HealthAlliance Hospital
2022-2024 Community Service Plan (CSP)

May 11, 2023
Thao M. Doan, MPH, DrPH
Director, Office of Research and Grants Administration

WMCHealth
Westchester Medical Center Health Network

HealthAlliance Hospital

- The only hospital in Kingston, NY, and a member of the Westchester Medical Center Health Network (WMCHealth) at 105 Mary's Avenue.

- After a recent $113M expansion and enhancement project, the new 162-bed facility now includes private patient rooms, remodeled centers for ambulatory surgery, infusion therapy and endoscopy, and newly constructed: emergency care center, including emergency behavioral health; critical care unit; family birthing center; advanced imaging center; caregiver center; and lobby and registration (https://www.hahv.org/new-healthalliance-hospital).
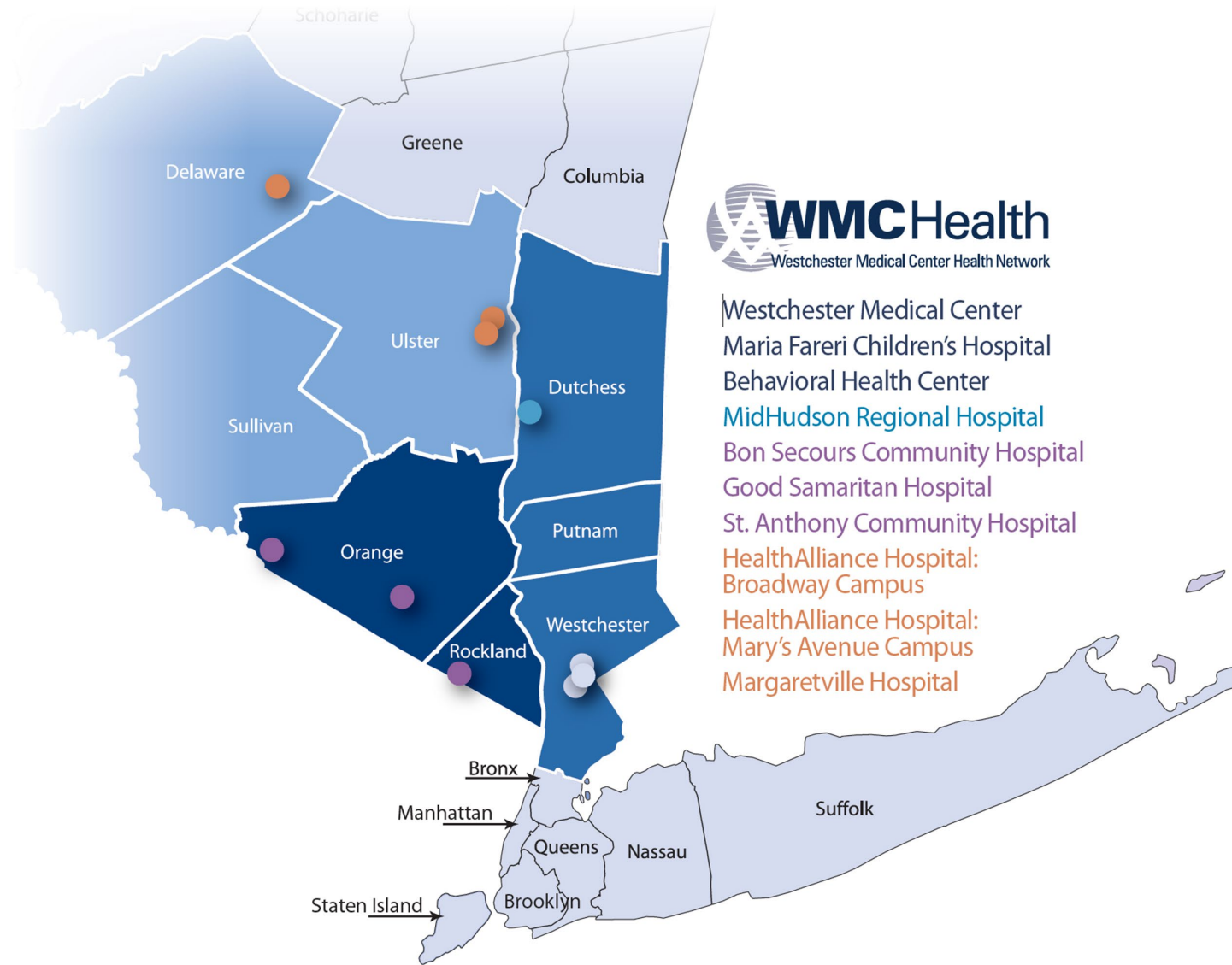
HealthAlliance Hospital

