HealthAlliance of the Hudson Valley®

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HealthAlliance Hospitals: Broadway & Mary's Ave Campuses

2013 Community Health Needs Assessment

2014-2016 Implementation Plan

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Questions and comments can be submitted to:
Craig Storrow
Business Analyst, Project Manager
HealthAlliance of the Hudson Valley
105 Mary's Ave, Kingston NY, 12401
cstorrow@hahv.org
845-334-4823

I. Executive Summary

Background and Process

In accordance of federal law and regulation from the Affordable Care Act and New York State's (NYS) Health Improvement Plan, also known as the NYS Prevention Agenda, HealthAlliance of the Hudson Valley's (HAHV) HealthAlliance Hospital's participated in a community health needs assessment (CHNA). The CHNA was conducted in partnership with the Ulster County Departments of Health and Mental Health (UCDOHMH) and included HAHV as well as many other community stakeholders. Prepared by State University of New York, New Paltz, Center for Research Regional Education and Outreach (CRREO), the CHNA report used data from the U.S. Census Bureau, National Vital Statistics, NYS DOH County Health Indicators, stakeholder interviews from community-wide focus groups as well as NYS Statewide Planning and Research Cooperative System (SPARCS) data provided by HAHV to identify the health needs of residents of Ulster County. As a result of the CHNA, HAHV developed an implementation plan to address 16 identified health needs within Ulster County.

Health Needs Identified – The 16, identified health needs include: Cancer, Heart Disease, Tobacco Use, Obesity and Mental Health among others. These identified areas of community health need will be addressed in HealthAlliance's 2014-2016 Implementation Strategy, after which, the next Community Health Needs Assessment will be re-performed.

Prioritized Health Needs – The identified health needs were prioritized based upon CHNA results that identified: size and severity of the problem and the availability of community resources to address the problem. Many of the health needs HAHV selected to address align with two NYS Prevention Agenda categories: **Chronic Disease** and **Mental Health/Substance Abuse**.

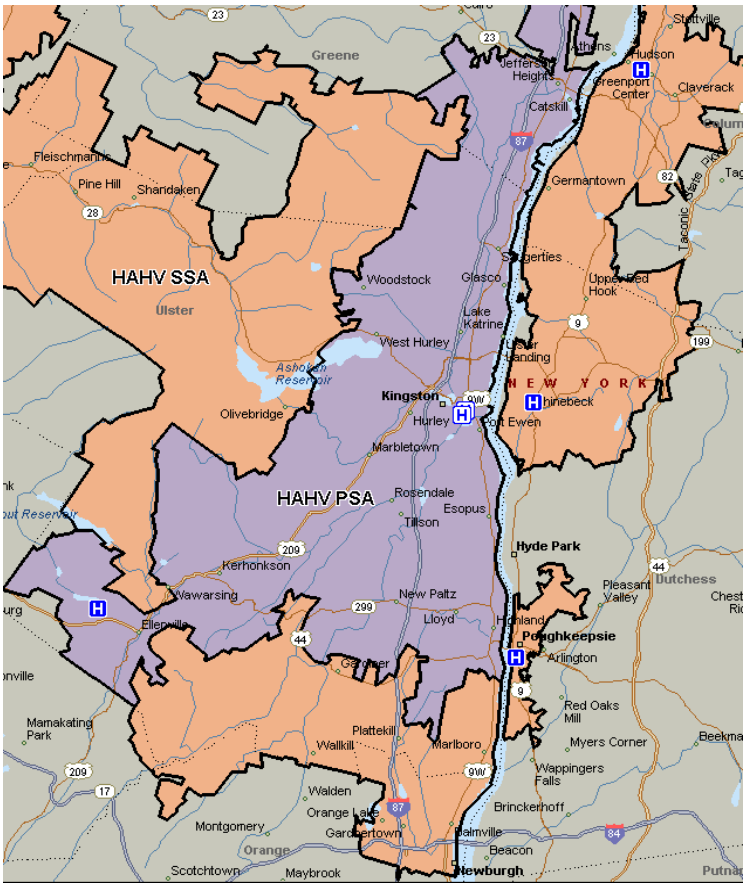
Implementation Plan – HAHV developed an implementation plan to address community health needs identified in the CHNA while paying particular attention to aligning with the goals and objectives set forth by the NYS Prevention Agenda. As a requirement of the NYS Prevention Agenda, the two categories (identified above), must be collaboratively selected between UCDOHMH and HAHV to improve upon.

