



Service area covered in this assessment and plan:

NewYork-Presbyterian Hudson Valley Hospital’s service area includes, but is not limited to, the municipalities of Buchanan, Cortlandt, Croton-on-Hudson, Ossining, Peekskill, Somers, and Yorktown.

Participating Local Health Department and contact information:

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To determine the community health priorities for 2016-2018, the Westchester County Department of Health created the **Westchester County Health and Hospital Planning Team**.

Executive Summary

NewYork-Presbyterian Hudson Valley Hospital, located in Cortlandt Manor, New York, serves residents of Westchester, Putnam and Dutchess Counties. The 128-bed facility provides a wide range of ambulatory care and inpatient services with 450 physicians on staff in 63 specialties.

The Prevention Agenda 2013-2018 is New York State's health improvement plan; a vision for New York to become the nation's healthiest state by addressing five health priorities: Prevent Chronic Diseases; Promote a Healthy and Safe Environment; Promote Healthy Women, Infants and Children; Promote Mental Health and Prevent Substance Abuse; and Prevent HIV, Sexually-Transmitted Diseases, Vaccine-Preventable Diseases and Healthcare-Associated Infections. The Prevention Agenda priority being addressed by NewYork-Presbyterian Hudson Valley Hospital with the Westchester County Health Department of Health, Westchester County hospitals and community-based organizations for 2016-2018 is **Prevent Chronic Disease** with each hospital selecting two focus areas within that priority.

NewYork-Presbyterian Hudson Valley Hospital is collaborating with the Westchester County Department of Health and Hospital Planning Team for the assessment and implementation process. In 2016 the team consisting of the Westchester County Department of Health and all Westchester Hospitals met monthly from April through November. During the assessment phase the team reviewed the 2016 Prevention Agenda Dashboard for Westchester County to evaluate the performance range of every indicator and whether it was meeting the state goal; the group jointly crafted the Community Health Needs Assessment Survey; decided on Priorities for the Prevention Agenda 2016-2018; and reviewed each hospital's "Focus Areas and Implementation Plan". The team will continue to support the priority implementation period which ends December 2018 by sharing program information, reviewing progress, and creating new opportunities for collaboration to support the Prevention Agenda. NewYork-Presbyterian Hudson Valley Hospital also works with local physician practices and Hudson River Health

Care, a federally qualified health center in Peekskill, to help identify and connect with target populations. The hospital follows the guidelines of the World Health Organization's Baby-Friendly USA and incorporates them to improve breastfeeding outcomes. In 2017 the New York State Department of Health will provide a chronic disease specialist to present information to OB/GYN and pediatricians on the benefits of breastfeeding as it relates to obesity prevention.

Priorities were selected based on data from the New York State Prevention Agenda 2013-2018, the Prevention Agenda Dashboard for Westchester County, the Prevention Agenda Refresh Chart, and the Community Health Needs Assessment Survey.

NewYork-Presbyterian Hudson Valley Hospital will engage the community by promoting the Prevention Agenda programs through numerous efforts and multiple venues including but not limited to:

- In NewYork-Presbyterian Hudson Valley Hospital publications, both in print, emailed and Facebook;
- Participation in Peekskill Agencies Together, a coalition comprised of more than 50 community-based organizations;
- Presentation and distribution of information to locations including libraries, chamber offices, places of worship, senior centers, physician practices and schools;

This wide net of connectivity will ensure that the community is involved in the Prevention Agenda in the sharing of program information, updates and progress.

The following **Focus Areas** and **Goals** are specific to NewYork-Presbyterian Hudson Valley Hospital:

Focus Area 1: Increase access to high quality chronic disease preventative care and management in both clinical and community settings.

Goal: Promote evidence-based care to manage chronic diseases.

Intervention: Healthy Heart Program: designed for minorities, ages 45-65, at risk for heart disease

The evidence-based interventions, strategies, and activities that are being implemented to address the Priority of Prevent Chronic Diseases were selected from the *Prevention Agenda Preventing Chronic Diseases Action Plan*. For the first Priority/Focus Area of **Prevent chronic disease by increasing access to high quality chronic disease preventative care and management in both clinical and community settings**, every participant is enrolled at no charge in the *Healthy Heart Program*, a chronic disease self-management education program. Over five months the Healthy Heart program includes 10 Healthy Heart cooking classes and a membership to The Wellness Center, both located on the hospital's campus. The program brings together nutrition education and physical fitness with the aim of reducing the risk factors associated with cardiovascular disease. The program addresses the disparity of race as the targeted population is African American and Latino, ages 45-65 with a history of or predisposition for cardiovascular disease. The participants along with the community are encouraged to attend the hospital's bi-monthly Farmers' Market offered from May through November thus improving access to healthier foods. The Healthy Heart Program measures progress and improvement by checking bi-monthly biometric measurements of blood pressure, weight, and body mass index. A "My Health Habits" pre- and post- test measures participants' understanding of nutrition and fitness. The program goal is for participants to experience medical benefits such as losing weight, reducing blood pressure and/or body mass index, as well as expand their nutrition and culinary literacy, and gain an increased understanding of the value of physical activity.

Focus Area 2: Reduce obesity in children and adults.

Goal: Expand the role of health care and health service providers in obesity prevention.

Intervention: Increase breastfeeding rates at discharge to 90% by training all maternity staff on the benefits of breastfeeding and by providing breastfeeding education and support to mothers within one hour of birth; teaching mothers how to maintain lactation; and encouraging breastfeeding on demand.

The second Priority/Focus Area of **Prevent chronic disease by reducing obesity in children and adults** employs the evidence-based interventions, strategies, and activities based upon the World Health Organizations' Baby-Friendly USA requirements of *10 Steps to Successful Breastfeeding* as they relate to an increase in exclusive breastfeeding at discharge. The Centers for Disease Control website (www.cdc.gov) states that breastfeeding protects against childhood obesity and the success rate among mothers who want to breastfeed can be improved through active support from their families, friends, communities, clinicians, health care leaders, employers, and policymakers. One measure will be to look at the percentage of mothers who exclusively breastfeed at discharge and also participate in breastfeeding support groups post-discharge.

NewYork-Presbyterian Hudson Valley Hospital is committed to New York State's Health Improvement Plan, and to achieving the goal of becoming the healthiest state in the nation. NewYork-Presbyterian Hudson Valley Hospital will continue to work with the Westchester County Health and Hospital Planning Team, and our community-based organizations to positively impact the health of New Yorkers.

