Winthrop-University Hospital
Community Service Plan
2016 – 2018
Executive Summary

Your Health Means Everything™

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EXECUTIVE SUMMARY

SELECTION OF PRIORITIES

In 2016, Winthrop-University Hospital joined with members of the Long Island Health Collaborative to review extensive data sets selected from primary and secondary sources to identify and confirm Prevention Agenda priorities for the 2016-2018 Community Service Plan cycle. Data analysis efforts were coordinated through the Long Island Population Health Improvement Program (LIPHIP), who served as the centralized data return and analysis hub. As directed by the data results, community partners selected Chronic Disease as the priority area with a focus on (1) Obesity and (2) Preventive Care and Management for the 2016-2018 Cycle. Mental health emerged as a growing concern. Therefore, the group also agreed that Mental Health should be highlighted.

Priorities in 2013 remain unchanged from the 2016 selection; however, a stronger emphasis has been placed on the need to integrate Mental Health throughout Intervention Strategies.

DATA

Primary data sources collected and analyzed include the Long Island Community Health Assessment Survey, qualitative data from the Nassau County Community-Based Organization Summit Event and the LIHC Wellness survey. Secondary, publically-available data sets include: Statewide Planning and Research Cooperative System (SPARCS), New York State Prevention Agenda Dashboard, County Health Rankings, Behavioral Risk Factor Surveillance System (BRFSS), NYS Cancer Registry, and New York State Vital Statistics.

PARTNERSHIPS

The LIPHIP is organized by the Nassau-Suffolk Hospital Council (NSHC), the membership association for all hospitals on Long Island. The core of the LIPHIP is an extensive workgroup of committed partners who work together to improve the health of all Long Islanders. This workgroup, called the Long Island Health Collaborative, consists of the two county health departments, all hospitals
on Long Island, physician leaders, representatives from nursing and mid-level provider associations, dozens of community-based health and social service organizations, and many other sectors. Winthrop has been extensively involved in this initiative since the LIHC’s inception in 2013.

The Long Island Health Collaborative is committed to utilizing the collective impact model to enhance the quality of work being pursued to meet Community Health Implementation Plan requirements. Member organizations are entrenched in Nassau County communities, and are able to engage community members in improvement strategies.

In addition, the Hospital’s local partners from the Winthrop Community Cultural Advisory Committee meet quarterly to discuss health needs and seek solutions. Several of our partners, the Hispanic Counseling Center, the Yes We Can community center in Westbury, the Hempstead Hispanic Civic Association, and St. Brigid’s Church in Westbury, have offered to partner with us to encourage community participation and provide space for educational programs so that they may be conveniently located for their clients.

**COMMUNITY ENGAGEMENT**

The broad community was engaged in assessment efforts through distribution and completion of the Prevention Agenda Community-Member survey. This tool was developed in consensus by community partners from the Long Island Health Collaborative and designed using the Prevention Agenda framework. Available in both online and hard copy format, this survey was translated into certified Latin American-Spanish language. LIHC partners distributed and promoted the survey to a diverse range of community members at a variety of locations, including hospitals, doctor’s offices, health departments, libraries, school, insurance enrollment sites, community-based organizations and more. In addition, member organizations promoted the survey through social media efforts, posting links on their website and distributing surveys at health fairs and other events.
To engage and prioritize the role of the community-based organizations (CBOs) in the assessment, the Long Island Health Collaborative, driven by the LIPHIP, planned and executed a Nassau County Summit Event. Participation during this event was robust, with 45 organizations attending the summit. Discussions were recorded and transcribed by court stenographers and analyzed using Atlas TI software to identify key themes.

Community engagement will continue through monthly meetings with the Long Island Health Collaborative to discuss evidenced-based programming, public outreach initiatives and changes in health trends. Local community partners are kept up-to-date through quarterly meetings of Winthrop’s Community Cultural Advisory Committee. Winthrop maintains a survey on its website that requests input from the community on current health concerns. Evaluation forms at community programs are utilized as a method of feedback from community members. Social media platforms, Facebook and Twitter, keep the Hospital and the community connected.

**INTERVENTIONS/STRATEGIES/ACTIVITIES**

Selection of initiatives is data-driven, supported by research and discussions with community partners, including Winthrop’s Community Cultural Advisory Committee, and senior leadership within the Hospital. Disparities will be addressed by partnering with community-based organizations in select communities to hold culturally relevant chronic disease management educational programs. A bilingual nurse is now on the Winthrop team, who will be able to communicate effectively with participants. Our initiatives support the NYS Prevention Agenda areas and include:

- Evidenced-based programming:
  - Stanford Program for Chronic Disease Management
  - CDC Diabetes Prevention Program
  - Tai-Chi for Arthritis
  - Breastfeeding Initiative – Baby-Friendly® Hospital
  - 5-2-1-0 Healthy Lifestyle Program
- Increased efforts to raise participation in breast cancer and colorectal cancer screenings
• Promote Tobacco Cessation – Supporting DSRIP project 4.b.i.
• Mental Health and Substance Abuse – will be addressed through public education and stress management techniques
• Continued support of Long Island heath Collaborative “Are You Ready, Feet?” Physical activity/walkability campaign and walking portal

**PROGRESS**

Progress will be tracked through quantitative data collection and analysis. The Plan is a dynamic document that will be continually reviewed according to the quality improvement measurement standards of the Hospital, PDSA (Plan, Do, Study, Act), and revised as needed according to changes in community need or resources. Process measures include:

• Number of children being presented with 5-2-1-0 take-home packets of information at Head Start programs; percent of children who have an unhealthy weight
• Number of parents at parents meetings (Head Start) and/or support groups
• Documentation counseling rate of parents of children with unhealthy weight at Winthrop’s Pediatric Clinic in Hempstead
• Documentation in Winthrop’s Pediatric Clinic in Hempstead of “No Juice” counseling rate for parents of toddlers
• % of new mothers exclusively breastfeeding upon hospital
• Number of participants in evidenced-based chronic disease prevention programs, including the Stanford Chronic Disease Self-Management Program and CDC Diabetes Prevention Program
• Post-evaluation forms for chronic disease intervention classes
• Number of individuals who develop an action plan for self-management
• Number of seniors participating in Tai Chi; post evaluation forms
• Number of individuals referred for smoking cessation programs; # attending
• Number of supportive educational programs for stress management
• Number of individuals contacted and referred for breast cancer and colorectal cancer screenings; # of individuals screened
• # of individuals participating in Are You Ready Feet™ LIHC campaign