HAHV's continuing progress and monitoring of goals identified in this assessment will be managed by an internal Community Benefit Committee (CBC). The CBC will engage internal and external resources to develop and implement evidence-based strategies across the service area to directly address the identified health needs HAHV will pursue. Current and new outreach strategies will be modified, if needed, and developed during the current term of the CHNA plan (2014-2016).

II. Community Description

HAHV is a multi-campus health care system consisting of HealthAlliance Hospital's Mary's Ave and Broadway Campus' in Kingston and Woodland Pond, a continuing-care retirement community, in New Paltz, both of Ulster County, as well as, Margaretville Hospital and Mountainside Residential Care Center, a skilled nursing facility, co-located on a single campus in Margaretville, in adjacent Delaware County. In an area which once had strong shipping and manufacturing industries that have since departed, healthcare is now one of the primary sectors and a significant employer that now forms the basis of our regional economy.

HealthAlliance defines its primary service area by a federal definition that consists of the top 75% of hospital discharges from the lowest number of contiguous zip-codes. Due to the geographical location of acute care hospitals under HAHV, there are two distinct primary service areas that lie within Ulster and Delaware counties, though not encompassing all of each county. Although defined as two service areas, HAHV regards it as a single primary service area for operational and community need development.



The PSA population in 2010 was 147,700 while the broader population for Ulster County was 182,493 and 47,980 for Delaware County with populations concentrated in the cities of Kingston, New Paltz and Saugerties. Patients from adjacent counties also visit either the

hospital or one of our many outpatient locations for services that may not be available in their respective communities.

Overall population for the primary service area will grow by .1% over the next 5 years, compared to the U.S. growth of 4.9%. However, the population of the region is aging rapidly, with a 12% growth rate for Pre Medicare and Medicare populations of seniors (Truven Health, Market Expert). These demographic changes, consistent with national trends, are one of the defining aspects of HealthAlliance's future community health planning.

In 2012 The Primary Service Area market share for inpatient hospital services was 61%, while the market share for inpatient behavioral health (psychiatric and substance abuse services) was 78%. For maternity services, HealthAlliance had a 35% market share, with over 70% of these patients being Medicaid enrollees, given the accessible location within a high-need, lower-income area. Within our region, projections for women of childbearing age and pediatric populations show a decline of 4.5% or 2,563 people, although our share of maternity service patients is expected to remain steady as HAHV serves as the 'safety net' provider for lower income, higher risk patients. The stable maternity volume is due to our partnership with the Mid-Hudson Family Practice Residency Program; it is one of the few family practice residency programs in the country whose physicians provide maternity and pediatric care for primary care patients at the nearby Institute for Family Health clinic.

Approximately 12% of hospital patients are enrolled in Medicaid and an estimated additional 18% have no health insurance (Ulster County Community Status Report 2009). Median household income for the county is $57,584, and $46,098 for the City of Kingston, while persons below poverty level are 11.3% for the county and 14.6% in the City of Kingston (US Census Bureau – State and County Quick Facts). The region is economically diverse, but adjacent service areas in Greene and Delaware Counties have the highest unemployment and poverty rates in this upstate New York region. Consequently, HealthAlliance provides a significant amount of charity care totaling over $3,887,000 in 2012.

