

Community Health Needs Assessment & Community Service Plan

2017 CSP Summary Report December 2017

2017 Activities

Throughout 2016 and 2017, Adirondack Health has continued nurturing partnerships in the community to provide the foundation for improving the health of all our residents throughout the Adirondacks.

In addition to providing the highest quality care for patients at our primary locations, we at Adirondack Health aim to apply our clinical strengths to support the health needs of the broader community throughout the Adirondack Region.

Through the Community Health Needs Assessment and the partnerships outlined in our Community Service Plan, we seek to create a platform for evidence-based health promotion and disease prevention at the community level, fostering healthy behavior change and reducing risk factors for disease.

Aligning with New York State's Prevention Agenda, our three-year Community Service Plan (2016-2018) we are continuing our priority areas of Preventing Chronic Disease as well as Promoting Health of Women, Infants and Children. We added another priority item of Promoting Mental Health. Our focus area remains on increasing access to high quality chronic disease preventive care and management in both clinical and community settings.

Progress

Adirondack Health continues with increased participation and progress with the following:

- Participating in DSRIP (Delivery System Reform Incentive Payment) with seven projects all of which are part of a comprehensive program to reduce hospital admissions and Emergency Department admissions by 5% per year over the next five years. In our service area alone, over 800 homes will benefit from initiatives to provide healthcare in the home via either telemedicine by the patient themselves or with the assistance of public health workers; and education and lifestyle changes for disease prevention. Project teams have been established and initial data analysis have been submitted to meet milestones. Projects have moved into the pay for performance phase in 2017 and tools have been developed and implemented to determine benchmarks of patient healthcare status. To date all deliverables have been met. DSRIP funds are continuing to flow into these projects which support the investment in Population Health as the system ramps up to value based payment. Our projects align with the prevention agenda and Chronic Disease continues to be a focus area, with an emphasis on palliative care; as well as integration of behavioral health into primary care, among others.

- Our partnership with Adirondack Health Institute (AHI) helps us to expand regional collaboration among healthcare and social service providers serving the Adirondacks. AHI's goal is to help members and their communities navigate the ever changing health care industry through partnerships and collaboration. We are active in Medical Home through the ACO and a member of the Adirondack Regional Health Network (ARHN). ARHN keeps us engaged in regional initiatives including smoking cessation and T21, as well as other prevention agenda priority projects. See Appendix A for all ARHN activities.
- Using the National Diabetes Prevention Program as a model, Adirondack provided a pre-diabetes program for all Adirondack Health employees and patients who come through our health centers. This program is continuing through our transition of care department along with our health resource navigators. Collaboration with Healthy Heart Network provides the ability to continue this program and survey our patients and keep them on track with their self-management along with regular testing.
- We continue to educate and encourage breastfeeding through education both in our Women's Health Center and also during our bi-monthly childbirth education classes on infant feeding. Both areas are staffed by two International Board Certified Lactation Consultants. We continue to excel in promoting breastfeeding in the Adirondack Park. Our exclusive breastfeeding rate year to date (June, 2017) is 72% comparing this to our Cohort 3 hospitals (hospitals with deliveries <500) which are at 58.8% and our regional Northeastern New York non-NICU hospitals at 65.3%. Our current "any breastfeeding rate" is at 87% compared to our Cohort 3 hospitals at 71.7%. We rank on the Infant Feeding in Northeastern New York graph at #3 behind UVM-CVPH and Northern Dutchess.
- The Women's Health Center was created last year and is utilizing our Women's Health Navigator, along with our women's guidebook established in 2015 and republished in 2017, to help women navigate the complex healthcare system and provide the necessary information for access to all healthcare needs throughout their lives and the lives of their family. Also the Baby Box program was started which tracks prenatal visits for patients who will deliver their babies in our OB/GYN department. The Baby Box program is part of our safe sleep initiative which provides educational information along with a starter kit for newborns for new moms. Requirements to receive the free Baby Box are at least 13 prenatal visits which are tracked by the Women's Health Center. Patients will receive their Box, should they wish one, at their 36 week mark. To date 30 boxes have been distributed.
- Adirondack Healthy Programs (AHP) – developed in 2016 and continuing to provide yoga classes to the community as well as scholarships for women to attend the Creative Healing Connections Retreat for cancer survivors; and for Veterans with chronic disease. AHP also provides scholarships for children and adults to attend physical activity classes, including 5k race participation and programs in the summer for health and well-being. DSRIP funds

