

Montefiore Nyack Hospital

Community Service Plan

2022 - 2024

This document is available on-line at MontefioreNyack.org.

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EXECUTIVE SUMMARY

The Affordable Care Act requires hospitals to assess and address the health needs of the communities they serve. This Community Health Needs Assessment meets the first component of these requirements, providing a report of the process, methods and results of a comprehensive assessment of the needs of the community served by Montefiore Nyack Hospital (MNH). The second component encompasses the Implementation Strategy, which will further discuss the significant health needs of the community and describe the programs and strategies to address these significant health needs.

Montefiore Nyack Hospital is a medical leader in the community and is seeking to soon become a leader in population health developing innovative and culturally sensitive programs to best serve the changing needs of its community. Montefiore Nyack Hospital embraces its social responsibility and defines its role broadly, promoting wellness in addition to treating disease and addressing needs ranging far beyond medical care. We extend this responsibility to the care of our employees and medical staff, many of whom live in the surrounding community.

For the period 2022-2024 we have chosen to address chronic diseases and communicable diseases prevention as our priorities, not ignoring that we still need to keep active to meet all other priorities pointed in the NYS Prevention Agenda. We chose chronic disease and communicable diseases prevention because current data from the Community Health Assessment Report, the prevention agenda dashboard, and internal data, suggest that here is where we can have the most impact and it

aligns with the hospital's mission and vision. Many community members, and mainly minorities, are being affected by obesity, pre-diabetes, diabetes and, cardiovascular disease. MNH has also become the leader in LGBTQ+ services, and wants to continue helping to improve prevention rates of HIV and other sexually transmitted infections, to reach Healthy People 2030 goals of improving health equity and help eliminate health disparities.

In order to address these priorities we will be using evidence-based strategies. CDC's Diabetes Prevention Curriculums have been used for diabetes prevention, and we use a diabetes self-management curriculum certified by the American Association of Diabetes Educators that meets the specific needs of our community and is also culturally sensitive. We will be offering this programs in Spanish, starting in 2023, in collaboration with food pantries and public libraries, expanding this programs to Hispanics, with high rates of obesity, diabetes, and food insecurity. We will be collecting data prior and post intervention to be able to measure progress of each intervention. When possible, data will include changes in knowledge, attitudes, and behaviors of participants in the programs, as well as changes in anthropometrics, food intake, and satisfaction levels.

Housing, transportation, and nutrition continue to be identified as main social barriers to disease prevention. Although MNH isn't a direct provider of these services, we will continue to create partnerships that allow our patients and community members address these barriers to be able to maintain and continue to improve the name of Rockland as healthiest county in NYS. In 2021 we started offering nutrition counseling to members of our community in person, and via zoom for those with transportation issues. This program has been expanding and is now offered in Spanish. Healthy eating and physical activity, as part of a healthy life style, have been proven to help decrease the risk, or delay the onset, of chronic diseases. This program is also helping to link individuals with food pantries for increased food access, promoting exercise and smoking prevention. Since November, 2022 it has also partnered with Inserra to offer monthly bilingual supermarket tours where people learn how to read nutrition food labels, shop for healthier food choices, and shop healthy in a budget.

Services to the community are an explicit and essential component of our mission, it is our goal to reach far beyond the walls of the hospital to identify and meet the needs of the community and create and expand community-based services to prevent disease, enhance wellbeing, enact social change, and achieve equity, that go beyond the traditional health care system. It would be hard to meet these goals if it weren't for a variety of organized partnerships and collaboratives that have joined together in these efforts. Montefiore Nyack has also partnered with RC Department of Health and Mental Hygiene, community-based organizations, and members of the community in planning and developing initiatives aimed at improving the health of the people of Rockland. Nurses and staff participation and dedication in these events are notable, as they volunteer their time in these events to help the community. Montefiore Nyack Hospital keeps seeking collaborations with other organizations in Rockland County to be able to address the unmet needs of the community.

For more information or questions regarding this plan please contact Sandra Arevalo-Valencia, Director of Community Health & Wellness at Montefiore Nyack Hospital by e-mail at arevalos@montefiorenyack.org or by phone calling 845-348-2876.

INTRODUCTION

Organizational Background

Montefiore Nyack Hospital (MNH) is a 375-bed community acute care medical and surgical hospital, which was founded in 1895 and is located in Rockland County, NY and is affiliated with Montefiore Health System.

Mission and Strategy

MNH mission is to provide competent, innovative and accessible emergency and acute care services to the residents of Rockland County and surrounding areas. A partner with Touro College of Osteopathic Medicine, it provides clinical rotations to third-year medical students. All employees at Montefiore Nyack Hospital adhere to a strict code of conduct, known as the WE CARE Standards. All employees have received extensive training on these standards, and new employee orientation offers an overview of what is expected from each and every employee.

Statement of Executive Review

Montefiore Nyack Hospital's Community Health Needs Assessment (CHNA) process and secondary data was approved by the Board of Trustees on October 28, 2022. This document was finalized and submitted to the federal government on December 30th, 2022. The Community Health Needs Assessment (CHNA) report will be available on-line and at the Community Education Department on December 31, 2019.

Community Partners

Nyack Hospital is an active member of different community groups and steering committees. These committees include Rockland County Health Care Priorities (HCP), Rockland County Immunization Coalition, EMS of Rockland, Rockland County Emergency Response Team, Local Chapter of the American Cancer Society, School Health Coalition, Haverstraw Collaborative,

Spring Valley Collaborative, Professional Aging Network, and the Susan G. Komen Fund among others. We are very grateful for all this partnerships and look forward to keep expanding our list of partners. Without this partnerships Montefiore Nyack Hospital wouldn't be able to address all the needs of the community. The complete list of current community partners is as follows:

CAN (Creative Aging in Nyack)	Live On
Bridges	BOCES
Diabetes Sisters	JCC Rockland
Center For Safety & Change	Health First
Child Care Resources of Rockland	AAVI
St Thomas Aquinas College	Lion's Club
Mercy College	Immigration Coalition
Dominican University	Rockland Pride
Alzheimers.org	Jawonio
Nyack Library	Ramapo Collab
New City Library	Meals On Wheels
Haverstraw Library	NAMI
Head Start	ORU
Rockland Community College	DOH

[Resources, Community Programs & Events](#)

Montefiore Nyack Hospital offers many internal resources to the community and the different collaborations with community partners help to bring external community resources that help to address the needs of the community, eliminating health disparities and increasing equity. With

the help of the Community Health & Wellness Department, in spite of the Covid Pandemic and inability to reach out to the community in person, Montefiore Nyack Hospital participated in more than 100 public events in 2019-2021 reaching over 5,000 individuals with the goal to educate the community in topics of disease prevention and treatment of disease.

Some of this programs are summarized below.