Comprehensive Report

About NewYork-Presbyterian Hudson Valley Hospital

Founded in 1889 by the Helping Hand Association, NewYork-Presbyterian Hudson Valley Hospital, located in Cortlandt Manor, New York, serves residents of the Hudson Valley and Westchester County. The 128-bed facility provides a wide range of ambulatory care and inpatient services with 450 physicians on staff in 63 specialties. The hospital is home to the region's only "No Wait" emergency department, which sees more than 40,000 visits per year. The hospital's Cheryl R. Lindenbaum Comprehensive Cancer Center, the first of its kind in the region, provides patients with access to an extraordinary level of expertise and resources, including highly skilled and dedicated oncologists from ColumbiaDoctors, the faculty practice of Columbia University Medical Center. Medical oncology, radiation oncology, the infusion center and support services are centrally located in one building on the Cortlandt Manor campus. NewYork-Presbyterian/ Hudson Valley Hospital has received a string of national awards for patient satisfaction as well as clinical excellence, including the Guardian of Excellence Award from Press Ganey to Ambulatory Surgery in 2014, 2015 and 2016 for patient experience.

About NewYork-Presbyterian

NewYork-Presbyterian is one of the nation's most comprehensive healthcare delivery networks, focused on providing innovative and compassionate care to patients in the New York metropolitan area and throughout the globe. In collaboration with two renowned medical school partners, Weill Cornell Medicine and Columbia University Medical Center, NewYork-Presbyterian is consistently recognized as a leader in medical education, ground-breaking research and clinical innovation.

NewYork-Presbyterian has four major divisions: NewYork-Presbyterian Hospital is ranked #1 in the New York metropolitan area by U.S. News and World Report and repeatedly named to the magazine's Honor Roll of best hospitals in the nation; NewYork-Presbyterian Regional Hospital Network is comprised of leading hospitals in and around New York and delivers high-quality care to patients throughout the region; NewYork-Presbyterian Physician Services connects medical experts with patients in their communities; and NewYork-Presbyterian Community and Population Health features the hospital's ambulatory care network sites and operations, community care initiatives and healthcare quality programs, including NewYork Quality Care, established by NewYork-Presbyterian, Columbia and Weill Cornell.

NewYork-Presbyterian is one of the largest healthcare providers in the U.S. Each year, nearly 29,000 NewYork-Presbyterian professionals deliver exceptional care to more than 2 million patients.

On November 10, 2015, the New York State Commissioner of Health, Dr. Howard Zucker sent letters to all County Health Departments and local hospitals requesting each county oversee collaboration and the development of the community health assessment and health improvement plans required for submission by December 30, 2016.

To coordinate this collaboration, the Westchester County Department of Health coordinated a kick-off meeting on April 8, 2016 and invited all Westchester County hospitals.

On April 8, 2016, the New York State Prevention Agenda 2013-2018 was presented and reviewed. For each indicator, the team determined whether the county was below, meeting or exceeding the state established targets/goals, the estimated number of people affected by each indicator, the county's overall ranking for the indicator compared to other New York counties, and the performance range within the State. The coalition requested the Westchester County Department of Health provide additional reports/analysis, including data at a sub-county level to allow a greater understanding of the issues. Samples of existing community surveys were distributed and reviewed and it was decided that the Westchester County Department of Health and Westchester County Hospitals would develop one standardized community survey to be disseminated as well as translated into Spanish. At subsequent meetings there was review of the New York State Prevention Agenda Action Plan Refresh Chart and resources provided by the New York State Department of Health.

To support in the selection and planning of priorities the Westchester County Department of Health created the Westchester County Health and Hospital Planning Team (see below) and met to collaborate from April through November 2016.

Westchester County Health and Hospital Planning Team:

Name	Address	City, State, Zip Code
Blythedale Children's Hospital	95 Bradhurst Avenue	Valhalla, NY 10595
Burke Rehabilitation Hospital	785 Mamaroneck Avenue	White Plains, NY 10605
Montefiore Mount Vernon Hospital	12 North Seventh Avenue	Mount Vernon, NY 10550
Montefiore New Rochelle Hospital	16 Guion Place	New Rochelle, NY 10801
NewYork-Presbyterian/Hudson Valley Hospital	1980 Crompond Road	Cortlandt Manor, NY 10567
NewYork-Presbyterian/Lawrence Hospital	55 Palmer Avenue	Bronxville, NY 10708
Northern Westchester Hospital	400 East Main Street	Mount Kisco, NY 10549
Phelps Memorial Hospital	440 South Riverside Avenue	Croton-on-Hudson, NY 10520
St. John's Riverside Hospital	967 North Broadway	Yonkers, NY 10701
St. Joseph's Medical Center	127 South Broadway	Yonkers, NY 10701
Westchester Medical Center	100 Woods Road	Valhalla, NY 10595
White Plains Hospital	41 East Post Road	White Plains, NY 10601

Community Assessment:

NewYork-Presbyterian Hudson Valley Hospital’s service area represents a population of 146,750 and includes, but is not limited to, the municipalities of Buchanan, Cortlandt, Croton-on-Hudson, Ossining, Peekskill, Somers, and Yorktown.

Socioeconomic Factors: There is a large gap between the highest and lowest /socioeconomic classes within our community, with family household income ranging from less than \$10,000 to more than \$200,000.00. According to data provided by the Westchester County Department of Health, 87.1% of the Westchester County population ages 18-64 has health insurance which is below the NYS 2018 objective of 100%. Additionally, our primary service area faces an average unemployment rate of 8.75%. (See Table 1 below)

Table 1: Census Data for Median Household Income by Race/Ethnicity and Municipality, 2011 American Community Census

	2007-2011 American Community Survey							
	Median House hold Income (\$)							
	Total	White	Black	Asian & Pacific Islander	Some Other Race	Two or More Races	Hispanic	White Non- Hispanic
Buchanan	87,454	98,125	78,352	-	85,677	>250K	86,979	96,458
Cortlandt		--	--	--	--	--	--	--
Croton-on-Hudson	108,424	110,966	103,750	79,901	**	130,625	65,156	114,174
Ossining	70,872	78,383	53,476	72,883	49,403	95,089	53,359	90,143
Peekskill	58,675	62,129	54,279	106,554	39,327	57,102	42,522	66,223
Somers	115,713	115,536	87,143	170,556	49,779	106,833	79,189	116,209
Yorktown	104,235	104,107	86,375	183,636	40,952	57,382	65,655	104,886

** Insufficient numbers of this racial category and municipality to generate median.

-- Municipality or HPR median income estimate can not be calculated from Census or ACS data.

