

Community Service Plan
2015 Update



HealthAlliance Hospitals
Broadway Campus • Mary's Ave Campus
Ulster County

HealthAlliance Hospitals: Broadway Campus and Mary's Ave. Campus, Ulster County
Prevention Agenda Priority: Prevent Chronic Disease

Prevention Agenda Focus Area: Reduce Obesity in children and adults

Community Health Needs Addressed: Exclusive Breastfeeding, Obesity

Ulster County

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.

2015 UPDATE

HAHV Family Birth Place Total number of births in 2015 were 335 with 248 (74%) who breastfed at all during admission nearing the 75% benchmark. 134 (54%) of mothers breastfed exclusively during their admission surpassing the benchmark of 40%.

- 64% of nurses at the Family Birth Place are now Certified Lactation Counselors.
- 85% of nurses have taken 20 hours of breastfeeding education
- The Family Birth Place joined an initiative, a quality improvement project to increase breastfeeding rates in New York, with The National Institute for Children's Health Quality (NICHQ) and the New York State Department of Health (DOH) who are teaming up to help hospitals improve their breastfeeding rates. A new, five-year quality improvement project will guide nearly 80 hospitals in creating environments that support breastfeeding and reduce racial, ethnic and economic disparities in New York State breastfeeding rates.
- HAHV is still in a member of the Breastfeeding Coalition of Ulster County (BIUC). We host the meetings in the Family Birth Place Childbirth Education room.

- HAHV sponsors the Rock N Rest tent at the Ulster County Fair; BIUC helps staff the tent.
- HAHV still offers free childbirth education and free breastfeeding classes.
- HAHV is still in the fourth and final phase (Designation) of Baby Friendly designation. We anticipate having our on-site survey in the spring of 2016.

The Community Heart Health Coalition of Ulster County (CHHC)

- By identifying funding for and implementing the NAPSACC program, CHHC worked with childcare centers to identify and create changes in nutrition, physical activities, and decreased screen time. Metrics- 8 centers, 218 children, 47 staff impacted
- By identifying funding from the HAHV Foundation CHHC provided a movement specialist to work with the Adolescent Partial Program at HAHV to provide exercise for patients and model exercise for staff. Subsequent to completion of funding program, the adolescent partial program continued hosting the movement specialist for their patients.
- The HAHV population health committee and the employee wellness committee met to expand the role that HAHV plays in obesity prevention by making changes in cafeteria food and expanding wellness opportunities for employees through nutrition education and physical activity classes.
- CHHC maintains an active presence on the Live Well Kingston Coalition and the Healthy Ulster Council and the YMCA Farm Project Advisory Board.
- CHHC facilitated the use of payroll deduction for HAHV employees for the purchase of YMCA Farm Project vegetables thus making the fresh produce more accessible to staff.

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.

2015 UPDATE

- ❖ **Oncology Support Program (OSP)** social work staff provided support to 664 patients in the hospital and 871 outpatients.
 - There were 303 participants in **Cancer Support Groups** including women's cancer support group, men's cancer support group, care-givers support group, metastatic cancer support group, coping skills group, 1,234 participants in **Wellness Programs**, including classes in exercise (Yoga, Smartbell, QiGong, Tai Chi, Jazzercise), plant based diet Cooking classes, smoking cessation), 713 patients in **Healing Arts Programs** including Memoir Writing, Poetry, Art classes, 228 participated in special cancer survivorship or educational events including a program on Living Fully with Cancer, Peer Support Training Programs. The OSP newsletter provided educational information about Exercise and Cancer, and Skin Cancer Prevention to approximately 3,000 recipients.
 - The OSP **Breast Education and Breast Outreach Program (BEBOP)** targeted the Latino community. Bilingual staff of BEBOP provided information about free cancer screenings to the migrant farm workers at the Family Center in Kingston, provided information about CSP at the Midtown Kingston's Make a Difference Day, and provided information about CSP and OSP at the Kingston Library Women's Wellness Day. OSP Director and the Fern Feldman Anolick Center for Breast Health's Breast Health Navigator and Manager were interviewed on public radio in recognition of Breast Cancer Awareness Month. OSP organized a community Breast Health Education Program at HealthAlliance featuring the Medical Director of the Breast Center and Surgeon, Medical Oncologist, Radiation Oncologist and OSP Founder and Breast Cancer survivor.

- ❖ **The Diabetes Education Center (EDC) of HAHV** offers education and training to adults and teens with Type 1, Type 2 or gestational diabetes including weekly classes, a free, monthly support group, pump trainings, and continuous glucose monitoring studies. We remain the only American Diabetes Association accredited education center in the area.
 - In 2015, the EDC had 1236 patient visits. 104 diabetes self-management classes were offered and well attended. Most patients who complete the classes and individual appointments see a reduction in A1C and LDL levels. This has been the center's busiest year to date.
 - Monthly, the EDC free support group hosted a speaker including 2 endocrinologists, a dentist, podiatry, an ophthalmologist, qigong demonstration, several patient A1C champions and certified diabetes educators. The center also partnered with Eli Lilly to offer the Journey awards program and at a ceremony in November, we awarded 18 participants who had been living with Type 1 diabetes for 10, 25, 50 or 75 years. In total, 176 participants took advantage of our support groups.
 - The diabetes center has continued to work with our internal employee wellness center to promote the health and well-being of employees. Although, the EDC has offered individualized weight loss counseling sessions with dieticians since 2012, the assistance of the wellness committee in promoting the program has been successful and we have seen an increased interest.