Chronic Diseases

- Pre-Diabetes and Diabetes

Diabetes is a chronic disease increasing risk of heart disease, retinopathy, nephropathy, neuropathy, and sexual dysfunction to name just a few. Diabetes prevention and diabetes management have been identified by the CDC, New York State Department of Health, and Rockland County Department of Health as healthcare priorities. Diabetes is among the 20 most prevalent discharge diagnosis. Nyack Hospital addresses this healthcare priority across the continuum of care starting in the community through diabetes risk assessment screenings at street fairs and health fairs, in person and via Zoom Pre-Diabetes and Diabetes lectures at different senior centers, schools, NGOs and libraries. Our outpatient diabetes self-management training programs reach more than 100 patients with diabetes each year, many of whom are accompanied by family members. As of 2022 our monthly day and evening diabetes support groups are now offered in English and Spanish, with more than 10 participants per session. The annual Diabetes Symposium offers 7 hours of continuing education to health care professionals to make sure staff is up to date with the most recent evidenced based science around diabetes management; in 2021, in spite of Covid, we had a virtual symposium with 70 registrants and in 2022 we had a new registration record with more than 100 participants, of which more than half joined the live event. Our inpatient diabetes counseling, done by certified diabetes educators has improved to offer case management, post-discharge diabetes self-management and nutrition education to prevent readmissions. Nyack Hospital's accredited American Association of Diabetes Educators (AADE DEAP) diabetes self-management program is covered by most health insurances including Medicare and is open to the whole community, regardless of ability to pay. Outcomes measures for AADE DEAP include A1C and behavior changes. All patient rooms are also equipped with free interactive health education videos that include diabetes-self management content. The MNH Glycemic Control Committee, the Diabetes Resource Nurses and the Insulin Task Force, ensure that our patients receive the highest quality of diabetes care. In 2022, the hospital conducted a diabetes self-management training program for the blind, for the ninth year in a row. This is the only program of its kind in New York State. The program was conducted as part of the summer camp program for VISIONS, in Spring Valley. In the month of November, National Diabetes Awareness month, we offered different programs each week, one of which is a Candy exchange event on November 1st. During this event, at the Nyack Library, we exchange Halloween candy for teddy bears and provide education on diabetes prevention for children 2-10 and their parents. Nyack Hospital will continue its efforts to prevent and manage diabetes in our community and help reduce health disparities. In fun and innovative ways.

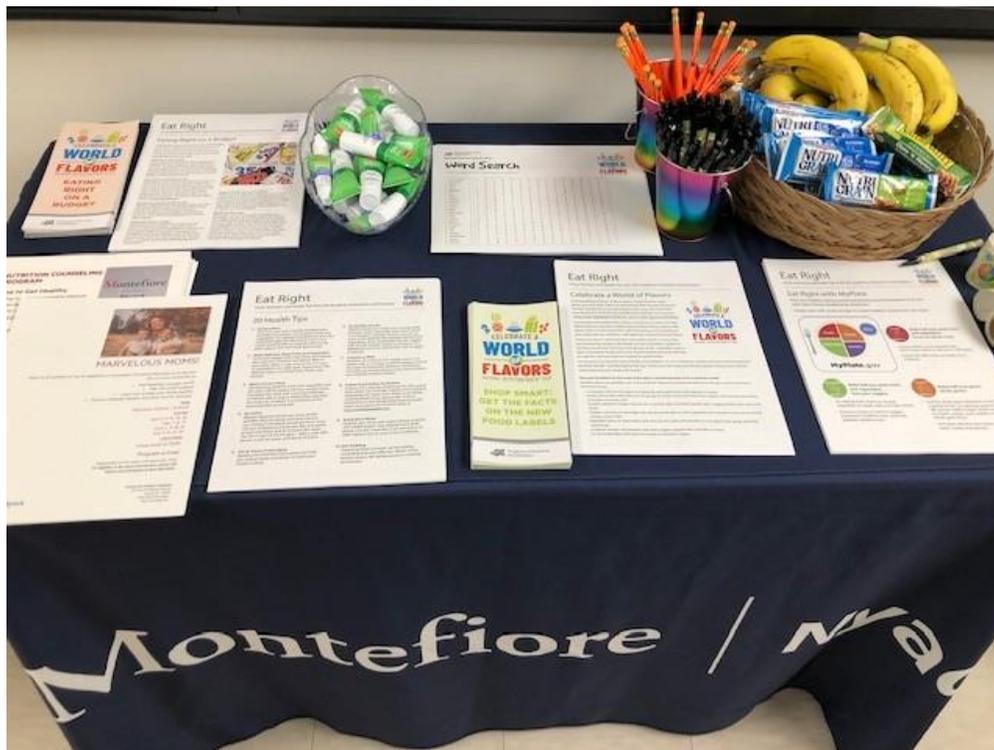


We continue to offer Mamás Maravillosas, 2016 HANYS Community Health Improvement Awardee. The award is presented to member facilities for their programs that target specific community health needs, demonstrate leadership, collaborate among diverse groups, and, most importantly, achieve quantifiable results. Mamás Maravillosas is a free community-based program for post-partum Latina women who have been identified as being at high risk for developing Type 2 diabetes and other chronic diseases. Mamás Maravillosas is based on the U.S. Centers for Disease Control and Prevention (CDC) Diabetes Prevention Program and facilitated in Spanish by bilingual healthcare professionals. Before the Covid pandemic this program was offered in person, since the pandemic the classes have been offered via Zoom. Being online has opened the opportunity to mothers who have transportation issues to join the program, since it has grown from 6-8 participants per class, to 10-12 participants per class.

While the program's main objective is to reduce the occurrence of Type 2 diabetes, it also offers additional health information for both the participant and her family, including reinforcement to continue breastfeeding, caring for your baby, and the importance of having regular check-ups during the inter-conception period. The New York State Prevention Agenda is integral to this program, specifically targeting the “promote healthy women, infants, and children” objective. Diabetes prevention focusing on the inter-conception period reduces the risk of developing gestational diabetes and future Type 2 diabetes, and lowers the risk for miscarriages, stillborn babies, birth defects, birth injuries, complications, Cesarean sections, premature births, and obesity and diabetes in future children.

- **Obesity**

Almost one in four people in Rockland County are overweight or obese. Lack of physical activity, unhealthy food selections and lack of nutrition knowledge are contributing factors. Due to the need of the community to learn more about healthy eating to help reduce the prevalence and incidence of obesity, in 2021, the Community Health & Wellness program started providing individual nutrition counseling to people of all ages with nutrition related diagnosis, and diabetes management to women with rapid weight gain and gestational diabetes, regardless of insurance or ability to pay. These bilingual services are rendered by Registered Dietitians who are also Certified Diabetes Care and Education Specialists. Since the inception of the program until December 2021, there were more than 100 referrals for nutrition counseling, and more than 500 visits. The demand for this service continues to increase as more providers in Rockland learn about this service. The Community Health & Wellness Department also offers webinars, education in schools, health fairs, libraries and other locations, to educate the public on how to eat right to help reduce obesity. In 2021, 7 nutrition webinars with education for children and adults were attended by more than 146 attendees.



