

The Community Health Needs Assessment (CHNA) for White Plains Hospital

Community Served:

White Plains Hospital draws patients from throughout Westchester County and the surrounding areas, with the majority coming from nearby communities in the central and southern portions of the County.

The Hospital defines the following communities, as designated by zip code, as its primary and secondary catchment areas:

10502	Ardsley	10603	White Plains
10503	Ardsley on Hudson	10604	White Plains
10523	Elmsford	10605	White Plains
10528	Harrison	10606	White Plains
10530	Hartsdale	10607	White Plains
10532	Hawthorne	10701	Yonkers
10533	Irvington	10703	Yonkers
10538	Larchmont	10707	Yonkers
10543	Mamaroneck	10708	Yonkers
10573	Port Chester/Rye Brook	10709	Yonkers
10577	Purchase	10710	Yonkers
10580	Rye	10706	Hastings on Hudson
10581	Avon	10707	Tuckahoe
10583	Scarsdale	10708	Bronxville
10591	Tarrytown	10709	Eastchester
10594	Thornwood	10801	New Rochelle
10595	Valhalla	10802	New Rochelle
10601	White Plains	10803	New Rochelle
10602	White Plains (PO Boxes)	10804	New Rochelle
		10805	New Rochelle

White Plains Hospital continues to be the primary hospital for White Plains, Scarsdale, Hartsdale, Harrison and sections of the Town of Greenburgh.

Promoting Community Health and Well-being by connecting ideas, people, resources and data.

Prior to conducting our CHNA we asked ourselves one question: What is our community? In order to engage our “community” and implement an obtainable and thoughtful action plan we needed to first see what and how we defined our community. While we traditionally think of a community as the people in a given geographical location, the word can actually refer to any group sharing a common thread. This may refer to smaller geographic areas; a neighborhood or street, a rural area or to a number of other possible communities within a larger geographically defined space. These groups are often defined by race or ethnicity, professional or economic breakdowns, religion, culture, or shared areas of interest.

Much of our best and most interesting information has traditionally come from community members with no particular credentials except that they're part of our greater White Plains Hospital community. It is especially important to get the perspective of those who often don't have a voice in community decisions and politics -- lower-income people, immigrants, and others who are often kept out of these discussions. In addition to these often over looked community members we also want to hear from those individuals in key positions, or those who are trusted by a large part of the community or by a particular population. They include: elected officials, community-based organizations & volunteers, employers and businesses, clergy & faith organizations, local health departments, health-care partners, community activists, school superintendents, principals and teachers.

Gathering information

After thoughtfully defining our "community" we moved forward and gathered data and initiated a conversation in which we collected information to process and measure the needs of our WPH community. We looked at various efforts we had implemented in the past and brought about a new component as well, targeted on the new generation of gathering information and input.

To start we continued our personal meetings with our collaborative partners. Starting in the new year we arranged for and personally met with our collaborative partners. Armed with 3 questions:

1. What can we do to assist you & the community you serve achieve your wellness goals?
2. Are there any unmet health-related needs?
3. Explaining the Department of Health's Prevention Agenda items: Do you have populations in your organization/community that would benefit from any or all of these items? Please explain.

After discussing these questions we are in the process of putting together action plans in which we will implement in the following arrangement as we move forward in the coming 3 years.

- Identify programs
- Coordinate / Plan programs
- Implement programs
- Evaluate programs together

Recognizing that we needed to hear more from smaller pockets of our community our Community Service Plan Committee decided that this year we would create an online "Needs Assessment" that could be distributed to all of our designated "partners" and community members; gaining valuable knowledge and perspectives from a previously untapped population.

The information gathered from both our personal meetings and our online survey was used in the formulation of our discussions with the Westchester County Department of Health (a mandated partner in the formulation of our Prevention Agenda Items) and in the choosing of our 2 Prevention Agenda priorities. Before we could adequately develop our focus for our 3 year Community Service Plan we needed to make sure that the action plans we were developing were realistic, obtainable and actionable with our given resources and community partner buy-in.

Analyzing

After analyzing all of our responses it was clear that improving the health status and reducing health disparities by decreasing the percent of blacks and Hispanics dying prematurely from heart related disease (before the age of 65 years) needed to be a top priority. Of the 400 surveys returned to us *Poor Nutrition & Heart Disease* ranked at the top of our question, which asked, “please rank the health indicators affecting your community”, making up over 45% of the responses (in a 15 choice field). This answer, coupled with the following question “what are the top five greatest healthcare needs in your community”, *Cardiology* was #1 with 79.6% responses favoring this.

