

**New York State Department of Health  
Three-Year Community Service Plan (2016 – 2018)**

**Executive Summary**

**Service Area**

HSS' primary service area consists of the five boroughs of New York City (NYC) - Manhattan, Bronx, Brooklyn, Queens and Staten Island; while its secondary service area comprise of suburban areas in Northern NY including North and Central New Jersey, Connecticut and Long Island. However, given its specialized focus on musculoskeletal and rheumatologic care, the Hospital's reach and impact extend beyond its immediate service area to communities around the world.

**The Participating Local Health Department & Contact Information:**

1. Lydia A. Isaac, PhD MSc	2. Victoria Grimshaw, MPH
Director, Policy and Health System Analysis	Policy Analyst/Community Benefits Coordinator
Office of Policy, Planning and Strategic Data Use, NYCDOHMH	Office of Policy, Planning, and Strategic Data Use, NYCDOHMH
Phone: 347-396-4106	Phone: 347-396-4561
Email: <a href="mailto:lisaac@health.nyc.gov">lisaac@health.nyc.gov</a>	Email: <a href="mailto:vgrimsha@health.nyc.gov">vgrimsha@health.nyc.gov</a>

**Participating Hospital/Hospitals System (s) & Contact Information:**

None

**Name of Entity Completing Assessment:**

Hospital for Special Surgery

**Approved by:**

HSS Community Benefit and Services Committee of the Board of Trustees

Hospital for Special Surgery (HSS) has been a recognized leader in musculoskeletal medicine for more than a century. We have established an ongoing commitment to both physical and general wellness, patient care, research, professional education and community programming, and as such, the Hospital is well positioned to help advance the New York State Department of Health’s (NYSDOH) Prevention Agenda 2016-2018 through its comprehensive three-year Community Service Plan (CSP). The Hospital’s plan will focus on the **Preventing Chronic Disease Priority Area** where HSS will concentrate on musculoskeletal and rheumatologic conditions, our areas of expertise. The nine programs outlined in the CSP report will address **obesity in children and adults** living in underserved communities and **access to high-quality chronic disease preventive care and management in clinical and community settings**, especially for those living in areas with low socio-economic status, limited English proficiency and cultural barriers. These focus areas and priorities remain unchanged since 2013.

In selecting our existing priorities, HSS reviewed national, state and local data along with results from our community health needs assessment (CHNA). An in-depth review of public health data provided a broad array of health information that served as a framework for selecting the Hospital’s existing focus areas and public health priorities. Specific data sources reviewed include:

- Prevention Agenda 2013-17 indicators
- Behavioral Risk Factor Surveillance System (BRFSS)
- CDC Community Health Status Indicator Reports
- U.S. Census Fact Finder (2014)
- NYC Health Department Community Health Profiles 2015

Collaboration with the public, community partners and internal stakeholders was crucial to the success of our approach in assessing the health needs of the community, selecting health priorities, and identifying community education, outreach and support initiatives. During the assessment and implementation process, HSS partnered with various community-based organizations (CBOs), city and state agencies, and universities with public health expertise and specific knowledge of community needs. Representatives from these organizations provided input on survey construction, the use of validated measures, cultural relevance, and health literacy. In addition, they reviewed CHNA findings and prioritized their community's health, which was critical to driving the selection of our public health priorities. See the full CSP report for a complete list of community partners that were involved in this process.

HSS recognizes that public participation is crucial in shaping and informing HSS community initiatives. Broad community engagement in the development of the CSP began with HSS soliciting public input about the CHNA survey, its importance, and translations to Spanish and Chinese to ensure cultural relevancy. The public was also heavily engaged in community health forums. At these forums participants were asked to prioritize their health needs based on the results of the HSS CHNA survey. These health priorities were instrumental in helping the Hospital to choose its CSP priority and focus areas and helped to shape the CSP itself. HSS will continue to engage its community by hosting additional community forums to obtain valuable insight into public and patient needs which will be used to guide community programming. Another way we plan to engage the community is through the distribution of info-graphics that highlight the impact CSP programs are having on the community.

Based on the collaborative process outlined above, HSS integrated all information derived from its staff, community partners and members of the public to identify community

health initiatives to meet the constantly changing healthcare needs of its diverse and aging community. In implementing our community health programs, HSS adopted evidence based interventions/promising practices to address our community's health priorities and disparities.

These interventions include:

- A 7-week interactive nutrition and physical activity curriculum to increase knowledge and adopt healthier behavior
- Yoga and the Arthritis Foundation Exercise Program (AFEP) to improve pain, physical functions, social functions, general health
- A 6-week Chronic Disease Self-Management Program (CDSMP) to improve the self-efficacy, exercise behavior, and application of coping strategies
- Exercise and self-management education to improve self-reported knee pain, physical function, and self-efficacy
- Planned Parenthood's Fundamental Education on Life, Love and Sexuality (FELLAS) Program and the Young Men's Initiative (YMI) to improve self-efficacy, communication skills and a greater sense of responsibility
- Workshops using the SILS (single-item literacy screener), Teach-back, Ask Me and Tell Me to enhance adherence, improve healthcare communication and optimize health outcomes
- Psychosocial support and education to improve health outcomes, including: self-efficacy, pain, fatigue, psychological well-being and depression
- Self-care education workshops to improve medication compliance and patient-provider communication

To ensure that HSS' community health programs are meeting the goals outlined within each of the selected priority areas, needs of its diverse patient population and the community at large,

HSS collects specific outcomes and process measures to evaluate its reach and impact. To determine program effectiveness, outcome measures collected within each of the selected priority area are as follows:

- For **reducing obesity in children and adults**, knowledge and behavior change are assessed before and after participating in the program.
- For **increasing access to high quality chronic disease preventive care and management in both clinical and community settings**, changes in musculoskeletal health outcomes (i.e. pain, stiffness, fatigue, physical function, general health status, balance, falls, and self-efficacy) are measured before and after participating in exercise classes. In addition, for all educational lectures and workshops, program/participant satisfaction, intent to change behavior, increased knowledge and self-management are measured after participating in the program.

Process outcomes used to track progress include number of participants reached; number of programs (i.e. exercise classes, lectures, workshops, webinars, and conference calls) implemented; and number of new partnerships developed with community based organizations.

Maintaining sustainable relationships with our community partners and ongoing communication with the public are crucial to the success of HSS CSP programs. Engagement with community partners will be maintained through regular meetings to discuss community needs, receive feedback on program effectiveness, plan future programs and share results of program evaluations. Also, the public will be engaged by posting the CSP on our website, developing public awareness through social media outlets, distributing info-graphics, and presenting at national professional conferences.

