CONNECTING WITH COMMUNITIES:

Community Health Initiatives Across New York State

HANYS™
Always There for Healthcare

2018 Edition

About HANYS' Community Health Improvement Award

HANYS established the Community Health Improvement Award in 1997 to recognize outstanding initiatives aimed at improving the health and well-being of communities.

The award is presented to member hospitals and health systems for their programs that target specific community health needs related to the New York State Prevention Agenda, demonstrate leadership, collaborate among diverse groups, and, most importantly, achieve quantifiable results.

Community Health Initiatives Across New York State 2018 Edition

The Healthcare Association of New York State (HANYS) is pleased to present the 22nd edition of *Connecting with Communities: Community Health Initiatives Across New York State*. This publication highlights the winner and nominations for HANYS' 2018 Community Health Improvement Award.

The Award recognizes member hospitals and healthcare systems for engaging key community stakeholders and strategizing in unique ways to meet the healthcare needs of their communities. Many thanks to our hospitals and health systems for submitting and sharing their community-focused initiatives for this award.

Hospitals and healthcare systems continue to work diligently with their partners to achieve shared community health goals under New York State's *Prevention Agenda* (2013-2018). The initiatives described in this publication are directly linked to *Prevention Agenda* priorities and New York's goal to become the healthiest state in the nation for New Yorkers of all ages.

HANYS is honored to support and recognize our members' continuous efforts outside the walls of their hospitals to prevent disease and keep people healthy. Thank you for your dedication!

For more information on this award or about HANYS' community health agenda, contact Sue Ellen Wagner, Vice President, Community Health Policy, at (518) 431-7837 or at swagner@hanys.org

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2018 Community Health Improvement Award Winner

2018 COMMUNITY HEALTH IMPROVEMENT AWARD WINNER

Healthy Moms

Unity Hospital

Rochester Regional Health
Rochester

INITIATIVE YEAR

2010

PARTNERS

Healthy Baby Network

Monroe County Office of Mental Health

Federal Healthy Start Grant

Unity Hospital, Rochester General Hospital, Strong Memorial Hospital, and Highland Hospital

Rochester General Portland Obstetrics (OB), Rochester General Alexander Park OB, Rochester General Clinton OB, Jordan Health OB, Strong OB, Community OB, Highland Family Medicine

Rochester Educational Opportunity Center

Babies First Maternal and Infant Community Health Collaborative

Evelyn Brandon Health Center

Rochester Regional Psychiatric Inpatient Services at St. Mary's Campus

Rochester Women's Giving Circle

Community Action Network of Monroe County

Health Reach

Greater Rochester Health Home Network

Finger Lakes Performing Provider System

Excellus

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PROGRAM DESCRIPTION AND GOALS

Healthy Moms is a community-based program that addresses the New York State *Prevention Agenda* priority of promoting healthy women, infants, and children. Healthy Moms works to decrease the premature birth rate of inner-city women by providing evidence-based programming. This is accomplished through pregnancy education classes and mental health treatment customized to the unique needs of inner-city moms. Pregnancy education graduates had 47% fewer premature births; mental health counseling during pregnancy resulted in a 42% decrease in premature births.

Additional goals of the program include: decreasing infant mortality and increasing self-sufficiency through education and employment.

The "one-stop shop" at Healthy Moms de-stigmatizes services and creates a community where moms feel safe to engage in difficult life changes. Group programming allows women to build a support network with peers and engage in vicarious learning. Moms often develop friendships with each other and spend time together outside of Healthy Moms. Free van transportation and childcare eliminate real-life barriers, making participation and success possible.

OUTCOMES

- Premature birth rate of 4.96% for pregnancy education graduates. This is a decrease of 47% from the inner-city premature birth rate of 9.37% (2010-2017).
- There were no very premature births (before 32 weeks) for pregnancy education graduates (2010-2017).
- Premature birth rate of 8.13% for participants that received mental health treatment during pregnancy. This is lower than the inner-city premature birth rate of 9.37%. Many of these Healthy Moms participants have a high-risk mental health diagnosis that, left untreated, generates premature birth rates 1.5 to 2 times higher (Dr. Li, 2008; Dr. Grote, 2010).

LESSONS LEARNED

- Creating a caring and warm environment is crucial for building trust. This safe environment is the foundation for challenging and rewarding growth.
- Creative approaches to engaging moms, such as attendance incentives, are critical in the early stages of working with disempowered moms. With the development of self-esteem and self-worth, moms begin to internalize what they learn at Healthy Moms.

SUSTAINABILITY

- 57% of funding: Billing revenue that fully supports mental health programming and care management. Profit is reinvested in Healthy Moms services.
- 17% of funding: Federal grant revenue and community chapter grants that fund non-billable services, including free transportation, childcare, and the Safe Sleep Campaign.
- 26% of funding: Ongoing and committed support from the parent hospital system, Rochester Regional Health, to contribute financially to the Healthy Moms program.

2018 Nominated Profiles

2018 Community Health Improvement Award Nominated Profiles

Cardiac Outreach Program

Brookhaven Memorial Hospital Medical Center

Patchogue

■ ***INITIATIVE YEAR***

2010

■ ***PARTNERS***

Boys and Girls Club

YMCA

■ ***CONTACT***

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PROGRAM DESCRIPTION AND GOALS

The Cardiac Outreach Program relates to the New York State *Prevention Agenda* in that it provides its participants an array of heart health resources at no cost. It promotes the prevention of chronic disease and obesity, and encourages individuals to take a proactive stance to improve their own health. Services currently within the Outreach Program include a heart-healthy walking club, cardiac support group, "Art Heals Hearts" therapy workshop, healthy hearts lecture series, transition from hospital to home, and nutritional cooking demonstrations.

OUTCOMES

- The Cardiac Outreach Program's Outcomes are measured by attendance. The program was started in 2010 with three initial support programs. It has grown to include six areas of support and an educational series. Participation levels have increased over time from an average of three participants per group to an average of 10 to 15 individuals.

LESSONS LEARNED

- Use marketing techniques within social media to effectively spread the message about resources that are available at no cost to the local community.
- Listen carefully to feedback and use information gathered from participants to effectively evolve the program to fit the population's needs.

SUSTAINABILITY

- By continuing to increase this platform within the community, the hospital's ability to sustain the Cardiac Outreach Program will continue to be fortified. The established presence has been welcomed by many organizations that have interacted with it, as well as the individual participants who attend the lectures on the hospital's campus. The Outreach Program hopes to expand over time with the growth of the hospital as it embarks on its own journey in helping local residents and staff.