Mission: To provide the highest quality health care services to all people in our communities

Vision: Continue to be the destination of choice for regional health care services, centering on patient care and community health, while integrating the hospital's guiding principles of Quality, People, Stewardship, and Growth.

Westchester Medical Center Health Network (WMCHealth)

WMCHealth
Westchester Medical Center Health Network

Westchester Medical Center
Maria Fareri Children's Hospital
Behavioral Health Center
MidHudson Regional Hospital
Bon Secours Community Hospital
Good Samaritan Hospital
St. Anthony Community Hospital
HealthAlliance Hospital:
Broadway Campus
HealthAlliance Hospital:
Mary's Avenue Campus
Margaretville Hospital

- A 1,700-bed healthcare system headquartered in Valhalla, NY

- Nine hospitals on seven campuses spanning 6,200 square miles of the Hudson Valley.

- More than 13,000 employees with nearly 3,000 attending physicians.

WMCHealth

- Level I adult and pediatric trauma centers;

- A dedicated burn center;

- The region's only advanced care children's hospital;

- An academic medical center;

- A new, high-tech and patient-first ambulatory care facility;

- Several community hospitals;

- Dozens of specialized institutes and centers, including Comprehensive and Primary Stroke Centers;

- Skilled nursing and assisted-living facilities and homecare services; and

- One of the largest MH systems in NYS, along with a growing telemedicine program

Community Service Plan

- Must be done every three years in collaboration with community partners and County DOH

- Culmination of a year-long community health needs assessment process with two workgroups:

  1) The Ulster County Departments of Health and Mental Health, in collaboration with the Hudson Valley Public Health Collaborative (HVPHC) and Siena College Research Institute; and

  2) The Greater New York Hospital Association (GNYHA).

Mid-Hudson Regional Community Health Assessment 2022-2024 https://ulstercountyny.gov/health/research-and-reports

Health Needs Assessment

1. Led by the Ulster County Departments of Health and Mental Health

   - Reviewed and analyzed secondary data sources, in addition to the primary data collection and analysis activities conducted by Siena College

     - Mid-Hudson Regional Community Health Assessment survey (N=5,699; 647 from UC) and the Community Partner Survey (N=40).

2. Led by the GNYHA 2022 Community Health Needs Assessment (CHNA) Collaborative

   - Developed and disseminated the CHNA survey (N=17,600; 331 from UC)

Health Needs Assessment

At the conclusion of the CHNA process, the key findings below emerged for Ulster County:

1.   An exceptionally high suicide mortality rate, including among teens & older adults

2.   **A high percentage of children and adults who are overweight or obese**

3.   **An unacceptably high rate of maternal mortality**

4.   High opioid related prescription, fatality, and emergency department visit rates that are well above the Mid-Hudson Region and NYS averages

5.   **A high concern about violence, including gun violence, among residents.**

Health Needs Assessment

Other relevant areas of concern include:

• Diabetes mortality and hospitalization rates are high, even though the incidence rate is among the lowest in the Mid-Hudson Region.

• The percentage of adults, aged 45+, who have had a test for high blood sugar or diabetes is lower than those of the Mid-Hudson Region and NYS (excluding NYC).

