

Section 1. Hospital Mission Statement

Our mission is to provide competent, innovative, and accessible emergency and acute care services for the residents of Rockland County. We are caring people operating an extraordinary community hospital.

Section 2. Description of Community Served

Nyack Hospital's primary service area is Rockland County. Service area is determined by the number of discharges from Nyack Hospital according to zip codes. 90% of Nyack Hospital discharges are Rockland County residents. The following statistics describe the percent of all Nyack Hospital discharges from select Rockland cities and towns: Valley Cottage 63.7%, Nyack 63.4%, Sparkill 62.7%, Haverstraw 56.3%, Congers 56.1%, Orangeburg 53.5%, West Haverstraw 50.7%, Tappan 47.9%, Blauvelt 46.2%, Garnerville 45.9%, Piermont 44.6%, Pearl River 43.9%, West Nyack 43.7%, Nanuet 43.3%, Stony Point 42.9%, New City 42.9%, Tomkins Cove 41.4%, Palisades 35.1%.

Rockland County, located 30 miles north of Manhattan, is comprised of 115,000 acres with more than 35,000 acres of preserved open space and parklands. Approximately 315,000 people reside in Rockland County. The county continues to experience steady population growth within its 5 towns and 19 villages. The county's population is 73% White, 12% Black, 16% Hispanic and 6% Asian. 22% of the residents are foreign-born with the largest group born in Latin America and the Caribbean. County-wide, 36.2% of the population's primary language is other than English.

Rockland County's population is growing and this trend is projected to continue over the next three decades. However, despite a growing aging population, the overall mortality rate in the county has decreased suggesting a continued improvement of the overall health of Rockland's population. Heart disease and cancer remain the leading causes of death in the county. (Rockland County Community Health Assessment 2014-2017)

Section 3. Public Participation

Nyack Hospital collaborates with numerous local organizations including the local Health Department, not-for-profit and for-profit community based businesses, local churches, school districts representing elementary through college age students and their staffs, local libraries, Office of the Aging, Office of Mental Health, even the State Senator's office, providing Nyack Hospital with a well-rounded picture of who our community is and what the community needs to improve its health. These collaborations provide both a pathway for consumers through the healthcare system and opportunities to make their needs and concerns known.



Nyack Hospital is an active member of many community collaboratives and steering committees. These committees include Rockland County Health Care Priorities (HCP), Rockland County Immunization Coalition, EMS of Rockland, Rockland County Emergency Response Team, Local Chapter of the American Cancer Society, and the Susan G. Komen Fund.

The Rockland County Healthcare Priorities is a committee composed of twenty-two organizations including Rockland County Department of Health, Rockland County Department of Mental Health, Rockland County Office of the Aging, Rockland County Health Commissioner, Rockland County Department of Social Services, HACSO, Refuah Health Center, Jawonio, ARC of Rockland, Hudson River Healthcare, Good Samaritan Hospital, Nyack Hospital, Fidelis Care, ARC of Rockland, Nyack Hospital Homecare, Dominican College, community representative, Montclair University, Planned Parenthood, Hudson Valley Peri-Natal Network, and Volunteer Counseling Services.

This group meets monthly to discuss the needs of the local communities. Members of Healthcare Priorities bring not only needs and gaps in service but also the successes of programs. In this forum member agencies offer relevant advice, expertise, and assistance. The committee addresses current healthcare priorities, examines progress made, and determines if modifications are necessary. Health data taken from a variety of sources aid in the development of healthcare priorities for the county.

Health needs surveys were conducted representing the needs of persons from a variety of backgrounds throughout the county. Twenty-two focus groups were conducted by the RCDOH in 2009. The HEAL 9 Consumer and Healthcare Provider Surveys and the 2012 United Way of Rockland County Community Needs Assessment provided up to date information on people's perceived health concerns and ability to meet them. Nyack Hospital conducts annual surveys at an event of one hundred community members who either have diabetes or whose lives are affected by diabetes as to what they need to better manage their disease.

These surveys and focus groups identified access to quality healthcare, diabetes, heart disease, obesity and cancer as areas of health where people had concerns and would like more services.

An example of the HCP committee addressing access to quality healthcare was compilation of a list of Federally Qualified Health Centers in Rockland County and the specific services offered at each site. Cards were printed and distributed to members of the HCP committee, who in turn distributed them to their organizations.

As part of Nyack Hospital's Stroke Awareness Initiative blood pressure screenings are conducted throughout the county. Any person who does not have a healthcare provider and expresses finances as a barrier to quality healthcare is provided the aforementioned list of FQHCs. In addition, through surveys taken at these screenings, Nyack Hospital identified lack of finances as a barrier to medication adherence. To put it simply, people need to know where to go for cheaper medications. Blood pressure screenings now include counseling by a nurse or pharmacist on the importance of continuing medication for hypertension and where one can find lower cost medications in the county.