According to Ulster County's Health Assessment Indicator's for 2008-2010, the area population has serious behavior-related contributors to chronic health conditions as well as high incidences of cancer mortality. Adults who smoke are 22.7% of the population, compared to 18.1% statewide, while the rate of lung cancer incidence is 89.8 per 100,000 of the population, significantly higher than the state average of 69.8 per 100,000. Mental health and substance abuse indicators are also all higher than state levels, including 17.3% of adults reporting recent binge drinking compared to 18.1% statewide, 13.6% reporting poor mental health compared to 11.2% statewide, and suicide mortality rate at 12.1 per 100,000 compared to 7.1 per 100,000 statewide. Diet and exercise are also areas of public health concern. The obesity rate among students in pre-kindergarten through 10th grade is 17.6% compared to 16.5% for NYS, while WIC children ages 2-4 have an obesity rate of 17.5% compared to NYS rate of 15.2%. Adult

obesity is 24.6%, slightly above the statewide rate of 23.2%. Compared to Prevention Agenda 2013 obesity rate goals of 15% for adults and 11.6% for pre-k, obesity is a significant concern in Ulster County.

III. Community Health Needs Assessment

a. Partners: Beginning in January of 2013, Ulster County Departments of Health and Mental Health commenced the Community Health Needs planning initiative with HealthAlliance to review state and federal requirements for the CHNA. Additional health care leaders were invited to participate in the CHNA planning process including: Ellenville Regional Hospital, The Institute for Family Health, Mid-Hudson Medical Group, Hudson River Health Care, Ulster Prevention Council and SUNY New Paltz's Center for Research Regional Education and Outreach (CRREO). Ensuing focus groups involved many other community organizations that represent a broad cross-section of the population including: Department of Social Services, health insurance payers, gym and fitness centers, United Way, Cornell Cooperative Extension, Planned Parenthood, and others.

b. Methodology and Process: CRREO was contracted through Ulster County to serve as the facilitator in developing the CHNA. Demographic data and trends, state inpatient and outpatient hospitalization data, NYS DOH county risk assessment indicator data and community focus group findings were utilized to develop the CHNA. To insure input from the medically-underserved, chronically ill, low-income and minority populations in our service area, agencies that serve those populations were represented as partners in focus group sessions.

IV. Identified Community Health Needs:

After reviewing various sources of quantitative and qualitative data, health needs were identified as those that pose risks to our community's wellbeing:

a. Health Needs:

Adult Obesity	Asthma Hospitalizations (Child)	Breast Cancer Deaths	Cardiovascular Disease
Childhood Obesity	Colorectal Cancer	Coronary Heart Disease Deaths	Exclusive Breastfeeding
Fall Hospitalizations 65+	Lung Cancer Deaths	Motor Vehicle Crash Deaths	Poor Mental Health (Adults)
Suicide Deaths	Tobacco Use Among Adults	Tobacco Use Among Children	Unplanned Pregnancy

Although there are sixteen identified health needs, most can be categorized in broader terms within two NYS Prevention Agenda priorities. **Prevent Chronic Disease** is a priority that directly links with heart disease, obesity, tobacco use and cancer. **Promote Mental Health and Prevent**

Substance Abuse is the other NYS Prevention Agenda priority that directly links with poor mental health and suicide deaths in the community.

b. Process for Prioritizing:

On September 10, 2013, a focus group session occurred to determine the prioritization of community health needs utilizing the Hanlon Method, also known as the Basic Priority Rating System. The Hanlon Method for Prioritizing Health Problems objectively takes into consideration explicitly defined criteria and feasibility factors. It is advantageous when the desired outcome is an objective list of health priorities based on baseline data and defined metrics.