Addressing Substance Abuse

Columbia Memorial Health

Hudson

■ ***INITIATIVE YEAR***

2011

■ ***PARTNERS***

Columbia County Department of Human Services

Mental Health Association of Columbia and Greene Counties

Columbia Memorial Health Community Health Services/ Family Care Centers

Catholic Charities of Columbia and Greene Counties

Columbia County Department of Health

Columbia County and Greene County Law Enforcement

Social Services of Columbia County and Greene County

Greene County Public Health

Columbia County Healthcare Consortium

Twin County Recovery Services

Pharmacist

Community Leaders

Chatham Cares for You

Dental Professionals

Physicians

Columbia County District Attorney

Greene County Legislators

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PROGRAM DESCRIPTION AND GOALS

In response to a growth of controlled substance abuse locally, and in alignment with the New York State *Prevention Agenda*, the Columbia-Greene Controlled Substance Abuse Task Force was established to address issues pertaining to prescription drug use, misuse, and abuse. More than 30 community members, agencies, and leaders meet monthly to plan and coordinate services related to controlled substance abuse issues. The purpose and focus of the team is on the prevention of abuse of prescription narcotics and the serious impact on the community.

A large part of the Task Force initiatives was the development of the Practice Guidelines and Prevention subcommittees. The subcommittee members work to implement a coordinated response by the provider community and community-based organizations. The committees address issues related to pain management, points of access to medications, drug disposal, teen safety, family and consumer education, addiction services, and recognition of the scope of the problem within the community. Funding for prevention programs and community forums was obtained from pooling local resources, including local government and grants.

OUTCOMES

- Community Education Forums—19 over two years
- Provider Education—participation by all primary care providers
- Naloxone Training—monthly

LESSONS LEARNED

- Provider education is essential to ensure responsible prescription opioid distribution and identify opportunities for prevention.
- There is a need for education for patient responsibilities in pain management, storage, and disposal of opioid medications; recognizing and responding to an opioid overdose; and options for substance abuse treatment.

SUSTAINABILITY

- Pain management is an important part of the healthcare system.
- Proper implementation, management, education, and awareness are essential for quality patient care delivery.
- The education of providers will become self-perpetuating over time.
- Storage and responsible disposal, as well as substance abuse prevention, are necessary in any health system.
- Embracing the opiate epidemic is an opportunity to improve service and treatment.

Smoking Cessation Initiative in a Behavioral Health Setting

Ellis Medicine Outpatient Mental Health Clinic

Schenectady

INITIATIVE YEAR

2015

PARTNERS

Ellis Hospital Outpatient Mental Health Clinic

Alliance for Better Health (DSRIP) Tobacco Use Cessation Coordinator—St. Peter's Health Partners

Community Health Programs—St. Peter's Health Partners

Center of Excellence for Health Systems Improvement for Tobacco-Free New York

Schenectady County Dual Recovery Coordinator

Tobacco Free Communities: NYS Advancing Tobacco Free Communities Coordinator, NYS Capital Region

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PROGRAM DESCRIPTION AND GOALS

Ellis Medicine designed the "Smoking Cessation in a Behavioral Health Setting" initiative to create culture change in an outpatient mental health clinic, first among clinicians, and then among clients, leading to joint acceptance and implementation of tobacco dependence treatment (TDT) programs. It directly supports the New York State *Prevention Agenda* "Prevent Chronic Diseases" goal 2.2 of tobacco use cessation, particularly among people with poor mental health.

The initiative stems from the combined Ellis Hospital and Schenectady County Public Health Services Community Health Needs Assessment (CHNA) of 2013, which identified very high rates of cigarette use (37.1% currently smoke) among residents of the county's urban core. In addition, statewide data show that adults with self-reported poor mental health smoke at nearly double the state's overall smoking rate.

Traditionally, client tobacco use was tolerated within the behavioral health community as relatively less harmful than the profound and multiple mental health and substance abuse challenges these individuals face. The initiative's goals were to modify the organization's culture so that clinicians are comfortable in promoting smoking cessation, convey that direction to their clients, and mutually engage in TDT as part of the overall treatment plan.

OUTCOMES

- The overall smoking rate among clients at the Ellis Outpatient Mental Health Clinic declined from 62% at the beginning of the initiative to 33% in January 2018. This is below the CHNA-reported rate of 37.1% for residents of the urban core where the clinic is located.
- Of the remaining smokers, nearly half report reduced tobacco use as a result of the initiative. Overall, only 17% of the participants declined treatment and continue smoking as they did before. The trajectory suggests that a client rate at or below the statewide rate of 14.2% is eventually possible.
- Although not necessarily random, the participant sample size (243) represents a robust 17% of the total caseload (1,425).

LESSONS LEARNED

- Written policies should follow a shift in culture and staff training—meaningful clinician engagement and buy-in leads to clinician acceptance which, in turn, drives client acceptance.
- Tobacco dependence treatment should be non-threatening to clients and part of an overall holistic health approach—the framework emphasizes client decision-making, is integrated into the overall treatment plan, and follows the client's own pace to break down barriers to success.

SUSTAINABILITY

- The initiative is primarily focused on culture change; it is self-sustaining and requires no ongoing special funding or support. Now that the process is integrated into the clinic's workflow, there is no cost to including tobacco cessation questions and brief interventions among the intake and regular treatment plan reviews.
- Payment for appropriately documented treatments, such as prescribing medication for nicotine withdrawal, is covered by Medicaid and other insurance.

A Healthier Community: Implementation of the National Diabetes Prevention Program

Flushing Hospital Medical Center

INITIATIVE YEAR

2015

PARTNERS

This program is made possible in collaboration with:

- *in-hospital departments, including information technology, the food and nutrition department, and primary care physicians from the ambulatory care clinic;*
- *Quality and Technical Assistance Center;*
- *New York City Department of Health and Mental Hygiene; and*
- *community faith-based organizations (First Baptist Church of Flushing, Boon Church of Oversea Chinese Mission, Myosetsuji Temple, YMCA, the Taiwanese Center, Young Women Christian Association, and the St. George Episcopal Church).*

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PROGRAM DESCRIPTION AND GOALS

This initiative is designed to prevent chronic diseases, specifically the onset of type 2 diabetes. With the launch of the National Diabetes Prevention Program, Flushing Hospital Medical Center strives to reduce the diagnosis of type 2 diabetes in pre-diabetic participants. The program is a full-year course created to educate patients on healthier eating, the importance of physical activity, and ways to reduce stress. The goal is to have participants lose 5% to 7% of their initial weight, which, along with healthy lifestyle changes, has proven to reduce the risk of developing type 2 diabetes by 58%.

OUTCOMES

Since the program's implementation, our results are:

- To date, 52 participants have completed the program, losing a total of 635 pounds.
- The hospital is currently running a course with seven participants.
- Participants who have reached the program goals have reported reduced or normal levels of glycated hemoglobin and cholesterol.
- Follow-up calls with participants who have completed the program show that nine continued to lose weight (110 pounds), 14 gained a total of 119 pounds, and nine kept the weight off. Six continue to be pre-diabetic, two developed type 2 diabetes, and 24 are no longer at risk of diabetes.

LESSONS LEARNED

- The camaraderie that develops during group sessions has proven a source of encouragement and accountability for participants to reach their goals.
- Use diagrams and visual aids to better communicate complex terms.
- Use supplemental data from past course materials to provide more comprehensive lessons.
- Reach out to participants who have completed the program to follow up—accountability makes a difference.