Nyack Hospital's Community Health Education Department has regular contact with presidents of local Senior groups, Meals-on-Wheels, Rockland County Worksite Wellness companies, public libraries, colleges, and school districts, to name a few. All of the aforementioned request information, lectures, and screenings according to the needs of their members.

Recently Rockland County Senior Advisory Council reported its members expressed concern about their needs following discharge from a hospital. The Director of Case Management attended the next meeting explaining the discharge process, describing the services that are available and citing numerous local services. Feedback from this group was positive with remarks such as, "We are now more aware of services and know who to contact if there is an issue."

In 2013 several focus groups were conducted at the Nyack Hospital Pre-Natal Center. The clientele surveyed were pregnant women whose origin of birth was not the USA but rather Central and South America. The survey focused on their willingness to attend a Diabetes Prevention Program beginning 8 weeks post-partum. Cost of transportation and inconvenience were identified as barriers. Many of the clients reside 9 miles away in the town of Spring Valley and were resistant to continue traveling so far once their pregnancy was completed. We are now developing a plan to hold the Diabetes Prevention Program biweekly at a site in Spring Valley, thus providing the service in their neighborhood.

Nyack Hospital maintains an open line of communication through its attendance and representation on the Rockland County Emergency Services Committee that meets on a monthly basis. This group represents all ambulance corps in the county. Members share their concerns, make recommendations and develop plans of action to improve emergency care. Through this committee Nyack Hospital now has a process for persons experiencing stroke symptoms, i.e., to notify Nyack Hospital's Emergency Department while still in the field, enabling the hospital to have all services available when the person arrives in the ED. For instance, the CT scan machine is cleared to accept the patient as soon as he/she arrives at the hospital,

thus avoiding the time lapse which might otherwise prevent the patients from receiving certain treatments for stroke.

The Cancer Center receives feedback from the cancer support groups conducted at the hospital and other programs such as Look Good Feel Good, Reach to Recovery and Road to Recovery which are made possible through the American Cancer Society.

The Multiple Sclerosis Society sponsors two weekly support groups for both persons with MS and for their well-spouses and caregivers. Feedback from these groups results in providing targeted health education.

Monthly Diabetes support groups and Lose to Win support groups are another source of community feedback regarding healthcare needs of specific populations within our service area.

Community members are represented on the hospital's Diabetes Self-Management Training Program Advisory Board, which is accredited by the American Association of Diabetes Educators.

PUBLIC NOTIFICATION

The public was notified of the aforementioned surveys and focus groups through a variety of venues.

RCDOH worked with the Steering Committee, local community stakeholders, and collaboratives to gather information on perceptions of barriers to access care in the community, health services that may be in need of increased resources or areas that require priority attention.

In June 2009, the HEAL 9 survey was pilot-tested as Rockland County conducted its 2010-2013 Community Health Assessments (CHAs). The survey was primarily administered as an in-person survey, supplemented by an electronic online format in order to ensure representation and greater consumer participation for responses. The survey was administered to residents of Rockland County with a focus on reaching populations that are known to underutilize the health care system. Distribution throughout the community was broad, ranging from hospitals to community health care centers; from libraries to bowling alleys; from the Department of Motor Vehicles to social service sites. A regional target of 6,000 HEAL 9 surveys was set for statistical relevance.

Focus groups were conducted within each county and during the afternoon break-out sessions of the regional summit meeting. The focus groups were an opportunity to gain alignment, exchange ideas and suggest new initiatives.

The stakeholder focus group protocol included guidance on logistics, criteria for attendee selection and a script to ensure the purpose of the groups was achieved.

The public is also made aware of these activities via the Nyack Hospital website at www.nyackhospital.org, public service announcements in local newspapers, magazines, television stations, and libraries and the hospital's active Facebook site. In 2013 the hospital added an email contact for persons who had questions or concerns. Hospital activities are also made available to the public via the Rockland County Department of Health website. All information is made available at Healthcare Priorities Meetings.

Section 4. Assessment and Selection of Healthcare Priorities

Nyack Hospital works closely with the local Health Department in identifying the Prevention Agenda Priorities. Nyack Hospital is an active member of the Rockland County Healthcare Priorities Committee. This group meets monthly. Its primary purpose is to set healthcare priorities for Rockland County. The healthcare priorities defined by this local group are aligned with New York State Prevention Agenda Priorities.

Nyack Hospital met with Rockland County's epidemiologist, who is responsible for developing the Rockland County Department of Health (RCDOH) Community Health Needs Assessment, in July, August, September, and October 2013 to further define current status of hospital activities addressing all five prevention agenda items and identifying further opportunities to improve the health of our community.

Nyack Hospital employs strategies addressing many of the New York State Prevention Agenda Topics.

RCDOH and Nyack Hospital chose Prevent Chronic Disease: Reduce Obesity in Adults as a prevention agenda priority. In addition, Nyack Hospital will address Promote Healthy Women, Infant, and Children.

