COMMUNITY SERVICE PLAN & IMPLEMENTATION PLAN

Glen Cove Hospital 2022–2024



Glen Cove Hospital Northwell Health®

Mission Statement

As a member of Northwell Health, Glen Cove Hospital strives to improve the health and quality of life of the people and communities we serve by providing world-class service and patient-centered care.

Who We Are

Glen Cove Hospital, a 235-bed community hospital, emphasizes outpatient, communitybased, and home-based services. Glen Cove Hospital has added a clinical decision unit, which allows the hospital to extend the period of observation and treatment for patients seeking emergency care. In addition to treating traditional illnesses, this unit will cater to the unique needs of our geriatric patients, who may be frail. New and existing clinical programs offered at Glen Cove Hospital as well as in the community will enable us to continue to care for residents at their most critical times of need while also managing the health and wellness of individuals in outpatient settings.

Glen Cove Hospital received Geriatric Emergency Department Accreditation (GEDA) from the American College of Emergency Physicians, the Press Ganey Guardian of Excellence Award, the American Heart Association's 2019 Get with the Guidelines Stroke Gold Plus Award and received a CMS Four-Star Rating. Glen Cove Hospital also achieved Center of Excellence in Hernia accreditation (2021), Magnet Accreditation (2021), and was recognized as one of the Top 50 Inpatient Rehabilitation sites nationally by U.S. News and World Report. Glen Cove Hospital was also the recipient of Get With The Guidelines Heart Failure Gold with Target Type 2 Diabetes (2022).

The hospital offers the following patient services:

- Ambulatory
- Gastroenterology
- Head and neck surgery
- Rehabilitation
- Women's surgical care
- Emergency department

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About Northwell Health

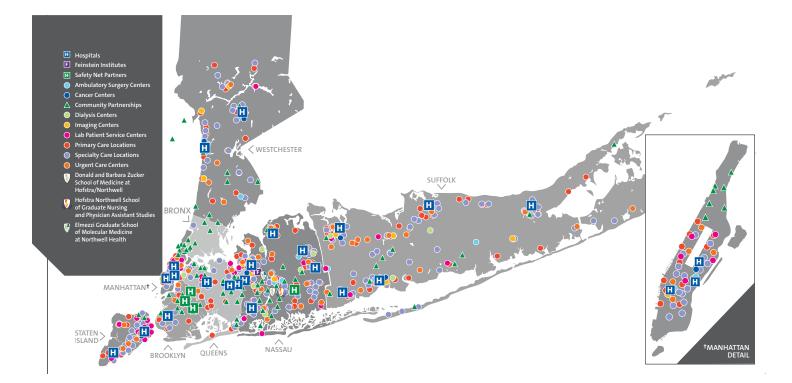
Northwell Health, New York State's largest health care provider, cares for over two million people annually in the New York metropolitan region. Northwell operates 21 hospitals across 13 campuses, 830 outpatient facilities and has more than 16,600 affiliated physicians on its medical staff, 4,200+ of which are members of Northwell's multi-specialty physician's group. Northwell is also home to the Feinstein Institutes for Medical Research, and we train the next generation of medical professionals at the innovative Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, and the Hofstra Northwell School of Nursing and Physician Assistant Studies.

Northwell has a long standing commitment to providing exceptional care and investing in our most vulnerable and underrepresented communities. We have developed an extensive network of community partnerships to impact the health and wellbeing of the diverse communities we serve. Our goal is to measurably improve health and wellness in the communities we serve and to provide the highest quality of care for all regardless of race, ethnicity, cultural background, language proficiency, literacy, age, gender, gender identity, sexual orientation, religion, disability, geographic location, or socioeconomic status. Northwell's integrated community and population health strategy includes data-driven approaches to screening for and addressing non-medical factors (social determinants of health). In doing so, our mission is to empower the communities we serve to eliminate disparities and create sustainable change. This mission is aligned with the Surgeon General's National Prevention Strategy, which we believe is fundamental to delivering the highest quality of care to all.

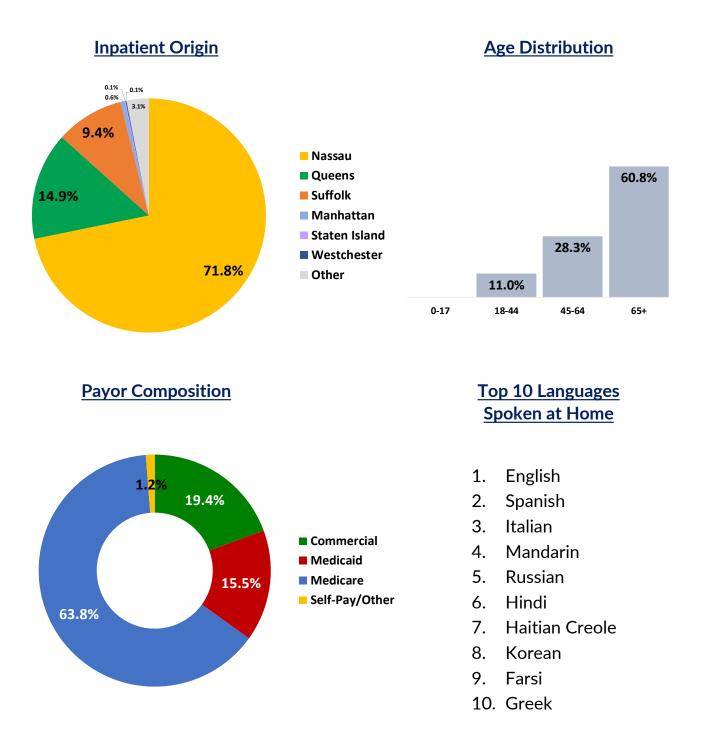


Our Service Area

Northwell's service area includes the following counties: Queens, Nassau, Suffolk, Manhattan, Westchester and Staten Island. It serves a population of eight million residents, over 41% of the total population of New York State. According to the U.S. Census, the population of the service area grew by 2.3% between 2010 and 2020, faster than the 1.5% growth of New York State overall. Nearly one-fifth of the service area residents are under 18 years old, and over 16% of the population is over 65 years old. Northwell's service area contains some of the most racially, ethnically, and linguistically diverse communities in the nation, spanning urban, suburban and rural settings. The health of its eight million residents is impacted by a broad range of social determinants of health. Over 4 in 10 residents are from communities of color. The service area is also characterized by a higher density of foreign-born residents (29.5%), compared to the overall state (22.4%). Economic factors such as poverty and access to care underpin the health of our residents. Onetenth of the population lives below the poverty line. Over 20% of our residents receive Medicaid health insurance coverage, while over 5% of our residents remain uninsured.