To better serve its community, NewYork-Presbyterian Hudson Valley Hospital held meetings and had correspondence with local community-based agencies. Additionally, 326 members of the NewYork-Presbyterian Hudson Valley Hospital community participated in a Community Health Needs Assessment Survey. The assessment asked people to indicate their health concerns; their perception of health concerns of the community they live in; and what types of programming would help to address those concerns. The NewYork-Presbyterian Hudson Valley Hospital results representing the top three responses were:

Personal Health Concerns:	Community Health Concerns:	Respondents view of Programming that would be helpful:
1) Nutrition/Eating habits	1) Drug Abuse	1) Access to exercise/weight loss programs
2) Care for the Elderly	2) Care for the Elderly	2) Access to healthier food
3) Overweight/Obesity	3) Overweight/Obesity	3) Community Education Programming

The common health concern for both personal and community health is overweight/obesity and NewYork-Presbyterian Hudson Valley Hospital is committed to addressing this concern in its Community Service Plan Priority *Prevent Chronic Disease*. The Hospital also provides community outreach to address the other health factors that were raised as health concerns: namely nutrition/eating habits and care for the elderly.

Identification of Prevention Agenda Priorities:

As a result of collaborating with the Westchester County Health and Hospital Planning Team, reviewing the Prevention Agenda Action Plan Refresh Chart provided by New York State Department of Health and the Westchester County Community Health Survey results, the joint coalition decided its **Priorities** for the Community Service Plan would be **Preventing Chronic Diseases**. All hospital representatives came to a consensus that choosing two focus areas under the umbrella of *Prevent Chronic Disease* was the best choice and the avenue to most successfully implement programs aligned with the strengths and service lines of their facilities. Specifically NewYork-Presbyterian Hudson Valley Hospital will address the following **Focus Areas** and **Goals**; as prescribed by the New York State Prevention Agenda, and supported by the Westchester County Department of Health.

Focus Area 1: Increase access to high quality chronic disease preventative care and management in both clinical and community settings.

Goal: Promote evidence-based care to manage chronic diseases.

Intervention: Healthy Heart Program, a program designed for minorities, ages 45-65, at risk of heart disease.

Priority/Focus Area 1: The first priority/focus are of “*Prevent Chronic Disease by increasing access to high quality chronic disease preventative care and management in both clinical and community settings*” represents the identical goal as the 2013 priority/focus area of “*Prevent Chronic Disease by decreasing the percent of blacks and Hispanics dying prematurely from heart-related deaths.*”

***NewYork-Presbyterian Hudson Valley Hospital programming to address community health concerns:
Nutrition/Eating Habits:***

In addition to the Healthy Heart Program, the Chef Peter X. Kelly Teaching Kitchen offers other courses on nutrition and improving eating habits for the community. Examples include the **Young Chefs of the Hudson Valley** program for middle school students, the **Soups & Sides** series for patients in the hospital's Cheryl R. Lindenbaum Comprehensive Cancer Center, and **Physician in the Kitchen**:

The **Young Chefs of the Hudson Valley** offers 10 classes for children ages 11-13 from the afterschool enrichment program at Peekskill Middle School. Students are introduced to the principles of healthy eating. A supportive learning environment encourages them to question the impact of their food selection on their bodies and how various factors such as media and culture impact our understanding of health. Students learn the importance of eating a variety of fruits and vegetables, and the value of balanced meals, as well as what a serving of fruit or vegetables might look like. Topics such as food safety, factory farming, free range, humanely raised, healthy cooking methods, sustainability, macro and micro nutrients, dietary diseases and dietary choice, portion mindfulness, and caring for our environment through informed dietary choices, are discussed in conjunction with hands-on cooking classes that hone culinary skills and technique. The program runs for the duration of the school year, with three groups of 10-12 children cycling through the program. Students are given information and recipes to share with parents to impact change in the home.

The **Soups & Sides** series provides nutritional education and tastings for patients undergoing infusion in our NewYork-Presbyterian Hudson Valley Hospital Cheryl R. Lindenbaum Comprehensive Cancer Center. During the season organic produce is harvested from our on-site garden and used in recipes to create samplings that are offered to the cancer patients every Thursday. Recipes for the menu item of the day are also distributed. Patients have the opportunity to discuss the nutritional value of food and how it can support their healing. The chef and a registered dietitian are also available to answer patients' questions. Soups & Sides was originally conceived as a way to nourish and support patients and caregivers on the nutritional level, but it has grown beyond that to provide patients with an opportunity for therapeutic communication, and emotional support.

The **Physician in the Kitchen** lectures and cooking demonstrations features a NewYork-Presbyterian Medical Group Hudson Valley physician and the Teaching Kitchen chef and coordinator. This unique program highlights a health topic for the physician to lecture about, and then our chef aligns a cooking class to reflect the topic. For example a lecture on eating for heart health was complemented by a cooking demonstration on the Mediterranean diet.

Many of our cooking classes at the Chef Peter X. Kelly Teaching Kitchen are offered at no charge to the community. For example, lectures on Ayurveda; cooking class for low carbohydrate desserts for diabetics; breast cancer survivor cooking for health; as well as a homemade baby food class for new parents.

Care for Older Adults:

NewYork-Presbyterian Hudson Valley Hospital hosts numerous senior health education seminars and health fairs for local senior citizen groups and community centers. The programming provides opportunities for increased health awareness and access to vital education material and screenings. Each year we co-sponsor the *Senior and Caregiver Health Fair* with New York State Senator Terrence Murphy and provide access to flu shots and glucose screenings for all attendees. Our annual NICHE (Nurses Improving Care for Healthsystem Elders) *Silver Lining Healthy Aging Fair* highlights what we do every day to keep our senior citizens safe. The hospital is a designated NICHE facility with “Exemplar” status, a coveted recognition from the Hartford Institute for Geriatric Nursing at New York University College of Nursing. Complimenting this NICHE designation is the hospital’s implementation of the American Orthopedic Association’s “Own the Bone” program which recognizes our commitment to superior orthopedic care for the elderly, and improving patients’ bone health following a fracture.

Our monthly Lunch & Learn: Ask the Doctor lecture series provides ongoing education in a variety of topics such as Heart Health, Alzheimer’s Disease, Bone Health, The ABC’s of Diabetes, The Aging Eye, Foot and Ankle Pain, Insomnia and Sleep Apnea, Guidelines for Breast and Bone Screenings, Osteoarthritis, Exercising for Older Adults, Managing Eczema and Pruritis, Are Vitamins Beneficial?, Prostate Health, Keeping Your Lungs Healthy, and more. Our physicians also lecture at our community centers, senior citizen organizations such senior centers, over 55 living communities and AARP organizations. Our senior citizen health fairs provide the opportunity for attendees to receive flu vaccinations, blood pressure screenings and glucose testing as well as learn about a variety of local senior services to support them in their daily lives.