Drilling down on the data, cross referencing our populations in Westchester County and in WPH’s community we can clearly see that our community has a solid grasp on the pulse of the health and wellbeing of the community we serve. Our rank & percentage of premature death, specifically in the ratio of blacks and Hispanics is worse than the current status comparing the NYS 2017 objective. Specifically, we rank, in black non-Hispanics to white non-Hispanics dying prematurely 27 out of the 37 counties reviewed in the DOH data. We also come in “worse” than the NYS objective at 2.48, the objective being 1.87. When we look at the ratio of Hispanics to white non-Hispanics dying prematurely we rank 26 out of 29 counties measured and 3.16, with the NYS objective being 1.86.

After completing our community meetings and health survey, our second identifiable agenda priority also become clear. It was first brought to our attention earlier in 2013 during our one on one partnership meetings. The majority of our community groups, specifically our community health organizations, not for profits and community center partners themselves are focused on promoting healthy, women, infants and children through the increase of breastfeeding in the first year of life. The push for our community hospitals to become “baby friendly” and for our community to embrace nursing moms, in both the workplace and at home is paramount in the minds of our partners; business and non.

This information coupled with our survey data shows that our younger, 25-35 age group population is most concerned with pediatric and nutritional health for themselves, and sees this as a need in their community as well. While we are above range, or higher (according to their goals and statistics), coming in above average, as compared to the NYS 2017 objective (we are at 48.9 and the NYS objective is 48.1) we are lagging behind other counties, ranking 43rd out of 56 counties surveyed. While this has been on our radar for some time armed with this information we will now move forward with partners so we can create not only a baby friendly hospital, but baby friendly community.

Two Health Priorities were thus identified as part of White Plains Hospital’s Community Health Needs Assessment.

Priority 1: Prevent Chronic Disease by decreasing the percent of blacks and Hispanics dying prematurely from heart related deaths.

Priority 2: Promote healthy women, infants and children by increase breastfeeding.

Ideas into Action

Now that our Community Health Needs Data has been collected and we have identified our community's health needs we now begin our implementation process and strategy. We have and continue to establish goals and objectives for our programs, focusing on evaluation methods in collaboration with our partners. It takes a community to make change and White Plains Hospital is aware of this fact, our actions incorporate all facets and pockets of our community so we can make the most impact and see first-hand how our results are changing the lives of those we serve.

While White Plains Hospital is in the early process of implementing our plan of action we have a solid and strong blue print.

On August 15th 2013 White Plains Hospital played a leading role in the Westchester County Department of Health's half day health planning summit, *Working Together Toward a Healthier Westchester*, this summit focused on our 2 health priorities. This event brought together our community partners, hospitals and Westchester County Department of Health to kick off our 3 year plans. The summit was broken into the following sections: data presentation, open discussion on currently undertaken actions/programs addressing our priorities, sharing successful interventions and breakout discussions on what new or enhanced activities can be considered by the community to further address each priority. Agency Profiles were also distributed and filled out so we could obtain, from each partner, their newly proposed actions/activities and current practices/activities for each of our health priorities to see how we could each fit into their plans and best use the limited resources at hand.

Priority area #1: decreasing premature deaths among black and Hispanics from heart related deaths.

Estimates indicate that there are somewhere between 3.7-4.2 million adult New Yorkers with pre-diabetes and the majority of this population is in our black and Hispanic Communities (*based on NYSDOH data). A diagnosis of pre-diabetes increases the risk of developing type 2 diabetes and within 5 years 15-30% of people will develop type 2 diabetes, but with lifestyle interventions one can improve health and drastically decrease this outcome; thereby decreasing premature death.

White Plains Hospital's Diabetes Education and Treatment Center's partnerships and work with our community partners continues to grow and expand, focusing on education, prevention and livability/sustained treatment. The Diabetes Education and Treatment Center is on track to support over 40 community events in 2013, highlights include Diabetes Alert Day (held on March 26), the Slater Center Health Fair (held on April 20) where we provided diabetes screening and point of care glucose testing to the community with over 250 patients screened and referrals were made to the Family Health Center or Primary Care for our of range results and follow up and the Step Out Walk, which took place Sept 28th for which the WPH team raised nearly \$3,000.