Serving the Community



Source: NYSDOH SPARCS 2021; Prepared by the Office of Strategic Planning at Northwell Health/jc; Glen Cove Hospital

CHNA 2022 — Methodology and Significant Health Needs Identified

Our Community Health Needs Assessment (CHNA) process consisted of a series of efforts to solicit input from leaders representing the interests of the communities we serve. As part of an integrated health system, the Office of Community and Population Health established the Northwell Health CHNA 2022 Steering Committee to serve as the platform of stakeholders and experts to plan, coordinate, and report the CHNA to our leadership and our strategic partners. The committee agreed that the needs assessment should be based on both qualitative and quantitative data, collected from community organizations and the population at large, as well as through in-depth analyses of publically available data on health indicators and outcomes.

Our primary analysis for our needs assessment included a series of focus group discussions (FGDs) across our health system's six-county service area. The FGDs were held with 82 leaders from governmental, non-profit, community- and faith-based organizations, who exist to meet the needs of the underserved and marginalized populations within our communities. We also collaborated with the Greater New York Hospital Association (GNYHA) and member organizations (i.e. hospitals and health systems) to design and distribute a community health survey to garner feedback from our members themselves. \

Our efforts resulted in nearly 12,000 respondents within our overall service area. The primary analysis of our assessment ensured that we include the "voice of our communities," meeting them where they are and identifying their significant and unmet health needs. We then supplemented our primary analysis with an extensive secondary analysis of publicly available community and public health data, across several data sources, to build a more robust picture of health outcomes and trends in our communities.

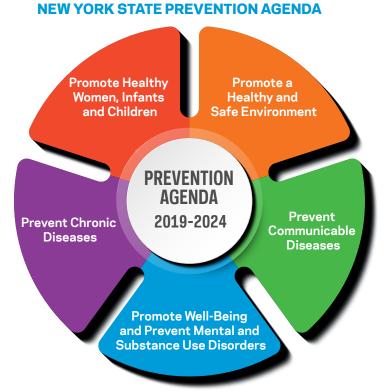
Our efforts resulted the identification of three major significant gaps in the health of our communities:

- Disruptions in care for chronic conditions
- Worsening mental health and substance use disorders
- A greater need for women and children's care

Prevention Agenda 2019-2024: New York State's Health Improvement Plan

Glen Cove Hospital, as part of Northwell Health, aligns its mission with the U.S. Surgeon General's National Prevention Strategy (NPS) to realize the benefits of prevention for healthier communities. The NPS provides evidence-based recommendations for improving health and wellness and addressing leading causes of disability and death.

The framework of the NPS is defined by its four strategic directions and seven priorities shown below:



Source: Adapted from National Prevention Council, National Prevention Strategy, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011.

STRATEGIC DIRECTIONS:

- Healthy and Safe Community Environments
- Clinical and Community Preventive Services
- Empowered People
- Elimination of Health Disparities

PRIORITIES:

- Tobacco Free Living
- Preventing Drug Abuse and Excessive Alcohol Use
- Healthy Eating
- Active Living
- Injury and Violence Free Living
- Reproductive and Sexual Health
- Mental and Emotional Well-Being

In alignment with the NPS, and as a result of our Community Health Needs Assessment (CHNA) process, Glen Cove Hospital and Northwell Health have selected the following priorities and focus areas from New York State DOH's Health Improvement Plan, 2019-2024 Prevention Agenda. The selection of our community health priorities in alignment with the NYSDOH Prevention Agenda have been reviewed and formally approved by the Committee on Community Health of the Northwell Health Board of Trustees.

Prevent Chronic Diseases	Promote Well-Being and Prevent Mental and Substance Use Disorders	Promote Healthy Women, Infants, and Children
 Healthy Eating and Food Security Physical Activity Tobacco Prevention Chronic Disease Preventive Care and Management 	 Well-Being Mental and Substance Use Disorders Prevention 	 Maternal & Women's Health Perinatal and Infant Health Child and Adolescent Health Cross Cutting Healthy Women, Infants, and Children

Community Service Plan Highlights

Our Community Service Plan brings together our coordinated efforts in disease prevention and promoting health and well-being for our communities. It details our evidencebased programs that are implemented in Glen Cove Hospital and Northwell Health overall to address the significant health needs we identified, in alignment with our three selected NYSDOH Prevention Agenda items. As mentioned in other areas of our report, it emphasizes the work we do in collaboration with our strategic partners to ensure equitable access to care and resources to prevent disease. The following section highlights some of our key initiatives that align with our selected Prevention Agenda priority areas. A more comprehensive review of our evidence-based programs, in coordination with other Northwell providers across our service area, is detailed in our Joint Implementation Plan.

Community Service Plan: Programs and Services

Access to Care for the Underserved

Financial Assistance Program (FAP)

In accordance with current policy at Glen Cove Hospital and for all Northwell Health facilities and services, the ability to pay will not be a factor in the process of accepting patients. Every effort will be made to ensure that appropriate payment is made, but in no circumstance will a patient be refused medically necessary treatment due to inability to pay. In addition to our generous Financial Assistance Program (FAP) that is available to patients and their families with household incomes under 500% of the poverty line, Northwell Health has a sliding fee scale program offering services at a reduced fee. All services will be offered to those in need of care who satisfy admission requirements, regardless of age, sex, sexual orientation, race, creed, religion, disability, source of payment or any other personal characteristic.

Northwell Health is dedicated to providing accessible and affordable care to the individuals, families, and communities we serve. Through our financial assistance program, we provide discounted services — based on financial need — to those who are uninsured, underinsured, ineligible for government programs or other third-party coverage, or otherwise unable to pay for emergency or other medically necessary care. The program is designed to help patients who have received emergency or other medically necessary services but are uninsured, underinsured, or have exhausted their benefits for a particular service. Eligibility for the program is based on current income and family size (i.e. less than or equal to \$138,750 for a family of four).

The program is promoted through:

- Multilingual signage throughout Northwell facilities
- Multilingual educational brochures at key points of patient contact
- Northwell's Financial Assistance Programs & Policies website
- Patient bills all bills include a notice about the FAP, along with the program's toll-free number 800-995-5727

Additionally, the application process for financial assistance is simplified; patients can apply online for the fastest turnaround time. Applications by mail and telephone are accepted. Applications are simplified to one page and are also available in 22 languages.

Center for Equity of Care

The Center for Equity of Care (CEC) focuses on redesigning Northwell's health care delivery, to provide high-quality equitable care to all our patients and the communities we serve. The CEC is focused on eliminating health disparities through a focus on diversity, equity and inclusion. The CEC's mission is to advance the delivery of culturally and linguistically appropriate health care in partnership with our communities with the goal of achieving health equity. To do this, the CEC establishes policies, procedures and programs, in addition to training our Northwell team members. In partnership with others, some of our programs include a robust health literacy and languageaccess program, the establishment of the Hofstra/Northwell medical-legal partnership and a system-wide social determinants of health screening and navigation program. The CEC has educated and trained our workforce on issues such as diversity and inclusion. unconscious bias, racism, social justice, health literacy, and cultural and linguistic competencies. Through these trainings, we

have created a culture change to establish a health care system that aims for belonging and social justice. Alongside our programs and training have been CEC's efforts to empower our patients and communities to be partners in their care. Collectively through these endeavors, the CEC has been Northwell's impetus in mitigating health disparities across race, ethnicity, language, sex and gender.