related to population health through the prevention agenda priority projects have been used to provide community wellness forums, anti-stress activities for employees during healthcare wellness week as well as partial funding for the Baby Box program. Winter wellness activities, such as cross-country skiing and snowshoeing classes were also funded through this program. All of our priority projects for the Community Service Plan have been partially supported by our DSRIP funds and will continue for as long as the funds last.

Appendix A

2017 Year End Summary for CHA Committee to Assist in Updates to CHIP/CSP

Overview of ARHN, CHA Committee Description, Member Organizations, and Meeting Dates

Adirondack Rural Health Network: The Adirondack Rural Health Network (ARHN) is a program of AHI - Adirondack Health Institute, Inc. Established in 1992 through a New York State Department of Health Rural Health Development Grant, ARHN is a multi-stakeholder, regional coalition that informs on planning assessment, provides education and training to further the New York State Department of Health Prevention Agenda, and offers other resources that support the development of the regional health care system. Since its inception, ARHN has provided a forum to assess regional population health needs and develop collaborative responses to priorities. ARHN includes organizations from New York's Clinton, Essex, Franklin, Fulton, Hamilton, Warren, and Washington counties.

Description and Members of the Community Health Assessment (CHA) Committee: Since 2002, ARHN has been recognized as the leading sponsor of formal community health planning throughout the region. The Community Health Assessment (CHA) Committee, facilitated by ARHN, is made up of hospitals and county health departments that have developed and implemented a sophisticated process for community health assessment and planning for the defined region to address identified regional priorities. The CHA Committee is made up of representatives from Adirondack Health, University of Vermont Health Network - Alice Hyde Medical Center, University of Vermont Health Network - Elizabethtown Community Hospital, Essex County Public Health, Franklin County Public Health, Fulton County Public Health, Glens Falls Hospital, Hamilton County Public Health Services, Nathan Littauer Hospital, University of Vermont Health Network - Champlain Valley Physicians Hospital, Warren County Health Services, and Washington County Public Health Services.

Purpose of the Community Health Assessment (CHA) Committee: The Community Health Assessment (CHA) Committee, made up of the CHA service contract holders with AHI, is a multi-county, regional stakeholder group, meeting quarterly, that convenes to support ongoing health planning and assessment by working collaboratively on interventions and developing the planning documents required by the New York State Department of Health and the Internal Revenue Service in an effort to advance the New York State Prevention Agenda.

CHA Committee Meeting Dates in 2017:

- January 12, 2017
- March 22, 2017
- June 9, 2017
- September 8, 2017
- December 15, 2017

Regional Priority Selection and Corresponding ARHN Sponsored Activities

Regional Priority: As part of the community health planning and assessment process for the 2016-2018 cycle, the Community Health Assessment (CHA) Committee identified and selected Chronic Disease Prevention as a regional priority in support of the NYS Prevention Agenda 2013-2018. CHA partners and ARHN work collectively to implement multifaceted strategies to address and raise awareness of chronic disease prevention as well as the other Prevention Agenda Priority Areas. These included:

ARHN Sponsored Activities:

- **Multi-Organizational Media Campaign:** A spring 2017 media campaign in support of raising the tobacco purchasing age from 18 to 21. The campaign had a print and online component. The print component ran for two weeks between March 8th and March 20th with ads running in 14 local papers: Malone Telegram (cir. 3,800), ADK Daily Enterprise (cir. 2,800), Plattsburgh Press Republican (cir. 13,000), The Adirondack Journal Sun (cir. 10,776), The Sun Valley News (cir. 15,431), Times of Ti Sun (cir. 6,734), The Leader-Herald (cir. 9,400), Fulton County Express (cir. 41,000), Hamilton County Express (cir. 6,500), Adirondack Express (cir. 30,000), Granville Sentinel (cir. 2,600), Whitehall Times (cir. 1,300), North Country Free Press (cir. 22,673), and the Cambridge Eagle (cir. 3,145). The online component ran for six weeks (3/20-4/30) and partnered with five agencies. There were 666,667 total impressions over the six weeks and were tracked by mobile (431,640) and desktop/display (235,027).

Newspaper	Circulation	Ad Dates
Malone Telegram	3,800	3/10, 3/17
ADK Daily Enterprise	2,800	3/10, 3/17
Plattsburgh Press Republican	13,000	3/10, 3/17
The Adirondack Journal Sun	10,776	3/11, 3/18
The Sun Valley News	15,431	3/11, 3/18
Times of Ti Sun	6,734	3/11, 3/18
The Leader-Herald	9,400	3/10, 3/17
Fulton County Express	41,000	3/10, 3/17
Hamilton County Express	6,500	3/9, 3/16
Adirondack Express	30,000	3/8, 3/15
Granville Sentinel	2,600	3/17, 3/20
Whitehall Times	1,300	3/17, 3/20
North Country Free Press	22,673	3/17, 3/20

ARHN Sponsored Activities: Continued

- **Presentations:** The AHI Annual Summit featured four public health departments discussing how they brought traditional and non-traditional partners to the table to impact social and environmental determinants of health. The AHI Summit also hosted chronic disease presentations on COPD and diabetes.
- **Community Health Assessment Resources on ARHN Website:** ARHN in partnership with the CHA Committee created a seven county [2016-2018 executive summary](#), a comprehensive collection and analysis of data regarding health issues and needs in Clinton, Essex, Franklin, Fulton, Hamilton, Warren, and Washington counties. It is on the ARHN website with corresponding links to all the CHA Committee members Assessments/Reports. For more information, please visit <http://www.ahihealth.org/arhn/>. The ARHN website was also expanded to include a repository of resources and links to evidence-based strategies.
- **Data:** Updating of standardized data reports by county developed for 2016 CHA process by ARHN/AHI. Counties include Clinton, Essex, Franklin, Fulton, Montgomery, Hamilton, Saratoga, Warren and Washington. These will be emailed to the partners on December 1st, with an AHI data team staff member presenting on them at the December 15th CHA Committee meeting. The format is an updated one, based on committee member feedback from a July conference call.

PHIP Activities Related to Raising the Sale Age for Tobacco Products to 21

The AHI Population Health Improvement Program (PHIP), supported by a grant from the NYS DOH, works with a broad range of community stakeholders (including local health departments and hospitals) to identify and implement strategies to advance the NYS Prevention Agenda. The AHI PHIP's region includes Clinton, Essex, Franklin, Hamilton, Warren and Washington counties.

- **For LHDs/Hospitals located in Clinton, Franklin and Essex Counties**

Continued to contribute to the efforts of the North Country Tobacco Use Reduction Task Force to restrict young people's access to tobacco products and strengthen existing tobacco use cessation services. Assisted in the establishment and leadership of a county committee to advance the adoption of a local policy to raise the minimum legal sale age for all tobacco products to 21.

Worked with the following community sectors on tobacco use reduction efforts: advocates; business; town and county elected officials; schools/colleges; community-based organizations; faith-based organizations; FQHC's; hospitals; housing programs; local health departments; local governmental units; media; providers; regional PPS's; regional PHIP's.

Worked with the partners to increase community awareness about the benefits of raising the sale age and participated in efforts to garner community support for a county policy to raise the minimum legal sale age for tobacco products to 21.