SUSTAINABILITY

- Certification for the program's lifestyle coaches is maintained by facilitating programs annually.
- Lifestyle coaches conduct outreach events by providing program brochures to recruit potential participants.
- Collaboration is maintained with in-house departments and partnering organizations for recruitment and optimal health in the community.
- Upholding full recognition from the U.S. Centers for Disease Control and Prevention (CDC) by continuing to meet CDC program standards.

Free Mobile Food Pantry

Glens Falls Hospital

INITIATIVE YEAR

2016

PARTNERS

Comfort Food Community

Economic Opportunity Council

Kingsbury Senior Citizen Center (Hudson Falls)

Earl Towers and Washington County Head Start (Hudson Falls)

Fort Ann Fire Department

Fort Ann Cornerstone Pantry

Whitehall Recreation Center

Whitehall Food Pantry

Skenesborough Harbor (Housing Whitehall)

Mountain View Commons (Housing Granville)

Mettaowee Valley Ecumenical Food Pantry

Family Service Association of Glens Falls

Hadley Senior Center

Hadley/Luzerne Library

Town of Stony Creek Food Pantry

Town of Day Food Pantry

Serendipity Pantry (Luzerne)

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PROGRAM DESCRIPTION AND GOALS

Glens Falls Hospital's Free Mobile Fresh Food Pantry is a cooperative effort between the hospital and local service agencies to deliver a sustainable model of fresh, free food to rural, high-need communities that contend with many social determinants of health.

This initiative has an important role in meeting the New York State *Prevention Agenda* goals and directly aligns with the Prevention of Chronic Disease Priority Area, Focus Area 1: "Reduce Obesity in Children and Adults" and meets Goal 1.1 by creating an environment that supports healthy food and beverage practices, encourages physical activity, and focuses on the long-term objective of reducing the percentage of adults who are obese.

Disparate populations are targeted in this initiative, as those benefitting from the food pantry live in areas that generally have lower household incomes and educational attainment, experience insufficient or no insurance coverage, have less access to care due to distance and lack of transportation, and contend with a void of services and available healthcare providers due to rural geography. Many people within the region lack the skills and resources necessary to successfully navigate complex healthcare needs in a changing healthcare environment.

OUTCOMES

Quantitative:

- Increased distribution sites from one to 16, with additional expansion planned.
- Distributed 17,557 pounds of fresh produce to 2,429 households over two years.
- Leveraged work with Partners to secure additional funding to increase the impact of programming.

Qualitative:

- Strengthened collaboration with community partners.
- Cultivated relationships with community members that seek the services of the Mobile Fresh Food Pantry.
- Increased awareness in participating communities about the importance of quality nutrition for good health and the prevention of chronic disease.

LESSONS LEARNED

- Collaboration is essential. Without cooperation among the partners and volunteers, the food pantry would not exist. Each organization's expertise and resources led to the success and sustainability of the venture.
- Community support and buy-in are essential in setting up delivery sites.

SUSTAINABILITY

- The hospital established a base of dedicated volunteers to reduce the need for salary and associated overhead.
- Grant funds have been leveraged when available for long-term benefit.
- The hospital leveraged resources and systems already in place to increase efficiency and reduce the need for ongoing funding.
- A collaborative team ensures long-term success.
- There is community support and demand for the program.

Health Means Business—Worksite Wellness Training

Greater Hudson Valley Health System

Middletown

■ ***INITIATIVE YEAR***

2016

■ ***PARTNERS***

American Heart Association

Cornell Cooperative Extension

Eat Smart New York

HealthLinkNY

Healthy Orange

Healthy Sullivan

Orange County Alcoholism and Drug Addiction Center

Orange County Cancer Services

Orange County Chamber of Commerce

Orange County Department of Health

POW'R Against Tobacco

Sullivan Agencies Leading Together (SALT)

Sullivan 180

Sullivan County Cancer Services

Sullivan County Chamber of Commerce

Sullivan County Public Health Services

Sullivan Renaissance

Tobacco Free Action Communities

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PROGRAM DESCRIPTION AND GOALS

Greater Hudson Valley Health System (Catskill Regional Medical Center and Orange Regional Medical Center) used the Health Means Business campaign to create a regional worksite wellness movement with the goal of inspiring a culture of health at local worksites. The campaign, developed by the U.S. Chamber of Commerce and Robert Wood Johnson Foundation, fosters business engagement and seeks to create an enlightened discussion about the interdependency between health and the economy. The system's member hospitals partnered with health departments and nonprofits providing worksite wellness initiatives, discovering in the process that there were significant resources in the community to assist employers, but few knew of them.

Worksite wellness coordinator trainings were held to share local health data, educate employers, identify how the issue of poor employee health was affecting their bottom line, and educate employers on the no-cost or low-cost solutions available to them. This effort is directly related to several priorities of the New York State *Prevention Agenda*, but fits most directly with the objectives for improving worksite health. By training worksite wellness coordinators, the health system is addressing health disparities in locations where people spend the better part of their week: the workplace.

OUTCOMES

Worksite Wellness Coordinator Trainings

- Five hundred Chamber of Commerce members were educated on "Health Means Business."
- One hundred and ten Wellness Champions were trained.
- Seventy participants completed commitment cards.
- Thirty-three distinct worksites were represented.
- These trainings resulted in 13 new or newly inspired wellness committees.

Health and Wellness Leaders Celebration

- Fifteen health and wellness medals were awarded at the first county Health and Wellness Leaders Celebration; Sullivan County government earns gold medal.
- Government in a county plagued with being 61 out of 62 in the county health rankings for eight consecutive years started a wellness committee, offered worksite health education, and passed multiple policies to improve the health of their employees and residents.

LESSONS LEARNED

- Start with the "why" and make sure it has been tailored to your audience. The business community was willing to join the chant, "Health Means Business" because they knew why it was important and how it was impacting their bottom line.
- Drop ego at the door when working with partner organizations. Moving the needle on health improvement takes organizations that are willing to openly collaborate and celebrate each other for what they're capable of bringing to the table, big or small.

SUSTAINABILITY

- Hospitals have robust employee wellness programs that can be role models for their communities.
- The effort is easily replicable because of the tools and resources created by the national Health Means Business campaign. In addition, the campaign committees openly share sample flyers, training agendas, presentations, commitment cards, and tracking spreadsheets through HealthLinkNY. Dates have been set for Rockland and Westchester trainings, growing this vibrant worksite wellness movement.

Get Fit Challenge

Health Quest/Northern Dutchess Hospital

LaGrangeville

■ ***INITIATIVE YEAR***

2015

■ ***PARTNERS***

Scenic Hudson

Ulster County Executive, Tourism, Parks and Recreation

Dutchess County Executive, Health Department, Tourism, Parks and Recreation

New York State Parks and Recreation

New York State Department of Environmental Conservation

Connecticut Department of Energy and Environmental Protection

National Parks Service (Hyde Park Historic Site)

Walkway Over the Hudson

City of Kingston

Planet Fitness

Gold's Gym

Mohonk Preserve

3 Rail Trails

Appalachian Trail

Dutchess County Classic

Cary Institute of Ecosystem Studies

Olana State Historic Park

Sadhana Yoga

Tivoli Bays

Dietz Stadium

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PROGRAM DESCRIPTION AND GOALS

The Get Fit Challenge targets obesity with the hope of preventing chronic disease, such as type 2 diabetes, heart disease, and stroke.