1. Prevent Chronic Disease: Reduce Obesity in Adults

Overweight and obesity are the second leading causes of preventable death in the United States. By the year 2050 obesity is expected to shorten life expectancy in the United States by two – four years. Obesity is a significant risk factor for many chronic diseases including Type 2 diabetes, hypertension, high cholesterol, and asthma. Preventing and controlling obesity has the potential to save hundreds of millions of dollars each year as per the NYS Prevention Agenda 2013. The Centers for Disease Control and Prevention (CDC), New York State Department of Health

(NYSDOH), and Rockland County Department of Health (RCDOH) recommend attaining and maintaining normal weight. The 2010 New York State Expanded Behavioral Risk Factor Surveillance System Data Age-Adjusted Percentage shows that 60% of New Yorkers are overweight or obese (BMI 25 or >). 2010 HEAL 9 grant data for Rockland County revealed that 61% of persons were told by their physician to lose weight for better health.

We continue to reach out to the underserved communities of Haverstraw and Spring Valley in an effort to decrease health disparities. Nyack Hospital's Lose to Win (LTW) Program focuses on attaining and maintaining ideal weight, increasing physical activity, and increasing consumption of vegetables and fruits, all within the culture of a particular organization, whether it be Haitian, Hispanic or Caucasian customs and traditions. Nyack Hospital provides training for persons of local organizations to conduct these peer-led LTW programs. CDC cites peer led groups as most effective in changing behaviors that benefit one's health.

2.Promote Healthy Women, Infants, and Children: Promote Health and Prevent Chronic Disease

In 2013 Nyack Hospital opened the Nyack Hospital Pre-Natal Center (PNC). Formerly it was the RCDOH Pre-Natal Clinic. It is a New York State Medicaid Pre-Natal program, providing comprehensive pre-natal care and meets the standards of the American College of Obstetricians and Gynecologists. Clientele are considered a vulnerable, high risk population and most of the women reside in low income communities and have a language of origin other than English.

Prior to the hospital taking ownership of the PNC, the Nyack Hospital Community Health Department had numerous discussions with the Pre-Natal center staff including obstetricians, gynecologists, mid-wives, nurses, nurse managers, and clients regarding health needs of the PNC clients. Risk of these clients developing Type 2 diabetes in the future was very high. 10% of the women in the Pre-Natal Center have been diagnosed with gestational diabetes (GDM). Over 50% of clients were overweight or obese prior to becoming pregnant. GDM places a woman at high risk for developing Type 2 Diabetes in the future. Overweight, obesity, and or having a family history of Type 2 Diabetes are also high risk factors for developing Type 2 Diabetes. Approximately 800 women per year receive services at the Nyack Hospital Pre-Natal Center.

The Pre-Natal Center meets regularly with the RCDOH Women, Infants, and Children (WIC), the RCDOH Family Planning Services (FPS), Birthright of Rockland, March of Dimes, and the Lower Hudson Valley Perinatal Network to continually

assess health and well-being needs of women of child-bearing age and their families across the continuum with adherence to all recommendations of CDC, NYSDOH, American Congress of Obstetricians and Gynecologists (ACOG). NYS Prevention Agenda cites recommendation of multi-component nutrition counseling interventions to reduce weight or maintain weight loss for overweight or obese pregnant women.

Nyack Hospital's Gestational Diabetes/ Diabetes Prevention Project is a chronic disease prevention program targeted for women of childbearing age who are at high risk for developing diabetes. It also has the potential for improving birth outcomes for these women. Risk factors for pre-term birth include diabetes, obesity, short spacing between pregnancies and being on Medicaid as per NYS Prevention Agenda, December 2012. This would be the first such service in Rockland County.

The following is a summary of some of Nyack Hospital's current strategies addressing all five NYS Prevention Agenda Priorities. Prevention Agenda focus areas follow this summary.

Prevent Chronic Disease

Prevent Chronic Disease: Breast Cancer

The Breast Center at Nyack Hospital is a first-class comprehensive provider of screening, diagnostic and treatment services with an emphasis on cancer prevention, early detection, and personalized care.

To address the health needs of an underserved population in Rockland County the Breast Center at Nyack Hospital provides free breast cancer screening mammograms to women who lack financial resources.

Nyack Hospital collaborative partners include: The Greater NYC Affiliate of Susan G Komen for the Cure, the Cancer Services Program of the Hudson Valley and the Rockland County Department of Health.

These collaborations allow us to improve our community outreach to uninsured and underinsured women, to perform cancer screenings, and provide education and treatment.

In 2012 The Breast Center at Nyack Hospital performed 1,002 mammogram screenings for medically underserved women. From January 1, 2013 - July 31, 2013,

823 medically underserved women were screened. 217 (26%) women had abnormal results and 7 (3%) cancers were detected. In addition, another 7 patients were determined to be at increased risk for developing breast cancer based on their medical history.