Action Plans for Prevention Agenda Priority of Prevent Chronic Disease for 2016-2018:

Priority/Focus Area #1

The specific evidence-based interventions, strategies and activities that will be implemented to address **Priority/Focus Area #1: Prevent chronic disease by increasing access to high quality chronic disease preventative care and management in both clinical and community settings** and the health disparity of race are encompassed within the **Healthy Heart Program**, a free program designed to educate a minority population in the community with a specific diagnosis of a cardiac medical condition on the importance of healthy meal planning and the benefits of exercise. Enrollment consists of minorities, ages 45-65 at risk of heart disease due to a previous heart attack, other cardiac health concerns or predisposition due to heredity, high blood pressure, diabetes or being overweight. The New York State Prevention Agenda Dashboard for Westchester County communicates that the percentage of premature deaths (before age 65 years) in African Americans and the Hispanic population have ‘worsened’ since the 2011-2013 data collection period. The ratio of African American to Caucasian premature deaths has worsened from 2.25% during 2011-2013 to 2.31% during 2012-2014 and the ratio of Hispanic to Caucasian premature deaths has worsened from 2.91% to 2.98% in the same time periods. The Prevention Agenda goal for 2018 is 1.87 and 1.86% respectively. The *Department of Health and Human Services Action Plan to Reduce Racial and Ethnic Health Disparities* states that heart attacks and strokes

are the leading causes of premature death for racial and ethnic minorities. The Healthy Heart Program brings together nutrition education and physical fitness with the aim of reducing the risk factors of cardiovascular disease.

The Healthy Heart Program includes enrollment in 10 Healthy Heart cooking classes spanning five months at the Chef Peter X. Kelly Teaching Kitchen and membership to The Wellness Center, both located on the hospital campus. The cooking classes are led by the chef, a graduate of both the New York University Food Studies Masters Program and the Natural Gourmet Institute. The chef's focus is teaching others how to better manage their health through diet and lifestyle changes. Our program aims to provide long-term solutions to improving health. Long-term, the program emphasizes an increase in consumption of fruits and vegetables, an increase in heart healthy food preparation techniques, an increase in exercise habits, an increase in food label comprehension, a decrease in the consumption of soda and sugary beverages, and a decrease in the consumption of sodium. Moreover, the program seeks to empower participants, increasing their confidence in preparing heart healthy foods, and promotes mindful food consumption. The start of each class begins with a review of the key points from the previous session, thereby reinforcing concept understanding over the duration of the program. While the programming is prepared ahead of time, each class allows time for questions, and is personalized to the needs of the participants. Participants are provided an educational binder with health tips and recipes to take home. The cooking class also has access to the on-site organic garden which provides an opportunity for participants to harvest fresh fruits and vegetables and incorporate them into "healthy heart" meals. An enhancement to this programming starting in 2017 is that two five-month programs will be offered instead of one, thus increasing the capacity to positively impact twice the number of participants.

The program also includes a five-month membership at no cost to The Wellness Center, NewYork-Presbyterian Hudson Valley Hospital's fitness facility located on campus. The Wellness Center fitness experts create a personalized exercise program designed to engage and educate the participant in the benefits of regular physical activity. The benefits available to the Healthy Heart participants are that exercise improves overall health: controls weight, combats health conditions and diseases, improves mood and boosts energy, and also promotes better sleep. The Wellness Center offers a wide range of exercise options from cardio machines, weight training, and exercise classes to meet anyone's physical activity level.

In addition to the Healthy Heart Program, community members have access to NewYork-Presbyterian Hudson Valley Hospital's bi-monthly Farmers' Market offered from May through November making healthier food choices more readily available. Healthy Heart participants are able to use the knowledge learned in the cooking classes about the nutritional value of fresh fruits and vegetables, ask questions directly of the farmers and purchase fresh produce. In 2015, our Farmers' Market expanded its services as a result of a grant received in 2014 from the U.S. Department of Agriculture. The grant allowed the market to purchase an EBT machine so residents using SNAP could purchase produce at the market, and

also to offer a door-to-door taxi service for those without transportation. In 2016, an average of 386 visitors came to each market.

NewYork-Presbyterian Hudson Valley Hospital will seek to expand its collaborative efforts with Hudson River Health Care (HRHCare), a non-profit, New York State licensed, federally qualified health center to assist in targeted outreach to identify and recruit minorities that meet the program criteria and develop program curriculum in relation to cultural expectations around food and exercise. In addition, other opportunities for cross promotion of free community programming will be explored. The City of Peekskill is supportive by providing outreach via its Peekskill Agencies Together (P.A.T.) coalition. P.A.T. has more than 50 community-based organizations that share the goals of assisting members of the community in the full context of their culture, communities, and families.

Each Healthy Heart participant receives the benefit of \$785.00 worth of self-management related educational services.

Focus Area 2: Reduce obesity in children and adults.

Goal: Expand the role of health care and health service providers in obesity prevention.

Intervention: Increase breastfeeding rates at discharge to 90% by training all maternity staff on the benefits of breastfeeding; by providing breastfeeding education and support to mothers within one hour of birth; teaching mothers how to maintain lactation; and encourage breastfeeding on demand.

Priority/Focus Area 2:

The second priority/focus area of *“Prevent chronic disease by reducing obesity in children and adults”* has shifted from the 2013 priority/focus area of *“Prevent Chronic Disease by Promoting Healthy, Women, Infants and Children by increasing breastfeeding”* due to the fact that the main goal of the 2013 priority/focus area was to recognize local businesses as a “Breastfeeding Friendly Employer.” NewYork-Presbyterian Hudson Valley Hospital is a “breastfeeding friendly employer” and provides a dedicated and private lactation room for its employees. We know that one of the health benefits for babies who are breastfed is a lower risk for obesity. The second priority/focus area that has been selected, *“Prevent Chronic Disease by reducing obesity in children and adults”* underscores the importance of breastfeeding, and focuses efforts to increase breastfeeding rates at discharge to 90% by training all maternity staff on the benefits of breastfeeding; by providing breastfeeding education and support to mothers within one hour of birth; teaching mothers how to maintain lactation; and encouraging breastfeeding on demand. These maternity care practices are consistent with the World Health Organization’s Ten Steps to Successful Breastfeeding. The Centers for Disease Control website (www.cdc.gov) states that breastfeeding protects against childhood obesity and the success rate among mothers who want to breastfeed can be improved through active support from their families, friends, communities, clinicians, health care leaders, employers, and policymakers.