Once a list of health problems has been identified, the first step is to rate each health problem on a scale of 1-10 using the following criteria: size and severity of health problem and effectiveness of potential interventions. Smaller groups within the session scored each of the indicators based upon the above criteria, those scores were then averaged to determine a consensus for each indicator. The top 16 prioritized health needs are:

c. Prioritized Health Needs:

1. Tobacco Use Among Children	2. Childhood Obesity	3. Asthma Hospitalizations (Child)	4. Unplanned Pregnancy
5. Tobacco Use Among Adults	6. Suicide Deaths	7. Cardiovascular Disease	8. Adult Obesity
9. Poor Mental Health (Adults)	10. Exclusive Breastfeeding	11. Coronary Heart Disease Deaths	12. Breast Cancer Deaths
13. Motor Vehicle Crash Deaths	14. Fall Hospitalizations 65+	15. Lung Cancer Deaths	16. Colorectal Cancer

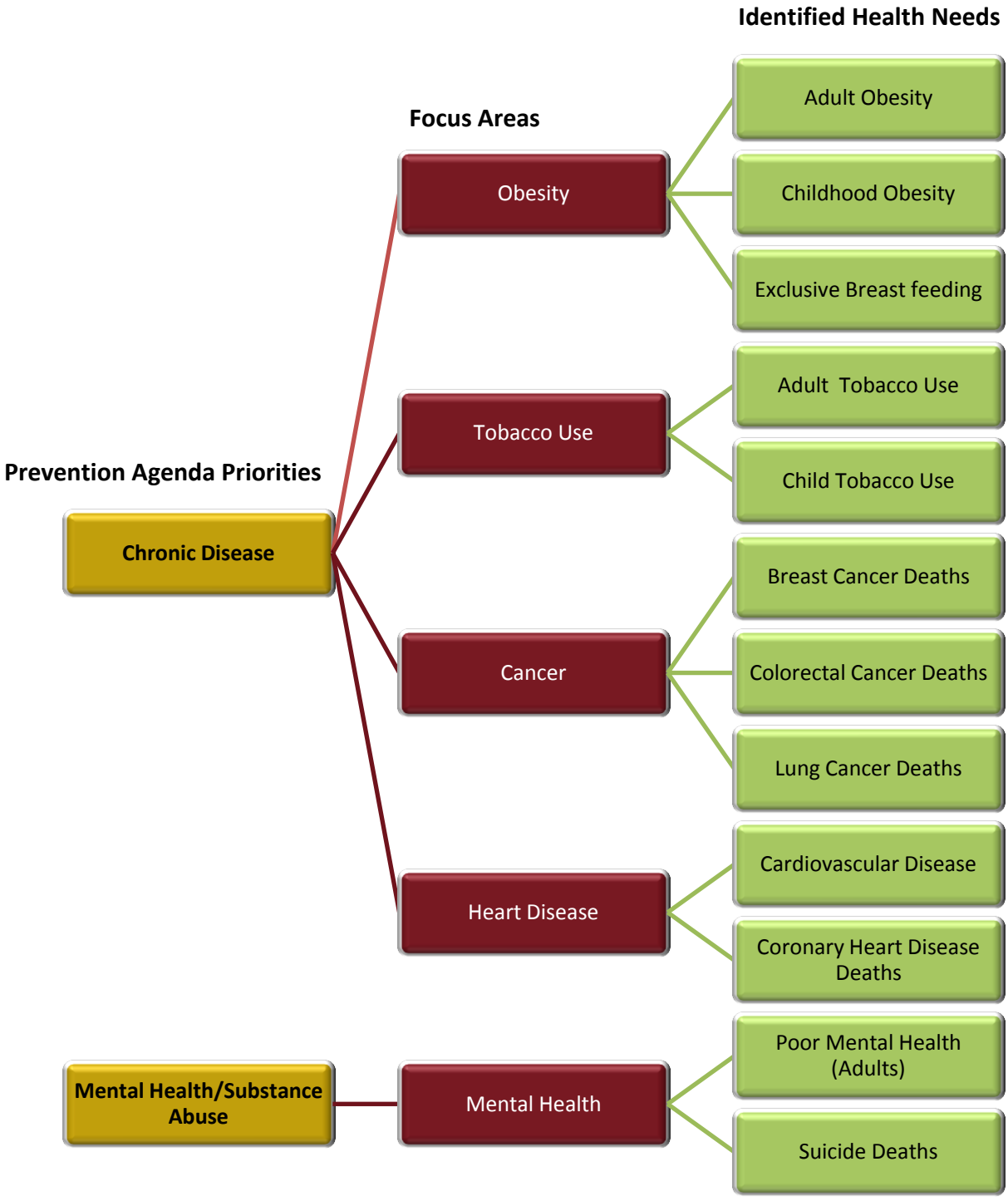
V. Community Resources and Assets

- **The Family Birth Place, Breastfeeding Coalition:** The HAHV Family Birth Place is a partner in the Breastfeeding coalition consisting of community stakeholders including: The Institute for Family Health, UCDOH, Women Infant and Children (WIC) program, and Maternal Infant Services Network. HAHV is in the process of becoming a 'Baby Friendly' hospital, a World Health Organization initiative as well as a prevention agenda objective to achieve the goal of reducing childhood obesity via promotion and support of exclusive breastfeeding in the hospital setting.

- **Tobacco Free Action Coalition (TFAC), Tri-County Cessation Center (TCCC):** TFAC and TCCC are programs supported by HAHV. These programs provide education and promote community resources for patients and caregivers about tobacco risks. TFAC is a policy driven organization with objectives intended to reduce the incidence of tobacco usage in Ulster County. Some of the objectives they intend to fulfill are: Reduction of point of sale marketing of tobacco products in convenience stores and increasing the amount of smoke-free environments within Ulster County. TCCC partners with healthcare organization leaders to adopt evidence-based tobacco treatment policies.
- **Diabetes Education Center:** HAHV's Diabetes Education Center has been recognized by the American Diabetes Association for meeting its high educational standards and for offering quality self-management diabetes education. Education and Training is provided to children and adults with Type 1, Type 2, Gestational or Pre-Diabetes. The Diabetes Education Center is committed to providing the skills and knowledge that are necessary to manage diabetes to reduce complications.