The Breast Center at Nyack Hospital will continue to focus its efforts on re-screening and education to ensure that countywide, women are returning for annual mammograms and breast exams.

Prevent Chronic Disease: Diabetes

Diabetes is a chronic disease increasing risk of heart disease, retinopathy, nephropathy, neuropathy, and sexual dysfunction to name just a few. Diabetes prevention and diabetes management have been identified by the CDC, New York State Department of Health, and Rockland County Department of Health as healthcare priorities.

According to the Rockland County Community Health Assessment 2010-2013, 9% of Rockland County residents have diabetes and this number is expected to rise. 18% of patients admitted to Nyack Hospital have a primary or secondary diagnosis of diabetes. These patients are 2 times as likely to be readmitted within 30 days as compared to patients without diabetes (HANYs).

Nyack Hospital addresses this healthcare priority across the continuum of care starting in the community through diabetes risk assessment screenings, Pre-Diabetes and Diabetes lectures, outpatient diabetes self-management training programs, monthly day and evening diabetes support groups, the annual Diabetes Symposium, and inpatient diabetes counseling by certified diabetes educators. All patient rooms offer free interactive health education videos. Our staff participates in multidisciplinary committees, and the Diabetes Resource Nurses and the Insulin Task Force, ensure that our patients receive the highest quality of diabetes care. Nyack Hospital conducts annual professional seminars for nurses, pharmacists, dietitians and physicians. Nyack Hospital's accredited American Association of Diabetes Educators (AADE DEAP) diabetes self-management program is covered by most health insurances including Medicare. Outcomes measures for AADE DEAP include A1C and behavior changes.

Some of our collaborative affiliates are: Rockland County Department of Health, Medtronic, Nyack College, Drug World, American Diabetes Association, Koblin's Pharmacy, AADE, RCDOH Health Care Priorities, Lilly, Nyack Hospital Foundation, Animas Corp., and the American Diabetes Association.

Nyack Hospital will continue its efforts to prevent and manage diabetes in our community.

Prevent Chronic Disease: Hypertension and Stroke

Stroke is one of the leading causes of death and serious long-term disability in the United States. Rockland County has a slightly higher rate of mortality associated with stroke than the region and the state as per Rockland County Community Health Assessment 2010-2013.

Nyack Hospital is a designated “Stroke Center.” Nyack Hospital has been recognized by the American Heart Association/American Stroke Association’s Get with the Guidelines Stroke Gold Plus Quality Achievement Award, recognizing Nyack Hospital’s commitment and success in implementing excellent care for stroke patients according to evidence-based guidelines.

Nyack Hospital is a recipient of the association’s Stroke Honor Roll for improving stroke care. Nyack Hospital implements standards of care and protocols for treating stroke patients, a critical step in saving lives and improving outcomes.

174 persons were treated at Nyack Hospital for stroke in 2012. The Nyack Hospital Stroke Committee, which meets monthly, estimates that 90% of persons arriving in the Emergency Department for TIA or stroke symptoms were excluded from treatment with TPA therapy because they waited too long after symptom onset to seek treatment. Our goal is to raise awareness of the need to seek medical attention FAST if signs and symptoms of stroke are noted.

In 2012 members of our medical staff and educational team delivered 4 lectures to 200 community members on stroke awareness and prevention and conducted 613 blood pressure screenings at 19 sites. Screenings include counseling on reducing risk of stroke through lifestyle changes including access to healthcare, blood pressure management, nutrition, and physical activity and recognition of stroke signs and symptoms. In 2013 Nyack Hospital continued with Stroke lectures and BP screenings and delivered a “Women and Heart Disease” lecture to four PTA groups.

The following is a list of some of the agencies with which Nyack Hospital collaborates to raise awareness of Stroke and screen for hypertension:

RCDOH Worksite Wellness Program	Valley Central Library
Orangetown Senior Club	Ramapo Senior Center
Pomona Middle School PTA	Rockland EMS
Central Nyack Seniors	St. Thomas Aquinas College
Nyack Y	New Testament Church of God (Spring Valley)
Grandview Elementary School (Monsey)	Mission Church Assemblies of God



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| Marydell Faith Center | Nyack Hospital Human Resources Department |
| Caribbean Food Delights | Valley Central Elementary School |
| Eldorado/Fleetwood Elementary School | RCDOH Health Care Priorities Committee |
| American Heart Association/American Stroke Association | |

Nyack Hospital has established a process with local EMS to notify hospital of a possible stroke patient while in the field, enabling hospital personnel to be in place for swift diagnosis and treatment.

Our goal for 2014 is to increase the number of persons arriving in the Emergency Department within an hour of symptom onset. Nyack Hospital will continue to reach out twice yearly to local community based organizations, both for profit and not for profit to offer educational programs and screenings. Media will include distribution of pens with "Stroke? Act F.A.S.T." at stroke related events. Information on stroke symptoms and F.A.S.T. will be placed on hospital website, included in free patient educational television for inpatients, in Nyack Hospital employee newsletters, along with health tips on hospital website, and in public service announcements.