Selection of Public Health Priorities - NYS Prevention Agenda
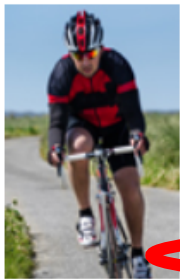
Prevent Chronic Diseases Action Plan

Focus Area 1 - Healthy Eating and Food Security

Focus Area 2 - Physical Activity

Focus Area 3 - Tobacco Prevention

Focus Area 4 - Chronic Disease Preventive Care and Management

Promote a Healthy and Safe Environment Action Plan

Focus Area 1 - Injuries, Violence and Occupational Health

Focus Area 2 - Outdoor Air Quality

Focus Area 3 - Built and Indoor Environments

Focus Area 4 - Water Quality

Focus Area 5 - Food and Consumer Products

Promote Healthy Women, Infants and Children Action Plan

Focus Area 1 - Maternal and Women's Health

Focus Area 2 - Perinatal and Infant Health

Focus Area 3 - Child and Adolescent Health

Focus Area 4 - Cross Cutting Healthy Women, Infants, and Children

Promote Well-Being and Prevent Mental and Substance Use Disorders Action Plan

Focus Area 1 - Well-Being

Focus Area 2 - Mental and Substance Use Disorders Prevention

Two priority areas for Ulster County were selected

PRIORITY 1 Goal: Promote evidence-based care to prevent and manage diabetes and prediabetes

PRIORITY 2 Goal: Reduce maternal mortality and morbidity

NYS Prevention Agenda 2019-2024

Community Served
Demographic Data (US Census 2016-2020)

	US	NYS	Ulster County
Total Population	326.6M	19.5M	178,371
Female (n, %)	165.8M (50.8)	10M (51.5)	89,871 (50.4)
Male (n, %)	160.8M (49.2)	9.5M (48.5)	88,500 (49.6)
Median Age	38.2	39.0	**44.1**
White (%)	70.4	62.3	81.9
Black (%)	12.6	15.4	6.1
Asian (%)	5.6	8.6	1.8
Hispanic (%)	18.2	19.1	10.5
Population 65+ (%)	16.0	16.5	**19.8**
Education (% Bachelor's +)	32.9	37.5	**33.2**
Employed (% 16 years old +)	59.6	59.3	**57.0**
Median Income	$64,994	$71,117	**$65,306**
Poverty (%)	12.8	13.6	**13.7**
Disability (%)	12.7	11.6	**14.4**
Broadband internet (%)	85.2	85.2	**78.9**

Hospital Primary Service Areas (PSA)		
HEALTHALLIANCE HOSPITAL, A MEMBER OF THE WESTCHESTER MEDICAL CENTER HEALTH NETWORK		
County	ZIP code	Population
Ulster	12401	35,638
Ulster	12404	3,860
Ulster	12411	356
Ulster	12414	10,620
Ulster	12417	559
Ulster	12428	8,015
Ulster	12432	317
Ulster	12433	475
Ulster	12446	6,233
Ulster	12449	3,400
Ulster	12453	314
Ulster	12456	593
Ulster	12461	1,675
Ulster	12466	2,795
Ulster	12471	384
Ulster	12472	1,843
Ulster	12475	373
Ulster	12477	19,598
Ulster	12484	2,742
Ulster	12486	1,262
Ulster	12487	3,401
Ulster	12490	39
Ulster	12491	1,745
Ulster	12498	4,645
Ulster	12561	18,748
Ulster	12733	1,217
Ulster	12747	2,573
Ulster	12759	1,069
Ulster	12788	2,154

Source: Claritas, accessed through Sg2 (2022)

