



2025 – 2027

HSS Community Service Plan

Advancing the State's Public Health Priorities

EXECUTIVE SUMMARY



Service Areas:

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 is comprised of suburban areas in the Hudson Valley, New York; Northern and Central New Jersey; Connecticut; Long Island, New York; and Palm Beach and Collier Counties in Florida. 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.

Type of Plan:

Individual Plan

Participating Local Health Department(s):

NYC Department of Health and Mental Hygiene

Contact Information:

Alyssa Kumler
City Research Scientist II - Special Projects Coordinator
akumler@health.nyc.gov

Ramon Cabrera
Senior Science and Policy Advisor
rcabrera@health.nyc.gov

Gotham Center CN-28c
42-09 28th St.
Long Island City, NY, 11101

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

None

Name of Entity Completing Assessment:

Hospital for Special Surgery (HSS)

Contact Information:

Titilayo Adeniran, DrPH MPH
Senior Director, Outcomes, Data Analytics and Scholarly Activity
Education Institute
Phone: 212-774-2185
Email: adenirant@hss.edu

Executive Summary

A. Prevention Agenda Priorities

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, HSS conducted a Community Health Needs Assessment (CHNA) in 2025 to identify significant musculoskeletal health concerns of residents in its primary and secondary service areas. The needs identified informed the Hospital's 2025 – 2027 Community Service Plan (CSP), a three-year implementation strategy that supports the New York State (NYS) Prevention Agenda 2025-2030 and satisfies the US Internal Revenue Service and the Affordable Care Act requirements for nonprofit hospitals. HSS's three-year community service plan will focus on three domains: **Social and Community Context, Neighborhood and Built Environment, and Education Access and Quality**. It will concentrate on musculoskeletal and rheumatologic conditions, our areas of expertise. To further advance the NYS Health Improvement Plan and align with the state's priority areas, the strategies in the CSP report will specifically address:

- Anxiety and Stress
- Opportunities for Active Transportation and Physical Activity
- Opportunities for Continued Education

B. Data Review

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

- US Census Bureau
- New York City Department of Aging
- New York City Department of City Planning
- Centers for Disease Control and Prevention (CDC)
- World Population Review
- Health Resources and Services Administration (HRSA)
- Bureau of Labor Statistics (BLS)
- National Council on Aging
- New York City Department of Health and Mental Hygiene (NYC DOHMH)
- New York City Department of Homeless Services
- Florida Department of Health (FL DOH) – Palm Beach County CHIP
- NYC Community Health Survey
- Suffolk County Health Status Report
- NYC Department of Transportation – *Cycling Trends Report*
- American Health Ranking
- New York State Department of Health
- New York City Mayor's Office
- Healthy People 2030
- Neighborhood Health Atlas
- County Health Rankings & Roadmaps
- United Health Foundation
- Arthritis Foundation
- Feeding America – *Map the Meal Gap*
- USDA Economic Research Service – *Food Access Research Atlas*
- City Health Dashboard
- Connecticut Department of Public Health (CT DPH)
- New Jersey Department of Health (NJDOH)

C. Partners and Roles

Collaboration with the public, community partners, and internal stakeholders was central to the success of our approach in assessing community health needs, selecting public health priorities, and identifying education, outreach, and support initiatives. During the assessment and implementation process, HSS partnered with 24 community-based organizations (CBOs), city and state agencies, and universities with expertise in public health and deep knowledge of community needs. Representatives from these organizations contributed to survey development, including the use of validated measures, ensuring cultural relevance and health literacy. Community partners also reviewed CHNA findings and helped prioritize health needs, 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.