Effective Communication in Health Care

The Center for Equity of Care is a systemwide resource and offers many educational opportunities to ensure the integration of cultural and linguistic competency into the organization's fabric. To ensure meaningful access to health care services for persons with Limited English Proficiency (LEP) or persons whose preferred language is not English, free medical interpretation and document translation services are available 24/7. Sign language interpretation services for the deaf/ hard-of-hearing and specific communication tools for visually and speech-impaired patients are also available. For more information, please call the Center for Equity of Care at 516-881-7000.

MedShare

Northwell Health partners with MedShare, an organization that recovers valuable, unused surplus medical supplies and equipment in the United States, which would otherwise be discarded. This past year 1.67 million pounds of quality and unused medical supplies and equipment were successfully diverted from landfills. This partnership successfully bridges the gap between surplus in the U.S. and health care institutions in developing countries, which have a significant need for medical supplies and expertise. Over half of Northwell Health hospitals and the Integrated Distribution Center provide donations, including beds, biomedical equipment and other assorted medical supplies. In 2020, Northwell Health donated more than 59,000 pounds of unused medical supplies and equipment; and in 2021, Northwell Health donated more than 120,000 pounds of unused medical supplies and equipment.



These donations achieve multiple objectives, especially for women and children in vulnerable communities:

- Decrease global health disparities
- Increase the capacity to effectively care for more women and children in local health care systems
- Strengthen global health systems
- Improve health outcomes at the institutional and community level
- Save lives and increase the capacity to deliver quality health care

Military Liaison Services

It is Time for "Thank You for Your Service" to Mean More

Each year, approximately 200,000 service members transition from active duty. An average of just 30% of these annual military end-of-service discharges qualify for some form of VA health care coverage; the remaining 70% receive coverage through Tricare for only 90 days post-discharge. As a direct response to the ongoing needs of active-duty personnel, veterans and their families, we established the Northwell Health Military Liaison Services (NHMILS) department in 2021. Northwell Health is helping to ease the burdens for those who have sacrificed tremendously to safeguard our nation; NHMILS encapsulates administrative, social, and clinical services and support for our nation's heroes under one roof. NHMILS will support Northwell in strategically standing a new service line dedicated to supporting Northwell Health's clinicians and partners in the community.

The NHMILS is organized into three foundational pillars:

- Exceptional Care Utilizing a proactive holistic approach to care coordination, licensed master social workers connect to service members, veterans, and their families and offer additional support post-discharge. Aspects of care routinely covered include but are not limited to patient transfers, critical care, pre-surgical testing, appointment coordination and scheduling, and conducting needs assessments,
- Life After Service Reimagining how veterans thrive when they return home from active-duty, Military Talent is assisting Talent Acquisition with an additional 100 veteran, service member and spouses new hires per year by conducting one on one career planning sessions and advocating with recruiters and hiring mangers on their behalf, and
- Innovation Advancing research and discovery to treat our heroes. In close partnership with the Feinstein Institutes for Medical Research and the Center for Learning and Innovation, NHMILS works to ensure that every physician across Northwell's system is prepared to understand and care for the needs of veterans and their families.

Caring for service members and their loved ones extends far beyond behavioral health. As the largest health care provider and private employer in New York State, Northwell Health is uniquely positioned to meet these challenges head on. We provide leadership development, support for military families, advocacy for veterans, physical services and employment opportunities. Applying the Community Care Coordination Model to strengthen the privatepublic partnership between Northwell and the VA, we can address the social determinants of health of veterans and their families and schedule all aspects of clinical and behavioral services.

Furthermore, enveloping existing services, programs and processes under the umbrella of the Community Care Coordination Model, NHMILS can support ongoing programs and efforts including SkillBridge (DoD "Career Skills" program) and Pay Differential programs. Moreover, the development of the "Side by Side" series has added value to both the veteran population and the community as a whole; this two-part event provides an opportunity to honor and celebrate our military. An evening ticketed concert, open to the public, that supports our Military Liaison Services. We launched this yearly event in 2019 and over the years, we have connected with all the communities we serve in New York City and Long Island, and our efforts have been recognized by national publications and the NY Emmy's for Content. The collective efforts across the organization have earned Northwell awards in 2022, including Military Friendly Top 10 Company, Military Friendly Top 10 Employer, Military Friendly Top 10 Spouse Employer, Military Friendly Supplier Diversity Program, and Military Friendly Brand.

Health Solutions

Northwell Health Solutions supports our providers who care for patients with complex medical conditions and social needs, and addresses the challenges of navigating access to health care resources.

Northwell Health Solutions also oversees the organization's Health Home program. Northwell's Health Home is a New York State Medicaid program for patients with two or more chronic medical conditions who are vulnerable to poor outcomes. A "Health Home" is not a physical place, but rather a group of health care and service providers working together to make sure members get the care and services they need to stay healthy. Once enrolled in a Health Home, each member will have a care manager who works with them to develop a care plan. A care plan maps out the services needed, to put the member on the road to better health.

Some of the services include:

- Connecting to primary care providers
- Connecting to mental health and substance abuse providers
- Connecting to needed medications
- Help with housing
- Social services (such as food, benefits, and transportation)
- Other community programs that can support and assist members

Human Trafficking Response Program

Human trafficking is a public health issue that requires cooperation and collaboration among health care, law enforcement, communitybased organizations and society as a whole. The Northwell Health Human Trafficking Task Force was created in 2018 to ensure a population approach to the crisis of human trafficking. The mission of Northwell's Human Trafficking Task Force is to provide a medical safe haven for survivors and those at risk of human trafficking at the local, national and global level and to educate, promote advocacy, respond, and train in mitigating this public health crisis. The Task Force has already become a recognized leader in rallying the health care industry to combat the social injustice of human trafficking on a local, national and international level. The Task Force has identified team leaders at Northwell hospitals to become experts on the topic, train co-workers and identify potential victims and contribute to best practices. Thanks to the Task Force, Northwell was recently honored as one of six health systems nationwide and selected



Northwell's team honored by the United Nations

to participate in a pilot study by the United Nations through Global Strategic Operatives for the Eradication of Human Trafficking (GSO). The study will aid the World Health Organization (WHO) in creating a standardized set of protocols and guidelines aimed at properly identifying human trafficking victims and helping them find safety.