The goal is to increase participants' fitness activity to help them lose a modest amount of weight. People are motivated to exercise for at least 30 minutes, a minimum of twice weekly. The more active they are, the better the prizes they can win.

OUTCOMES

- There were 5,475 spring exercise entries and 5,278 entries in the fall, for a total of 10,753 in 2017.
- There were 120,000 visits to the website in 2017.
- A total of 11,461 Get Fit challenge profiles were created, and of them, 2,605 opted to join Health Quest's email list.

LESSONS LEARNED

- Changing personal behavior, especially when it comes to physical activity, is not an easy task. Participants need to know the fitness challenge is genuine and comes from their not-for-profit healthcare system.
- Website development is tricky. You need an attractive website with many features, but on a small budget.

SUSTAINABILITY

- This program is budgeted as a public and community affairs expense year after year.
- The initiative is incorporated into the health system's community health improvement budget for at least three years, essentially ensuring its success.

School-Focused Mental Health Treatment Services

HealthAlliance of the Hudson Valley/Margaretville Hospital, a member of the Westchester Medical Center Health Network

Margaretville

■ ***INITIATIVE YEAR***

2015

■ ***PARTNERS***

Roxbury Central School District

Margaretville Central School District

Delhi Central School District

Andes Central School District

Margaretville Hospital

HealthAlliance of the Hudson Valley

WMC Health Network

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PROGRAM DESCRIPTION AND GOALS

Through a Community Health Needs Assessment, Margaretville Hospital determined that mental health services in Delaware County were inadequate. Two focus areas in the New York State *Prevention Agenda* are to "Promote Mental, Emotional, and Behavioral (MEB) Health" and "Prevent Substance Abuse and Other MEB Disorders." In 2015, Margaretville Hospital embarked on the Pilot Program for School-Based Mental Health Treatment Services. The objectives were to:

- **gain insight into the mental health well-being and unmet needs of the residents of the county, with a focus on youth;**
- **determine the priorities and success measures of the mental health service model that will be established; and**
- **provide the needed mental health services.**

The program has grown significantly. Students who previously had to travel long distances to access mental healthcare now receive it in their own school through this program. Therapeutic counseling services to improve students' mental health and well-being are offered in person with licensed behavioral health counselors. If the on-site counselor identifies a need, the services of a board-certified psychiatrist through the Network's Telemedicine Program are made available. While the program centers primarily on youth, it is also available to adults in the community.

OUTCOMES

- A licensed psychologist is designated as the program coordinator, and two full-time licensed clinical social workers were hired to provide mental health treatment in the schools and at the hospital, along with the telepsychiatry services provided through the network. The pilot program had only one psychiatrist working four days a month.
- The program expanded to four schools from two, with plans for more growth.
- The program developed from serving 24 patients in 81 visits in the initial year to providing for 51 patients (six adults) in 309 face-to-face visits and 37 telepsychiatry visits currently, and the program continues to grow.

LESSONS LEARNED

- Experience counts: The program has succeeded because of the collective experience of the member hospitals and leadership staff in the network. This was especially important because the hospital had never provided mental health services or had the staff to do so.
- Safety first: Because this program serves people with a wide range of mental health problems, including some that result in high-risk behaviors, procedures were implemented from the start for handling emergency situations.

SUSTAINABILITY

- Sustainability of the project is assured, in part, through insurance reimbursement.
- Sustainability is also assured through the support and collective experience of the member hospitals and leadership staff in the network, including experiences operating outpatient mental health services and grant-funded programs in rural communities and schools.

Sports Safety ACL Program

Hospital for Special Surgery

New York

■ ***INITIATIVE YEAR***

2016

■ ***PARTNERS***

New York City Department of Youth and Community Development

Back 2 Basics Academy

Harlem Lacrosse

Children's Aid Society

Asphalt Green

Hempstead School District

Manhattan Country Day School

Tarrytown YMCA

Little Bucs Gridiron Football League

Public School 76—Manhattan (A. Philip Randolph School)

Long Island Youth Football Player Academy

Junior Knicks/Junior Liberty Basketball City–Manhattan

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PROGRAM DESCRIPTION AND GOALS

As a world leader and trusted educator in musculoskeletal health, the Hospital for Special Surgery is well positioned to help advance the New York State *Prevention Agenda*. Its Sports Safety Anterior Cruciate Ligament (ACL) Program aligns with the Preventing Chronic Disease priority area that focuses on increasing access to high-quality chronic disease preventive care, and care management in both clinical and community settings. The program uses a socio-ecologic model to map the unique skills and abilities that each audience contributes to reducing the risk of ACL injury in young athletes.

ACL injury is directly linked to accelerated rates of osteoarthritis, but up to 70% of these injuries can be avoided by improving a young athlete's motor skills. The goal of this program is to empower the individuals responsible for the health and safety of young athletes to reduce the risk of ACL injury by systematically improving motor skills and movement quality.

OUTCOMES

- Since its inception in 2016, the program has reached more than 4,000 coaches, parents, and young athletes (ages 10-18) through its community-based public health education programs.
- Statistically significant improvements were found in coaches' knowledge (30%), attitude (9%), and confidence (14%).
- A total of 99% of parents indicated that workshops increased their understanding of how to reduce the risk of ACL injury, and 74% of young athletes demonstrated competency in identifying movement patterns and postural positions that increase the risk of ACL injury.

LESSONS LEARNED

- Realizing positive impacts on a complex public health issue such as sports-related ACL injury requires development of audience-specific curricula for each group responsible for the health and safety of young athletes.
- Closely monitoring outcomes data so as to revise program content, education methods, and presentation styles allows the Hospital for Special Surgery to achieve high quality, reproducible results.

SUSTAINABILITY

- The hospital has begun developing a professional education course to teach sports medicine professionals how to deliver public health programs in their own communities.
- Strategic partnerships with national professional organizations such as the National Athletic Trainers Association, the American Physical Therapy Association, and national governing bodies will help sustain this initiative through continued distribution of program content and awareness of health disparities.

Cigarette Free—Healthier Me

Jamaica Hospital Medical Center

INITIATIVE YEAR

2008

PARTNERS

Local primary care providers

Queens Public Library

Jet Blue Airline at JFK Airport

The New York State Smoker's Quitline

The Department of Health and Mental Hygiene

The American Lung Association

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PROGRAM DESCRIPTION AND GOALS

This free, eight-week smoking cessation program is offered in both English and Spanish by patient navigators who are trained by the American Lung Association. Jamaica Hospital Medical Center uses an evidence-based approach of self-help and group clinic sessions. The program combines both behavioral support counseling and pharmacotherapy to increase the patient's chances of quitting smoking. The cornerstone of this program is the collaborative effort between clinical staff and navigators who identify tobacco users, recommend treatment, and maintain consistent follow-up.