Promote a Healthy and Safe Environment

Injuries, both intentional and accidental, are a major public health concern in the United States. Traumatic injury refers to acute physical injuries, including burns and head injuries, which pose discernible risk for death or long-term disability. Trauma is estimated to be responsible for over 161,000 deaths annually and for an estimated mortality rate of 55.9 per 100,000 persons. Children are said to account for 25 percent of all traumatic injuries. Injury has been the leading cause of death for children 1 to 14 years of age for decades. The number of intentional and accidental injuries combined each year reflects the true ranking of injury as a leading cause of death in the United States. Furthermore, the years of potential life lost before the age of 65 from injury continues to be significant. Unintentional injury accounts for more than 2.2 million years of potential life lost, and suicides and homicides account for an additional 1.3 million years.

At Nyack Hospital, the trauma care delivery system entails a structured multidisciplinary approach to enable and manage care for those who experience severe injury. The system incorporates a continuum of care that provides injured persons with the greatest likelihood of returning to their prior level of function and interaction within society. Nyack Hospital works closely with the EMS community and provides medical oversight of pre-hospital care, appropriate triage and transport, emergency

department trauma care, trauma center team activation, surgical intervention, intensive and general in-hospital care, rehabilitative services, and mental and behavioral health.

The goals of the trauma center at Nyack Hospital include: decreasing the incidence and severity of trauma; ensuring optimal, equitable, and accessible care for all persons sustaining trauma; preventing unnecessary deaths and disabilities from trauma; and implementing quality and performance improvement of trauma care throughout the system.

In 2013 safety education workshops were conducted, sponsored by Nyack Hospital Coalition, in partnership with Rockland County area schools, the PBA, government, and local businesses. These activities encourage kids to be active, have fun, and be safe. Educational workshops cover topics such as water safety, pedestrian/motor vehicle safety, burn injury prevention, bicycle and sports injury prevention including concussions, enhanced “911,” pets and pals, and summer safety. In addition, child car seat check-up stations are located on the campuses of Nyack Hospital during these sessions. The plan is to continue these activities in 2014 and 2015.

In 2012 and 2013 Nyack Hospital collaborated with the RCDOH in conducting a Point of Distribution (POD) exercise administering influenza vaccine to 200 adult “English as a Second Language” students at BOCES as part of the county’s emergency preparedness exercises.

Promote Healthy Women, Infants and Children

The Nyack Hospital Prenatal Center opened on January 2, 2013. It was previously known in the community as The Rockland County Department of Health Prenatal Clinic. It is a New York State Medicaid Prenatal Program that provides comprehensive perinatal care to low income, high risk women. This includes prenatal diagnostic and treatment services which meet ACOG (American Congress of Obstetricians and Gynecologists) guidelines for prenatal care and is delivered in a culturally sensitive and competent manner to all pregnant women including those with limited English proficiency and diverse cultural and ethnic backgrounds. Interpretation services are offered to patients whose primary language is not English. In an effort to prevent, recognize and treat conditions associated with maternal and infant mortality and morbidity, timely access to care is provided, including referral to appropriate levels of prenatal care based on client’s assessed risk status. Additionally, health and childbirth education are provided by professional staff based on individual needs.

The Nyack Hospital Prenatal Center is a New York State Medicaid Prenatal Program that serves women of childbearing age. The Center is staffed by bilingual Registered Nurses, Prenatal Techs, a Nutritionist, a Lactation Consultant, and a Social Worker as well as clerical and administrative personnel. Together with a team

of experienced and dedicated Certified Nurse Midwives and an Obstetrician, the Pre-Natal Center provides optimum, cost-effective and culturally sensitive prenatal and postpartum care to at-risk residents of Rockland County.

The Nyack Hospital Prenatal Center collaborates with the Rockland County Department of Health Programs such as WIC (Women, Infants and Children) and FPS (Family Planning Services) as well as Birthright of Rockland, March of Dimes and the Lower Hudson Valley Perinatal Network in order to promote the health and well-being of women of childbearing age and their families across the continuum.

The obesity epidemic is a public health issue with serious health implications. This is particularly true for women of childbearing age. Pregnant women who are overweight or obese are at greater risk for adverse birth outcomes such as birth defects, fetal or infant death or other complications. Appropriate nutritional intake before and during pregnancy reduces these risks. The Prenatal Center staffs a full-time nutritionist as well as the consultant services of a Certified Diabetic Educator to provide education and support to women throughout their pregnancy and postpartum period.

In 2013 the Pre-Natal Center submitted a grant proposal to the March of Dimes New York State Chapter Community Grants Program for “Nueva Vida”. “Nueva Vida is a program designed to help reduce risk for future adverse birth outcomes in women of childbearing age. The goal is for participants to attain their ideal BMI post-partum.