The Human Trafficking Task Force has:

- Hosted over 8,000 attendees and participants at external educational series and symposia,
- Trained over 7,000 Northwell Health clinical and non-clinical staff members,
- Created community partnerships with the Empowerment Collaborative of LI, Clean State Living, Suffolk County, Anti-Trafficking Initiative, NOMI Networks, and RestoreNYC, and
- Prepared and distributed human trafficking education materials for the Emergency Department and Labor & Delivery service lines to display within their respective sites and locations.



Northwell Health's Center for Transgender Care

According to the Trevor Project, transgender youth report higher rates of depression, suicidality and victimization compared to their cisgender peers. Northwell Health's Center for Transgender Care provides comprehensive, culturally competent services to address many of the health needs of trans and gender nonconforming patients in our community. The center offers primary care, immunization, HIV prevention (PrEP) and treatment, screening for sexually transmitted infections and endocrine evaluation (evaluation and treatment with hormone replacement therapy or puberty blockers). The center also provides psychotherapy services specifically around gender transition challenges, health and sexuality education, risk reduction counseling and surgical specialty care for gender affirming surgery (i.e., transitioning). Transgender patients deserve better care and Northwell is committed to training providers to understand their unique needs to deliver gender-affirming and compassionate care.

Prevent Chronic Diseases

Trinity Lutheran Church Food Pantry/ Glen Cove Hospital Partnership

Trinity Lutheran Church Food Pantry is directly behind our emergency department and easily accessible to our family medicine clinic patients. The pantry serves the residents of the City of Glen Cove, but also serves as a source of support for our own patients. To ensure that the pantry is supplied with enough food, Glen Cove Hospital Nursing Admin and Family Medicine have partnered for a year-round food drive that is delivered to the church every Wednesday. In addition to providing food, members of the Glen Cove Nursing team partner with medical residents to volunteer at the pantry on Wednesday nights where they provide nutritional information and help create healthy menus for those individuals and families that make use of the pantry.

The initiative has been in place since October of 2021 and has been in effect since. Since the inception of this partnership, the number of families served by the pantry has increased from 28 to 123. Trinity Lutheran has also served as a respite for some of the homeless population in Glen Cove and the pantry has also expanded its reach to help Locust Valley, Sea Cliff, Glen Head, and Bayville. As part of our ongoing drive, we have been supported by the local IAC (Inter-Agency Council), comprising all local not-for-profit agencies, school districts and elected officials.

Glen Cove Age-Friendly Initiative/ Walk with The Doc

The Age-Friendly initiative in Glen Cove seeks to enhance the lives of people of all ages by developing policies and programs that will make our city more livable. By redesigning our community and prioritizing all eight domains of livability, we will improve access to important information, services and events, a variety of transportation options, and affordable housing opportunities. We will create a community where people can thrive as they grow up and grow older. As a member of the Age-Friendly Board, Glen Cove Hospital has provided ongoing educational opportunities to multiple city organizations and schools. One ongoing initiative is the Walk with The Doc program which provides education for members of the community as well as an opportunity to exercise. Every month a new topic is discussed while community members are invited to walk on the esplanade on the waterfront of Glen Cove. The program ends with a Q & A. As part of our ongoing partnership with the Age-Friendly initiative, Glen Cove Hospital has also developed a community outreach process for our Caregiver Center that provides resources and contacts for anyone in need of advisement.

This program has been approved by Nassau County and the City of Glen Cove to continue for the next two years. As part of the ongoing outreach, our intention is to grow the Walk with The Doc program to reach more communities served by Glen Cove Hospital, including the Life Enrichment Center in Oyster Bay as well as the school districts in the area. This partnership came to be because of our robust relationship with the City of Glen Cove as well as the multiple stakeholders that are part of the Glen Cove Age-Friendly initiative. They consist of the city's mayor, Glen Cove School District's superintendent, and multiple elected officials for Nassau County.

Monthly Blood Pressure Screenings at Glen Cove Senior Center

Glen Cove Family Medicine residents provide screenings for members of the Glen Cove Senior Center one Friday per month. The Senior Center is one of the most well-attended centers in Nassau County, with over 2,000 members who utilize their services. The residents provide screenings as well as preventive medicine for any number of the individuals that they see, developing trusting relationships with the members of the center. This program will continue through 2023 and will be growing as part of the ENHANCE program, which provides residents with an opportunity to work with the seniors to identify a project that they believe will help to enhance their health and quality of life. Through June 2023, residents will spend an additional half day of every month with seniors to help educate them about telehealth, how to use telehealth and how to include their adult children in the process. Our partners in these endeavors have been the City of Glen Cove, the Family Medicine service line, and the Glen Cove Senior Center's Foundation, SAGE.





Center for Tobacco Control

Our Center for Tobacco Control (CTC) provides free cessation services to our community members. The program is facilitated by specialty trained nurses and nurse practitioners. Its services include individual telephonic or telehealth counseling and coaching, relapse prevention strategies, cessation medications and virtual support groups. Though the pandemic halted in-person services at the CTC, the program effectively adapted to the crisis by expanding its telehealth strategies which have significantly expanded its outreach and footprint, from the East End of Long Island through the five boroughs of New York City, and up to Westchester County.

Additionally, in the first seven months of 2022, the CTC received 1,390 tobacco cessation referrals from physician practices with 527 enrollments and 5,929 follow-up encounters. Over 1,000 community members were educated about their eligibility and the importance of lung cancer screening. The CTC also provided

Center for Tobacco Control successes:

- 2,060 referrals received
- 802 enrollments
- 9,191 follow-up encounters (from prior enrollments)

with education and guidance related to the evidence-based practice of treating tobacco use and dependence. The CTC also guides leaders in health care organizations to develop policies that mandate tobacco dependence treatment for all tobacco users in both inpatient and outpatient settings. For more information about the CTC program 516-466-1980, or email tobaccocenter@northwell.edu.

Promote Well-Being and Prevent Mental and Substance Use Disorders



Dr. Salas-Lopez (center) pictured with faith leader participants at Faith Leaders Forum Part II: An Interfaith Dialogue on Solutions and Next Steps

Faith Leaders' Mental Health Forum

During the pandemic, behavioral health needs soared throughout the nation. We are determined to enhance access to resources to address the mental health crisis in our communities. Our work in this space has been focused on providing education to increase awareness of mental health issues and reduce associated stigma. We've partnered with our trusted community- and faith-based leaders to develop holistic and equitable communitybased solutions to mental health needs, such as the Nassau and Suffolk Mental Health Resource List in English and Spanish. We have established models to bring mental health services into the community and explored innovative solutions to expand access, such as embedding Community Health Ambassadors in houses of worship and communitybased organizations.