This program's efforts are in line with the New York State *Prevention Agenda*, which aims to prevent the occurrence of chronic diseases among members of the community. Research has found that smoking is mostly prevalent among individuals of lower socio-economic status and/or those who suffer from behavioral health issues; therefore, this program strives to promote tobacco cessation among these individuals who are living in the vicinity of the medical center's network of primary care sites. Additionally, the hospital promotes a smoke-free campus and has been the recipient of the Gold Star Status from the New York City Department of Health and Mental Hygiene for its smoking cessation efforts.

OUTCOMES

- In 2017, 150 outpatient smokers were referred to the New York State Quitline.
- Last year alone, the hospital received 300 internal and external referrals for the program.
- More than 80% of patients who smoke received counseling.

LESSONS LEARNED

- Participant engagement increases greatly when the primary care provider refers the patient directly. Besides the primary care providers' internal referral to the smoking cessation program, the hospital found that educational outreach events within the community increased recruitment.
- Program availability, socio-economic status, and access to transportation all play a major role in participant compliance.

SUSTAINABILITY

- Jamaica Hospital Medical Center remains a smoke-free environment for both patients and employees.
- The hospital continues to maintain standardized procedures for smoking assessment, counseling, and medication therapy for employees and patients.
- In collaboration with its partners, a new smoking cessation program is implemented every few months.
- The hospital is expanding its reach within the communities it serves by partnering with additional public entities.
- Ongoing training is provided to all primary care patient navigators.

Katz Institute for Women's Health

Katz Institute for Women's Health at Northwell Health

Lake Success

■ ***INITIATIVE YEAR***

2012

■ ***PARTNERS***

Adelante Studios

Adelphi New York Statewide Breast Cancer Program

Alzheimer's Association

American Heart Association

BOCES Nassau County

Faith-based Organizations (Church of the Transfiguration, Hollis Avenue Congregational Church, and others)

FedEx

Girl Scouts of Nassau County

Gold Coast Arts Center

Momma's House, Mother-Child Residences

Nassau County and Suffolk County Library System

New York State Department of Health

New York Institute of Technology/ Farmingdale State College

Northside Center for Childhood Development

Safe Kids New York–Nassau County and Queens County Coalitions

Sisters United in Health

Town of North Hempstead–Project Independence

WomenHeart: The National Coalition for Women with Heart Disease

■ ***CONTACT***

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PROGRAM DESCRIPTION AND GOALS

Katz Institute for Women's Health (KIWH) is part of Northwell Health, the largest healthcare provider in New York State, with 23 hospitals, 650 outpatient facilities, and 66,000 employees. KIWH is a champion for women's health and wellness and is dedicated to educating, empowering, and guiding women through their healthcare needs at every stage of life, while working to eliminate health disparities. KIWH was established in 2012 to improve the health of women across their lifespan by creating a lifelong partnership through the delivery of sex- and gender-based clinical care, health education targeting wellness and prevention, and support of sex- and gender-specific research.

KIWH aligns with the New York State *Prevention Agenda* priority area to "Promote Healthy Women, Infants, and Children." From meeting the needs of new mothers to helping seniors stay active and healthy, KIWH offers a variety of educational programs, including parenting classes, safe kids programs, healthy living, as well as health screenings and fairs. In addition, the KIWH Resource Center is available to all women to call or email with questions.

KIWH sees women's health differently and is making great strides toward delivering a complete, integrated approach to healthcare for all women in the community.

OUTCOMES

KIWH has made a significant impact in its communities through various programs:

- The Center for Parent Education educated more than 1,500 mothers and their partners through 96 classes on childbirth, breastfeeding, baby care, and parenting.
- As the lead organization for NYS Safe Kids, 55 programs, including car seat check-ups, safety workshops, and sports clinics were coordinated and reached more than 4,000 primary grade students.
- The Living Healthy Program reached more than 300 community members through 33 courses taught in English and Spanish. Participants showed an overall positive change, with the greatest improvement of 15% in the "Symptoms experienced during the past two weeks" section.

LESSONS LEARNED

KIWH's success is due to the hard work and dedication of the team, and the collaborative efforts with many stakeholders. Partnerships work when they are built on trust, which comes with:

- open communication;
- active listening;
- transparency;
- shared storytelling;
- delegated roles and responsibility;
- accountability; and
- equal investment.

As part of a large health system, partnerships need to be approached in a thoughtful manner, so the system is not perceived as overbearing or having a "hidden agenda."

SUSTAINABILITY

Women's health is a priority and resources have been allocated to ensure the success of KIWH. Approaches to sustainability include:

- a strategic plan, goals, and objectives;
- flexibility to adapt to changing community needs;
- partnerships that are intentional and long-lasting;
- teaching life skills and providing tools to effectively make long-term positive change;
- train-the-trainer programs; and
- building a network of women's health ambassadors.

Community Safe Medication Disposal Initiative

Lewis County General Hospital

Lowville

■ ***INITIATIVE YEAR***

2011

■ ***PARTNERS***

Lewis County General Hospital, Home Health and Hospice

Friends of Hospice

Mountain View Prevention Services

Lewis County Sheriff's Department

Excellus BlueCross BlueShield

YEAH Coalition

Lewis County Public Health

Lewis County Office for the Aging

Lewis County Department of Social Services

Local media

Lewis County schools

Product Stewardship Institute

New York Product Stewardship Council

Behavioral health providers

Local pharmacies

Local faith-based organizations

Community organizations

■ ***CONTACT***

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PROGRAM DESCRIPTION AND GOALS

The Lewis County General Hospital Community Safe Medication Disposal program provides a safe way for residents to dispose of their unused medications, including narcotics. Traces of medications are increasingly found in bodies of water across the country. Flushing medications down the toilet is a common form of disposal many Americans still use. This, however, could cause unsafe levels of medications in water. Dropping off expired, unused, or unnecessary medications is a fast, convenient way to properly dispose of medications.

The Community Safe Medication Disposal initiative ties into two of the New York State *Prevention Agenda*'s focus areas: "Promote a Healthy and Safe Environment" and "Promote Mental Health and Prevent Substance Abuse."

OUTCOMES

- Lewis County General Hospital hosts a take-back event yearly in conjunction with the Drug Enforcement Agency (DEA) in April. Because there has been such wonderful feedback and response from the community, the hospital plans to keep this initiative as a top priority. Since the initiative started in 2011, the facility has been able to help remove more than 2,146 pounds of medications from the community.

  Safe Pill Drop-Off Day Collection Data:

  - 2011 – 2016: About 1,500 pounds, 12 boxes of medications.
  - Reached an estimated 500+ residents during these events.

  Medication Drop-Box Collection Data:

  - February 2017 – January 2018: 646 pounds.

LESSONS LEARNED

- There is a great need and appreciation for medication disposal in the community.
- It is costly to maintain such a program.

SUSTAINABILITY

- The hospital will be involved in a DEA drug take-back initiative for the next two years.
- The hospital is actively participating in the Product Stewardship Institute/ New York Product Stewardship Council advisory committee.
- The hospital will be actively involved in the community.
- The hospital will be dedicated to playing a role in combating opioid abuse.