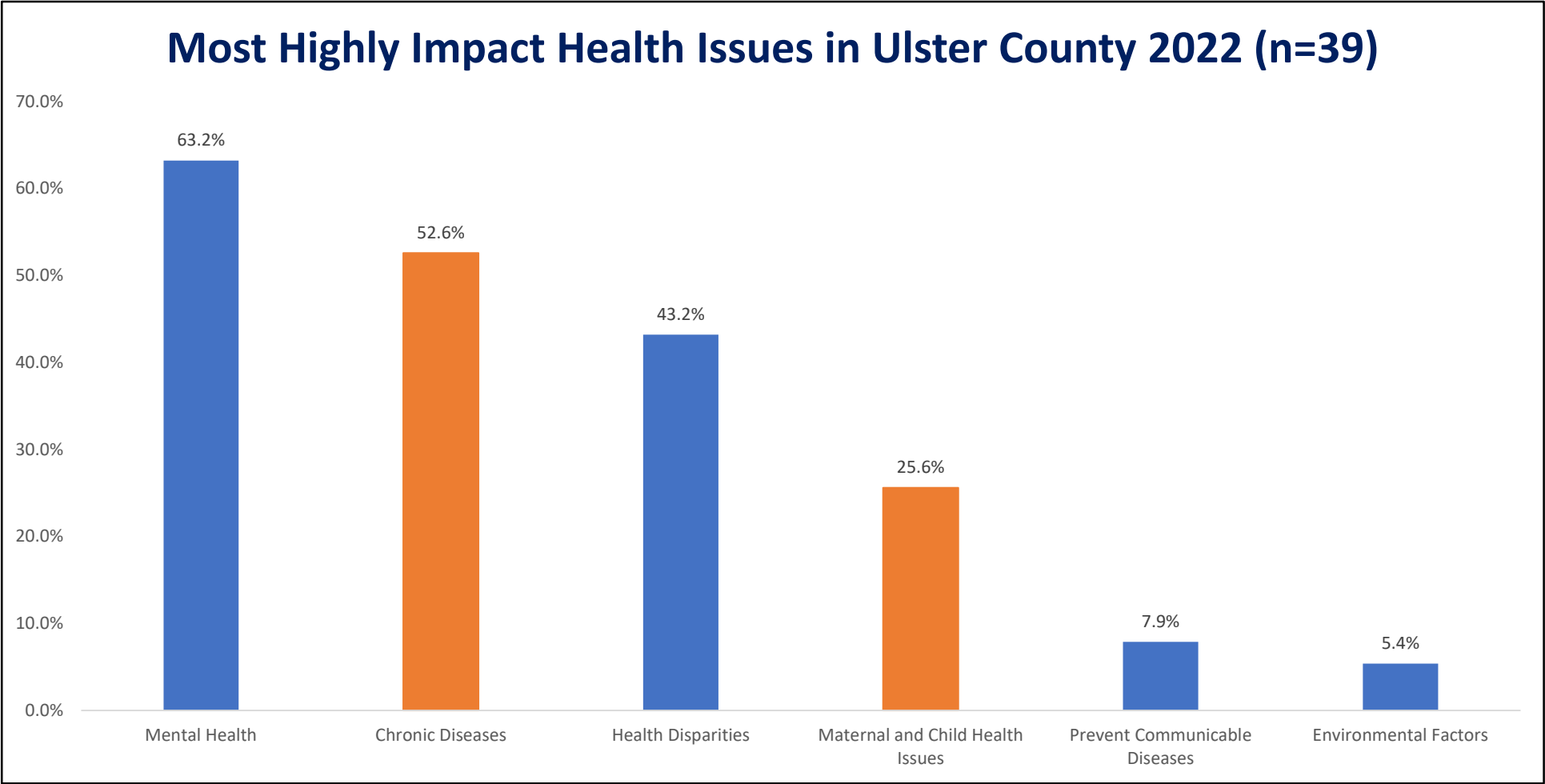# PUBLIC HEALTH PRIORITY 1

Health Needs Assessment

2022 County Health Ranking & Type 2 Diabetes Health Factors

	NYS	Ulster County
2022 County Health Ranking	N/A	25 (out of 62)
Health Factors Related to Type 2 Diabetes		
Premature Death (under age 75; per 100,000)*	6,000	**6,500**
Adult Obesity	27%	**31%**
Adult Smoking	13%	**17%**
Excessive Drinking	19%	**23%**
Physical Inactivity	27%	**27%**
Access to Exercise Opportunities	88%	**71%**
Limited Access to Healthy Foods¥	2%	**6%**
Food Environment Index€	9.0	**8.1**

