Island Jewish Health System.
- PowerPoint presentation developed and meeting held to present the Smoke-Free Plan to hospital department heads
- The hospital's CEO sent a Smoke-Free Campus informational letter to all employees
- Press release sent to local newspapers regarding plans for smoke-free campus
- A "Tobacco Independence Day" party was held on July 14, 2010. Activities included the installation of a "count down" clock installed in the front lobby and employee sign-ups for smoking cessation and support classes.

Activities planned for the next six months:

- Outreach to community including press releases and display in hospital lobby
- Monthly educational bulletins for staff (will be placed at time clocks)
- "Count Down" information included with paychecks
- "Turn in Your Cigarettes" event
- "Footprint" walk around hospital campus to encourage walking as replacement for smoking
- Implementation of smoking cessation and support classes for employees
- Environmental changes: (e.g. remove smoking shelters & ashtrays, "smoke free" signage at campus entrances and on property perimeter)

Future challenges/activities planned for next twelve months:

- Need to formalize specifics on how nicotine replacement therapies will be provided to employees (e.g. physician volunteer to write prescriptions, pharmacy to provide quick screening, referrals to "Quit Phone Line")
- Train health care providers in hospital, outpatient departments and emergency room to do brief screening and intervention with patients (e.g. evaluate patient tobacco use, offer nicotine replacement therapy while in hospital, inform of cessation programs)
- How to handle brief interventions by physicians
- Develop program for sharing good news about improved outcomes (e.g. honoring employees who quit, celebrating employees who help others to quit)

## **Prevention of Falls Among Those Ages 65+ Years**

**In 2009, the partnership formed between NCDOH and the Nassau County hospitals agreed to work together in order to make an impact on reducing the prevalence of falls in Nassau County residents aged 65+ years. This reduction will, in turn, reduce the number of hospitalizations related to falls in this age group. Nassau County Falls Prevention “Thought Leaders” agreed on the following implementation plan:**

### **Year 1**

- Inventory hospital and other partners to determine what services are already in place
- Hold focus groups to assess needs and get community feedback
- Develop a standardized falls assessment tool, based on national best practices (e.g. Center for Disease Control materials selected as they are valid, evidence-based and easy to use)
- Develop a pre/post measurement tool based on national best practices that can be administered to participants at the program before and after the presentation
- Develop at least one standardized falls educational prevention handout based on national best practices that can be distributed to community program participants (recommendation was to use CDC educational handouts, “What you can do to prevent falls” and “Check for Safety – A home fall prevention checklist for older adults”)
- Hold two community educational programs (per year, each hospital) utilizing new standardized education handout and assessment tool
- Educate and create community awareness on the impact of and risk factors for falls

## **Update on Implementation**

**Safe Steps of Long Beach - a Fall Prevention Task Force**, was formed in September 2009 and has been meeting on a monthly basis to address fall prevention issues. In addition to meetings, the task force members utilize e-mail to share information regarding conferences, journal articles and other fall-related information. The community partners on the task force include:

**Cindy Casson, OTR, MBA, LBMC, Special Projects (Task Force Chair)**

**Bruce Aldewereld, Long Beach Housing Authority, Senior Resident Liaison**

**Barbara DeBow Bernardino, Community Advocate**

**Antonette Cabello, PT, LBMC/Komanoff Center, Director of Physical Therapy**

**Rosemary Gallagher**, PT, DPT, GCS, Assistant Professor, Clinical Coordinator  
Physical Therapy, New York Institute of Technology  
**Gerald Haber**, Long Beach Advisory Board for Seniors  
**Linda Chong Haber**, Long Beach Advisory Board for Seniors, Chair  
**Melanie Frank Hirsch**, OTR-L, LBMC /Komanoff Center, Director of Occupational  
Therapy  
**Gloria Lebeaux**, LCSW, Jewish Association for Services for the Aged (JASA), Director  
of Long Beach Services  
**Mindy Leeper**, LCSW, Jewish Association for Services for the Aged (JASA), Project  
Director  
**Lisa Wisel**, BC-DMT, LCAT, Dance/Movement Therapist

Activities that have been completed to date include:

- Selected name and logo for task force
- Researched evidence-based fall prevention programs and selected “Matter of Balance” for implementation
- Selected Timed-Up-And-Go, Functional Reach Assessment and Modified Falls Efficacy Scale as pre-and-post test tools for evaluating program success
- Coalition member trained in “Matter of Balance” program
- Received \$5,000 grant from TD Bank to support “Matter of Balance” program
- 24 community-residing seniors participated in an eight-week “Matter of Balance” program at the JASA’s Long Beach Senior Center. Program included a pre-and-post test component provided by volunteers from the New York Institute of Technology’s Doctoral Program in Physical Therapy, a NYIT professor and LBMC’s Director of Physical Therapy. Program was facilitated by a dance-movement therapist and a clinical social worker with back-up support from an occupational therapist. Program was held on Tuesday mornings from May 4 through July 6, 2010
- Educational program and Power Point Presentation on Fall Prevention provided to approximately 80 community-residing seniors on June 23, 2010 at the Long Beach Senior Center. Program presenters included an occupational therapist, a physical therapist and a dance-movement therapist
- JASA utilized the new Falls Prevention Awareness curriculum from the National Council on Aging and PHI to help train its home health care workers. The training helps aides strengthen their “observe, record, report” skills and better educate clients on how to reduce their risk of falling.
- Attended two professional educational programs on fall prevention (e.g. Long Island Geriatric Education Consortium Fall Prevention Seminar on January 26, 2010 and Suffolk County Falls Prevention Summit on May 27, 2010)
- Provided balance assessment screenings at LBMC’s Boardwalk Family Health Fair on August 1, 2010. Approximately 63 individuals were provided balance screenings and educational information by LBMC’s physical and occupational therapy departments
- Information on fall prevention included in two Long Beach Senior Center newsletters (e.g. mailed to approximately 500 community residents)
- In August 2010, introduced a “Balance Boot-Camp” at the Long Beach Senior Center. The Boot-Camp was developed to provide balance and strengthening

activities for the more active senior.

- Finalized plans to implement “Matter of Balance” program at JASA from September 7 October 26, 2010 and at the Magnolia Senior Center from September 22 through November 17, 2010

Future challenges/activities planned for next twelve months:

- Develop a fall prevention community resource guide
- Provision of at least two additional “Matter of Balance” programs
- Provide at least one community lecture on fall prevention per year
- Task force members to attend at least one professional seminar on fall prevention
- Develop protocol for including fall prevention information to ER patients who are treated and released for fall-related injuries
- Develop community awareness campaign

**Prevention of Underage Drinking, Tobacco and Marijuana Use**

The Long Beach Coalition to Prevent Underage Drinking was established in September 2000. The two major priorities of the Long Beach Coalition to Prevent Underage Alcohol, Tobacco and Marijuana use are: reducing alcohol, marijuana and tobacco use by 30% over a five-year period and strengthening collaboration among members of the community to reduce underage substance abuse. The coalition meets approximately ten times a year and has approximately 40 members representing more than community agencies. Membership during the past year has included:

**Patricia Hincken**, Director, Alcohol and Substance Abuse Services (Coalition Chair)

**Judi Vining**, Substance Abuse Counselor (Coalition Coordinator)

**Randi Andosca**, PTA

**Perry Bodnar**, PTA

**Cindy Casson**, Long Beach Medical Center, Special Projects

**Noreen Costello**, Attorney, City of Long Beach

**Carolyn Cutter**, PTA

**Arnold Epstein**, Director, Health & Physical Ed., Long Beach High School

**Hon. Michael Fagen**, Long Beach City Council

**Ellen Friedl**, PTA

**Jessica Friedl**, Long Beach Students Against Destructive Decisions (SADD) (graduated June 2009)

**Hon. P. Gallagher**, Long Beach Board of Education

**Hon. Mona Goodman**, Long Beach City Council

**Audrey Goropeushek**, Principal, Long Beach Middle School

**Dan Grussenmeyer**, Attorney, Nassau County District Attorney’s Office

**Hon. Gina Guma**, Long Beach Board of Education

**Rabbi Bennett Hermann**, Temple Emanu-El, Interfaith Clergy Association

**James Hodge**, Board Chair, Martin Luther King Center

**Cantor David Katz**, Temple Emanu-El

**Roy Lester**, Long Beach Board of Education

**Maria Martin**, Morning Madness  
**Gerri Maquet**, Central Council PTSA Co-President  
**Lt. J. McCormack**, Long Beach Police Department  
**Hon. John McLaughlin**, Long Beach City Council  
**Judy Murdaugh-Jackson** - NAACP  
**Cathy Musk**, High School PTSA Co-President  
**Ken Novak**, Long Beach Auxiliary Police Department  
**Dr. Gaurav Passi**, Principal, Long Beach High School  
**Sharon Player**, Long Beach Medical Center Public Affairs  
**Inspector John Radin**, Long Beach Police Department  
**Hon. Leonard Remo**, Long Beach Chamber of Commerce  
**Nicholas Restivo**, Principal, Long Beach High School (retired June 2009)  
**Clifford Richner**, Publisher, Richner Communications  
**Hon. D. Ryan**, Long Beach Board of Education  
**Brandon Sadowsky**, Long Beach High School student  
**Hon. Thomas Sofield, Jr.**, Long Beach City Council  
**Jenna Stein**, SADD alumni and summer intern  
**Russell Stein**, Long Beach Students Against Destructive Decisions (SADD) (graduated June 2009)  
**Myrnisssa Stone**, Director, MLK Center  
**Hon. Len Torres**, Long Beach City Council  
**Andrea Wayne**

For 2009-2010, the Coalition's priorities included measurement of parental attitudes regarding alcohol, tobacco and other drug use (ATOD); implementation of prevention education programs for middle school students and their parents; increased enforcement and implementation of a sustainability plan.

Activities accomplished in 2009-2010:

- Successfully completed DFCSP renewal application and received \$125,000 in continuation funding for 2010-2011 grant year
- Successfully completed federal STOP grant application for an additional \$50,000 in program enhancement activities for 2010-2011
- Awarded a \$20, 000, two-year Enforcing the Underage Drinking Laws (*EUDL*) sub-grant in January 2010 for additional LBPD compliance checks
- Coalition selected to be part of a national leadership Institute sponsored by Pacific Institute for Research and Evaluation (PIRE) in January. 2010. Long Beach was one of six coalitions nation-wide selected for this program which includes on-going training sessions for the coalition coordinator and police department representative for one year
- Provided webinar workshop on February 17, 2010 as part of the Office of Juvenile Justice & Delinquency Prevention (OJJDP) Audio-Teleconference Series on "From the Community to the Courts: A Comprehensive Strategy to Address Underage Alcohol Problems in Long Beach, New York"
- Provided workshop on August 18, 2010 at National Underage Drinking Enforcement Training Center (UDETC) Conference on "From Community to the Courts:

### Addressing Alcohol Problems in Long Beach, NY”

- Published and distributed first Coalition newsletter via insert in Long Beach Herald
- Conducted two “Lock-Up Your Liquor” community education campaigns
- Coordinated two community forums on teen substance use (e.g. heroin education and alcohol and the teen brain)
- Heroin information packet developed in conjunction with Long Beach School District, Long Beach Police Department and Long Beach Medical Center and distributed at community meetings held in March 2010 in response to several local heroin overdoses
- Two teachers and two LBPd patrolmen trained in "Too Good for Drugs" evidence-based curriculum
  
- Provide TIPS (e.g. Training for Intervention ProcedureS) responsible beverage service training to local alcohol merchants; merchants who complete course receive window decals “Doing Our Part to Prevent Underage Drinking”
- Plainclothes police conducted “Guest Doorman” programs to teach bouncers how to check for proper ID
- Provided inservice education programs on youth ATOD use to coaches, Rec. Center staff, lifeguard supervisors and police patrolmen
- Provided two “Teen Nite Out” events to high school youth and one “Teen Nite Out” to middle school students to promote substance-free socialization skills
- Conducted party patrols in areas frequented by youth (e.g. beach, under the boardwalk) to prevent substance use; summonses issued to youth caught using substances
- Conducted compliance checks on alcohol retailers (i.e. on and off premises); referrals made to NYS Liquor Control Board for those not in compliance
- Police investigated reports of disorderly conduct at homes to enforce Social Host law; summonses issued to youth & adults in violation of ordinance; statistics reported to Coalition
- Continued to provide on-going, three-week, mandatory Thursday evening education series for youth cited for minor possession
- Conducted mandatory pre-prom meetings to teach parents & youth about underage substance use laws, how parents can protect youth, what will happen if youth use substances before/during prom
- Helped to sponsor “Morning Madness” alcohol & substance-free after-prom activities for all seniors (e.g. prom attendees, non-attendees, and dates) to include free transportation by LB School District
- Met and spoke with all Long Beach School District PTAs regarding youth alcohol, and other drug use, risks, etc.
- Coalition Coordinator was asked to serve on the Community Anti-Drug Coalitions of America (CADCA) Institute's National Social Host Advisory Board, which is part of Wake Forest University’s application to NIH for a community-based participatory research grant to study the efficacy of social host laws
- Coalition Coordinator is a member of the Nassau County District Attorney’s Long Island Safety Council

