





# The Mohawk Valley Partnership to Combat Heart Disease

#### Lisa Volo

Director, Population Health Mohawk Valley Health System (MVHS)

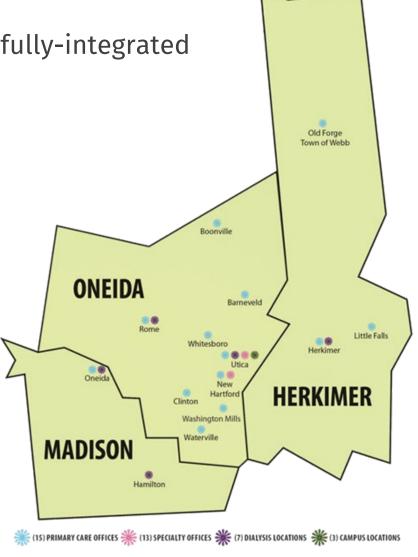




### Introduction

 Mohawk Valley Health System is a nonprofit, independent, fully-integrated healthcare system, serving Central New York.

- Services include:
  - Two acute care hospitals (St. Luke's and St. Elizabeth),
  - 15 primary care sites,
  - 13 physician specialty offices,
  - o 7 dialysis centers,
  - 202-bed long-term care facility,
  - Rehabilitation center,
  - Home care agency/visiting nurse service,
  - Ambulatory center (joint venture),
  - Outpatient facility (including a Cancer Care Center)
- MVHS serves the largest population center in the Mohawk Valley – more than 250,000
- MVHS is the 2<sup>nd</sup> largest employer in the Utica-Rome region



## **Project Team**







**Lisa Volo**Director
Population Health



Patty Charvat
Senior Vice President
Strategy & Marketing

#### **Community Partners**

- American Heart Association
- The Center (Refugees)
- Community Foundation of Herkimer and Oneida Counties
- Excellus Blue Cross Blue Shield
- Mohawk Valley Community Action Agency
- Mohawk Valley Health System
- Mohawk Valley Latino Association
- NAACP/Rome
- NAACP/Utica
- Upstate Family Health Center





# Status when Joining AHEI

- Established the Mohawk Valley Partnership to Combat Heart Disease
  - Received funding from Mother Cabrini Health Foundation
  - Community Health Nurse and Community Navigators were already actively engaged in the community
  - Providing education and screening for heart disease and stroke at community sites
- MVHS was looking for assistance with:
  - Data analytics
    - Disease prevalence by census tract/neighborhood
    - Demographics (race and ethnicity) of at-risk populations