These health factors, collectively, concur with findings from other data sources and are indicative of Ulster County's challenges to reducing the number of adults with diabetes.
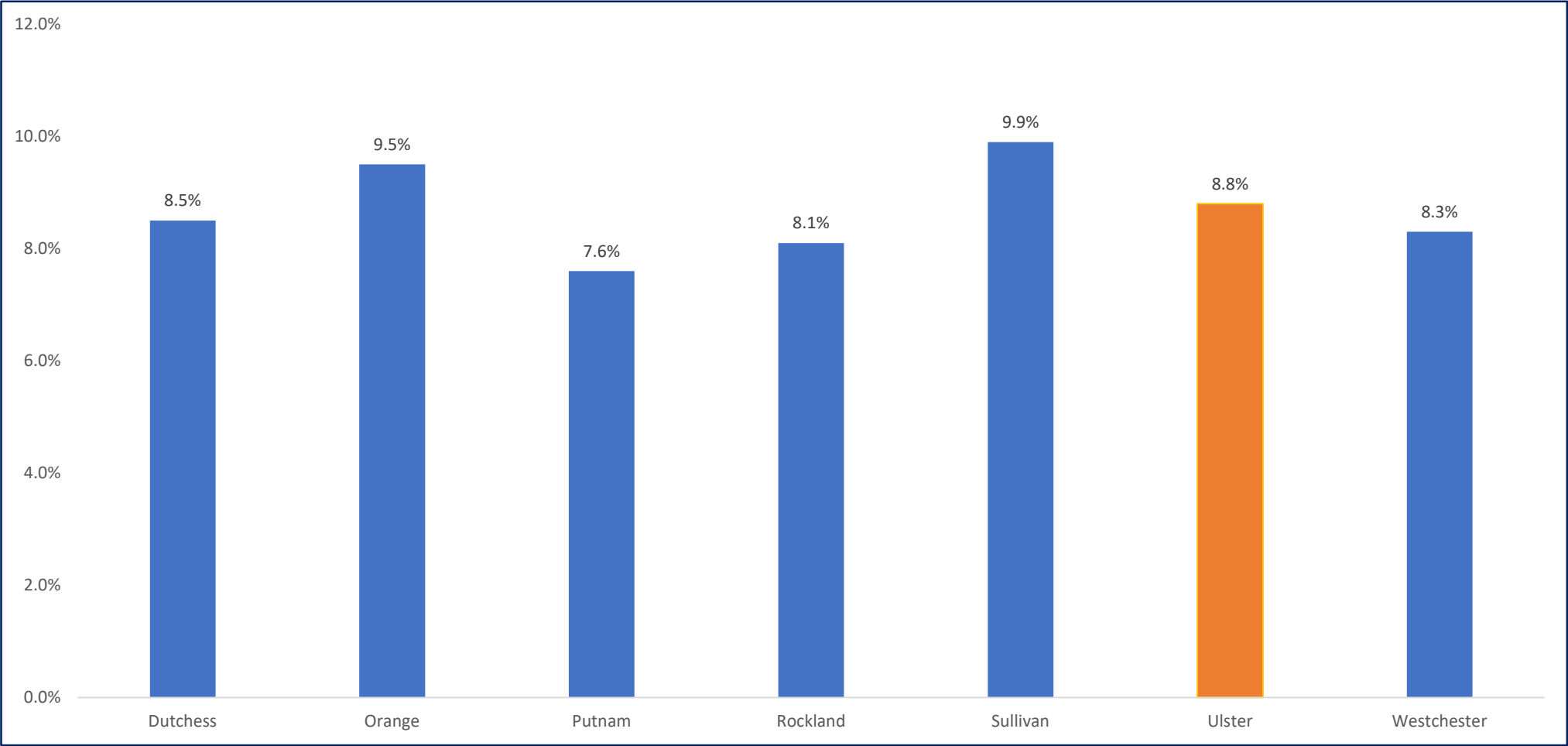
Health Needs Assessment

Most Highly Impact Health Issues in Ulster County 2022 (n=39)

- Mental Health: 63.2%
- Chronic Diseases: 52.6%
- Health Disparities: 43.2%
- Maternal and Child Health Issues: 25.6%
- Prevent Communicable Diseases: 7.9%
- Environmental Factors: 5.4%

Mid-Hudson Regional Community Health Assessment 2022-2024 https://ulstercountyny.gov/health/research-and-reports
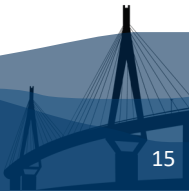
Health Needs Assessment
Percentage of Adults with Diagnosed Diabetes, By County (2018)

Mid-Hudson Regional Community Health Assessment 2022-2024
https://ulstercountyny.gov/health/research-and-reports