Mamas Maravillosas: A Diabetes Prevention Program for Spanish-Speaking Mothers

Montefiore Nyack Hospital

Nyack

■ ***INITIATIVE YEAR***

2014

■ ***PARTNERS***

The hospital's prenatal clinic

Local department of parks and recreation

Local health department diabetes prevention program

■ ***CONTACT***

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PROGRAM DESCRIPTION AND GOALS

Mamas Maravillosas is a community-based program for Latina mothers who have been identified as being at high risk for developing type 2 diabetes and other chronic diseases. This program is based on the national U.S. Centers for Disease Control and Prevention Diabetes Prevention Program.

Mamas Maravillosas is offered free of charge at a local community center and is presented in Spanish by a bilingual diabetes educator. The program's main objective is to reduce the occurrence of type 2 diabetes by focusing on weight loss, healthy eating, physical activity, and breastfeeding. The program's effectiveness is enhanced by tailoring it to the literacy level, language, culture, and stage of life of participants.

The New York State *Prevention Agenda* is integral to Montefiore Nyack's community service plan, specifically targeting "Promote Healthy Women, Infants and Children." Diabetes prevention focusing on the inter-conception period reduces the risk of developing gestational diabetes and future type 2 diabetes, and lowers the risk for miscarriages, stillborn babies, birth defects, birth injuries and complications, cesarean sections, premature births, obesity, and diabetes.

OUTCOMES

- Participants had an average weight loss of 4.8 pounds, a 118% increase over the average weight loss of 2.2 pounds in 2016.
- The average percent weight change was a 3.2% loss of body weight compared to their weights at the start of participation in the program.
- In 2017, 11 women had excellent attendance of nine times or more, an 83% increase from 2016.

LESSONS LEARNED

- Participants were able to make up sessions via telephone, keeping them up to date on the information, missing fewer sessions, feeling more connected to the group, and improving attendance.
- The group was open to all Latina mothers, rather than only postpartum mothers. By allowing mothers of older children to attend group, many more women were able to attend who now were in a stage in their lives where they could focus on weight loss and diabetes prevention.

SUSTAINABILITY

- The low use of professional diabetes educator hours (4 - 6 per week) reduces cost of the program.
- The use of a bilingual volunteer allows outreach of participants, activities for children, and other services for very low cost.

Breastfeeding for Newborns

Mount St. Mary's Hospital/Catholic Health of Buffalo

Lewiston

■ ***INITIATIVE YEAR***

2016

■ ***PARTNERS***

County Department of Health

New York Milk Bank

Participants in Breastfeeding Support Group

Hospital Maternity Department Staff

Hospital OB/GYNs

Community and Religious Organizations

■ ***CONTACT***

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PROGRAM DESCRIPTION AND GOALS

The New York State *Prevention Agenda* has established a goal of achieving 48.1% of infants in the community who are exclusively breastfed. Through Mount St. Mary's Hospital's work, the percentage of moms is above this rate, achieving the *Prevention Agenda* goal.

OUTCOMES

- Named a New York State Breast Milk Depot.
- Named a County Breastfeeding Friendly Workplace.
- From 2014 to 2018, the breastfeeding rate for moms in the hospital increased from 49% to 75%.

LESSONS LEARNED

- Plans need to be developed to involve associates, physicians, and the community, and there must be constant efforts to keep these groups involved and aware of the importance of their efforts.

SUSTAINABILITY

- Sustainability is ensured by maintaining a lactation consultant, support of hospital and medical staff, and involvement of community organizations.

Baby-Friendly Hospital Initiative—Supporting a Lifetime of Better Health

Phelps Memorial Hospital Center/Northwell Health
Sleepy Hollow

■ ***INITIATIVE YEAR***

2012

■ ***PARTNERS***

Westchester County Department of Health

New York State Department of Health

Phelps Medical Associates

Women, Infants, and Children (WIC) Food and Nutrition Services

Full Circle Midwifery Care

Local Farmer's Markets

■ ***CONTACT***

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PROGRAM DESCRIPTION AND GOALS

Phelps Memorial Hospital Center sought an approach that would refresh its outlook and re-energize its ability to influence patients and community providers through adoption of best practices. After a period of self-reflection and research, Phelps chose to embark on a new journey with the guidance of Baby-Friendly USA, Inc. (BFUSA) and implementation of the Baby-Friendly Hospital Initiative (BFHI). BFUSA is a not-for-profit organization and the accrediting body in the U.S. for hospitals' implementation of the initiative. Phelps Memorial Hospital Center believed then and now that in committing to the core principles of the BFHI, it would ultimately provide improved service to the community and achieve positive outcomes.

Achieving successful accreditation was a four-year journey involving clinical and administrative leadership, maternal child health staff, licensed providers, and community agencies. Ten basic principles became hospital policy; for example, helping mothers initiate breastfeeding within one hour of birth.

This initiative is directly linked to the New York State *Prevention Agenda* to increase the proportion of babies who are breastfed by at least 10%.

OUTCOMES

- This program has achieved its goal of increasing breastfeeding. New mothers receive all sorts of mixed messages about breastfeeding from the community, family, and mass media. The BFUSA approach effectively supports what most mothers really want prenatally, and yet, find difficult to implement in our culture.

LESSONS LEARNED

- A comprehensive approach involving numerous stakeholders is the most effective and sustainable strategy.
- The early post-natal period is crucial for promoting successful breastfeeding.

SUSTAINABILITY

- The community is engaged through contact with local agencies and community outreach/education. This includes participation with farmers markets, promoting healthy nutrition, and an annual breastfeeding week celebration.
- The hospital will continue to hold prenatal education and childbirth classes.
- The hospital continues ongoing chart audits and documentation review, with feedback to the staff. Comprehensive staff training is ongoing; breastfeeding competencies are mandatory for obstetric staff.
- Phelps plans to continue involvement with the activities of BFUSA.

The Expert Speakers Bureau

South Nassau Communities Hospital

Oceanside

■ ***INITIATIVE YEAR***

2016

■ ***PARTNERS***

Hospital departments, injury prevention, sleep specialists, and nutritionists

YMCA

Jewish community centers, Martin Luther King Center, Latino community center, and senior centers

Fire departments, libraries, local schools, supermarkets, and churches

Civic associations including Jewish Association Serving the Aging and Alzheimer's Association of America

Poison Control Center

Elected officials

■ ***CONTACT***

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PROGRAM DESCRIPTION AND GOALS

Based on the New York State *Prevention Agenda*, South Nassau Communities Hospital's Community Service Plan is focused on preventing and managing chronic disease. With a small team of three and servicing a large geographical footprint, the community education department was challenged with reaching as many community members as possible for education and screenings. Team brainstorming resulted in the development of an "Expert Speakers Bureau and Volunteer Pool."

The hospital then advertised it vigorously, calling for chronic disease specialists to become involved with the community outside the walls of the hospital or their offices. The hospital also offered an opportunity for general volunteers to assist in community events.

Next, South Nassau embarked on an aggressive community outreach agenda. The Expert Speakers Bureau and Volunteer Pool began in 2016.

Now beginning its third year, this initiative has more than 100 engaged members.