Priority/Focus Area #2

The specific evidence-based interventions, strategies and activities that will be implemented to address **Priority/Focus Area #2: Prevent chronic disease by reducing obesity in children and adults** are reflected in the hospital's goal to increase breastfeeding rates at discharge to 90% by training all maternity staff on the benefits of breastfeeding; by providing breastfeeding education and support to mothers within one hour of birth; teaching mothers how to maintain lactation; and encouraging breastfeeding on demand. These breastfeeding practices are consistent with the World Health Organization's *Ten Steps to Successful Breastfeeding*. The health needs assessment survey did not specifically reflect breastfeeding as an intervention or focus of programming to combat obesity. However, the New York State Prevention Agenda Dashboard for Westchester County reflects that the percentage of infants exclusively breastfed in the hospital has 'significantly worsened' from 48.7% in 2013 to 44.9% in 2016. As the state-wide prevention agenda goal for 2018 is 48.1%, it was deemed by Westchester County Department of Health that focusing on the intervention of increasing breastfeeding at discharge is aligned with and supports the overall Prevention Agenda goals for 2018. The Centers for Disease Control (www.cdc.org) states that breastfeeding protects against childhood obesity and the success rate among mothers who want to breastfeed can be improved through active support from their families, friends, communities, clinicians, health care leaders, employers, and policymakers. The interventions to be implemented are taken directly from the *Ten Steps to Successful Breastfeeding*: have a written breastfeeding policy routinely communicated to staff; train staff in the skills necessary to implement breastfeeding policy; provide breastfeeding education of all pregnant patients about the benefits of breastfeeding; help mother initiate breastfeeding within one hour of birth; show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants; provide breast-milk unless otherwise medically indicated; practice rooming-in and allow mothers and infants to remain together 24 hours per day; encourage breastfeeding on demand; give no pacifiers or artificial nipples to breastfeeding infants; and establish and promote breastfeeding support groups and refer mothers to them upon discharge from the hospital. Another annual activity to be established is the OB/GYN and Pediatric physician education seminar at which the importance of physicians promoting breastfeeding will be addressed by Dr. Barbara Dennison, New York State Department of Health Chronic Disease Specialist.

Selection Process

The evidence-based interventions were selected with guidance from the Prevention Agenda 2013-2018: New York State's Health Improvement Plan's "Preventing Chronic Diseases Action Plan of Recommended Evidence-Based Programs, Policies, and Practices" provided by the New York State Department of Health, and supported by the Westchester County Department of Health. The Healthy Heart Program (Intervention for Priority/Focus Area #1) and Increase Breastfeeding Rates at Discharge to 90% (Intervention for Priority/Focus Area #2) fall within the following NYSDOH recommended interventions: create linkages with and connect patients to community preventive resources; reduce or eliminate out-of-pocket costs for clinical and community preventive services; educate and encourage enrollees to access clinical and community preventive services; promote awareness of and demand for community preventive services; highlight community needs and communicate disease burden to engage consumers, communities and relevant stakeholders; support local community initiatives that increase

access to high-quality chronic disease preventive care and management services; and support use of alternative locations to deliver preventive services.

Evaluating Progress and Improvements for 2017 and 2018

For Priority/Focus Area #1, the Healthy Heart program will expand to offer two five-month courses that will follow 12 people per course. Each participant will have their biometrics measured twice per month including weight, height, blood pressure, and body mass index. A pre- and post- test survey that is designed to understand the health habits of the sample group will be administered at the start of a 10-class curriculum that targets heart health, and lifestyle improvements. Additionally, when a participant exercises at The Wellness Center fitness facility they will have their activity levels and fitness workouts monitored by FitLinx[®] computerized data collection while exercising on cardio and weight training apparatus. This data will be interpreted to reflect its correlation to improved biometric readings. The program will be deemed successful when participants experience medical benefits such as losing weight and reduction in blood pressure or body mass index, as well as having expanded their nutrition and culinary literacy to positively impact daily meal planning, their overall general understanding of health habits, and the value of exercise.

For Priority/Focus Area #2, the process measures that are used to track and evaluate impact relative to NewYork-Presbyterian Hudson Valley Hospital’s role in addressing obesity prevention by increasing breastfeeding rates at discharge to 90% include: utilizing audit tools provided by Baby-Friendly USA ; performance improvement tracking for breastfeeding on demand; adherence to the international code of marketing of breast-milk substitutes; monitoring the percentage of mothers that receive a resource list for breastfeeding support; a referral to a visiting nurse service; a referral to a breastfeeding support group; and contact information for a lactation consultant who would be available in person or via phone. Additionally, patients would be surveyed if their OB/GYN or pediatrician has discussed with them the benefits of breastfeeding. The goal for this intervention is to increase exclusive breastfeeding at discharge to 90%.

The internal hospital committee will meet quarterly to evaluate successes and determine when mid-course changes should be considered to improve outcomes. This will be presented to the Westchester County Health and Hospital Planning Team.

NewYork-Presbyterian Hudson Valley Hospital CSP committee:

INTERNAL REPRESENTATIVES	TITLE
Maggie Adler, RN-C, MSN	Associate Director, Standards & Quality/MPD
Emilie Berner, MA	Chef and Coordinator, Chef Peter X. Kelly Teaching Kitchen
Ellen Bloom, MPH	Director, Marketing, Development and The Foundation
Casey Forde, MSN, RN	Clinical Nurse Manager, Maternal Child Health
William J. Higgins, MD, MBA	VP, Regional Executive Medical Director, NYP Medical Group
Linda LeMon, IBCLC, CBE, CD	Lactation Consultant, Maternal and Child Health
Simone Lyman	Manager, Wellness Center
Gemma Martini-Mahon, BSN, CEN	Assistant Clinical Nurse Manager, Emergency Department
Edward Meyer, MSN, RN-BC	Performance Improvement Coordinator
Sabrina Nitkowski-Keever, MSN, RNC	Director, Maternal and Child Health
Carolyn Padiol, PT	Director, Centers for Rehabilitation
Patricia Pelican	Coordinator, Community Outreach
Margi Quail, MBA	Director, Finance
Greg Schrader, CSP	Personal Trainer, Wellness Center

The work charts below exhibit the goals, objectives, interventions, strategies, and activities that will continue through December 2018, as well as including the local health department and community agencies and their roles and resources.