- **Breast Education and Breast Outreach Program (BEBOP), Cancer Services Program:** HAHV developed BEBOP to reach the medically underserved. Women, 40 and over, without health insurance or whose insurance doesn't cover screenings are eligible for free mammograms and clinical breast exams through the Cancer Services Program of the Hudson Valley (CSP). HAHV also helps promote CSP's other screenings for colorectal and cervical cancers.
- **Community Heart Health Coalition (CHHC):** CHHC of Ulster County, of which HAHV is a lead member, was created in 1997 to promote heart health. CHHC advocate's for and creates nutrition and physical activity opportunities that result in disease prevention across the lifespan. The goal is to create policy, behavioral and environmental changes that make communities healthier places to live. Members include: HAHV, Cornell Cooperative Extension, Ulster County Department of Health, Rose Women's Care Service Community Resource Center, Maternal Infant Services Network and Family of Woodstock's Child Care Council.
- **HAHV's Partial Hospitalization Program, Bridgeback:** The partial hospitalization program provides psychiatric services for clients who require short-term, intensive treatment without the need for hospitalization. It is comprised of a multidisciplinary team where the main modality of treatment is group therapy focusing on Dialectical Behavioral Therapy. Bridgeback is an outpatient drug addiction treatment program that provides individualized medical management and treatment of several withdrawal and related disorders through individual and group counseling, day rehabilitation, adolescent services to name a few.

VI. Implementation Strategy:

In accordance with the NYS Prevention Agenda mandate, HAHV will align with UCDOHMH to focus on two priority areas, Prevent Chronic Disease and Promote Mental Health & Prevent Substance Abuse. These priority areas consist of focus areas that impact 12 of the 16 health needs identified in the CHNA and will be addressed by HAHV.



a. Health Needs HAHV will Address:

Prevention Agenda Priority: Prevent Chronic Disease

Prevention Agenda Focus Area: Reduce Obesity in children and adults

Community Health Needs Addressed: Exclusive Breastfeeding, Obesity

1. ***Goal: Expand the role of healthcare and health service providers and insurers in obesity prevention***
   a. Objective: Increase % of infants born in NYS hospital who are exclusively breastfed during the birth hospitalization by 10% from 43.7% (2010) to 48.1%
2. ***Goal: Prevent childhood obesity through early child-care and schools.***
   a. Objective: Increase the number of school districts that meet or exceed NYS regulations for physical education.
3. ***Goal: Create community environments that promote and support healthy food and beverage choices and physical activity.***
   a. Objective: Increase the % of adult's age 18+ who participates in leisure-time physical activity.