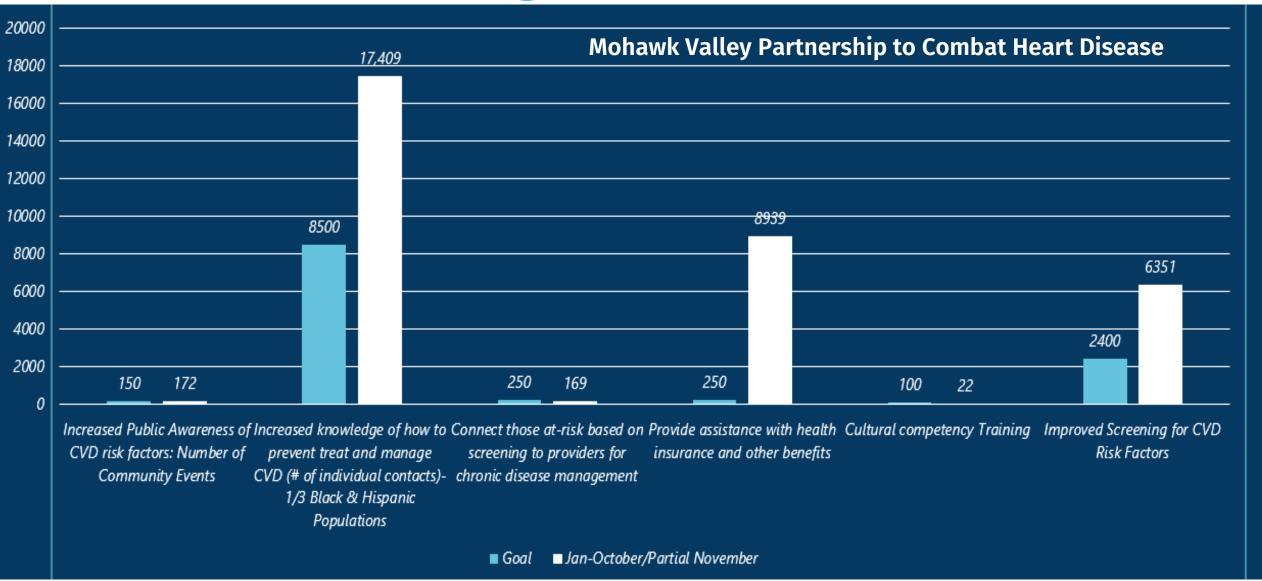
### **Problem Statement**

- Our community health teams (Nurse and Navigator) were out in the community, but we did not have data to demonstrate that we were in the appropriate sites – that is, areas where there were at-risk populations.
- Through HANYS' data and our own discharge data, we are now mapping disease hot spots by census tract to show where we are going in the community.
  - We need more sophisticated with mapping software
  - We need to identify additional sources of data





# **Short-Term Program Goals**







### Accomplishments

#### Through AHEI, we have:

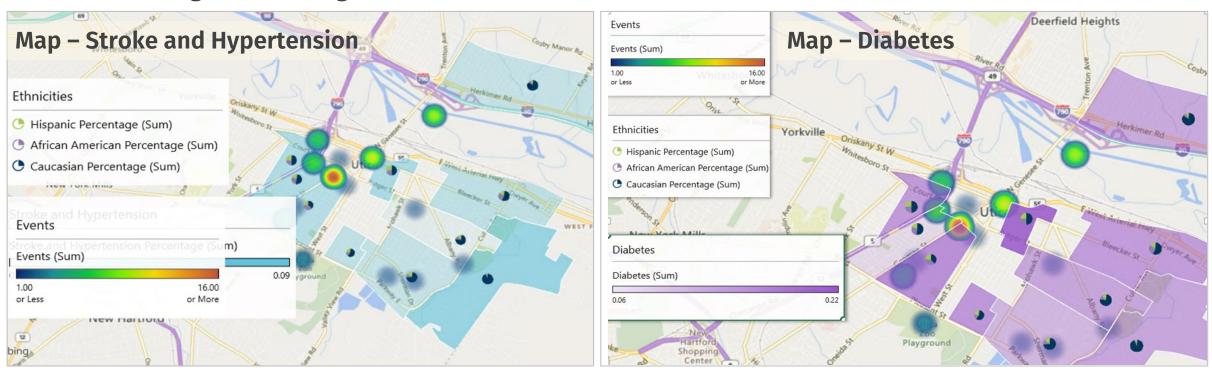
- Established an internal team that looks at collection and use of race/ethnicity data
  - We found that we were doing a pretty good job at collecting data, but we can always improve
- Expanded the Mohawk Valley Partnership to Combat Heart Disease – constantly evolving
- Showed real results against goals!
- Developed mapping capabilities to identify areas of community need and plan our initiatives accordingly

### **Lessons Learned**





- Community partners are actively engaged. True grassroots work is being done.
- A key success factor is meeting weekly to plan and execute on initiatives, with MVHS
  facilitating and sharing resources.



- Data helps us drive activities in the areas of need without it, we were relying on partners' knowledge of neighborhoods. Data will help us better plan and track progress.
- Sometimes you can be a victim of your own success! More requests than resources at times.





### What's Next?

- Use data to allocate resources most effectively try not to do everything for everybody.
  - o Stick to our goals!
- Expand beyond heart disease and stroke to diabetes and women's health.
  - o Potential to add falls education and balance screenings as well.



# Questions?

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