Promote Mental Health and Prevent Substance Abuse

At this time Nyack Hospital does not offer services promoting mental health or preventing substance abuse. Nyack Hospital will consider opportunities to promote public awareness and to conduct evidence-based practices for prevention of mental health disorders, such as substance abuse and depression.

Mental Health Promotion

The Judith H. Trust Crisis Intervention Center, which will open in 2014, represents an extension of the crisis services already delivered through the Rockland County Department of Health. In order to significantly improve the capacity, continuity, and productivity of regional mental health care, mental health crisis services will be available in dedicated space adjacent to Nyack Hospital’s Emergency Department, and will be supported by a full continuum of inpatient acute care services in expanded and renovated space.

The Center represents a primary psychiatric treatment resource for people experiencing an acute episode of mental illness in Rockland County and in its new configuration is expected to double the number of acutely ill adults, children, and adolescents who are stabilized and connected to appropriate outpatient behavioral health services; increase the number of referrals to mental health clinics and partial hospitalization programs by 20%; and reduce the number of unnecessary psychiatric admissions by 10%.

The new Center will be located proximate to the Nyack Hospital Emergency Department and offer high quality, convenient “one stop shopping” for patients with combined medical and mental health issues.

Prevent Substance Abuse

The Recovery Center at Nyack Hospital provides several levels of treatment including inpatient Detoxification and inpatient and outpatient rehabilitative services. Mental Health services are offered in conjunction with a substance abuse diagnosis. Collaborative agencies include Rockland Council on Alcoholism and other Drug Dependence (RCADD); Mental Health Association of Rockland (MHA); the Haverstraw Center; Candle; Rockland County Department of Mental Health. At this time we do not offer preventive services.

Prevent HIV and STDs and Prevent Vaccine Preventable Diseases

Nyack Hospital offers HIV screening and counseling to all persons treated in the Emergency Department or admitted to the hospital, and as part of comprehensive prenatal care services offered at the Nyack Hospital Pre-Natal Center.

Influenza Immunization

Nyack Hospital partners with the Rockland County Office of the Aging conducting flu clinics throughout the area for Seniors of Rockland County and continues to collaborate with Senator Carlucci’s office in providing flu shots to persons who are underinsured or uninsured. Flu shots are also distributed to an underserved population through the POD exercise as explained under the Promote Healthy and Safe Environment section.

In 2012 Nyack Hospital administered 1,300 influenza vaccines at 29 sites throughout the county.

This program is evaluated continually via steering committee of the Rockland County Department of Health Adult Immunization Committee, of which Nyack Hospital is a

member. It is the expectation that the need for this service will decrease as vaccine becomes more available at local pharmacies and grocery stores.

During the flu season all hospital in-patients over 6 months of age are offered the influenza vaccine, including post-partum mothers and Pre-Natal Center clients. All in-patients are offered the influenza vaccine, unless there are contraindications and receive the Vaccine Information Statement for Influenza vaccine. In 2012 influenza vaccine was administered to 390 post-partum patients 1305 all other in-patients. In 2013 (YTD) influenza vaccine was administered to 159 post-partum patients and 349 to all other patients. Please note that this report is being written during the influenza vaccination period.

Nyack Hospital Employee Health Department conducts an on-site annual influenza vaccination program for staff, licensed independent practitioners, and volunteers. Education on diagnosis, transmission and potential impact of influenza, influenza vaccine and non-vaccinated control measures are provided. This year Nyack Hospital revised our policy, as per NYSDOH guidelines, in the event influenza is declared widespread in New York State.

NH annually evaluates vaccination rates and reasons for nonparticipation in the hospital's immunization program and uses this information to plan for the next flu season with the goal of increasing compliance. During the 2011-2012 flu season 54% of our staff was vaccinated. During the 2012-2013 flu season staff immunization increased to 62%. As 74% of our employees are Rockland County residents, our employee health program makes a difference in the community. Our immunization rate among employees not only sets a good example for other residents to receive a flu shot but shows the commitment our staff has to keep Rockland County healthy. Our goal for the 2013-2014 influenza season is for 90% of our employees receive the flu shot.

T-dap Immunization

Nyack Hospital in an effort to decrease the burden of Pertussis disease evaluates and administers T-dap vaccine to appropriate patients seen in the Emergency Room. Mothers of newborns are provided information about Pertussis and are offered T-dap vaccine prior to infant's discharge from hospital. In 2012 T-dap was administered to 214 post-partum patients 12 and 208 Emergency Department patients. In 2013 (YTD) T-dap was administered to 627 post-partum patients and 375 Emergency Department patients.

T-dap vaccine is offered to all employees at time of hire and a booster dose every 10 years.