Priority #1: Prevent Chronic Disease

Focus: Increase Access to High Quality Chronic Disease Preventative Care and Management in Both Clinical and Community Settings

GOAL	OUTCOME OBJECTIVES	INTERVENTIONS, STRATEGIES, ACTIVITIES	PROCESS MEASURES	PARTNER ROLE	PARTNER RESOURCES	BY WHEN	WILL ACTION ADDRESS DISPARITY
Promote use of evidence-based care to manage chronic diseases by increasing participation of adult minority population at risk of heart disease due to a previous heart attack, other cardiac issues or predisposition due to heredity, high blood pressure, diabetes or being overweight in a self-management course to learn the importance of heart healthy meal planning and the benefits of exercise.	Expand nutrition and culinary literacy to positively impact everyday meal planning; improve confidence in healthy heart meal planning; improve mind eating; provide increased access to wholesome foods in 100% of class participants. Increase intake of fruits and vegetables to 3 or more servings p/day and decrease intake of sugar and sodium in 75% of participants. 50% of group will have increased exercise to 3 days p/week; will demonstrate weight loss between 0-10 lbs. and decrease blood pressure within 10mm/Hg (either systolic or diastolic); and no increase in BMI.	Enrollment at no charge to the Healthy Heart Program - two 5-month programs to include: 10 free Healthy Heart Cooking Classes; education to understand nutrition labels; mindful eating techniques; increase nutrition literacy; fitness membership to Wellness Center; bi-monthly farmers' market on campus.	"My Health Habits" pre- and post- test to measure participants understanding of curriculum and importance of commitment to an exercise plan; FitLinxx® computerized data measures exercise activity; and biometrics are recorded monthly.	Hudson River Health Care (HRHCare), federally qualified health center	Targeted outreach to adult minority patients at risk of heart disease due to a previous heart attack, other cardiac conditions or predisposition due to heredity, high blood pressure, diabetes or being overweight.	December 31st from 2016-2018.	Yes
				Primary Care Physicians			
				Westchester County DOH and Hospital Planning Team	Disseminate program information, review progress	Quarterly	
				Peekskill Agencies Together	Targeted outreach	Ongoing	

Priority #2: Prevent Chronic Disease

Focus: Reduce Obesity in Children and Adults

GOAL	OUTCOME OBJECTIVES	INTERVENTIONS, STRATEGIES, ACTIVITIES	PROCESS MEASURES	PARTNER ROLE	PARTNER RESOURCES	BY WHEN	WILL ACTION ADDRESS DISPARITY
Expand the role of healthcare and health service providers in obesity prevention by increasing breastfeeding at discharge to 90%; implementing and maintaining maternity care practices consistent with the World Health Organization's Ten Steps to Successful Breastfeeding.	Increase breastfeeding at discharge to 90%.	Have a written breastfeeding (BF) policy that is routinely communicated to health care staff; train health care staff in the skills necessary to implement BF policy; BF education and promotion to all BF within 1 hour of birth; teach how to breastfeed and maintain lactation even if separated from infant; provide breastmilk unless otherwise medically indicated; practice rooming-in; encourage BF on demand; give no pacifiers or artificial nipples to BF infants; establish and promote BF support groups; establish annual OB/GYN and pediatric physician educational lecture on the benefits of BF as it relates to reducing obesity.	100% of maternity staff receives annual in-service; lactation consultant rounds on all mothers; utilize Baby-Friendly USA audit tool; adhere to the International Code of Marketing of Breast-milk substitutes; performance improve initiative to track breastfeeding on demand; track percentage of mothers that receive a breastfeeding resource list including support group and lactation consultant contact information; and referral to Visiting Nurse Service. Track that 100% of mothers learn about the benefits of breastfeeding from their OB/GYN or pediatrician.	World Health Organization's Baby-Friendly USA	10 Steps to Successful Breastfeeding requirements; audit tools; educational resources.	December 31st from 2016-2018.	No
				NYS DOH	Presentation provided by NYS DOH chronic disease specialist.	May 2017	
				Westchester County DOH and Hospital Planning Team	Disseminate program information, review progress	Quarterly	

Prevention Agenda Progress Report

The 2014 Intervention Healthy Heart Cooking Classes expanded in 2015 and 2016 to become The Healthy Heart Program. In 2014, participants expressed their interest in learning more about how physical activity could benefit their overall heart health. The program broadened from cooking classes in 2014 to include a membership to The Wellness Center, the hospital's in-house fitness facility, for 2015 and 2016. Local physician practices and Hudson River Health Care, a not-for-profit, New York State licensed, federally qualified health center helped to identify participants.

The 2016 Healthy Heart Program participants were from minority populations, with four African-Americans and seven Latinos. Seven reported having high blood pressure, ten were overweight, two reported having high cholesterol, four were diabetics, three had suffered heart attacks and three had suffered strokes.

The cooking classes were held on two Mondays every month from July through November 2016 (July 18 & 21, August 15 & 29, September 19 & 26, October 10 & 24 and November 7 & 28) with eleven participants enrolled in the program. Each participant was asked to complete a short questionnaire to gather information regarding their demographics as well as health information including past medical history, chronic conditions, medications and primary care physician.

As the Healthy Heart Program is designed to increase participant's knowledge about nutrition and fitness, and improve health, a survey was administered at the beginning and end of the program. The data collected suggests the following: 79% or 9 of participants were not getting the recommended daily amount of fruits and vegetables; for 55% of participants (6 people) meat is the central component at meals; 40% (4 people) choose to fry their foods; 88% of the participants (10 people) did not read nutrition facts labels; 50% of all of the participants (6 people) consume sugary beverages; and 50% (6 people) add salt to their food. The majority of the group felt confident in their ability to develop healthy cooking habits. When asked about the value of exercise, four participants said they were exercising for 30 minutes or longer four times per week. Three members of the group said they exercised for thirty minutes or longer three days per week, and two people said they exercised for thirty minutes or longer two days per week, and two people said they didn't exercise for 30 minutes on any day per week. At the mid-point of our sessions, The Wellness Center reported that participants were not using the facility. The final question was aimed at understanding the participant's general attitude about their health. 33% (4 people) felt frustrated about their situation; 22% (2 people) felt they were ready to take action; 33% (4 people) felt they were beginning to take care of themselves and enthusiastic about it; and 11% (1 person) felt extremely focused and knew how to ask for support when needed.

The post survey data results of the participant's knowledge about nutrition and fitness suggests the following overall improvements: the majority of participants increased their consumption of fruits and vegetables, with 60% (7 people) eating three or more servings of fruits and vegetables all of the time;

for 60% (7 people) vegetables became the central component at meals instead of red meat; 75% (8 people) learned to grill or bake foods versus frying them; 80% of participants (9 people) now read nutrition fact food labels; 80% (9 people) reported a reduction in their consumption of sugary beverages; when asked about sodium intake 75% (8 people) reduced their consumption of salt by learning to very rarely add salt to their food. 50% (6 people) of the group felt very confident in their ability to cook healthy heart foods. 33% (4 people) felt very confident in their ability to read the nutrition facts on food label, 16% (2 people) felt somewhat confident. When asked about the value of exercise, 33% (4 people) said they were exercising for 30 minutes or longer seven times per week, and 33% (4 people) said five times per week and the other 3 participants said they exercised for 30 minutes or longer three days per week. Overall, the majority of participants increased the frequency that they exercised per week over the duration of the program. When participants were asked about their general attitude about their health, 100% reported feeling no frustration with their situation and were enthusiastic to take care of their health. All of the participants reported making the recipes made in class in the home. 100% of the participants were very satisfied with the sessions presented by the teaching kitchen and shared the information they learned with family or friends.