- Smoking

Montefiore Nyack Hospital is committed to reducing tobacco use and the incidence of tobacco related diseases within the community. MNH has partnered with Montefiore in the Bronx to offer virtual biweekly smoking cessation education and resources to help patients quit smoking, including nicotine replacement therapy, when appropriate. MNH has public information on the website to help people connect and join the New York State Smokers' Quitline at 866-NY-QUITS (866-697-8487) or Put it Out Rockland at 845-364-2651.

- **Stroke**

Stroke is one of the leading causes of death and serious long-term disability in the United States. Montefiore Nyack Hospital is a designated "Stroke Center" awarded by the New York State Department of Health. The Hospital has been recognized by the American Heart Association/American Stroke Association's Get with the Guidelines Stroke Gold Plus Quality Achievement Award, recognizing Montefiore Nyack Hospital's commitment and success in implementing excellent care for stroke patients according to evidence-based guidelines. Montefiore Nyack Hospital is a recipient of the association's Stroke Honor Roll for improving stroke care.

Montefiore Nyack Hospital utilizes clinical practice guidelines to drive standards of care and protocols for treating stroke, a critical step in saving lives and improving outcomes for this patient population. The Nyack Hospital Stroke Committee, which meets monthly, is dedicated to raising awareness in the community of the need to seek prompt medical attention when signs and symptoms of stroke are noted. It is crucial to B.E.F.A.S.T. if one thinks they may be having a stroke. From January 2019 to December 2021, members of our medical staff and educational team delivered 2 lectures on stroke awareness and prevention. Education includes counseling on reducing the risk of stroke through lifestyle modification. These modifications encompass access to healthcare, blood pressure management, nutrition, physical activity, and the recognition of stroke signs and symptoms. Montefiore Nyack Hospital will continue to reach out to local community based organizations, both for profit and not for profit, to offer educational programs and screenings. Information on stroke symptoms and B.E.F.A.S.T. has been revised to ensure the public receives the most current recommendations. This information is available on the hospital website, included in free educational television modules for inpatients, placed in Nyack Hospital employee newsletters, social media, and in public service announcements. The hospital was also recently surveyed by the Joint Commission for their initial Certification as a Primary Stroke Center. Results of that survey are pending, but the certification is expected to be awarded in December of 2022. For 2024 it is the goal of the Stroke Committee to start a CVA support group for patients and their caregivers.

- **Cancer**

The Breast Center at Nyack Hospital is a safe provider of screening, diagnostic and treatment services with an emphasis on cancer prevention, early detection, and personalized care. To address the health needs of an underserved population in Rockland County the Breast Center at Nyack Hospital provides free breast cancer screening mammograms to women who lack financial resources. Nyack Hospital collaborative partners include: The Greater NYC Affiliate of Susan G Komen for the Cure, the Cancer Services Program of the Hudson Valley and the Rockland County Department of Health. These collaborations allow MNH to improve community outreach to uninsured and underinsured women, to perform cancer screenings, and provide education and treatment. From 2019 to 2021 The Breast Center at Nyack Hospital performed 1,389 mammogram screenings for medically underserved women. Additionally 128 women had other testing diagnostics, 15 needed biopsies and 2 cancers were detected.

In 2021, for the first time, we were able to bring education to people with visual impairment on skin cancer prevention. During the 2019-2021 period, and in spite of the Covid pandemic, there were 6 additional educational events for the community on Zoom, some of them in Spanish, reaching almost a 100 people. Topics included breast and colon cancer prevention, resources for people with cancer and importance of cancer screenings. Montefiore Nyack Hospital will continue to focus its efforts on re-screening and education to ensure that countywide, people understand the importance of cancer screenings and early intervention.



Healthy and Safe Environment

MNH is proud to connect adults and people with disabilities with evidence-based falls prevention programs to promote screening for fall risk among older adults and people with disabilities and offers fall prevention tips. In the reporting period, more than 60 people participated in 2 lectures

Healthy Women, Infants and Children

The obesity epidemic is a public health issue with serious health implications. This is particularly true for women of childbearing age. Pregnant women who are overweight or obese are at greater risk for adverse birth outcomes such as birth defects, fetal or infant death or other complications. Their off-springs are also at higher risk for childhood and adulthood obesity, diabetes, and heart disease. Appropriate nutritional intake before and during pregnancy for the moms and breastfeeding and proper introduction of solid foods for the babies reduce these risks. The Nyack Hospital Prenatal Center opened on January 2, 2013. It was previously known in the community as The Rockland County Department of Health Prenatal Clinic. It is a New York State Medicaid Prenatal Program that provides comprehensive perinatal care to low income, high risk women in a culturally sensitive and competent manner to all pregnant women including those with limited English proficiency and diverse cultural and ethnic backgrounds. Bilingual services are offered to patients whose primary language is not English to help reduce health disparities.



The Pre-Natal Center meets regularly with community partners to continually assess health and well-being needs of women of child-bearing age and their families across the continuum with adherence to all recommendations of CDC, NYSDOH, American Congress of Obstetricians and Gynecologists (ACOG). In an effort to prevent, recognize and treat conditions associated with maternal and infant mortality and morbidity, timely access to care is provided, including referral to appropriate levels of prenatal care based on client's assessed risk status. Additionally, bilingual health, nutrition, lactation, and childbirth education are provided by professional staff based on individual needs. Breastfeeding is highly encouraged and support for moms is provided pre- and post-partum. The Center is staffed by bilingual Registered Nurses, Prenatal Techs, a Nutritionist, a bilingual Board Certified Lactation Consultant, a Certified Diabetes Educator and a Social Worker as well as bilingual clerical and administrative personnel. Together with a team of experienced and dedicated Certified Nurse Midwives and an Obstetrician, the Pre-Natal Center provides optimum, cost-effective and culturally sensitive prenatal and postpartum care to at-risk residents of Rockland County.

All activities in the prenatal center are thought in English and Spanish to help reduce health disparities among Latino mothers. Board Certified Lactation Consultants are on staff to educate and support new mothers to achieve their breastfeeding goals. Monthly classes are offered to provide expert advice on everything from the labor and delivery process to the care and feeding of a new baby. From January 2019 to December 2021, the breastfeeding initiation rates in the hospital have persisted over 95%. Exclusive breastfeeding rates show a positive trend from 18% in January 2019 to 36% in December 2021% and continue to increase in 2022. Moreover staff from the Prenatal Center participates year round in health fairs and community events educating communities on importance of breastfeeding, prenatal and postnatal nutrition, introduction of solid foods and safe sex, among other topics.