HAHV Response

The Breastfeeding Coalition, of which HAHV is a member, educates the community at large about breastfeeding benefits and identifies policy changes to support this option. The Family Birth Place offers prenatal classes and educates expectant mothers about the benefits of breastfeeding.

- **HAHV is also near the end stages of receiving 'baby-friendly' status which recognizes hospitals that successfully implement evidence-based breastfeeding initiatives.**

The Community Heart Health Coalition (CHHC) creates nutrition and physical activity opportunities that result in chronic disease prevention for the community.

- **CHHC will work with child care centers to support changes with regard to physical activity, nutrition and reduced screen time.**
- **CHHC is also engaged in promotion of physical activity among the adult population via free exercise classes, Kingston Walks program and nutrition workshops and will soon place a priority on the adult disability population.**

Prevention Agenda Priority: Prevent Chronic Disease cont'd

Prevention Agenda Focus Area: Reduce illness, disability and death related to tobacco use and secondhand smoke exposure

Community Health Needs Addressed: Tobacco Use Children/Adults

1. ***Goal: Prevent initiation of tobacco use by New York youth and young adults, especially among low socioeconomic status (SES) populations***
   a. Objective: Decrease the prevalence of any tobacco use (cigarettes, cigars, smokeless tobacco) by high school age students by 30% from 21.2% (2010) to 15.0%.
   b. Objective: Decrease the prevalence of cigarette smoking by adults age 18-24 by 17% from 21.6% to 18%.
   c. Objective: Increase the number of municipalities that restrict tobacco marketing from zero to 10.
2. ***Goal: Promote tobacco use cessation, especially among low SES populations and those with poor mental health***
   a. Objective: Increase the number of unique callers to the NYS Smokers' Quitline by 22% from 163,428 (2011) to 200,000 annually.
   b. Objective: Decrease the prevalence of cigarette smoking by adult's age 18 years and older:
      - By 17% from 18.1% to 15.0% among all adults.
      - By 28% from 27.8% (2011) to 20.0% among adults with income less than $25,000.
      - By 17% from 29% (2011) to 24% among adults who report poor mental health.

HAHV Response

Supported by HAHV, Tri-County Cessation Center (TCCC) and Tobacco Free Action Coalition (TFAC) provide education to patients and caregivers about tobacco risks as well as promoting various community resources.

- **TCCC partners with healthcare organizations to: help communicate the importance of quitting smoking, improve interventions from a provider and increase referrals to NYS Smokers Quitline.**
- **HealthAlliance provides stop smoking materials, provided by TCCC, to all admitted patients identified as tobacco users.**

HAHV Response Cont'd

TFAC has many stated objectives, one of which is to reduce the impact of tobacco marketing in the youth population.

- **TFAC seeks to achieve success by engaging the community to support Point of Sale tobacco marketing restrictions.**

Prevention Agenda Priority: Prevent Chronic Disease cont'd

Prevention Agenda Focus Area: Increase access to high quality chronic disease preventive care and management in both clinical and community settings