Our objective in the coming year is to increase our screenings to our black and Hispanic populations by 10%, in collaboration with our new partners in Diabetes Education: CVS, Crunch Gym, Greenburgh Health Center and the African American Women's Club of Westchester. If we can increase screenings we can reach a greater population of those in the community who may be pre-diabetic, thereby catching this at risk population and referring them to the correct treatment specialists so we can learn how to lead healthy lives. The majority of people do not even know they are at risk, so this indicator can make a tremendous impact on the community we serve.

We also will look to increase the health literacy as a way to help manage and educate our community on diabetes. At our County Health Summit it was brought up by several partners that the bulk of the *wellness issues* revolve around health literacy. With most of our Hispanic population English is not their primary language and their cultures involve different foods and a preconceived knowledge of what "healthy" really is. WPH, in partnership with El Centro Hispano,

Calvary Baptist Church, Greenburgh Health Center and the Slater Center will work on a new series of educational flyers and brochures (in both English and Spanish) that can educate and engage the population. The DEPLOY Pilot Study will also be looked into as a way to translate the Diabetes Prevention Program into the community. In addition we look to provide 4 (quarterly) new hands on education series which will focus on prevention. Targeting our pre-diabetes population this education series will involve supermarket walkthroughs (partnering with ShopRite), teaching people how to shop healthful and economical), BMI workshops (partnering with our YMCA/YWCA, White Plains Library and City Hall) and cooking demonstrations (partnering with our city schools and youth bureau). Education is a key first step in our 3 year plan; knowledge is power and as the health pyramid suggests, we first need to educate in order to see habits change and once habits change we will see real quantifiable results moving into our 2nd and 3rd years.

Priority area #2: Promote Healthy Women, Infants and Children: Increasing Breastfeeding

White Plains Hospital's journey to become a "baby friendly" hospital translates perfectly with our goal to go beyond the hospital walls and increase breastfeeding exclusivity, understanding that breastfeeding choice is made prior to delivery. Our goal is to promote healthy women, infants and children through increased breastfeeding statistics: breastfeeding, especially exclusive breastfeeding, is shown to reduce the risk of asthma, obesity, respiratory issues and other chronic conditions. For mothers, breastfeeding has been shown to reduce the risk of breast cancer, ovarian cancer, type 2 diabetes, heart disease and a multitude of other conditions. Healthy moms = healthy babies and children.

Only 43% of NYS infants were exclusively breastfed while in the hospital, based on 2010 NYSDOH data. As our community has noted, this needs to change, for both the health of infants and children but to promote healthy women as well. While our White Plains Hospital "community" does better percentage wise we are looking to increase our "in house" breastfeeding to over 65% by next year and over 75% the following year.

White Plains Hospital and the Maternal Child Health division have begun a journey to become baby friendly and in doing so have completed 6 of the 10 tenets on its path to *baby friendly* and we look to complete all 10 tenets in the upcoming year.

In addition to our efforts to increase breastfeeding exclusivity at discharge we look to involve our community, by reaching out to our community partners, specifically the Greenburgh Community Center, the Junior League, Planned Parenthood, the YWCA and various businesses to see how we can help new moms adjust to going back to work and connect with the proper support groups and organizations and how we can assist in breastfeeding friendly practices. With the NYS Nursing Mothers in the Workplace Act and the Federal Break Time for Nursing Mothers Legislation we will work to educate our partners and help develop, in whatever way possible, lactation policies in the workplace and through the NYS DOH get "making it work" toolkits readily available to inform employers and hourly wage earners of the benefits of worksite lactation support programs. Healthy moms and babies mean less sick time taken, more productive and happier employees.

In trying to achieve not only increases in our "in house" exclusive breastfeeding but by involving our partners and gaining buy-in from businesses we will markedly increase our goal for breastfeeding exclusivity for the first 6 months of life. We look at our outcome measures by the percentage of infants exclusively fed breast milk in hospital, and in year 2 we will look at our regions numbers for inclusively breastfeeding at 3 or 6 months. Education before and support after mother comes home is so very important for our health and wellness outcomes. White Plains Hospital's Maternal Child Health leadership group is committed to this project and will work to branch out to the community to increase our breastfeeding numbers incrementally over the next 3

years. We look forward to expanding our breast feeding support to not only new mothers, but any woman who comes to WPH as a visitor, patient, volunteer or employee who is breastfeeding.

Access through the Web:

White Plains Hospital, in our efforts to continuously work to update the user friendly and informative website is in the process of renovating and updating our current site. Complete with service lines, information and virtual tours our site will now provide visitors with individual risk assessments so they can take control, learning how they can manage, control and prevent chronic disease. This Community Health Needs Assessment will also be readily available on our website. Visit us at www.wphospital.org