

Bronx-Lebanon Hospital Center

2015 Community Service Plan Update

## 2015 Prevention Agenda Annual Progress Report - Update

### Introduction

New York State's Prevention Agenda is the state's public health improvement plan and a call to action to identify local health priorities and plan and implement a strategy for local health improvement that will contribute to improving the health status of New Yorkers and reducing health disparities through increased emphasis on prevention. To continue learning about your Prevention Agenda efforts, please report on the two interventions that are furthest along in the implementation process up to now. You have received an email that lists Intervention 1 and Intervention 2 that you reported on last year. Please respond to each survey question by carefully referencing Intervention 1 and Intervention 2 consistent with how they are listed in the email that you received.

The survey also asks you to review and if necessary update summary information about your Prevention Agenda plan. If this information needs to be updated please send updates to [prevention@health.ny.gov](mailto:prevention@health.ny.gov).

The survey works with all browsers. Please use the survey "Next" and "Previous" buttons to move between pages rather than the browser buttons. When you click "Next", the content that you entered is automatically saved. If you exit before clicking the "Next" button, the content will not be saved.

Please complete this survey by Thursday December 31, 2015. If you have questions please send an email to [prevention@health.ny.gov](mailto:prevention@health.ny.gov) or contact the NYS Department of Health Office of Public Health Practice at 518-473-4223.

A completed survey will serve as the 2015 Community Service Plan update for hospitals, and as a one-year update for local health departments.

Thank you for everything you are doing to improve the health of your community and for taking the time to complete this survey.

## 2015 Prevention Agenda Annual Progress Report - Update

### Prevention Agenda Updates

\* 1. Please refer to the email you received about reporting on Prevention Agenda Interventions 1 & 2. The interventions that are furthest along in implementation that are reported on in this update are:

- The same two interventions reported on in 2014.
- Different from last year. Only intervention 1 has changed.
- Different from last year. Only intervention 2 has changed.
- Different from last year. Both intervention 1 and 2 have changed.

## 2015 Prevention Agenda Annual Progress Report - Update

### First Prevention Agenda Priority Area

\* 2. What is the first Prevention Agenda Priority Area you are reporting on:

*Select only one*

- Prevent Chronic Diseases
- Promote a Healthy and Safe Environment
- Promote Healthy Women, Infants and Children
- Promote Mental Health and Prevent Substance Abuse
- Prevent HIV/STDs, Vaccine-Preventable Diseases, and Healthcare-Associated Infections

## 2015 Prevention Agenda Annual Progress Report - Update

### Intervention 1 - Prevent Chronic Diseases

\* 3. Within this Prevention Agenda priority area, which Focus Area are you reporting on?

*Select only one*

- Reduce Obesity in Children and Adults
- Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure
- Increase Access to High Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings

\* 4. Please select your Intervention 1 (from this list of most highly recommended evidence-based interventions included in the Prevention Agenda Action Plans) furthest along in implementation that you will be reporting on.

*Select only one*

- Increase the number of public and private employers and service providers in your county to adopt standards for healthy food and beverage procurement.
- Increase the number of passed municipal complete streets policies.
- Recruit and encourage hospitals to participate in quality improvement efforts based on geographic location to increase breastfeeding exclusivity at discharge.
- Encourage and recruit Pediatric, Family Practice, Obstetrics and Gynecology, and other primary care provider and clinical offices to become New York State Breastfeeding Friendly Practices.
- Use the Business Case for Breastfeeding as a tool to assist employers in establishing lactation support programs.
- Promote the "Making it Work: Returning to Work Toolkit" to empower women in hourly wage positions to speak with their employers about lactation support needs in the workplace.
- Increase the number of employers with supports for breastfeeding at the worksite.
- Promote smoke-free policies in multi-unit housing, including apartment complexes, condominiums and co-ops, especially those that house low-socioeconomic status (SES) residents.
- Restrict tobacco marketing (including canceling store displays, limiting the density of tobacco vendors and their proximity to schools) in municipalities.
- Increase participation of adult with arthritis, asthma, cardiovascular disease, or diabetes in a course or class to learn how to manage their condition.
- Implement maternity care practices consistent with the World Health Organization's "Ten Steps to Successful Breastfeeding" and increase the number of Baby Friendly Hospitals in NYS.
- Implement policies that restrict infant formula marketing and distribution of "gifts" through health care providers and hospitals.
- Implement evidence-based activities that increase public awareness about colorectal cancer.
- Implement policy, systems or environmental approaches (e.g., paid time off for cancer screening) to increase access to colorectal cancer screening services.
- Create linkages with local health care systems to connect patients to community preventative resources.
- Support use of alternative locations to deliver preventive services, including cancer screening.
- Support training and use of community health workers and patient navigators.