Mental Health and Substance Abuse Prevention

MNH is very aware of the chronic shortage of behavioral health providers in Rockland County and also the lack of services. Currently staff from MNH's Behavioral Health Department is very involved with the community offering their expert advice in chemical dependency workgroups and with county diversion programs supporting patients navigating substance abuse and legal issues.

Mental, emotional, and behavioral (MEB) health promotion is an emerging field that uses a strengths-based developmental approach. MEB disorder prevention includes mental illness prevention and substance abuse prevention. Substance abuse prevention has more than two decades of etiological and program-outcome research, and evidence is emerging to show that mental illness can be prevented. The Behavioral Health Center at Nyack Hospital provides a full spectrum of acute psychiatric and medical care, focusing on the combined needs of the patient. The needs of the patient are provided throughout the continuum of care, including emergency treatment, hospitalization, and appropriate discharge.

The Recovery Center at Montefiore Nyack Hospital offers help and hope to those struggling with addiction providing a full range of treatment options in a culturally sensitive and judgment-free environment to assist individuals on their road to recovery. Staff includes Addiction Counselors, Licensed Social Workers and Mental Health Counselors, Medical and Psychiatric personnel that are sensitive to the needs of the patients. The addiction services are tailored to the needs of the individual and administered with the dignity and respect patients deserve.



The Nyack Hospital Prenatal Center promotes the health and well-being of women of childbearing age and their families and every woman who received services is screened for prenatal and postpartum depression and referred for services when necessary.

Our unique Employee Assistance Program (EAP) offers counseling and support to our staff, families and various organizations in Rockland County. They are available Monday thru Friday 8 AM to 5 PM to talk to any staff member or their family member in times of crisis. They also respond to critical incidents providing on-site support to employees subsequent to a critical event. During the pandemic EAP staff was of great support to first responders and in 2022 they continued rounding on different units offering staff tips to release stress and prevent burn out. In 2022 alone EAP offered 9 education sessions to almost 250 staff on importance of self-care and depression prevention. They also have a monthly newsletter and videos that are shared via e-mail.

Community outreach includes general practitioners in discussing availability of mental health services to their clients, raising awareness of mental health issues in our community and taking steps to reduce the stigma, shame, and barriers in seeking help. Montefiore Nyack Hospital provides screening tools and resources for depression awareness and Suicide Assessment Five-step Evaluation and Triage (SAFE-T). Promoting awareness and information on seeking help is also provided at health fairs and schools throughout our community.

A second layer to community outreach is to educate the public and remove barriers that may prevent community members from accessing mental health services as well as being able to be fully integrated into the community without suffering stigma. Montefiore Nyack Hospital, Community Health & Wellness, participates and promotes at least 2 events or workshops on dementia, addiction and other mental health conditions, per year, reaching out to more than 300 individuals annually.

Communicable Diseases

Montefiore Nyack Hospital offers screening, preventive services and counseling to all persons who are diagnosed with communicable diseases. Montefiore Nyack Hospital partners with the Rockland County Office of the Aging conducting flu clinics throughout the area for Seniors of Rockland County providing flu shots to seniors who are underinsured or uninsured. Flu shots are also distributed to an underserved population. Due to Covid, there were no flu clinics in 2020 and 2021, and in 2022 the number of flu clinics was significantly reduced as was foreseen in 2019, due to a reduced need for this service as vaccines become more available at local pharmacies, medical offices and grocery stores. This program is evaluated continually via steering committee of the Rockland County Department of Health Adult Immunization Committee, of which Montefiore Nyack Hospital is a member.



Montefiore Nyack Hospital Employee Health Department conducts an on-site annual influenza vaccination program for staff, licensed independent practitioners, and volunteers. Education on diagnosis, transmission and potential impact of influenza, influenza vaccine and non-vaccinated

control measures are provided. MNH annually evaluates vaccination rates and reasons for nonparticipation in the hospital's immunization program and uses this information to plan for the next flu season with the goal of increasing compliance. During the 2019-2020 flu season 82% of our staff was vaccinated. During the 2020-2021 and 2021-2022 flu seasons the numbers were 64% and 54% respectively. The numbers have decreased due to fear of receiving both, Covid and flu vaccines simultaneously, and protection from consistent use of face masks. More than 1,000 people in our staff, and more than 10,000 people from the community, received the Covid vaccine and boosters in 2021 and 2022. As about 70% of our employees are Rockland County residents, our employee health program makes a difference in the community. Our immunization rate among employees not only sets a good example for other residents to receive a flu shot but shows the commitment our staff has to keep Rockland County healthy. Our goal for the 2023-2024 influenza season is for 90% of our employees to receive the flu shot.



In November 2021, and responding to the needs of the LGBTQ+ community seeking affirming healthcare closer to home, Montefiore Nyack Hospital opened the doors of the Jacob's Family Pride Wellness Center, in partnership with the Oval Center and AIDS Center at Montefiore and the Phyllis B. Frank Pride Center of Rockland County. The Center is the first in the area to bring LGBTQ+ services to the residents of Rockland, Orange, Bergen and Lower Hudson Valley. All of the providers and staff are experts in LGBTQ+ healthcare and many are members of the community. The Pride Wellness Center provides bilingual, affirming and confidential medical care that focuses on the needs of the LGBTQ+ community (ages 16 and up, regardless of insurance and ability to pay) in a private, off-campus site in Nyack, NY. Services include confidential screening and treatment for sexually transmitted infections (STIs), gender affirming healthcare, gender-affirming hormone therapy, referrals for gender-affirming surgery, gynecologic services for cisgender women, transgender men, and more, including birth control, HIV testing and prevention, including Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP), support services, including nursing, patient education, and health care navigation and vaccinations including monkey pox*, hepatitis B, HPV, and others (excluding COVID).

Getting individuals vaccinated, not only with flu and Covid vaccines but other vaccines in general, continues to be a challenge in our community. More education is needed to help Rockland residents understand the importance of vaccination for disease prevention. The Community Education department working in collaboration with Infection Prevention offers education materials at health fairs and workshops in community organizations and schools to help increase awareness around this topic. Children, ages 2-10, are invited to Teddy Bear Hospital celebrated in March each year, where children receive a donated teddy bear and learn about a different health topic. Due to Covid we didn't have the event in 2020 and 2021, but in 2022 we came back strong teaching children and their families the importance of vaccines and how they work while their new stuffed animal was being examined and vaccinated by the Teddy's doctors. In 2022 more than 500 children and their parents participated in this event. The Teddy Bear Hospital is also a great opportunity to help the public understand the importance of immunization. The goal is to increase the number of people receiving vaccines every year while reducing the number of cases of flu, Covid, measles and polio.