Section 5. Three Year Plan of Action for Prevention Agenda Priorities

Prevent Chronic Disease: Reduce Obesity in Adults

Strategies

Lose to Win (LTW) is an 8 week class for adults age 18 or older that incorporates the latest guidelines on losing weight safely and successfully. The classes focus on improving nutritional intake, increasing physical activity, and promoting positive lifestyle behavior change. Participants learn how to eat healthier consistent with their cultural preferences. Each session is designed to allow for discussion of participants’ challenges and successes. Program handouts are available in English and Spanish. Monthly support groups are held for continued support.

Nyack Hospital conducts free training sessions twice a year for community members interested in facilitating a LTW program for their organization, provides all necessary materials to conduct a program, and provides continued support to the facilitators via phone, email and meetings. The outcome measures are reviewed annually for effectiveness of program, emerging trends, and to ensure that underserved areas have access to this program. Through our diverse collaborations throughout the county Nyack Hospital continues to expand public-private partnerships to implement this community-based obesity prevention service. Nyack Hospital analyzes pre and post program data.

This promising practice was recognized for its success and sustainability at NYSDOH Chronic Disease Bureau’s annual “Creating Healthy Places to Live, Work and Play” grant meeting in 2013. The LTW program is offered as part of the County’s Worksite Wellness Initiative. RCDOH Worksite Wellness LTW programs represent about 7% of LTW programs conducted throughout Rockland County.

Here is a partial list of locations where the LTW program has been conducted in Rockland County:

Rockland County Dept. of Health (RCDOH)	Haverstraw Kings Daughters Library
Dominican College Staff & Students	ARC Rockland members
Clarkstown Central School District (CCSD)	Staff Suffern Library
Hudson River Healthcare	Valley Cottage Library
Felix Festa Middle School	New City Library
Rockland Psychiatric Center Staff	Nanuet Library



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| Nyack Y | Pearl River Library |
| Nyack Hospital | Finkelstein Library |
| Salvation Army | Palisades Library |
| St. Dominic’s Home staff | Sloatsburg Library |
| Head Start Nyack Staff | ARRI Corp |
| Hunter Douglas Inc. | Head Start Spring Valley Staff |
| Active International | |

Goals and Objectives

Goal: Reduce overweight and obesity in adults in Rockland County by having 1,000 overweight or obese residents lose an average of five pounds over three years.

Objective: Reduce Body Mass Index (BMI) of LTW program participants. Increase servings of vegetables and fruits consumed daily, and increase physical activity of LTW participants.

Goal: Expand public-private partnerships to implement this community-based overweight- obesity -reduction program.

Objective: Increase the number and diversity of sites at which the LTW program is conducted.

Improvement Strategies

Annual revision of LTW program curriculum following the most current nutrition, activity and behavioral modification recommendations of the current Food and Drug Administration Guidelines for Healthy Weight Loss, the American College of Sports Medicine, Dietary Guidelines for Americans, The Practical Guide: Identification, Evaluation and Treatment of Overweight and Obesity in Adults, The Weight-Control Information Network (a service of the National Institute of Diabetes and Digestive and Kidney Diseases of the National Institutes of Health), Academy of Nutrition and Dietetics, and the American Diabetes Association Standards for Weight Loss.

Expand follow-up participant data collection to include self-reported 6 month and 1 year post program survey. Add outcome measurement of intake of sugary drinks.

Recruit facilitators from libraries, businesses and faith-based organizations in Spring Valley and Haverstraw.

Continue active membership in local neighborhood collaboratives, RCDOH HCP, and the RCDOH Worksite Wellness Program. Hold annual public forum to identify community health needs sponsored by hospital.

Performance Measures (measureable and timed framed targets over three year period).

Goal is to increase by 10% annually the number of programs conducted, number of facilitators trained, number of facilitators representing new organizations, number of participants who completed the program, percentage of persons who reduced their BMI, number of pounds lost, increase in vegetable and fruit consumption, and increase in physical activity, and decrease by 50% intake of sugary beverages.

Performance Measure	2012	2013 Goal	2014 Goal	2015 Goal	3 Year Goal
# programs & locations by zip codes	25	27 (ytd 21)	29	31	82
# participants	272	299	328	360	1000
% persons who decreased BMI	75%	76%	80%	80%	80%
# lbs lost	976	1075	1175	1292	1.5 tons
vegetable & fruit consumption	+39%	+42%	+46%	+50%	+50%
physical activity	+44%	+48%	+52%	+57%	+50%
intake of sugary beverages	NA	NA	-50%	-50%	-50%

Promote Healthy Women, Infants and Children Promote Health and Prevent Chronic Disease

Strategies

Gestational Diabetes – Diabetes Prevention Project at Nyack Hospital Pre-Natal Center (PNC)

This project focuses on women of child-bearing age who are at high risk for developing Type 2 Diabetes and have an increased risk for birth outcome with current and subsequent pregnancies. This program is offered to Spanish speaking women of child-bearing age who are clients of the Nyack Hospital Pre-Natal Center, whose origin of birth is outside of the United States, with at least one of the following risk factors for developing Type 2 Diabetes: Gestational Diabetes, pre-pregnancy BMI >25, denoting overweight or obese, or family history of Type 2 Diabetes or personal history of Type 2 Diabetes define the target population for this project.

