



# HSS Community Service Plan

Advancing the State's Public Health Priorities



2019–2021

**New York State Department of Health Prevention Agenda  
HSS Three-Year Community Service Plan (2019 – 2021)  
Executive Summary**

**Service Area**

HSS’ primary service area consists of the five boroughs of New York City (NYC) - Manhattan, Bronx, Brooklyn, Queens and Richmond; while its secondary service area is comprised of suburban areas in Northern NY, Northern and Central New Jersey, Connecticut and Long Island as seen in Figure 1 below. 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.

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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. As such, the Hospital is well positioned to help advance the New York State Department of Health's (NYSDOH) Prevention Agenda 2019-2021 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 ten programs outlined in the CSP report will address:

- Healthy eating and food security by increasing skills and knowledge to support healthy food and beverage choices
- Preventive care and management by improving self-management skills for individuals with chronic conditions

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:

- 2019 HSS Community Health Needs Assessment
- Regional Community Health Needs Assessments
- Behavioral Risk Factor Surveillance System (BRFSS)
- U.S. Census Fact Finder (2018)

- NYC Department of Health and Mental Hygiene (NYC DOHMH) Community Health Profiles 2018

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, Chinese and Russian 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 through ongoing social media campaigns and 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 strategies/models 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 low-impact chair exercise programs to improve pain, physical functions, social functions, general health
- Exercises (such as Tai Chi, Dance, Pilates, Yogalates) to improve self-reported pain, physical function, and self-efficacy
- Self-management education to improve self-efficacy and physical function
- Meditation and mindful breathing to improve self-management skills
- 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

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. In each selected focus area, the following outcomes will be measured:

- For *increasing skills and knowledge to support healthy food and beverage choices*, knowledge and behavior change are assessed before and after participating in the program to determine impact. Process outcomes used to track progress are number of participants reached, number of programs implemented, and number of new partnerships developed with NYC public schools
- For *improving self-management skills for individuals with chronic conditions*, changes in self-reported 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, satisfaction, knowledge and self-management are assessed after participating in the program. Process outcomes used to track progress are number of participants reached, number of exercise classes conducted, number of lectures and workshops conducted, number of webinars implemented, number of conference calls held, and number of new partnerships developed with community-based organizations (CBOs).