Community Health Needs Addressed: Cancer, Diabetes, Heart Disease

1. ***Goal: Increase screening rates for cardiovascular disease, diabetes and breast/cervical/colorectal cancers, especially among disparate populations.***
   a. Objective (Reduce Disparity): Increase the % of women age 50-74 years with an income of < $25,000 who receives breast cancer screening by 5% from 76.7% to 80.5%.
   b. Objective: Increase the % of adults 18 years and older who had a test for high blood sugar or diabetes within the past three years by 5% from 58.8% (2011) to 61.7%
2. ***Goal: Promote use of evidence-based care to manage chronic diseases***
   a. Objective: Increase the % of adult health plan members with diabetes whose blood glucose is in good control (hemoglobin A1C less than 8%) by 7% from 58% (2011) to 62% for residents enrolled in Medicaid Managed Care; and by 10% from 55% (2011) to 60.5% for residents enrolled in commercial managed care insurance.
   b. Objective (Reduce Disparity): Increase the % of adult health plan members with diabetes whose blood glucose is in good control by 10% from 56% (2011) to 62% for black adults enrolled in Medicaid Managed Care.
   c. Objective: Reduce the rate of hospitalizations for short-term complications of diabetes by 10% from 3.4 per 10,000 (2007-09) to 3.06 per 10,000 for residents' age 6-17 years and from 5.4 per 10,000 to 4.86 per 10,000 for adults 18+.

3. ***Goal: Promote culturally relevant chronic disease self-management education.***
   a. Objective: Increase by at least 5%, the % of adults with arthritis, asthma, cardiovascular disease, or diabetes who have taken a course or class to learn how to manage their condition.

HAHV Response

HAHV's Breast Education and Breast Outreach Program (BEBOP) is a service to educate the community of free cancer screenings and support services available to the uninsured and underinsured. HAHV is also in partnership with the CSP of the Hudson valley to promote breast, cervical and colorectal cancer screenings to the uninsured.

HAHV's will seek to address the prevalence of heart disease through community health education and public screenings as well as the Diabetes Education Center. The Diabetes education center is committed to providing individuals with the skills and knowledge to manage diabetes and serves as a community resource center where training and educational programs are offered for our community. Individuals who are proficient at managing their diabetes are less likely to develop complications such as heart disease thereby reducing the potential for hospitalizations.

The CHHC hosts nutrition workshops to help people make informed choices about their health.

Prevention Agenda Priority: Promote Mental Health/Prevent Substance Abuse

Prevention Agenda Focus Area: Promote Mental, Emotional and Behavioral (MEB) Well-Being in Communities

Prevention Agenda Focus Area: Prevent Substance Abuse and other MEB disorders

Community Health Needs Addressed: Mental Health, Suicide

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1. ***Goal: Promote MEB well-being***
   a. Objective: Increase the use of evidence-based policies and programs that are grounded on healthy development of children, youth and adults by December 2017.
2. ***Goal: Prevent and reduce occurrence of MEB disorders among youth and adults.***
   a. Objective: Reduce the number of youth grades 9-12 who felt sad or hopeless by 10% to no more than 22.4% by December 2017.
3. ***Goal: Prevent suicides among youth and adults.***
   a. Objective: Reduce suicide attempts by adolescents (grade 9-12) who attempted suicide one or more times in the past year by 10% to no more than 6.4%.

HAHV Response

The goals and objectives for both focus areas are similar, thus the response is the same. Originating from the Adolescent Partial Hospitalization Program is a service called: 'Practical Tips for Promoting and Maintaining Behavioral Wellness in Youth'. Staff will train and educate parents and local childhood educator's basic concepts of dialectical behavior therapy at home or in the classroom to reduce and prevent harmful or lethal behaviors in youth. Key topics include depression and/or anxiety management and

b. Health Needs HAHV will not address

Of the health needs identified by Ulster County, HealthAlliance is focusing on the priorities outlined above. Pediatric asthma hospitalizations, unplanned pregnancy, motor vehicle crash deaths and fall hospitalizations were among the prioritized health needs HAHV chose not to focus on. HealthAlliance does not possess the infrastructure and resources to aid in prevention and continuous measurement of these health needs, nor does not align with NYS Prevention Agenda Priorities. We recognize that we cannot pursue all of the identified health needs and that decisions are based upon internal and external assets to sustain programs that would make a meaningful impact.

VII. Approvals

HealthAlliance of the Hudson Valley, Chairman of the Board of Directors

Approved by: the Board **Date:** October 25, 2013