D. Interventions and Strategies

HSS recognizes that public participation is vital to shaping and guiding community initiatives. Engagement began with soliciting public input on CHNA survey design, readability, and translations into Spanish, Chinese, Haitian Creole, and Russian to ensure cultural and linguistic accessibility. The Hospital further expanded outreach through a digital campaign and six multilingual community forums conducted in English, Spanish, and Chinese, engaging more than 1,300 participants across diverse stakeholder groups. During these forums, participants prioritized health needs using importance-based scoring and the Hanlon method, providing insights that directly informed CSP priorities and program design. HSS will continue to foster collaboration through ongoing social media and email engagement, as well as interactive data dashboards that share the impact of CSP programs with the community. Drawing on this collaborative process, HSS integrated insights from staff, community partners, and the public to identify and implement evidence-based strategies and models that address the evolving healthcare needs of a diverse and aging community. These initiatives include:

1. **Aging with Dignity:** A psychosocial, peer-based support group utilizing group cognitive behavioral therapy (CBT) and creative arts interventions to reduce social isolation, stress, and anxiety, and improve coping skills among older adults.
2. **Asian Community Bone Health Initiative:** A community-based program offering self-management education (SME) workshops and a modified Arthritis Foundation Exercise Program, a low-impact chair-based exercise to help Asian older adults manage chronic musculoskeletal conditions and improve access to services.
3. **Healthcare Immersion Experience:** An evidence-based pipeline program engaging historically marginalized students in musculoskeletal medicine through immersive learning, mentorship, and hands-on clinical experiences to promote diversity in healthcare.
4. **Musculoskeletal Health Wellness Initiative:** Evidence-based self-management education and exercise programs such as Tai Chi to build knowledge, skills, and confidence in managing chronic musculoskeletal conditions.
5. **Rheumatology Wellness Initiative:** Community-based and patient-centered psychoeducational programs focused on rheumatoid arthritis and lupus, designed to enhance mental and emotional well-being by reducing stress and anxiety among culturally diverse communities.

To ensure HSS community health programs effectively address the needs of its diverse populations and achieve goals within each priority area, HSS systematically collects process and outcome measures to evaluate program reach, quality, and impact.

E. Progress and Evaluation

Progress and improvement will be measured through clearly defined process and outcome measures designed to evaluate program implementation, effectiveness, and overall community impact.

Priority: Anxiety & Stress

Increase the proportion of people living in New York who show resilience to challenges and stress.

▪ **Process Measures**

- Number of programs conducted and at-risk populations reached
- Percent of participants who were satisfied with the program and would recommend the program to others

▪ **Outcomes Measures (Short/Intermediate)**

- Increased self-management skills learned
- Increased knowledge or understanding of ways to decrease stress and anxiety
- Improved physical and mental health
- Increased access to psychosocial support and education programs among at-risk and vulnerable community members
- Decreased report of feelings of social isolation/loneliness
- Increased access to culturally tailored programs aimed at improving coping strategies and emotional support

Priority: Opportunities for Active Transportation and Physical Activity

Improve safe, affordable, and accessible active transportation, physical, and social activity.

▪ **Process Measures**

- Number of programs conducted, and at-risk populations reached
- Number of new partnerships developed with community-based organizations
- Percent of participants who were satisfied with the program and would recommend the program to others

▪ **Outcome Measures (Short-Term / Intermediate)**

- Increased self-management skills learned to manage pain, stress, and chronic conditions, including musculoskeletal disorders
- Increased knowledge gained
- Improved physical health and function scores, as well as mental health
- Improved musculoskeletal health outcomes by decreasing musculoskeletal pain, stiffness, fatigue, and falls, and increasing the frequency of physical activity and self-efficacy
- Increased confidence in managing chronic musculoskeletal conditions
- Increased access among racially/ethnically diverse and underserved community members to musculoskeletal health programs

Priority: Opportunities for Continued Education

Enhance continued education to expand personal and professional development opportunities.

▪ **Process Measures**

- Number of programs conducted and at-risk populations reached
- Number of new partnerships developed with community-based organizations
- Percent of participants who were satisfied with the program and would recommend the program to others

▪ **Outcome Measures (Short-Term / Intermediate)**

- Increased knowledge gained in musculoskeletal medicine and careers
- Increased feelings of belonging in medical spaces
- Increased interest in pursuing a career in healthcare