OUTCOMES

- The hospital has engaged content experts in community events; currently, 17 licensed independent practitioners volunteer for community educational presentations.
- More than 90 clinical advancement program registered nurses are in the community education volunteer pool and are alerted to upcoming community opportunities in which to participate.
- As a result of the "Expert Speakers Bureau and Volunteer Pool," community outreach resulted in an increase in patient encounters from more than 15,800 in 2016 to more than 18,000 by the close of 2017. In that same time period, community health screenings increased from almost 1,400 to more than 2,400, representing a 75% increase.

LESSONS LEARNED

- Unfamiliarity may be the obstacle to becoming involved in community health events. Encouragement, exposure, and support can overcome that obstacle. Also, not all healthcare providers are familiar with New York State's *Prevention Agenda*; engagement with the community education team addresses that knowledge deficit.
- One department needs to be the gatekeeper of hospital-sponsored community education and screening events for tracking and quality assurance.

SUSTAINABILITY

- Administrative support and a communal corporate culture are a must.
- An easy and efficient method to communicate opportunities to volunteer adds to the success of the initiative.
- Support with the logistics of events leads to speakers signing up for future events.
- Engaging new medical specialists in community events allows them to share their expertise and introduces these new hospital members to the community.

Breast and Prostate Cancer Peer Education

St. Mary's Healthcare

Amsterdam

INITIATIVE YEAR

2016

PARTNERS

Cancer Services Program of Fulton, Montgomery, and Schenectady Counties

Fulton, Montgomery, Saratoga, and Schenectady housing authorities

Fulton, Montgomery, and Schenectady county offices of the aging

Mental Health Association

Amish communities in Montgomery County

Fulton and Montgomery Fire Advisory

Fulton, Montgomery, Saratoga, and Schenectady County Health Departments

Amsterdam Police Department

Greater Amsterdam School District

Amsterdam Parks and Recreation

Runnings of Gloversville

Community Fathers, Inc.

Kap Stone Paper and Packaging

Salvation Army (Gloversville and Schenectady)

Keymark Corporation

Townsend Leather Co., Inc.

Gloversville Free Library

St. Joseph's Church, Broadalbin

CONTACT

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PROGRAM DESCRIPTION AND GOALS

Cancer Peer Education (CPE) at St. Mary's Healthcare is an initiative to increase breast and prostate cancer screenings by 10% over the next five years. The program aims to increase the number of men who discuss the risks and benefits of prostate cancer screening with their healthcare provider. It also aims to boost the number of women getting breast cancer screenings. These goals are achieved through unconventional methods of outreach, such as a walking program and education pieces in both group and one-on-one settings to individuals who may have barriers to care. Initially, CPE covered three counties (Fulton, Montgomery, and Schenectady), but because of the program's success, it has been expanded to Saratoga County.

St. Mary's is addressing health disparities by targeting under-served populations, geographically isolated communities, and those who are age 50 and over. CPE falls under the "Prevent Chronic Disease" priority area of the New York State *Prevention Agenda*. The educational opportunities give individuals the support needed to speak to their healthcare provider regarding concerns and questions they may have about breast or prostate cancer, which can lead to a preventive screening. The walking program encourages healthy behaviors, such as exercise, which can decrease risk of chronic disease.

OUTCOMES

- There were 37 participants in the "Free and Fun Walking Program" in Amsterdam over a four-month period.
- The program goal was to educate 100 men and 100 women. In the first year, 1,055 women and 757 men were educated.
- Twelve uninsured patients who were educated through CPE were screened through the hospital cancer services program.

LESSONS LEARNED

- Identify influential gatekeepers in each community, for example, the Amish communities and the housing authorities. The community has a hierarchy in which one can only speak to the elders or administrative team because they hold influence over the others in their community.
- Investing time in a "meet and greet" appointment ensures that CPE is gathering the priority population at each location.

SUSTAINABILITY

- The program is expanding into Saratoga County and will start collaborating in the cities of Mechanicville, Ballston Spa, and Saratoga Springs with public housing.
- Goals for 2018 are to educate 500 men and 500 women, more than double the 2017 goals.
- The hospital will continue to grow the "Free and Fun Walking Program" in Amsterdam in 2018 with influential community members during walking sessions.

National Diabetes Prevention Program in Under-served Areas

St. Peter's Health Partners

Albany

■ ***INITIATIVE YEAR***

2015

■ ***PARTNERS***

St. Peter's Health Partners

Albany County Department of Health

Capital District Physicians Health Plan

Trinity Health

Center for Disease Control

Rensselaer County Department of Health

Rensselaer County Senior Citizens Center

Brunswick-Grafton Library

Beechwood Eddy Senior Living Residence

■ ***CONTACT***

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PROGRAM DESCRIPTION AND GOALS

The National Diabetes Prevention Program (NDPP) is an evidence-based lifestyle change program provided by the U.S. Centers for Disease Control and Prevention (CDC) to prevent or delay onset of type 2 diabetes among adults with prediabetes.

The primary goal of NDPP is to capture individuals at risk for developing type 2 diabetes to stop or significantly delay the progression. Progression is preventable with lifestyle changes and weight loss. The behaviors related to preventing diabetes also lend to the prevention of other related-health issues such as cardiovascular disease, osteoarthritis, and some forms of cancer. Consistent participation, dietary changes to select healthier foods, weight loss, and physical activity are the focus to achieve the goal of preventing diabetes.

OUTCOMES

- A total of 143 participants attended an average of 14.6 of the 16 sessions. The CDC goal is nine sessions.
- Total average weight loss was 4.8% at 12 months and an average of eight pounds per participant.
- About 70% of participants increased their activity to 150 minutes weekly.

LESSONS LEARNED

- Increased awareness to screen for pre-diabetes by primary care physicians and subsequent referral to a diabetes prevention program improves commitment to join and to continue to participate in a diabetes prevention program.
- Attending all the weekly programs, making up missed meetings and support, and holding in-between meetings significantly increase the success of the individual achieving the goal of weight loss, increased physical activity, and preventing diabetes.

SUSTAINABILITY

- Proven success of the NDPP has increased commitment of financial support from Medicare to start reimbursing for participation.
- Capital District Physicians Health Plan has provided support and offers prevention programming as a benefit to their insured.
- The program has been awarded a significant grant from CDC and Trinity Health, providing financial support to adequately sustain diabetes prevention programming for five years.

beneath the surFACE

Upstate Medical University/Upstate Cancer Center

Syracuse

■ ***INITIATIVE YEAR***

2014

■ ***PARTNERS***

Upstate Medical University

Upstate Cancer Center; Jeffery Bogart, M.D., Interim Director; Richard Kilburg, Associate Administrator

Upstate Cancer Center Head and Neck Multidisciplinary Team; Seung Shin Hahn, M.D., Director

Upstate Head and Neck Cancer Support Group

The Upstate Foundation, Inc.