Community Assets and Collaborations

In addition to Montefiore Nyack Hospital there are other existing healthcare facilities and resources within the community that are available to respond to residents' health needs. Good Samaritan Hospital, Helen Hayes Hospital, Rockland Psychiatric Center, Summit Park Hospital, and several federally funded community health centers, including Hudson River Health Care and Refuah Health Center, have partnered with MNH to address the needs of the community. Montefiore Nyack Hospital is able to offer chronic care disease prevention and services in collaboration with the Rockland County Department of Health and other organizations in different ways. These collaborations help to address services and interventions not covered by Montefiore Nyack Hospital providing added value to the services rendered to our community, and the best

quality of services to the most number of people. These alliances plus many other programs developed by Montefiore Nyack Hospital help to address all the health priorities identified in the NYS Prevention Agenda.

Organizations like the American Association of Diabetes Educators and the American Diabetes Association allow us to use their diabetes education curriculums and materials and they provide templates and methods to help keep track of patients' progress. Some pharmaceuticals such as Medtronic, Abbott, Lilly, Novo Nordisk and Sanofi provide us with discount coupons, free education materials and free samples that we give away to our patients for education purposes. The Nyack Hospital Foundation also help us with resources to be able to develop health promotion programs. Collaborations with local pharmacies help provide medications to patients without insurance or self-pay that otherwise wouldn't be able to afford medications.

Collaborations with different organizations help MNH reduce stigma around mental health and provide timely treatment for community members. The Haverstraw Collaborative, Nyack Library and Finkelstein Library host educational workshops for the community and they are very active spreading the word about services and events. Jawonio provides services for special needs individuals to help them achieve their independence and full potential while VCS and Nyack Consultation offer counseling services.



Other organizations involved that help meet the mental health goals of the community providing counseling or attending to emergency calls are Rockland County Department of Health & Mental Hygiene, Rockland County Suicide Prevention Coalition, Rockland County Friends of Recovery, Mental Health Association of Rockland, Rockland Council on Alcoholism and other Drug Dependence (RCADD), Behavioral Health Response Team, Orangeburg Service Center and Mobile Crisis Unit. Some of the organizations the hospital collaborates with in this effort are Rockland County Suicide Prevention Coalition, Mobile Crisis Unit, Rockland County Friends of Recovery, Mental Health Association of Rockland, Jawonio, VCS, Alzheimer's Association, RAIN, Rockland County Department of Mental Health, NAMI, Orangeburg Service Center, Nyack

Consultation, and Behavioral Health Response Team. Rockland County counts with these other organizations that share similar goals for pregnant and postpartum women: WIC (Women, Infants and Children), FPS (Family Planning Services), Birthright of Rockland, March of Dimes, Lower Hudson Valley Perinatal Network and The Breastfeeding Coalition. We have partnered with BOLD, a program of Montefiore Einstein, to be able to bring virtual classes to patients with cancer that include support, nutrition, yoga, crochet, smoking cessation and more.

In order to ensure that families meet their nutritional needs Montefiore Nyack Hospital is able to refer individuals and families to food pantries and other emergency food services in the community. Meals on Wheels is able to provide prepared meals to any Rockland resident who is unable to cook due to illness, physical handicap or advanced age, and who cannot shop or cook for themselves. (TOUCH) - Together Our Unity Can Heal – provides home delivery to people who are homebound and are HIV positive or have other chronic illnesses. Next to this programs, there are 33 food pantries and feeding programs through Rockland County that serve almost half a million (447,785) meals per month. Nyack Hospital has collaborated with some of these programs bringing education about healthy eating and diabetes prevention and fresh and canned food to the most in need, mainly during the holidays.

As for resources for physical activity the Rockland County Park System extends over 3,179 acres providing county residents ready access to local parks to exercise and enjoy nature's beauty. Free Guided park walks scheduled throughout the year offer visitors varied terrain, great scenery, interesting discussion points, and different levels of walking. Rockland also offers 70 children camps and counts with numerous privately owned gyms, ballet and martial arts academies, and 5 YMCAs. During the summer months 10 pools open to the public. Community Health & Wellness started a newsletter that is sent to the community on a weekly basis promoting events that families can enjoy to increase their physical activity, increase their knowledge about different health issues, improve their health, and their quality of life. This newsletter has quickly grown in popularity and is now a source of outreach of many organizations in the community.

Nyack Hospital's Community Health & Wellness department will continue to encourage community input via the hospital website nyackhospital.org, by e-mail to arevalos@montefiorenyack.org, by phone at 845.348.2004, and by participating in towns collaborative and committees.

Opportunities for Improvement

MNH is dedicated to address all the needs of the community. Various hospital committees, such as the Glycemic Control Committee, the Cancer Committee, Stroke Committee, Bones & Joints Committee and Staff Wellness Committee meet on a monthly basis to evaluate progress and make mid-course corrections as needed. The Quality Improvement Office supervises the work being done by these committees indoors and the work done outdoors by other departments working with the community. The Department of Patient Experience makes sure that all patients visiting Montefiore Nyack have the best treatment. This department has united with the

Community Health & Wellness Department to improve the quality of services the community is receiving in terms of education, access, representation and more.

Outreach and education are important strategies that these committees use to help improve outcomes and reduce number of cases. **Community Chats** is a virtual health education program, streamed weekly, that started during the pandemic, in response to the inability to reach out to the community in person. It is facilitated by the Director of Community Health & Wellness where she interviews subject matter experts about different health topics and resources for the community. This program is open for interaction with the community. Attendees are encouraged to send questions to the experts and the responses are shared live. Community Chats now counts with its own YouTube channel where all the recordings are archived and open to the public, serving as a health education library. A growing e-mail list has been created compiling the e-mails of people who have registered for the chats. Everyone receives the recordings weekly. This list has grown to reach almost 4,000 people in the community. Our YouTube Community Chats currently counts with more than 200 subscribers. The number of views varies depending on the topic, and the length they have been posted. Most recent videos can have an average of 30 views, while older ones have reached 28K views. A survey is sent with each recording to obtain attendees feedback, suggestions for new topics, and evaluate the speakers and the program. More than 80 people have returned surveys providing very positive feedback. Till the end of 2022, 126 Community Chats have been streamed with a total number of 2,575 live views.



Montefiore Nyack Hospital's Community Health and Wellness provides education opportunities and resources to help empower individuals to take better care of their health. All public educational meetings are currently virtual sessions, recordings of which can be viewed after the event as listed below.



Know the 10 Signs of Alzheimer's



Is Screen Time a Family Enemy?