PUBLIC HEALTH PRIORITY 2

Health Needs Assessment

NYS Maternal and Child Health Dashboard (2018)

	% of Births with Early Prenatal Care	Maternal Mortality Rate (per 100,000 live births)	Newborns with neonatal withdrawal symptoms and/or affected by maternal use of drugs or addiction (per 1,000 newborn discharges)
Ulster County	**74.5%**	**22.2**	**23.0**
NYS	76.0%	18.1	9.0
MCH 2020	79.2%	16.1	9.1

Data Source: NYS Maternal and Child Health Dashboard -
https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fmch_dashboard%2Fmch_dashboard&p=ch&cos=51

Ulster County has not met the established MCH 2020 goals & performed poorly compared to NYS in three key areas:
1) low percentage of births with early prenatal care;
2) high maternal mortality rate per 100,000 live births;
3) high rate of newborns with neonatal withdrawal symptoms and/or affected by maternal use of drugs or addiction per 1,000 newborn discharges

Health Needs Assessment

In April 2022, NYSDOH released the first report by the NYSDOH Maternal Mortality Review Board and Maternal Mortality Morbidity Advisory Council. Key findings include:

- ***Black women continue to die from pregnancy-related causes at higher rates than their peers***

- ***Many of these deaths are preventable***

- Discrimination contributes to these deaths

- Deaths most often occurred within six weeks of pregnancy

- **Cesarean delivery has a higher correlation with pregnancy-related death than vaginal delivery**

Health Needs Assessment

- C-section (Cesarean delivery) is a surgical procedure used to deliver a baby

- Planning for a C-section might be necessary if there are certain complications in a **high-risk pregnancy**, or when there is an urgent safety concern for mother or baby

- Has saved countless lives, but could carry extra risks and complications for patients

- Imperative that all preventative measures are taken prior to labor to ensure that pregnancies remain low-risk to **prevent avoidable C-sections**.

Health Needs Assessment

Common criteria for low-risk pregnancies include:

- Being a first-time mother;

- Carrying a full-term pregnancy;

- Carrying a single baby; and

- The baby has a vertex presentation (the head of the fetus most commonly faces to the right and slightly to the rear).

Health Needs Assessment

- Contributing factors for the conversion from a low-risk to a high-risk pregnancy:

  - SDOH issues, include none or lack of prenatal care;

  - Maternal obesity;

  - Maternal gestational diabetes, pre-eclampsia, pre-term labor and having a history of pre-term delivery;

  - Having a substance use disorder; and

  - Having pre-existing medical conditions that can cause maternal mortality.

Health Needs Assessment

- 2021 National Center for Health Statistics reported that births by C-section have steadily increased over the last two decades, to about **32%**, while NYS ranks 12th in the nation, at **34.4%**, in 2017.

- Data for Ulster County show similar trends and rates to the national and state data.

- Black and Hispanic women reported higher rates of C-sections compared to White women, indicating maternal health disparities among minority women living in Ulster County.

INTERVENTIONS

How HealthAlliance Addresses Identified Needs

PUBLIC HEALTH PRIORITY 1: **Prevent Chronic Diseases**

    ✓ ***Objective 4.3.1***: Increase the proportion of people with diabetes who get formal diabetes education by 10% by December 2024

Intervention:

- Diabetes Management - Intensive Lifestyle Interventions for patients with type 2 diabetes to improve glycemic control and reduce risk factors for cardiovascular disease

How HealthAlliance Addresses Identified Needs

✓ **Objective 4.3.2**: Decrease the percentage of adult members with diabetes whose most recent HbA1c level indicated poor control (>9%) by 10% by December 2024

Intervention:

- Diabetes care and education specialists (DCES) at HealthAlliance's Diabetes Education Center will serve approximately 220 participants annually by December 2024 and develop individualized management plans that fit their lifestyles, beliefs and cultures.

How HealthAlliance Addresses Identified Needs

- HealthAlliance will support its Diabetes Education Center by providing the needed operational resources, increasing community outreach and engagement to raise awareness about the program through the hospital's Marketing department, and enhancing internal referral processes from inpatient and outpatient services to increase the number of participants who have poorly controlled diabetes or prediabetes conditions.