Syracuse International Film Festival

Mike Massurin, Executive Producer

Syracuse University Graduate Film Program

JTFcreative (post-production)

Sean Hunter Horan (editor)

Local professional artists

American Cancer Society

C. W. Baker High School, East Syracuse-Minoa schools, Jamesville-Dewitt schools, John C. Birdlebough High School, Manlius Pebble Hill School, Sackets Harbor Central School, West Genesee schools, Westhill schools

■ ***CONTACT***

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PROGRAM DESCRIPTION AND GOALS

beneath the surFACE is a head and neck cancer awareness project (and an award-winning documentary film) that meets three of the five New York State *Prevention Agenda* priorities:

- **prevent chronic diseases;**
- **promote healthy and safe environments; and**
- **prevent HIV, sexually transmitted diseases, vaccine-preventable diseases, and healthcare-associated infections**

The last item is the most relevant to the project and, as the Upstate Medical University team says during presentations, "We do not want to see these students through our doors later in life with this disease if it could have been prevented."

The goal of this initiative is to reduce the number of tobacco users and users of alcohol to excess. It aims to increase human papillomavirus (HPV) vaccination at an early age, before sexual contact. In effect, this initiative aims to combat several disease risks with this one lesson.

OUTCOMES

- Upstate University Hospital reached more than 3,000 students with its presentation and materials.
- An award-winning documentary was created that can be used for furthering the message.
- More than $18,000 was raised for the first Head and Neck Cancer Patient Fund at Upstate.

LESSONS LEARNED

- Great ideas have a momentum of their own, especially when it meets the needs of the community in a unique way.
- Our youth are amazing people! They opened everyone's eyes to the compassion and understanding that will eventually lead our world. Upstate's team felt fortunate to have been part of sharing knowledge with so many.
- The Head and Neck Support Group achieved a new level of outreach with this project, demonstrating that a group of patients and willing staff can make a huge difference in their community.

SUSTAINABILITY

- Internally, Upstate has multiple departments to help support this initiative, including senior leadership, pediatrics, cancer center outreach, educational communications, marketing, patient education services, and the head and neck team. They are committed to community engagement and education on the topic of cancer prevention.
- Externally, schools and organizations have been engaged in the process of development and are eager to see it continue.

Braves Camp

UR Medicine Thompson Health

Canandaigua

■ ***INITIATIVE YEAR***

2014

■ ***PARTNERS***

Canandaigua Central School District

Safe Harbors of the Finger Lakes

Olympia Sports

Michaels Store

Jo-Ann Fabrics

Rochester Americans Hockey Team

Eric's Office Restaurant

■ ***CONTACT***

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PROGRAM DESCRIPTION AND GOALS

Braves Camp, a collaborative effort between the hospital and the county's largest school district, helps smooth the transition for fifth graders who are headed off to middle school and an entirely new way of doing things.

The two-day camp, held four times each summer, zeroes in on four of the five New York State *Prevention Agenda* priority areas: preventing chronic diseases (obesity); promoting a healthy and safe environment (anti-bullying); promoting healthy women, infants, and children (healthy lifestyle); and promoting mental health (stress, self-confidence).

Fifth-graders transitioning into middle school can experience a high degree of stress. The camp covers health-related topics such as self-esteem, bullying, and healthy foods. Students learn about healthy relationships, how to identify and handle stress, coping with peer pressure, healthy eating, making good choices, and maintaining a healthy lifestyle.

Braves Camp is actually Phase II of an initiative called Get Up! Fuel Up!, a unique prevention-based partnership between the hospital and four area school districts designed to combat child obesity. It teaches kids to be smart eaters and informed consumers while building self-confidence. Get Up! Fuel Up! began in 2007, and nearly 10,000 students have participated.

OUTCOMES

- Registration has more than doubled since the program began: 49 in 2014, 100 in 2017.
- A survey showed a 30% positive change when campers were asked if they could identify signs of stress. Results were equally impressive when asked about exercise, eating healthy, self-esteem, making friends, and being more confident in asking for help.
- Teachers and staff say they clearly see the difference in camp attendees. Those students know the building, are familiar with their lockers, can lead other students, and are comfortable in their new surroundings while students who did not attend camp often struggle those first few days.
- Parental anxiety was reduced.

LESSONS LEARNED

- Several of the "topics of concern" for the school district, i.e., self-esteem, bullying, eating healthy, exercising and healthy lifestyles, are intertwined and health-related. Understanding how one affects the other in a child is key.
- When you have a successful program and word gets out in a small community, you better be ready to meet increased demand. We had to turn students away this year because demand outpaced available spots. That won't happen again.

SUSTAINABILITY

- The most important key to sustainability is the fact that students, parents, and school administrators have maintained a high level of interest. In fact, the hospital is developing a new transition program for pre-kindergartners moving to full-time kindergarten. A puppet show will cover many of the same topics and themes addressed in Braves Camp, albeit in a manner suitable for five-year-olds.
- Funding is stable. The Rural Health Grant covers supplies, some staff time, guest speakers, and yoga instructor fees.

HANYS Celebrates Previous Community Health Improvement Award Winners

2017	Schuyler Hospital Montour Falls	Healthy Eating Active Living (HEAL) Schuyler
2016	Strong Memorial Hospital, Highland Hospital (UR Medicine) Rochester General Hospital, Unity Hospital (Rochester Regional Health)	High Blood Pressure Collaborative—Hospital Partners
2015	Bassett Healthcare Network Cooperstown	School-Based Health/Oral Health Program
2014	Bassett Medical Center Cooperstown	Cancer Screening Outreach—Medical Screening Coach
2013	Arnot Health at St. Joseph's Hospital Elmira	Chemung County School Readiness Project
2012	Sound Shore Medical Center New Rochelle	Outpatient Pediatric Immunization Center
2011	Catholic Health Services of Long Island Rockville Centre	The Healthy Sundays Program
2010	Brookdale University Hospital and Medical Center Brooklyn	Live Light...Live Right Childhood Obesity Program
2009	Strong Memorial Hospital/University of Rochester Medical Center	Health-e-Access Telemedicine Network
2008	Jamaica Hospital Medical Center	Palliative Care Collaborative

2007 Rochester General Hospital
Clinton Family Health Center

2006 Ellis Hospital/Northeast Health
(Samaritan Hospital and Albany Memorial Hospital)/
St. Peter's Health Care Services/Seton Health System
Schenectady/Albany/Troy
Seal a Smile: A Children's Oral Health Initiative

2005 Strong Memorial Hospital/
University of Rochester Medical Center
SMILEmobile Dental Office on Wheels

2004 NewYork-Presbyterian/
Columbia University Medical Center
Breast and Cervical Cancer Screening Partnership

2003 St. John's Riverside Hospital
Yonkers
School-Based Asthma Partnership

2002 Strong Memorial Hospital
Rochester
Project Link

2001 Canton-Potsdam Hospital/
Claxton-Hepburn Medical Center
Potsdam and Ogdensburg
St. Lawrence County Health Initiative

2000 Harlem Hospital Center
New York City
Injury Prevention Program

1999 Women's Christian Association Hospital
Jamestown
Women's Health Initiative

1998 United Health Services
Binghamton
Pediatric Asthma Program

1997 St. Mary's Hospital/Unity Health System
Rochester
HealthReach Program

For more information about HANYS' Community Health Agenda, contact Sue Ellen Wagner, Vice President, Community Health Policy, at (518) 431-7837 or at swagner@hanys.org.

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