Screening, Brief Intervention, and Referral to Treatment

The Screening, Brief Intervention, and Referral to Treatment (SBIRT) program helps identify patients in our hospitals whose drinking or substance use may be interfering with their health before it becomes a lifelong addiction. In the SBIRT program, adults who visit a participating location are pre-screened during their visit with three to five questions relating to their drinking, smoking and drug use. If they meet a certain threshold based on that pre-screening, patients are connected with a health coach for further assessment. Based on that interaction, patients may receive a brief motivational and awarenessraising intervention and, if necessary, a referral for treatment. The program promotes compassionate engagement with patients to identify potential issues. This helps reduce the stigma often associated with drug addiction and alcoholism and helps connect patients to the right treatments at the right time.

In five years, Northwell Health has assessed more than **300,000** patients for substance misuse and addiction through the SBIRT protocol

Northwell School Mental Health Partnership: A School District Collaborative

One in five children and adolescents have a mental health diagnosis. Suicide is the second leading cause of death among the 10-24-yearold age group, more than all medical illnesses combined. In early 2021, ED visits for suicide attempts increased by 51% in adolescent girls. In late 2021, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry

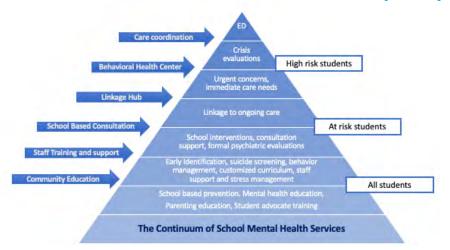
and the Children's Hospital Association declared a national youth mental health crisis. The U.S. Surgeon General also issued a Youth Mental Health Advisory. Our current state of youth mental health makes it necessary for organizations to partner, collaborate and find integrated solutions to provide access to mental health services for children and adolescents.

The Northwell School Mental Health Partnership is a new initiative between Cohen Children's Medical Center and surrounding school districts, organized to support schools to meet the mental health needs of all students. Northwell's teams work closely with school counselors, psychologists and social workers to determine the various needs of students in the district.

The initiative also provides access to a dedicated Behavioral Health Center (BHC) for students in crisis, who are in need of an evaluation, immediate treatment or connection to care in the community or at a hospital.

SUPPORTING MENTAL HEALTH THROUGH SCHOOLS

Partnering with 38 School Districts to Provide Behavioral Care Services and Access to Child Psychiatry



The BHC at Mineola serves districts in the North Shore Mental Health Consortium (Carle Place, Great Neck, Garden City, Herricks, Jericho, Locust Valley, Manhasset, Mineola, Roslyn, Sewanhaka and Uniondale). The BHC in Rockville Centre serves districts in the South Shore Mental Health Consortium (East Rockaway, Freeport, Hewlett-Woodmere, Lawrence, Malvern, Oceanside, Rockville Centre, Valley Stream CHS and West Hempstead). The BHC in Commack serves districts in the Suffolk Consortium (Commack, Half Hallow Hills, Hauppauge, Sachem, Smithtown and South Huntington). The services in these sites can be accessed by families directly and through referrals from their schools, pediatricians or outpatient providers. The partnership also provides community and professional education and close collaboration between the clinical and administrative teams of the participating districts and the Northwell team.

Promote Healthy Women, Infants, and Children

Northwell's Center for Maternal Health

In Spring 2022, we launched our Center for Maternal Health to address the disproportionate rates of pregnancy-related health risks and maternal deaths among Black women. Black women in New York are three to 12 times more likely to die of childbirthrelated causes than white women. The Center is a suite of programs through our sites support high-risk women in and out of the hospital and train clinicians on best practices. The goal is to establish a truly integrated best practice care model, going further upstream in care delivery, for our high-risk maternal patients in the community.

The initiative of the center's programs is to provide ongoing support to our highest risk mothers and newborns through individualized navigation by a team of health care professionals. The center will address the causes of disparities in maternal health by addressing outcomes for all birthing patients through its Maternal Mortality & Severe Maternal Morbidity (SMM) Review Committee. It will focus on improving maternal health within our communities by establishing a Patient and Family Advisory Council with members who have lived experience with maternal morbidity and mortality. To reach those most in need, the center will also work with community-based organizations to connect women in medically underserved communities to our maternal health services.

Center for Maternal Health Goals:

- Improve Northwell's workforce knowledge of the impact of structural racism and implicit bias
- Further investigate the increased prevalence of comorbidities in Black women
- Address inherent underlying preeclampsia rate in Black women
- Address the increased Cesarean delivery rate in Black women
- Explore challenges in access to care (underinsured, lack of trust, limited provider choices, language and literacy)
- Explore every maternal death to identify factors that can be modified to prevent future tragedies

Katz Institute for Women's Health

The Katz Institute for Women's Health (KIWH) is a resource center dedicated to improving all aspects of a woman's health at every stage of her life. KIWH offers women seamless, coordinated access to all of Northwell Health's clinical programs and services across the continuum of care.

Go Red for Women

Go Red for Women is a national movement by the American Heart Association (AHA) to address heart disease and stroke in women. Cardiac conditions such as heart attacks manifest differently for women than men. Fewer women than men survive their first heart attack. Hispanic women are also likely to develop heart disease 10 years earlier than white women, and cardiovascular diseases are the leading cause of death for African American women, killing 48,000 annually. More women are aware of this threat today — in a 2012 AHA study, 56% of women correctly identified heart disease as the leading cause of death compared to just 30% in 1997.

Northwell, through the Department of Cardiology and KIWH partners with the AHA to raise awareness and empower women with knowledge on the prevention, recognition and treatment of cardiovascular disease, including stroke. Northwell Health is a proud Live Fierce. Go Red sponsor in New York City, Long Island and Westchester. This year, throughout the month of February, the Go Red for Women campaign held over 25 health promotion events throughout Northwell Health's network of providers to raise awareness, promote heart health, and offer free and accessible preventive services, such as blood pressure screenings, education seminars, wellness sessions, lunch and learn sessions and exercise events.





Northwell Community Scholars Program

As part of our commitment to our youth, we launched the Northwell Community Scholars (NCS) program, an innovative youth education and scholarship program to create a pathway to college and future employment for adolescents in underserved and underrepresented communities in our service area. This five-year, \$5 million effort will focus on mentorship and support for students from school districts in four vulnerable neighborhoods burdened by health and social inequities: Bay Shore and Brentwood in Suffolk County, and Hempstead and Freeport in Nassau County. The program is also in partnership with Nassau and Suffolk Community Colleges.

The program addresses education, health and wellness, and social inequities prevalent in these neighborhoods that were hit hard by the pandemic. The program will support students The goal is to expand the Community Scholars Program to **600** students by 2026

with continued growth and development, mentorship, college preparation, career advisement, and internship and shadowing opportunities. Northwell staff will also mentor students about employment opportunities within the organization, educating students on careers in clinical services, health administration, information technology, operational support and care coordination.