- The hospital will also partner with Ulster County Department of Health to help promote the diabetes programs through their social media accounts.

How HealthAlliance Addresses Needs

PUBLIC HEALTH PRIORITY 2: Promote Healthy Women, Infants, and Children

    ✓ **Objective 1.2.1**: Decrease low-risk C-section rate to less than 25% from the current rate of 30%.

Intervention: Employ a multi-strategic plan aimed to decrease the low risk C-section rate, and overall maternal mortality, in Ulster County.

Implementation Plan

How HealthAlliance Addresses Needs

- Since 2018, HealthAlliance has undertaken vital initiatives to mitigate the reported MCH health disparities in Ulster County.

- HealthAlliance's Department of Obstetrics and Gynecology – ***The Family Birth Place*** – has partnered with WMC Genetic Consultation Services to provide comprehensive genetic consultation and counseling services via telemedicine, and utilized the HealthAlliance Transfusion Center to provide Intravenous Iron and Hydration Care for obstetric and gynecologic patients.

- Rate for first birth, low-risk C-sections at HealthAlliance decreased from **40.7%** to **29.4%** from 2018-2021.

How HealthAlliance Addresses Needs

- To reduce the rate of newborns with neonatal withdrawal symptoms, since 2020, HealthAlliance has collaborated with Margaretville Hospital to offer and continually expand services focused on SUD in Delaware and Ulster counties and surrounding areas through the Neonatal Abstinence Syndrome (NAS) Program.

- The NAS program aims at assisting pregnant individuals with a SUD and employs a Wellness Coordinator who is stationed at both hospitals and the Bridge Back Methadone Clinic in Kingston during select hours.

How HealthAlliance Addresses Needs

- Wellness Coordinator maintains an inventory of baby clothes, food, blankets, washcloths, toys, bottles, diapers, baby formula, baby wipes, and more, to be provided to parents with a SUD.

- Dedicated hospital staff also provide parenting classes, women's support meetings, recovery support, as well as certified postpartum doula services.

- Staff members can be sought out for recovery support, assistance prior to and following the birth of a baby, and act as advocates for the mothers through their prenatal to postnatal journey.

How HealthAlliance Addresses Needs

HealthAlliance plans to continue with this evidence-based intervention and will carry out the specific strategies as follows:

1. Enroll Obstetrics staff to be trained in an interactive online training platform, **Relias** performance modules, which promote vaginal birth and fetal heart rate monitoring;

2. Offer expectant mothers prenatal obstetrics consultations, including anesthesia consultation to evaluate high-risk stratified patients and determine candidacy for delivery at HealthAlliance, in addition to patient education opportunities to raise awareness about how to prepare for a healthy pregnancy and to promote natural, vaginal childbirth;

How HealthAlliance Addresses Needs

3. Necessitate the usage of the revised C-section checklists, such as the Labor Induction and C-Section Scheduling forms, as part of a standardized process and workflow among providers to enable prenatal record and ultrasonography review;

4. Implement Peer-to-Peer Discussions prior to any unscheduled, non-urgent C-sections to ensure evidence-based care practice guidelines, in accordance with the American College of Obstetricians and Gynecologists (ACOG), are properly followed.

How HealthAlliance Addresses Needs

Through collaborations with community partners, HealthAlliance Hospital will:

1. Increase the number of expectant mothers enrolled into prenatal care;

2. Link patients to Peer Support Services, Postpartum Doula Care, and Referrals and/or Scheduling for MAT, Family Pantry, Transportation Links and Housing Referrals through HealthAlliance's NAS program -- addressing maternal and child health, substance use, and SDOH issues endured by this highly vulnerable population; and

How HealthAlliance Addresses Needs

3.   Work with the Maternal & Infant Community Health Collaborative (MICHC) through the Dutchess County Healthy Families, a program aimed at improving the health and well-being of high need women throughout their reproductive life years and improving birth outcomes, and the Public Policy and Education Fund of New York (PPFNY) by working with a NYS Certified Community Health Care Navigator in Ulster County to enhance community outreach efforts, and to serve as a resource for these expectant mothers.

Thank You