### Future challenges/activities planned for next twelve months:

- Provide at least two community forums annually and utilize experts (e.g. alcohol-

- brain research, American Athletic Institute) to increase parent and community knowledge of youth ATOD use, indicators and prevention strategies
- Finalize new Coalition website and promote as resource for parents, youth and community; ensure that website contains parent-specific resources and community-specific data
  - Publish and distribute another community newsletter
  - Obtain measurement of parental attitudes toward youth ATOD as baseline and to provide data to support future prevention efforts.
  - Enhance skills/knowledge of coalition members via attendance of 6 coalition members at CADCA and 4 coalition members at UDETC workshops and subsequent presentations to entire coalition
  - Implement “Too Good for Drugs” multifaceted, interactive social influence intervention program for youth at Long Beach Middle School
  - Revitalize “Beach Club” summer evening recreational program for middle school youth
  - Revitalize “Teen Club” recreational programs for high school youth during school year and summer
  - Explore feasibility of free city bus transportation for teens attending Teen Center programs
  - Explore feasibility of improved lighting on Magnolia Street for teens who walk to Teen Center
  - Obtain measurement of youth attitudes toward ATOD use as part of CORE measurement and to provide data regarding potential actions to improve enforcement and prevention activities
  - Solidify relationships with funding sources as identified in the Sustainability Plan by contacting potential funders at least once during program year
  - Provide on-site training from PIRE’s Leadership Institute to Coalition members and Long Beach Police Department
  - Utilize DAWN network to collect data regarding patients who present in Emergency Room subsequent to alcohol, tobacco or other drug use

## **6. Dissemination of the Report to the Public**

### A. Public Information

The Medical Center’s 2009 Community Service Plan was made available to the public via a posting on the hospital’s website - [www.lbmc.org](http://www.lbmc.org). The Underage Drinking Coalition conducts extensive public awareness campaigns on underage drinking twice a year (e.g. winter holidays, spring graduation/prom time). The campaign includes ads in the local newspapers, flyers and bus ads. In addition, the Coalition prepared and distributed a four-page community newsletter. Two articles on Fall Prevention were included in the Long Beach Senior Times newsletter (October 2009 and August 2010). Electronic copies of these items will be submitted to DOH as a separate e-attachment to the CSP submission.

The Medical Center will prepare a press release to the local print media to inform the public as to the availability of the 2010 CSP Update on the hospital's website. The press release will include a statement that: *Members of the community are welcome to contact the Medical Center's Department of Public Affairs (516-897-1095) or use the Medical Center's website ([www.lbmc.org](http://www.lbmc.org)) to comment or provide input into the plan.*

## **7. Changes (Actual or Potential) Impacting Community Health, Provision of Charity Care, and Access to Services**

### Potential Impacts

In March 2007, the Medical Center received final approval from the New York State Office of Alcohol and Substance Abuse Services (OASAS) and opened an eight-bed, medically managed detoxification program. This program complemented the Medical Center's existing outpatient drug/alcohol treatment program and outpatient methadone clinic and fulfilled an identified Nassau County need for additional inpatient medically managed detoxification beds.

In the first three years of operation, the Medical Center has experienced a higher percentage of uninsured patients than originally projected for the inpatient detoxification program. In addition, these patients have not been especially receptive to exploring their financial aid options. Therefore, the cost of care for many of these patients has ended up in the Medical Center's bad debt pool. Detoxification program personnel and financial aid staff are continuing to explore strategies to encourage a greater number of these patients to take advantage of the financial aid options available to them.

## **8. Financial Aid Program**

### Successes and Challenges

The Medical Center has had both successes and challenges related to the Provision of financial aid in accordance with Public Health Law 2807(k)(9-a). On a positive note, the hospital has been very successful in working with uninsured patients in the Family Care Center outpatient clinics regarding the options that are available to them. A significant number of uninsured clinic patients have enrolled in Medicaid, Child Health Plus and Family Health Plus or have participated in sliding-fee-payment arrangements, as eligible. The Medical Center feels its success in this arena is due to the ongoing relationship it has with the clinic patients, the efforts of the clinic's financial counselor and social worker, and its partnership with the Nassau County Health and Welfare Council to provide onsite Medicaid enrollment one day a week.

The Medical Center has not been as successful in enrolling its uninsured hospital inpatients in the financial aid programs that may be available to them. Thus, for a high percentage of these patients, the cost of care is relegated to the hospital's bad debt pool. The hospital suspects that the reason for this low enrollment rate is due to the one-time nature of the relationship between the patients and the organization.