Pedestrian Safety



Project Hope



Cooking on the Fly



Advances in Diabetes Technology

The volunteer and student services department, under the direction of Helen Hayes, has recruited volunteers and students to help in different departments in the hospital and the community. In 2019, adults volunteered 28,545 hours, college students 1,511 hours, and volunTEENs 5,594 hours, for a total of 35,650 hours. Due to Covid, the number of volunteer hours was drastically reduced and students were not allowed in the building for infection prevention. In 2020, the number of volunteer hours declined to 5,552 hours by adults only, and it started to pick up again towards the second half of 2021 for a total of 8,867 hours, after allowing a small number of college students to volunteer. Volunteers help in different capacities, from packing self-care kits, thru filing and copying, to assisting in community events.

Montefiore Nyack Hospital has been working with a growing number of community partners and has gained a stronger presence in the community offering workshops, lectures, webinars, tables, screenings, and participating or leading community events that help advance the health of Rockland residents. Every three years, the New York State (NYS) Department of Health (DOH) requires Local Health Departments (LHD) to submit Community Health Assessments (CHA) and hospitals to submit Community Health Needs Assessments (CHNA). LHDs and hospitals collaborate with community partners and residents to create Community Health Improvement Plans (CHIP) and Community Service Plans (CSP), respectively. These assessments and plans are meant to meet several requirements from NYS Public Health Law and the Affordable Care Act. We extend our gratitude to the Siena College Research Institute for their assistance with creating and administering the Mid-Hudson Region Community Health Survey.

The Regional Community Health Assessment covers the seven county Mid-Hudson Region consisting of Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester Counties and is created with assistance of Sienna College Research Institute to support our partners in health across the Region through a collaborative partnership between the following organizations:

- Blythedale Children’s Hospital
- Bon Secours Charity Health System, a member of the Westchester Medical Center Health Network
- Bon Secours Community Hospital
- Good Samaritan Hospital
- St. Anthony Community Hospital
- Burke Rehabilitation Center
- Dutchess County Department of Behavioral & Community Health
- Ellenville Regional Hospital
- Garnet Health:
- Garnet Health Medical Center
- Garnet Health Medical Center – Catskills, Callicoon Campus
- Garnet Health Medical Center – Catskills, Harris Campus

- HealthAlliance Hospital, members of the Westchester Medical Center Health Network
- Montefiore Mount Vernon Hospital
- Montefiore New Rochelle Hospital
- Montefiore Nyack Hospital
- Montefiore St. Luke's Cornwall Hospital
- NewYork Presbyterian Hudson Valley Hospital
- NewYork Presbyterian Lawrence Hospital
- Northern Westchester Hospital Email sent to confirm
- Nuvance Health: Please confirm with your hospital
- Northern Dutchess Hospital
- Vassar Brothers Medical Center
- Putnam Hospital Center
- Phelps Hospital
- Saint Joseph's Medical Center
- St. John's Riverside Hospital
- Westchester Medical Center
- White Plains Hospital
- Orange County Department of Health
- Putnam County Department of Health
- Rockland County Department of Health
- Sullivan County Department of Public Health
- Ulster County Department of Health
- Westchester County Department of Health

Subsequent meetings between leaders of the RCDOH and Montefiore Nyack Hospital helped to further determine the health priorities and interventions of Montefiore Nyack Hospital described in the Community Service Plan below. The priorities follow the guidelines of the New York State Prevention Agenda (NYSPA) and were selected based on the results of the 2022 Community Health Assessment, the results of the NYSPA and data extracted from MNH databases and observation. This plan was presented to Montefiore Nyack Hospital Executive Board and approved on October 18th, 2022.

COMMUNITY HEALTH IMPROVEMENT PLAN/SERVICE PLAN

INTERVENTION 1: Hypertension Screenings

Priority: Prevent Chronic Diseases

Focus Area: 4 Preventive care and management

Goal 4.2 Increase early detection of cardiovascular disease, diabetes, prediabetes and obesity

Objective 4.2.1 Increase the percentage of adults 45+ who had a test for high blood pressure within the past three years by 5% from baseline

Disparities: Heart attack mortality rate is the second highest for Rockland County compared to the rest of Hudson Valley at 36 per hundred thousand in 2019, affecting mostly non-Hispanic white people at 105 per hundred thousand, followed by Non-Hispanic Blacks and Hispanics at 98.2 and 93.2 respectively. Most recent data reveals that the number of individuals taking medications for HTN is 78%.

Intervention: 4.2.1 Promote strategies that improve the detection of undiagnosed hypertension in health systems. It is standard practice at Montefiore Nyack Hospital to check patient's blood pressure in each medical visit. However, we might be missing individuals that don't come to the hospital or don't visit their doctor regularly. For that reason, we will start offering blood pressure checks at all community events for adults and will refer individuals with blood pressure above 130/90 to follow up with their PCP or will help patients without a PCP to identify one for follow up. All adults will also receive a handout with recommendations on how to control their blood pressure and if possible, a blood pressure monitor for home.

Family of Measures:

- Increased number of policies to identify patients with undiagnosed HTN over time
- Increased number of adult patients screened with policies in place over time
- Increased number of adult patients identified with HTN during screening over time
- Increased number of adult patients referred to PCP for diagnosis and treatment over time

Projected (or completed) Year 1 Intervention:

- Purchase 3 blood pressure monitors to do screenings at community events
- Create handout on how to control blood pressure, in English and translate it to Spanish, for individuals with blood pressure higher than 130/90 at Community events
- Offer 2 or more webinars for the community on prevention of cardiovascular disease, diabetes, prediabetes and/or obesity

Projected Year 2 Intervention:

- Create community policy to do BP checks at each community event, and other public places as requested, including food pantries, libraries, churches, etc.
- Design referral form to give to patients with high blood pressure for follow up with PCP
- Increase number of events where blood pressure is being checked
- Apply for grants to purchase blood pressure monitors to give to individuals with high blood pressure at screenings encouraging them to check their blood pressure regularly and share their readings with their doctor.

Projected Year 3 Intervention:

- Continue increasing number of screenings

- Obtain data and analyze results

Implementation Partner: Community based organizations

Partner Role(s) and Resources: Open space in their events, groups, congregations and other adult activities for BP screenings.

INTERVENTION 2: Expand access to evidence-based self-management programs

Priority: Prevent Chronic Diseases

Focus Area: 4 Preventive care and management

Goal: 4.4 In the community setting, improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity

Objective: 4.4.1 Increase the percentage of adults with chronic conditions (CVD, diabetes, CKD, cancer) who have taken a course or class to learn how to manage their condition

Disparities: In the US, diabetes is the 7th leading cause of death. In 2018 the age-adjusted percentage of adults with diagnosed diabetes in Rockland was 8%, second only to Orange (8.5%). Diabetes hospitalization rates among Non-Hispanic Blacks are double those of Non-Hispanic Whites and Hispanics (134.5 and 132.0 per 10,000 respectively). Non-Hispanic Blacks also have the highest rate of diabetes mortality at 21.2 per 100,000, while for Hispanics is 13.4 and Non-Hispanic Whites it is 9.6. The percentage of adults testing for hyperglycemia or diabetes in the past 3 years is slowing down.