Hospital Awards and Accomplishments

- Center of Excellence, Hernia Surgery, Surgical Review Corporation.
- Diagnostic Imaging Center of Excellence, Designated Lung Cancer Screening Center.
- Disease Specific Care Certification
 (DSC) for Advanced Inpatient Diabetes, The Joint Commission.
- Go Clear Award-Gold Level, Association of Operating Room Nurses.
- Four-Star Rating, Centers for Medicare & Medicaid Services.
- "HealthCare's Most Wired" recognition, College of Healthcare Information Management Executives.

- Magnet Designation for Nursing Excellence, American Nurses Credentialing Center.
- National Hospital Organ Donation Campaign-Platinum Recognition, Health Resources and Services Administration.
- Patient-Centered Medical Home Level
 3, Glen Cove Ambulatory Center,
 National Committee for Quality
 Assurance.
- Stroke Gold Plus Recognition, Get With The Guidelines-Stroke, American Heart Association (AHA).
- Target: Stroke Honor Roll, Get With The Guidelines-Stroke, AHA.



Our Leaders

Michael A. Epstein Chair, Board of Trustees, Northwell Health

Michael J. Dowling President and CEO, Northwell Health

Debbie Salas-Lopez, MD, MPH

Senior Vice President, Community & Population Health

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Kerri Scanlon, RN, MSN, FAAN

Executive Director, Glen Cove Hospital

This report was prepared by the Office of Community and Population Health at Northwell Health

Implementation Plan

Community Serviced: Nassau County

NYS DOH Implementation Plan for the following hospitals:

Glen Cove Hospital, LIJ Valley Stream Hospital, North Shore University Hospital, Plainview Hospital, Syosset Hospital

in coordination with other Health System resources, including other partners, has addressed each significant health need identified through the Nassau County CHNA report. The CHNA Implementation Strategy was conducted in fulfillment of the requirements of 501(r) or The Affordable Care Act applicable to a 501(c)(3) hospital organization

Hospital	Priority	Focus Area	Goal	Interventions	Family of Measures	Latest update	Partnerships
Glen Cove Hospital	Prevent Chronic Diseases	Focus Area 1: Healthy eating and food security	Goal 1.3: Increase food security			This is an ongoing initiative that was started in October of 2021 and has been in effect since that time. Since the inception of this partnership, the number of families served by the pantry has gone from 28 to 123. Trinity Lutheran has also served as a respite for some of the homeless population in Glen Cove. In addition to serving the City, the pantry has been able to expand its reach to help the communities of Locust Valley, Sea Cliff , Glen Head and Bayville	Glen Cove Hospital partners with a multitude of community organizations including Assisted Living facilities in the area. As part of our ongoing drive, we have been supported by the local IAC (Inter Agency Council) which is comprised of all local not for profit agencies, school districts and elected officials.

				Glen Cove Age Friendly/Walk with The Doc: The		This program has just been approved by Nassau	This partnership came to be as
			ż		on a monthly basis.	County and the City of Glen Cove to continue for the	
			tivit		Referrals to the Caregiver		relationship with the City of
			lac	of people of all ages by developing policies and	Center and the number	intention is to grow the Walk with The Doc program	Glen Cove as well as the
			sica	programs that will make our city more livable. By	served.	to reach more communities served by Glen Cove	multiple stake holders that are
			yhq	redesigning our community and prioritizing all		Hospital, including the Life Enrichment Center in	part of Glen Cove Age
			or	eight domains of livability, we will improve		Oyster Bay as well as the school districts in the area.	Friendly. They consist of the
			ces 1	access to important information, services and			mayor of the city, Glen Cove
			plac	events, a variety of transportation options, and			School superintendent, as well
			or I	affordable housing opportunities. We will create			as multiple elected officials for
			utdo	a community where people can thrive as they			Nassau county.
			r or	grow up and grow older. As a member of the Age			
			o/p	Friendly Board, Glen Cove Hospital has provided			
	s	≿	an	ongoing educational opportunities to multiple			
_	ase	ctivi	100	city organizations as well as the schools. One			
pita	ise	al ac	inc	ongoing initiative in particular that has been an			
los	ic D	/sica	s, to	important component of the program is the Walk			
/e ŀ	uo.	۲h	ities	with The Doc program which provides education			
Co	Chr	a 2:	abil	for members of the community while also			
Glen Cove Hospital	ent	Area	pu	providing an opportunity make exercise a part of			
ច	Prevent Chronic Diseases	Focus Area 2: Physical activity	Goal 2.3: Increase access, for people of all ages and abilities, to indoor and/or outdoor places for physical activity.	the program. Every month a new topic is			
	Pr	Foc	8	discussed while community members are invited			
			f all	to walk on the esplanade on the water front of			
			e o	Glen Cove. The program ends with a Q & A. As			
			eop				
			r D	part of our ongoing partnership with the Age			
			s, fc	Friendly Initiative, Glen Cove Hospital has also			
			ces	developed a community outreach process for our			
			e aC	Caregiver Center that provides resources and			
			eas	contacts for anyone in need of advisement.			
			ncr				
			.;: 				
			al 2				
			ĞŐ				
			۵.	Monthly Blood Pressure Screenings at Glen	Monthly blood pressure	This program will continue through 2023 and will be	Our partners in these
		¥	improve self- chronic diseases, scular disease, l obesity	Cove Senior Center: Glen Cove Family Medicine	readings	growing as part of the ENHANCE program which	endeavors have been the City
		mei	self- disea: sease	residents provide screenings for members of the	-	provides residents with an opportunity to work with	· ·
		agei	ove nic c dis ity				
	S	าลท	ular bes	Glen Cove Senior Center one Friday per month.	seen	the seniors to identify a project that they believe	Medicine Service line and the
_	ase	μp	n ch asci d ol	The Senior Center is one of the most well			Glen Cove Senior Center's
pitë	Glen Cove Hospital Prevent Chronic Diseases	e ar	community setting, improve for individuals with chronic c a, arthritis, cardiovascular dis and prediabetes and obesity	attended centers in Nassau county, with over			Foundation – SAGE.
los		cari	' set uals carc ete:	2000 members who utilize their services. The		additional half day of every month with seniors in	
le F		ive	nity vidu tis, - liab	residents provide screenings but also serve as a		order to help educate them about telehealth, how to	
Co		ntat	mu ndiv thrit trac	preventive form of medicine for any number of		use telehealth and how to include their adult	
en	ant	ever	or i or i art	the individuals that they see. By developing		children in the process.	
ΰ	eve	Pre	ne c Ils f ima is ar	trusting relationships with the members of the			
	Pr	a 4:	In th : ski asth aete	center, residents are able to provide preventive			
		Are	4.4 In the community setting, improve nent skills for individuals with chronic ing asthma, arthritis, cardiovascular di diabetes and prediabetes and obesity	measures for the seniors.			
		Focus Area 4: Preventative care and management	Goal 4.4 In the community setting, improve self- management skills for individuals with chronic diseas including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity				
		Foc	Gc anag incl				
			ŭ				