- ❖ **Live Well Kingston (LWK)**, city-endorsed health coalition facilitated by Cornell Cooperative Extension of Ulster County and for which HealthAlliance is a founding partner and contributes financially to and as a working partner. The leadership team has grown to include 14 voting members. Five members certified in a variety of healthcare positions are voting members.
 - Functioning Focus Teams with leadership in 2015 were, Travel Well, Eat Well, Age Well, and Heal Well. Other teams in nascent stages of formation are Play Well, Work Well, and Learn Well.
 - Travel Well consists of three groups that meet separately The Kingston Green line, Build a Better Broadway, and Kingston Connectivity Projects. In 2015 the team became more cohesive with regular communications between the three groups.
 - Play Well - The previously planned focus chair was elected Mayor of Kingston and new leadership for this group is being recruited.
 - Eat Well- has met regularly in 2015 and they did generate a robust list of potential participants, wrote a letter to recruit new participants, developed a preliminary work plan, developed meeting structure and plan for 2016, and secured a communications liaison from the team to coordinate blog posts for Eat Well on the LWK website.
 - Age Well- The Age Well Chair assembled an Age Well Focus Team, and she made a strong connection with the Seniors Staying in Place group of which members have volunteered to support different components of the 2015 action plan.
 - Heal Well- While not planned for this year, the Institute for Family Health volunteered to begin the formation of a Heal Well Focus Team. They planned to start with a small pilot project, developing a Walk and Talk with a Doc program.

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

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 suicide prevention.

2015 UPDATE

The HAHV Adolescent Partial Hospitalization Program (APHP) provides psychiatric treatment, including medication monitoring; group, family, individual and activity therapies; and educational services for adolescents ages 13-18. The program is designed as a short-term intensive treatment program, providing services for six hours per day, Monday through Friday. The APHP may be used as an initial point of entry into the mental health system of care, as a step up from routine or intensive outpatient care, or as a step down from acute inpatient or residential care. The program can be utilized to prevent a psychiatric hospitalization if the teen is not at imminent risk of serious harm to himself/herself or to others. This report will highlight the programs interventions, measures of success, challenges, and achievements thus far in 2015.

Evidence based interventions

The evidence based intervention strategy and modality of treatment being used at APHP is Marsha Linehan's *Dialectical Behavior Therapy* (DBT). DBT is a set of life skills that are effective for everyone and especially for people who have difficulty controlling their strong emotions and behaviors. DBT also helps people to reduce problem behaviors and increase skillful responses to triggering events and situations.

Measure of success

The measures of success used to determine the effectiveness of the program are a Patient Satisfaction Survey and the collection of statistical data each month to monitor recidivism rates. The Satisfaction Survey results for 2015 pertain to this report are as follows:

85% of patients rated the program as Excellent.
79% of patients said that they used the DBT skills Usually or Always.
96% of patients said that they would recommend the program to others.

The recidivism rates for 2015 are as follows:

0% of patients were readmitted to the APHP within 15 days.
1% of patients were readmitted to APHP within 30 days.

Challenges

The main challenge for APHP is the inability to accommodate the level of need in the community. Since October 2014 the APHP has had an ongoing list of patients waiting for admission. Plans are being considered for program expansion.

Achievements

The successes of the APHP are best illustrated by the following data highlighting program participation and accomplishments listed below.

- APHP participation and outcomes:
 - The total number of admissions is currently 80 patients with an expected admission of 110 patients by the end of 2015.
 - The average annual daily census was 9. The maximum daily census is 10
 - The average LOS was 18 days. The bench mark is 15 days
 - Chart audits showed a 97% compliance rate for treatment planning and utilization review.
 - 100% of patients who graduated from APHP developed a Wellness Recovery Action Plan (WRAP) while attending the program.

- APHP accomplishments:
 - The APHP has a general YMCA membership for all patients to be able to use the YMCA facilities during program hours while admitted to the program. The YMCA membership is funded by the Benedictine Health Foundation.
 - The Hudson Valley Foundation for Youth Health and The Benedictine Health Foundation has granted the APHP funds for implementing a music therapy program on the unit. This program will provide patients with musical instruments, recording equipment, and computer software to create musical pieces and help to reinforce the DBT skills.
 - The Benedictine Health Foundation has funded a nutrition program at APHP. This program will teach the youth attending APHP basic nutrition, reinforce healthy eating habits, and address eating disorders.
 - The APHP staff serves on the following committees in the community: SPOA, Children Services Planning Committee, Suicide Prevention Task Force, UC System of Care Committee, and the New Paltz Community Leadership Round Table, Eating Disorder Coalition, and the MHA in Ulster County.
 - The APHP staff attended in-services or conferences on the following: LGBTQ, PMCS, Suicide Prevention, DBT, Bullying, Human Trafficking, Somatic Experiencing, and Eating Disorders

- The APHP team participated in the Mental Health Expo at HAHV as well as other community based Health Fairs.
- The APHP provided education for several nursing students and 2 medical students, and also provided internships for 1 Social Work intern and 1 mental Health Counselor intern.

The APHP staff now includes 3FTE positions and 1 PT position. The Nurse Practitioner/MD provides psychiatric services to APHP patients and families 5 days a week. Education Inc. provides a tutor with no additional cost to the program. Each year the APHP Clinical Coordinator supervises MSW/MHC interns, Music Therapy Interns, and Creative Art Therapy Interns.