Intervention: 4.4.2 Expand access to evidence-based self-management programs (EBSMP) for individuals with chronic disease (cardiovascular disease, diabetes, prediabetes, CKD, cancer and obesity) whose condition(s) is not well-controlled with guidelines-based medical management alone. We plan to increase the number of patients that participate in our ADCES accredited diabetes management program by increasing number of individual appointments and groups. We will also increase number of appointments and classes for Spanish speaking patients. We will increase the number of nutrition classes and individual appointments, in English and Spanish, which discuss life style and dietary changes for weight loss, blood pressure control and management of diabetes, cardiovascular disease, cholesterol and other nutrition related CVDs.

Family of Measures: over time, we expect to see an increase on:

- Number and type of EBSMP programs in community settings
- Number patients referred to EBSMP
- Number patients who participate in EBSMP
- Percentage of patients who complete EBSMP

Projected (or completed) Year 1 Intervention:

- Recruit and hire bilingual staff to offer EBSMP at the hospital for ambulatory and hospitalized patients (DM, MS, preDM, CVD, cancer, obesity)

- Train staff to conduct individual and group education
- Establish partnerships with community organizations to increase referrals to program
- Create schedule and promote programs in the community at community events, MNH e-mail list, and social media.
- Recruit patients to join individual education and/or group classes

Projected Year 2 Intervention:

- Create database to track referrals, number of participants and completions
- Promote program among medical practices in the area
- Invite eligible discharged patients to join program

Projected Year 3 Intervention:

- Start new cohorts
- Obtain data and analyze results

Implementation Partner: Medical providers

Partner Role(s) and Resources: Refer patients to EBSMP

INTERVENTION 3: Expand Access to National Diabetes Prevention Program

Priority: Prevent Chronic Diseases

Focus Area: 4 Preventive care and management

Goal: 4.4 In the community setting, improve self-management skills for individuals with chronic diseases, including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity

Objective: 4.4.1 Increase the percentage of adults with chronic conditions (CVD, diabetes, CKD, cancer) who have taken a course or class to learn how to manage their condition

Disparities: In 2018 the age-adjusted percentage of adults with diagnosed prediabetes in Rockland is 15%, second only to Sullivan (16%). Most recent data indicates that the percentage of adults with obesity is worsening, mainly in low income and food insecure communities

Interventions: 4.4.3 Expand access to the National Diabetes Prevention Program (NDPP), a lifestyle change program for preventing type 2 diabetes. NDPP is the CDC-recognized lifestyle change program, a research-based program focusing on healthy eating and physical activity which showed that people with prediabetes who take part in a structured 1 year long lifestyle change program can cut their risk of developing type 2 diabetes by 58% (71% for people over 60 years old). Currently we have two NDPP trainers in staff who conducts one cohort per year. In 2022, 2 new bilingual staff (Spanish, French) became trainers to be able to offer 3 cohorts per year. We are working on creating partnerships with communities at higher risk of diabetes to offer NDP programs closer to their home.

Family of Measures: Over time, we expect to see an increase on:

- Number of NDPP in community settings
- Number of patients referred to NDPP
- Number of patients who participate in NDPP

- Percentage of patients who complete NDPP

Projected (or completed) Year 1 Intervention:

- Recruit and hire bilingual staff to offer NDPP at the hospital and/or community organizations that serve high risk populations, such as food pantries, schools, churches
- Train staff to become NDPP coaches
- Establish partnerships with community organizations and/or local DOH to offer programs in the community and increase referrals to the program

Projected Year 2 Intervention:

- Expand NDPP program from 1 to 3 programs per year, offer a new program every 4 months, starting in February
- Offer NDPP in Spanish and French to increase access to the program to populations at risk
- Promote programs at community events, MNH e-mail list, and social media to increase referrals

Projected Year 3 Intervention:

- Continue offering NDPP to new cohorts
- Obtain data of completed programs and analyze results

Implementation Partner: Local health department, ONG, community leaders

Partner Role(s) and Resources: assist with recruitment, facilitate collaborations with NGOs to offer NDPP.

INTERVENTION 4: Increase number of persons living with HIV who receive care.

Priority: Prevent Communicable Diseases

Focus Area: 2 Human Immunodeficiency Virus (HIV)

Goal: 2.2 Increase viral suppression

Objectives: 2.2.1 Increase the percentage of all persons living with diagnosed HIV infection (PLWDHI) who receive care with suppressed viral load to 95%.

2.2.2 Increase the percentage of African American persons living with diagnosed HIV infection (PLWDHI) who receive care with suppressed viral load to 95%.

2.2.3 Increase the percentage of Hispanic persons living with diagnosed HIV infection (PLWDHI) who receive care with suppressed viral load to 95%.

Disparities: NYS is currently fifth in the top 10 states with the highest rate of new HIV diagnoses in adolescents. From 2017 to 2019, Westchester (10.1 per 100,000), Rockland (8.5 per 100,000), and Orange (7.5 per 100,000) had the highest age-adjusted rate of newly diagnosed HIV infections, while Putnam had the lowest (4.3 per 100,000). In 2019 HIV was primarily transmitted through male-to-male sexual contact, 66% of new cases. In 2019, HIV incidence was five times higher in males than females, high in Blacks and Hispanics, and highest in persons aged 25-34.

Interventions: 2.2.1. Link and retain persons diagnosed with HIV in care to maximize virus suppression so they remain healthy and prevent further transmission. Montefiore Nyack Hospital opened the Jacob's Family Pride Wellness Center (JFPWC) on November 2021, a safe space for individuals from the LGBTQ+ community to do HIV and STI testing and receive treatment by experienced professionals and specialists that understand the needs of this high risk community. We aim to expand the JFPWC to be able to offer services Monday thru Saturday and improve the health and quality of life of persons with HIV/AIDS by increasing linkage to care, improving retention in care, and promoting adherence to ART. We will also promote the message that individuals with a sustained undetectable viral load will not sexually transmit HIV to encourage individuals to seek treatment.

Family of Measures:

- Number of patients testing for HIVs by ethnicity
- Number of patients positive for HIVs by ethnicity
- Number of patients diagnosed with HIV who receive treatment by ethnicity

Projected (or completed) Year 1 Intervention:

- Increase hours of operation of the Jacob's Family Pride Wellness Center (JFPWC) from 8 hr/week to 16 or more hr/week.
- Seek approval to expand JFPWC from 1 to 3 exam rooms and add 2 counseling rooms, increasing capacity.
- Apply for CON and permits for expanded JFPWC.
- Seek funding for expansion
- Offer 1-2 webinars to the community at large on STIs, including HIV, encouraging prevention, testing and treatment.
- Participate in campaigns that help to reduce stigma around HIV/AIDS.