Long Island Jewish Hospital	Prevent Chronic Diseases	Focus Area 4: Preventative care and management	Goal 4.1 Increase cancer screening rates	the time of a proven cancer diagnosis funded by the New York State Department of Health. Patient Navigation, case Management and Social	of each individual program. Each PM is defined according CDC and USPTF cancer	contract at Long Island Jewish Medical Center was establishing the program through known and new partnerships. The program began to foster new community relationships and build a network of available screening sites for any all uninsured residents. During Year 2, which began October 1, 2019 the	Community groups which have a mutual goals in assisting as many at-risk individuals as possible. We have established relationships with elected officials, including NY State Senators, Assembly women, Nassau County Legislators, and the Nassau County Department of Health.
Long Island Jewish Hospital	Prevent Chronic Diseases	Focus Area 4: Preventative care and management	Goal 4.3 Promote evidence- based care to prevent and manage chronic diseases including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity	Go Red Event - What Can I Do Now to Make a Healthier Heart?: Cardiologist of Valley Stream will present this topic to the Valley Stream Chamber of Commerce at their General Membership Meeting at Pomodorino Rosso. One off event.	Number of attendees	25 people were educated on Healthier Heart	Cardiology Dept
Long Island Jewish Hospital	Prevent Chronic Diseases	Focus Area 4: Preventative care and management	Goal 4.3 Promote evidence-based care to prevent and manage chronic diseases including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity	Hempstead Police Department and Fidelis Healthcare Bridging the Gap Unity Community Day: Partnership between Hempstead Police dept and Fidelis in bridging the gap in the community. One off event.	Number of attendees	250 people were interacted with	Hempstead Police Department, Fidelis Health Care

Long Island Jewish - Valley Stream	Prevent Chronic Diseases	Focus Area 4: Preventative care and management	Goal 4.4 In the community setting, improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascu disease, diabetes and obesity	Fair: Health Fair for the community surrounding Kennedy Park in Hempstead. One off event.	Number of people in attendance	560 people during this event	LIJ Valley Stream, Cancer, Community and Population Health, Nutrition, Organ Donation, Trauma Institute
Long Island Jewish - Valley Stream	Prevent Chronic Diseases	Focus Area 1: Healthy eating and food security	age	B.E.S.T. Informational Table: Informational Tabling at B.E.S.T. to share upcoming programs and the Northwell Garden. One off event	Number of attendees	A total of 35 people were interacted with during this tabling event	LIJ Valley Stream, Community and Population Health, Nutrition
Long Island Jewish - Valley Stream	Prevent Chronic Diseases	Focus Area 4: Preventative care and management		James A Dever Elementary School Health, Safety and Wellness Fair: Health Fair concentrating on Dietician and Pharmacy Speakers from LIJVS. One off event	Number of attendees	A total of 150 students attended the event	LIJ Valley Stream Nutrition, Pharmacy & Pediatrics
Long Island Jewish - Valley Stream	Prevent Chronic Diseases	Focus Area 4: Preventative care and management	munity setting, ement skills for onic diseases, tis, cardiovascu prediabetes anc	Arts Below Sunrise - S.T.E.A.M. Festival with Glucose Screening: Multi Service line event at the Hewlett-Woodmere Community Health Fair and Festival. We will be performing glucose screenings, BMI/BP and Diabetes Education. One off event	Number of attendees	150 people served, 35 were screened, the other 115	LIJ VS Diabetes, Nutrition, Orthopedics, Organ Donation & Cancer

Long Island Jewish - Valley Stream	Prevent Chronic Diseases	Focus Area 4: Preventative care and management	Goal 4.4 In the community setti improve self-management skills individuals with chronic disease including asthma, arthritis, cardiova disease, diabetes and prediabetes obesity	Hope Day Community Fair: Health Fair consisting of Blood Pressure Screening from Northwell. One off event		350 total of people attended the fair, out of those 350 people, 49 people were BP screened	LIJ Valley Stream Nursing Staff
Long Island Jewish - Valley Stream	Prevent Chronic Diseases	Focus Area 4: Preventative care and management	Goal 4.4 In the community setting, improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes and obesity	Belmont Backstretch Health Fair and Glucose Screening: Health Fair for the Backstretch workers at Belmont Race track includes glucose screening, BP screening, BMI screening along with education provided by an Advanced Care Practitioner. One off event	Number of screenings	Total Screenings Performed 21 (Out of 21 screenings 19 did Glucose ; 21 did Height and Weight; 21 did Waist Circumference; 21 did Blood Pressure	B.E.S.T Belmont Employee Service Team
Long Island Jewish - Valley Stream	Prevent Chronic Diseases	Focus Area 4: Preventative care and management	Goal 4.4 In the community setting, improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity	The Manna Project: The First Annual Community Health Fair and Glucose Screening - Inwood. Serving under privilege community members. One off event	Number of screenings	250 people attended this event. 27 people were screened for BP & BMI. The rest of the people who attended visited the other tables (Cancer, General Facility Services, Orthopedics, Wound Care)	Northwell Health Community Relations
Long Island Jewish - Valley Stream	Prevent Chronic Diseases	Focus Area 1: Healthy eating and food security	ty	Food Donation to Our Lady of Good Counsel: Food donation from LIJVS Kitchen - 49 cases of lunch time tuna kits. One off event	Number of cases distributed	49 cases of tuna (12 packs in each). out of those 49 cases of tuna, a total of 294 people received tuna kits	LIJ Valley Stream Nutrition Department