At the outset of the program, participants were given a handbook containing cooking class curriculum with educational materials and recipes on the following topics:

- | | |
|--|--|
| Class 1: Food for Fitness | Class 6: Fun with Fiber |
| Class 2: What's the Deal with Sodium? | Class 7: Fishing for Health |
| Class 3: Celebrating Fruits and Vegetables | Class 8: Satisfying Your Sweet Tooth |
| Class 4: Fats: The Good and The Bad | Class 9: Breakfast Busters |
| Class 5: Health Supportive Beverages | Class 10: Healthy Heart meal and celebration |

A trainer from The Wellness Center gave an introduction and overview of the membership benefits which included a one-on-one fitness assessment with a trainer and a fitness program designed specifically for each person. Included in the membership was use of all cardio and weight machines, as well as fitness classes such as Zumba, Step, Yoga, Feldenkrais and Tai Chi. The participants were required to have physician clearance to participate in the exercise program. The Wellness Center is the only medical fitness facility in our area and has 327 active memberships. Working in collaboration with the participant's medical provider, exercise specialists design programs for adults with heart disease, obesity, diabetes and other health concerns.

Next are the biometrics recorded for the first class and last class at completion of the 10 week series: 73% of participants (8 people) had a reduction in blood pressure, 46% (5 people) lost weight and 36% (4 people) reduced their body mass index.

Blood Pressure		Weight in pounds		Body mass index	
July 18	Nov. 7	July 18	Nov. 7	July 18	Nov. 7
112/68	120/64	190	186	29	27
118/68	105/60	138	135	24	23
118/68	110/70	172	163	29	27
132/76	115/64	182	186	29	29
124/72	128/68	184	186	33	33
128/72	118/64	171	171	29	29
122/68	115/65	180	178	35	33
102/62	116/60	198	198	33	33
156/89	122/74	162	163	26	26
128/76	115/64	163	164	26	26
142/88	128/74	196	194	35	35

Tracking participants’ exercise sessions during the 5-month Healthy Heart program at The Wellness Center showed that 3 people exercised between 21-50 times, 3 people exercised between 10-20 times, and 5 people exercised between 1-5 times. The aggregate amount of the entire group is a total of 56 hours exercised and 89,961 calories burned.

The program will be offered twice in 2017 in recognition of the importance of the Prevention Agenda and to expand reach into community.

The 2016 update for the Priority/Focus Area of Prevent Chronic Disease by Promoting Healthy Women, Infants and Children by Increasing Breastfeeding are as follows:

in 2015 NewYork-Presbyterian Hudson Valley Hospital worked with Hudson River Health Care, a New York State Federally Qualified Health Center that delivers comprehensive primary, preventive, and behavioral health services to successfully maintain a dedicated lactation and breastfeeding room for its staff and patients alike.

The Maternity Department at NewYork-Presbyterian Hudson Valley Hospital is certified “Baby-Friendly” by Baby-Friendly USA and the World Health Organization for its superior care and commitment to making sure that mothers who choose to breastfeed have the best chance at success. In 2016, the Hospital served mothers by providing bi-monthly breastfeeding education and support groups and monthly prenatal breastfeeding education classes. Mothers received one-on-one sessions with the Hospital’s lactation consultant while in the Hospital and after discharge. A grandparenting support workshop is offered quarterly. During the first week of August 2016, NewYork-Presbyterian Hudson Valley Hospital celebrated World Breastfeeding Week by being a sponsor of The Global Big Latch On,

where women gather together to breastfeed and offer peer support to each other with the goal of breaking the previous year's record of number of babies being breastfed at the same moment across the globe. The Chef Peter X. Kelly Teaching Kitchen offers classes such as "Do-it-Yourself Baby Food" for moms and dads with babies. NewYork-Presbyterian Hudson Valley Hospital had the following results for its exclusive breastfeeding rates to date in 2016: January –81%, February – 62%, March – 59%, April – 62%, May – 86%, June – 73%, July – 92%, August – 82%, September – 92%, October – 86%, and November – 86%, for a monthly average of 78%. NewYork-Presbyterian Hudson Valley Hospital has chosen to maintain its focus on the importance of breastfeeding under the priority of *Prevent Chronic Disease; Focus: Reduce Obesity in Children and Adults*.

In conclusion, the data culled in collaboration with the Westchester County Department of Health and Hospital Planning Team, the results reviewed from the Community Health Needs Assessment, the Prevention Agenda Dashboard for Westchester County, and the Prevention Agenda Refresh Chart supported the two Prevention Agenda focus areas set forth by NewYork-Presbyterian Hudson Valley Hospital under the overall priority of preventing chronic disease. We will continue to improve the overall health of our community while working alongside our local health department and Westchester Community Hospitals to help New York State achieve its goal of being the healthiest state in the nation by 2018.

Distribution:

The Community Assessment and Community Service Plan will be distributed via:

1. Website (www.nyp.org/hudsonvalley)
2. Employee Intranet
3. Facebook page
4. Emailed to community partners

Community Health Needs Assessment Survey Results

Survey was conducted online and on paper throughout the service area and a total of 326 responded and the results are as follows:

Westchester County Community Health Survey Results Analysis of the NewYork-Presbyterian Hudson Valley Hospital Service Area

Q1 Health concerns of community/opinion

	Paper	Online	Total
Access to immunization	3	4	7
Access to primary health care	15	33	48
Access to specialty care	7	23	30
Alcohol abuse	7	26	33
Asthma/breathing problems	5	14	19
Cancer	24	48	72
Care for the elderly	27	75	102
Child health & wellness	4	11	15
Dementia/Alzheimer's	23	32	55
Dental care	9	18	27
Diabetes	10	24	34
Disability	9	0	9
Distracted driving	25	32	57
Drug abuse	24	79	103
Family planning/teen pregnancy	2	6	8
Healthy environment	6	21	27
Heart disease/stroke	15	22	37
HIV/AIDS & STIs	1	6	7
Mental health/depression/suicide	16	56	72
Nutrition/eating habits	12	26	38
Overweight/obesity	22	54	76
Preventable injury/falls	12	16	28
Smoking/tobacco use	7	14	21
Violence	4	6	10
Women's health	9	13	22
Other	1	14	15