As a result of focus groups conducted at the Pre-Natal Center with potential participants in this project we are negotiating for a space within the town of Spring Valley to conduct this program in the neighborhood in which most of the anticipated participants reside to eliminate the transportation barrier.

Other potential benefits of this project are increasing health literacy and improving birth outcomes for current and subsequent pregnancies. Tools to measure these benefits will be developed.

The program has been divided into three phases with the first phase in progress.

Phase One 2013: Bilingual Certified Diabetes Educator Registered Dietitian conducts weekly counseling sessions with this underserved high risk population. This educator also supports clinical staff in diabetes related matters. Staff trained to teach patients to test their blood glucose at home. Developed meal plans utilizing client's native foods.

Phase Two 2014: Begin customized Diabetes Prevention Program in Spring Valley, the town where the majority of these women reside. This educational program will address healthy lifestyles and will include A1c, BP, BMI, cholesterol, folate and B12 measurements, recommended immunizations, and nutrition classes including the Lose to Win Program. Potential participants identified by family history of diabetes, gestational diabetes or overweight or obese prior to pregnancy. Client will be invited to attend program at 6–8 week post-partum visit. Arrangements made at that time for screenings.

Phase Three 2015: Continue working with these women for three years, measuring the above on an annual basis. Add parenting classes. Encourage a participant to become a champion for the cause and become a facilitator for the LTW program for these women. Strategize means to measure potential benefits of this project such as increasing health literacy of these clients and to improve birth outcomes of current and subsequent pregnancies.

Goals and Objectives

Goal 1: To prevent Type 2 Diabetes in a population of vulnerable women of childbearing age, whose language of origin is Spanish, whose origin of birth is outside of the United States, have Medicaid as their health insurance and are considered to have a low health literacy level.

Objective for Goal 1: Provide clients with a forum to learn behaviors that will improve their health, the health of their families, and decrease the risk of developing Type 2 Diabetes utilizing the evidence-based, National Center for Chronic Disease Prevention and Health Promotion’s “National Diabetes Prevention Program”.

Goal 2: Raise awareness and provide direction for improving women’s health across the lifespan with focus on pregnancy and the inter-conception periods.

Objective for Goal 2: Provide quality diabetes self-management training for pregnant women with Gestational Diabetes or Type 2 Diabetes by a bilingual Certified Diabetes Educator utilizing low literacy and culturally appropriate materials, including meal planning, in client’s language of origin. Curriculum adapted from the evidence-based Indian Health Service’s Beautiful Beginnings: Pregnancy and Diabetes”.

Improvement Strategies

Certified Diabetes Educator conducting and overseeing program ensures quality improvement through monthly review, discussions with diabetes education team, PNC staff and current and potential clients of DPP. Make certain that DPP materials are culturally appropriate for target audience. Evaluate physical environment of program is suitable for clients and children as client’s infants and younger children will be welcomed to attend program.

Performance Measures

Number of women participating in the Diabetes Prevention Program, number of DPP meetings attended, pre and post DPP program changes in behavior including nutrition & physical activity, knowledge of diabetes prevention strategies, BMI, blood pressure, A1C, serum folate, serum cholesterol, and B12 level. Influenza immunization, number enrolled in a subsequent Lose to Win program, and number of pregnant women with gestational diabetes or Type 2 diabetes counseled by CDE.

Performance Measure	2013 Goal	2014 Goal	2015 Goal	3 Year Goal
# women attending the DPP	Program developed completed	25	50	75
% change in healthy eating		+50%	+50%	+50%
% change in physical activity		+50%	+50%	+50%
change in A1C, BMI, BP or cholesterol		No change or decrease	No change or decrease	No change or decrease
# women counseled for GDM	15	25	30	55
# women counseled for GDM & enroll in DPP program		25	30	55

Section 6. Dissemination of the Plan to the Public

The Nyack Hospital Community Service Plan will be posted on the hospital website at www.nyackhospital.org

Section 7. Process for Continuing Engagement with Local Partners

Nyack Hospital will maintain the current relationships with all of the aforementioned committees, collaboratives, schools, libraries, government officials, and national organizations such as ACS, ADA, AADE, and AHA, attending meetings on a regular basis. The hospital will meet at least once a year to review the Community Service Plan, consider changes in community health needs, and make modifications to Community Service Plan as appropriate.

Nyack Hospital in collaboration with the RCDOH is developing a health needs survey for residents of Rockland County that will be available on the hospital website. Results of these surveys and inquiries received through the Community health education site will be included at the annual meeting to review the CSP.