Long Island Jewish - Valley Stream	Prevent Chronic Diseases	Focus Area 4: Preventative care and management	se cancer screening rates	Senator Brooks Skin Cancer Screening/ Health Fair & Glucose Screenings at Jones Beach: Skin cancer screening by a Northwell Dermatologist on location at Jones Beach Field 6. No appointments needed. LIJVS and Senator Brooks planned this health fair/glucose/BMI and BP screening event for the community at Jones Beach. This will include the mammography mobile unit, and multiple service lines from LIJVS. 2 events held	Number of screenings	2 different events: Jones Beach Skin cancer screened 25 people. Glucose, BP & BMI Health Fair at Jones beach screened 55 people	LIJ Valley Stream Dermatology, Cancer, Cardiac, Community and Population Health, Orthopedics, Organ Donation
Long Island Jewish - Valley Stream	Prevent Chronic Diseases	Focus Area 4: Preventative care and management	ing, s for es, ascu s anc	Senator Brooks Merrick Flu Shot event: Free flu shot event offered at the Merrick Library. One off event	Number of shots distributed	1 day event. 48 people received flu shots (40 RDLIJVS /8 HD CORPH)	Senator Brooks Office, LIJ VS Nursing, Ortho, Cancer services, LiveOnNY
Long Island Jewish - Valley Stream	Prevent Chronic Diseases	Focus Area 4: Preventative care and management	Goal 4.4 In the community setting, improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular i disease, diabetes and obesity	Senator ThomasHealth Fair: Health Fair conducting blood pressure and body mass index screenings. One off event.	Number of screenings	1 event for underserved community. 61 people were screened	LIJVS & Senator Thomas' office
Norrth Shore University Hospital, Plainview & Syosset Hospitals	Prevent Chronic Diseases	Focus Area 4: Preventative care and management	setting, kills for seases, diovascu betes and	Sunscreen Dispensers: Plainview, Syosset, offer skin cancer prevention/free sunscreen dispensers/ skin cancer screening in non-clinical settings in partnership with local parks and recreation departments and other organizations.	of dispensers; Number of	Plainview & Syosset Hospitals participated in sponsoring 16 free SPF 30 Sunscreen dispensers across the Town of Oyster Bay's pools, beaches and golf courses.	Town of Oyster Bay (city government)

Norrth Shore University Hospital,	Prevent Chronic Diseases	Focus Area 4: Preventative care and management	Goal 4.3 Promote evidence-based care to prevent and manage chronic diseases including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity	and Brown Community" are a free wirtual		This series ran from November of 2020 through December of 2021. Total participants for the 24 sessions: 4,759 Average session attendance ~200	Internal
Norrth Shore University Hospital,	Prevent Chronic Diseases	Focus Area 4: Preventative care and management	Goal 4.3 Promote evidence-based care to prevent and manage chronic diseases including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity	Covid-19 Vaccines for Adults and Children - In December 2021 and January 2022 North Shore University Hospital partnered with Community Relations to provide Covid-19 vaccines along with covid testing and flu shots for community members in Manorhaven, Port Washington. We were contacted by the local Councilwoman Mariann Dalimonte who shared that limited English proficiency and lack of access to transportation was preventing many of her constituents from obtaining covid vaccines for themselves and their families. We hosted vaccine pods starting in December 2021 at Manorhaven Beach Park to provide free vaccines, testing and flu shots for the community. These events continued into January 2022. Nearly 300 people were vaccinated at these pods.	participants	Manorhaven Beach Park to provide free vaccines, testing and flu shots for the community. These events continued into January 2022. Nearly 300 people were vaccinated at these pods.	Internal
Long Island Jewish - Valley Stream	Promote Healthy Women, Infants and Children	Focus Area 3: Child & Adolescent Health	Goal 3.1: Support and enhance children and adolescents' social-emotional development and relationships	_	Number of session held and number of attendees		LIJ Valley Stream Departments such as Nursing, Quality, Patient & Family Experience, Engineering, Pharmacy Emergency Management, PACU and Orthopedics.

Long Island Jewish - Valley Stream	Promote Healthy Women, Infants and Children	Focus Area 3: Child & Adolescent Health	Goal 3.1: Support and enhance children and adolescents' social-emotional development and relationships	Drive created in collaboration with The Book Fairies organization for programs across Long Island and NYC. Books from this book drive go to families in disadvantaged communities, directly impacting literacy rates in local neighborhoods.	Number of books distributed	A total of 420 books were distributed	The Book Fairies Organization
Long Island Jewish - Valley Stream	Promote Healthy Women, Infants and Children	Focus Area 1: Maternal & Women's Health	nary es an Il foc age	Go Red - Wear Red Information and Fundraising Table: Two Go Red AHA fundraising and awareness tables located in the lobby for patient and families and the cafeteria for staff. One off event	Number of participants	A total of 40 participants visited the Go Red Table	LIJ Valley Stream Nursing department
Long Island Jewish - Valley Stream	Promote Healthy Women, Infants and Children	Focus Area 3: Child & Adolescent Health	e childre otional ıships	Zoom Webinar Link - Saving Lives Coalition and Northwell Virtual Presentation to Parents: Your Teens Emotional Health - What to Know! What to Do! What to Say!: Virtual Presentation for parents - collaboration by Saving Lives Five Towns and Northwell on teens emotional health	Number of attendees	A total of 65 people attended the presentation	Saving Lives Five Towns Drug and Alcohol Coalition, Behavioral Health, Pediatrics
Long Island Jewish - Valley Stream	Promote Healthy Women, Infants and Children	Focus Area 3: Child & Adolescent Health	e childre otional Iships	Malverne Modified Medical Career Day: LIJ Valley Stream partnered with Malverne High School for Career Day - Various presenters gathered at the school gymnasium to speak on medical careers choices. One off event	Number of students attended	The school officials arranged for all 561 students to visit the gymnasium for this 1 day event	Malverne High School, Behavioral Health, General Facility Services, Imaging, Labs, Nursing, Radiology, Patient & Family Experience

Long Island Jewish - Valley Stream	Promote Healthy Women, Infants and Children	Focus Area 3: Child & Adolescent Health	Goal 3.1: Support and enhance children and adolescents' social-emotional development and relationships	Gateway Youth Outreach Access: Gateway Youth Outreach Access Presentation - Career Presentations from speakers across corporations and healthcare on long Island to students at Elmont and Sewanhaka High School. One off event			General Facility Services, Northwell Health, Nursing, Community and Population Health
Long Island Jewish - Valley Stream	Promote Healthy Women, Infants and P Children	Focus Area 3: Child & Adolescent Health Fo	Goal 3.1: Support and enhance children G and adolescents' social-emotional development and relationships	Girlz Talk Summit 2022: Over 500 underserved female students from across Long Island and NYC will be attending workshops to empower and inspire them are attending the Girlz Talk Summit 2022. One off event		-	LIJ Valley Stream Orthopedics & Pharmacy Department
Long Island Jewish - Valley Stream	Promote Well-Being and Prevent Mental and Substance Use Disorders	Focus Area 1: Promote Well-Being	Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan		number of attendees	3 events were held with a total of 201 people attended the sessions for this year	Trans New York, Expressions BERG.
Long Island Jewish - Valley Stream	Promote Well-Being and Prevent Mental and Substance Use Disorders	Focus Area 2: Prevent Mental and Substance User Disorders	Goal 2.2: Prevent opioid and other substance misuse and deaths	International Overdose Awareness Day (IOAD): Tabling with SBIRT to raise awareness of International Overdose Awareness Day. One off event		34 Narcan kits were handed out along with education on how to administer in an overdose emergency	SBRIT