Other (please specify):

[ A ]

**\*4. Please select your Intervention 1 (from this list of most highly recommended evidence-based interventions included in the Prevention Agenda Action Plans) furthest along in implementation that you will be reporting on. *Select only one***

Other (please specify):

Expand ambulatory care services and programs in response to the major needs of our community, with the goal of promoting and achieving health care excellence. Improve access to primary and specialty medical services for the South/Central Bronx communities. With the opening of its Health and Wellness Center in 2014, as described in the 2014 Community Service Plan update, Bronx Lebanon is expanding the community's access to ambulatory care, further reinforcing the hospital's leadership role in the areas of preventive and chronic care.

\* 5. Is this 'other' intervention evidence-based? (Public health evidence is documentation in peer-reviewed studies, expert panel guidelines, CDC recommendations, etc., that an intervention is effective.)

No

**Please see attached evidence-based documents**



Yes, please provide the web-link for your source of evidence for Intervention 1:

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### Process Measures for Intervention 1- Prevent Chronic Disease

\* 6. Please select all process measures being used to monitor progress on this intervention (This list represents the most highly recommended process measures included in the Prevention Agenda Action Plans).

*Choose all that apply.*

- Number of municipalities, community-based organizations, worksites and hospitals that develop and adopt policies to implement nutrition standards (i.e., in cafeterias, snack bars, vending)
- Number of individuals (and their demographic data if available) potentially accessing settings that have adopted policies to implement nutrition standards for healthy food and beverage procurement
- Number of municipalities where new or enhanced policies, plans and practices that promote Complete Streets were proposed
- Number of municipalities that adopted and implemented policies, plans, and practices that promoted Complete Streets
- Percent of roads in a jurisdiction that are subject to Complete Streets policies, plans, and practices
- Number or percentage of residents that reside in a jurisdiction with Complete Streets policies, plans, and practices
- Number of employers that have implemented lactation support programs
- Number of hospitals that have joined NYS Breastfeeding Quality Improvement Hospital Initiative, NYC Breastfeeding Hospital Collaborative, Great Beginnings NY, or Latch On NYC
- Number of primary care practices that are designated as NYS Breastfeeding Friendly
- Number and demographics of women reached by policies and practices to support breastfeeding
- Number of public housing authorities, nonprofit community development corporations and market-rate apartment management companies educated about the dangers of secondhand smoke exposure and benefits of smoke-free multi-unit housing
- Number of municipalities that restrict tobacco marketing in stores

- Number and type of evidence-based initiatives offered by partners
- Number of participants in evidence-based initiatives offered by partners
- Percent of adults with one or more chronic diseases who have attended a self-management program
- Number of referrals to evidence-based initiatives from health care professionals
- Number and percent of adults among targeted population(s) who have attended EBIs
- Number of partners, employers and local officials participating in colorectal cancer screening awareness events
- Number of media alerts related to colorectal cancer awareness event promotions
- Number of colorectal cancer awareness events held/promoted/attended
- Number of cancer screening events held in partnership with community providers
- Number of county worksites implementing paid time off or flex time policies for cancer screening
- Number of individuals navigated to and/or through cancer screening
- No process measures used
- Other (please specify):

## 2015 Prevention Agenda Annual Progress Report - Update

### Intervention 1 - Promote a Healthy and Safe Environment

\* 7. Within this Prevention Agenda priority area, which Focus Area are you reporting on?