Projected Year 2 Interventions

- Obtain funding for expansion of JFPWC
- Recruit and hire new staff specialized in infectious diseases for the expanded program
- Partner with Rockland School Health Coalition and community colleges to bring at least one educational session per year on HIV prevention, testing and treatment
- Participate in campaigns that help to reduce stigma around HIV/AIDS

Projected Year 3 Interventions

- Open expanded site with longer hours, more exam rooms and more providers
- Partner with Rockland Pride to bring 1 educational session on prevention and treatment of STIs, including HIV to high risk communities, encouraging testing and treatment.
- Partner with Rockland School Health Coalition and community colleges to bring at least one educational session per year on HIV prevention, testing and treatment
- Participate in campaigns that help to reduce stigma around HIV/AIDS

Implementation Partner: Neighborhood leader

Partner Role(s) and Resources: Rockland Pride has been our partner since the initiation of JFPWC, referring us patients and promoting our services as the main site for the LGBTQ+ community to get tested for HIV and other STIs. We continue this collaboration to obtain grants, increase number of patients, do outreach and bring services to the communities most at risk.

INTERVENTION 5: Reduce the annual rate of growth for STIs

Priority: Prevent Communicable Diseases

Focus Area: 3 Sexually Transmitted Infections

Goal: 3.1 Reduce the annual rate of growth for STIs

Objectives: 3.1.1 Reduce the annual rate of growth for syphilis by 50%.

3.1.2 Reduce the annual rate of growth for gonorrhea by 50%.

3.1.3 Reduce the annual rate of growth for chlamydia by 50%.

Disparities: Syphilis case rates are lower in Mid-Hudson Region counties than the state but between 2010 and 2019 have followed the same upward trend over time. From 2016-2020 there were between one and four cases of congenital syphilis reported each year in the Mid-Hudson Region. Gonorrhea is most common among young people aged 15-24 years, higher in males than females. Chlamydia is the most frequently reported bacterial infection in the United States, with the highest prevalence among persons aged 24 and younger and women. Between 2010 and 2019 the chlamydia case rate has almost tripled.

Interventions: 3.1.2 Increase STI testing and treatment: Ensuring that all persons at risk for STIs have access to affordable, accessible, convenient, and culturally-responsive STI testing and treatment services is the bedrock of any STI prevention and control strategy. While STIs are increasing, testing and treatment are effective methods for reducing transmission and promoting sexual health at the individual level. STI testing will be offered in venues and at times that are convenient for population groups most affected by STIs. Providers will be trained to ensure that they ask their patients about which body parts they and their partners use during sex and offer STI testing of the throat and rectum (in addition to genitals) as appropriate.

Family of Measures:

- Number of patients testing for STIs
- Number of patients positive for STIs
- Number of patients diagnosed with an STI who receive treatment

Projected (or completed) Year 1 Intervention:

- Increase hours of operation of the Jacob's Family Pride Wellness Center (JFPWC) from 8 hr/week to 16 or more hr/week.
- Seek approval to expand JFPWC from 1 to 3 exam rooms and add 2 counseling rooms, increasing capacity.
- Apply for CON and permits for expanded JFPWC.
- Seek funding for expansion
- Offer 1-2 webinars to the community at large on prevention and treatment of STIs encouraging prevention, testing and treatment.

Projected Year 2 Intervention:

- Obtain funding for expansion of JFPWC
- Recruit and hire new staff specialized in infectious diseases for the expanded program
- Partner with Rockland School Health Coalition and community colleges to bring at least one educational session per year on HIV prevention and treatment
- Train providers to ensure that they ask their patients about which body parts they and their partners use during sex and offer STI testing of the throat and rectum (in addition to genitals) as appropriate.
- Offer 1-2 webinars to the communities at risk encouraging prevention, testing and treatment of STIs

Projected Year 3 Intervention:

- Open expanded site with longer hours, more exam rooms and more providers
- Partner with Rockland Pride to bring 1 educational session on prevention, testing and treatment of STIs to high risk communities
- Partner with Rockland School Health Coalition and community colleges to bring at least one educational session per year on STI prevention, testing and treatment
- Do a random chart review to assess if providers are asking their patients about which body parts they and their partners use during sex and are offering STI testing of the throat and rectum (in addition to genitals) as appropriate.
- Continue provider education as required.

Implementation Partner: Neighborhood leader

Partner Role(s) and Resources: Rockland Pride has been our partner since the initiation of JFPWC, referring us patients and promoting our services as the main site for the LGBTQ+ community to get tested for HIV and other STIs. We will continue this collaboration to obtain grants, increase number of patients, do outreach, educate health care professionals on best practices, and bring services to the communities most at risk.

INTERVENTION 6: Distribution of condoms to the community

Priority: Prevent Communicable Diseases

Focus Area: Sexually Transmitted Infections

Goal: 3.1 Reduce the annual rate of growth for STIs

Objectives: 3.1.1 Reduce the annual rate of growth for syphilis by 50%.

3.1.2 Reduce the annual rate of growth for gonorrhea by 50%.

3.1.3 Reduce the annual rate of growth for chlamydia by 50%.

Disparities: Syphilis case rates are lower in Mid-Hudson Region counties than the state but between 2010 and 2019 have followed the same upward trend over time. From 2016-2020 there were between one and four cases of congenital syphilis reported each year in the Mid-Hudson Region. Gonorrhea is most common among young people aged 15-24 years, higher in males than females. Chlamydia is the most frequently reported bacterial infection in the United States, with the highest prevalence among

persons aged 24 and younger and women. Between 2010 and 2019 the chlamydia case rate has almost tripled.

Interventions: 3.1.3 Promote distribution of Condoms: While new methods for preventing HIV have garnered attention over the last several years, the foremost primary prevention method for sexually active people remains condoms. New approaches to normalize condoms as a regular part of sexual health, will be developed for reducing STI impact. These approaches will include education, making condoms widely available in public spaces such as schools, community colleges, libraries, bars and other locations frequented by adults and communities at risk, and at community events.

Family of Measures:

By the end of the measurement period the following indicators will show an increase compared to baseline data:

- Number of condoms distributed
- Percentage of sexually active people who report using condoms

Projected (or completed) Year 1 Intervention

- Register to obtain condoms from DOH
- Strategize best ways to bring condoms to the community to make them widely available

Projected Year 2

- Create a policy for the Community Health Department at Montefiore Nyack Hospital regarding distribution of condoms in public events
- Obtain policy approval
- Distribute condoms to medical offices and adult community organizations, including colleges and food pantries

Projected Year 3 Intervention

- Expand distribution of condoms to new sites
- Data analysis and program evaluation

Implementation Partner: Advocates

Partner Role(s) and Resources: Advocates from community-based organizations, colleges, business and other organizations will receive condoms and make them available at their location for the community.

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