Nutrition/eating habits	15	71	86
Overweight/obesity	13	62	75
Preventable injury/falls	18	17	35
Smoking/tobacco use	5	9	14
Violence	2	3	5
Women's health	18	50	68
Other	2	23	25

Q3 Programs to address health concerns

	Paper	Online	Total
Access to dental care	12	33	45
Access to healthier food	11	45	56
Access to primary care	6	19	25
Affordable housing	10	32	42
Breastfeeding support	0	1	1
Caregiver support	13	23	36
Clean air & water	18	41	59
Community education	8	39	47
Dementia/Alzheimer's	14	23	37
Domestic violence	2	1	3
Drug/alcohol	3	10	13
Elder care	28	51	79
Exercise/weight loss programs	27	102	129
Health insurance enrollment	7	8	15
Health screenings	13	41	54
Home care services	18	27	45
Immigrant support services	1	4	5
Job opportunities	4	25	29
Mental health services	7	23	30
Safer childcare options	1	7	8
Safer places to walk/play	13	29	42
Smoking/tobacco services	3	11	14
Transportation	16	9	25
Violence/bullying/gang prevention	2	7	9
Other	1	12	13

Q2 Health concerns of respondent/self

	Paper	Online	Total
Access to immunization	3	4	7
Access to primary health care	14	22	36
Access to specialty care	7	27	34
Alcohol abuse	1	4	5
Asthma/breathing problems	7	21	28
Cancer	23	37	60
Care for the elderly	29	55	84
Child health & wellness	1	18	19
Dementia/Alzheimer's	21	21	42
Dental care	10	46	56
Diabetes	14	24	38
Disability	4	0	4
Distracted driving	10	13	23
Drug abuse	1	1	2
Family planning/teen pregnancy	0	0	0
Healthy environment	16	52	68
Heart disease/stroke	23	37	60
HIV/AIDS & STIs	0	2	2
Mental health/depression/suicide	6	35	41

Community Health Needs Assessment Survey Results (cont'd)

Q4 Overall Health	Paper	Online	Total
Very Healthy	10	35	45
Healthy	55	108	163
Somewhat Healthy	25	76	101
Unhealthy	5	10	15
Very Unhealthy	1	0	1
Other	0	1	1
Missing/Blank/Unanswered	0	0	0

Q5 Mental Health	Paper	Online	Total
Very Healthy	29	64	93
Healthy	56	122	178
Somewhat Healthy	8	40	48
Unhealthy	2	4	6
Very Unhealthy	1	0	1
Other	0	0	0
Missing/Blank/Unanswered	0	0	0

Q6 Chronic Health Issues	Paper	Online	Total
None	3	62	65
Asthma/breathing problems	9	36	45
Auto-immune disease	6	14	20
Cancer	11	9	20
Diabetes	16	18	34
Disability	6	5	11
Drug/alcohol abuse	1	2	3
Heart disease	12	15	27
High blood pressure	47	61	108
High cholesterol	38	50	88
HIV/AIDS	0	0	0
Memory issues	11	8	19
Mental health	6	18	24
Overweight/obesity	18	62	80
Other	2	27	29

Q7 Have a PCP/Dr.	Paper	Online	Total
Yes	69	219	288
No	2	11	13
Missing/Blank/Unanswered	25	0	25

Q8 Time since last appt.	Paper	Online	Total
In the past year	83	192	275
In the past two years	3	25	28
In the past five years	1	7	8
Five or more years ago	1	4	5
Never	1	1	2
Don't know	7	1	8
Missing/Blank/Unanswered	0	0	0

Q9 Barriers to Care	Paper	Online	Total
Nothing prevents	67	147	214
Cannot afford	5	17	22
Speaks my language	0	0	0
Co-pay/deductible too high	7	35	42
Cultural/religious beliefs	0	1	1
Don't know how to find providers	2	3	5
Don't like going/afraid to go	1	16	17
Don't see the benefit	0	6	6
I have no time	0	37	37
Inconvenient office hours	2	38	40
Insurance does not cover service	9	16	25
No transportation/too far	0	4	4
No childcare	0	6	6
No insurance	1	4	5
Other	1	17	18

Q10 ER-Use	Paper	Online	Total
Yes	26	66	92
No	58	164	222
Missing/Blank/Unanswered	12	0	12

Q11 Why ER-Use	Paper	Online	Total
Could not find local PCP speaks my language	0	1	1
Doctor's office not open	5	13	18
Emergency room is the closest provider	1	4	5
Health provider said go to emergency room	6	9	15
No other place to go	1	4	5
Receive most of my care in ER	0	0	0
Thought problem too serious for Dr's visit	8	30	38
Other	7	7	14

Community Health Needs Assessment Survey Results (cont'd)

Q12 Health Info Source(s)	Paper	Online	Total
Community-based org	8	9	17
Doctor/Health profess.	73	137	210
Family or friends	8	75	83
Health department	0	23	23
Hospital	6	22	28
Internet	33	90	123
Library	2	35	37
Newspaper/magazine	21	32	53
Radio	4	12	16
Religious organization	0	6	6
School/college	0	10	10
Social media	4	12	16
Television	20	22	42
Worksite	0	31	31
Other (please specify)	2	12	14

Q13 Gender	Paper	Online	Total
Male	10	40	50
Female	62	179	241
Other	0	1	1
Missing/Blank/Unanswered	24	0	24

Q14 Age Group	Paper	Online	Total
18-24	1	5	6
25-34	4	19	23
35-44	2	31	33
45-54	2	48	50
55-64	16	64	80
65-74	20	36	56
75+	43	27	70
Missing/Blank/Unanswered	8	0	8

Q17 Hispanic/Latino	Paper	Online	Total
Yes	6	29	35
No	58	201	259
Missing/Blank/Unanswered	32	0	32

Q18 Race	Paper	Online	Total
White/Caucasian	78	178	256
Black/African American	7	26	33
American Indian/AK Native	1	3	4
Asian/Pacific Islander	1	8	9
Multi-racial	3	6	9
Other (please specify)	0	9	9
Missing/Blank/Unanswered	6	0	6

Q22 Insurance	Paper	Online	Total
Medicare	68	67	135
Medicaid	2	10	12
Private	18	173	191
Tricare	0	1	1
None/Uninsured	2	3	5
Other	2	17	19
Missing/Blank/Unanswered	4	0	4

Community Survey Respondents			
		HVH ¹	ALL ²
Survey Monkey (online)		230	932
Paper Forms		96	386
	Hud. Valley Hosp. (HVH)	70	-
	Non-HVH specific	26	-
Total		326	1318

¹ This NewYork-Presbyterian Hudson Valley Hospital subset

² All Surveys Collected