Select only one **Not Applicable**

- Outdoor Air Quality
- Water Quality
- Built Environment
- Injuries, Violence and Occupational Health

[ B ]

**\*6. Please select all process measures being used to monitor progress on this intervention (This list represents the most highly recommended process measures included in the Prevention Agenda Action Plans).**

Other (please specify):

Number of visits by type—primary and specialty; number of hospital admissions through the Emergency Room for chronic conditions; reduced ER visits; reduced hospital re-admissions and length of stay, as well as patient satisfaction scores.

\* 8. Please select your Intervention 1 (from this list of most highly recommended evidence-based interventions included in the Prevention Agenda Action Plans) furthest along in implementation that you will be reporting on. **Not Applicable**

Select only one

- Incorporate 'Healthy Homes' education and inspections into other (non-health) 'opportunity points' (e.g., building inspections, firefighters annual fall fund drives, installation and inspection of CO alarms).
- Provide communities interested in implementing fluoridation with outreach materials and resources to promote fluoridation as a significant health intervention.
- Support transportation options that reduce air pollution from mobile sources (e.g., support public transportation, community planning incorporating enhanced walkability or cycling, pricing strategies, greater diversification of transportation fuels).
- Promote community based programs for fall prevention.
- Develop multisector violence prevention programs (e.g., LHDs, criminal justice, social services, job training, CBOs) such as SNUG, Cure Violence or CEASEFIRE in highrisk communities.
- Other (please specify):

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**Other Intervention 1 - (Promote a Healthy and Safe Environment)**

\* 9. Is this 'other' intervention evidence-based? (Public health evidence is documentation in peer-reviewed studies, expert panel guidelines, CDC recommendations, etc., that an intervention is effective.)

- No **Not Applicable**
- Yes, please provide the web-link for your source of evidence for intervention 1:

**2015 Prevention Agenda Annual Progress Report - Update**

**Process Measures for Intervention 1- Promote and Healthy and Safe Environment**

\* 10. Please select all process measures being used to monitor progress on this intervention (This list represents the most highly recommended process measures included in the Prevention Agenda Action Plans).

**Not Applicable**

*Choose all that apply.*

- Number of opportunities that incorporate 'Healthy Homes' education and inspections into other (non-health) interactions, e.g., building inspections, firefighters annual fall fund drives, installation and inspection of CO alarms
- Number of partners that have received fluoridation outreach resources
- Number of municipalities where new or enhanced policies, plans and practices that promote Complete Streets are proposed
- Number of municipalities that adopted and implemented policies, plans and practices that promote Complete Streets
- Percent of roads in a jurisdiction that are subject to Complete Streets policies, plans and practices
- Number or percent of residents that reside in a jurisdiction with Complete Streets policies, plans and practices
- Policies enabling reimbursement by health plans for indoor asthma trigger reduction and counseling by healthcare providers about reduction of asthma triggers
- Number of people surveyed regarding mass transit ridership (from different locations in the county)
- Number of meetings with the transportation authority regarding better access to bus routes
- Number of CPT-Codes submitted for falls risk assessment and/or plan of care
- Number of evidence-based, community fall prevention programs offered
- Number of practices educated about community fall prevention services/programs
- Number of people participating in evidence-based, community fall prevention programs
- Number of partnerships on fall prevention programs for older adults
- Number of partnerships developed to coordinate services around violence prevention (or number of meetings attended to coordinate services around violence prevention)
- No process measures used
- Other (please specify)

\* 11. Within this Prevention Agenda priority area, which Focus Area are you reporting on?

Select only one

**Not Applicable**

- Maternal and Infant Health
- Child Health
- Reproductive, Preconception and Inter-Conception Health

\* 12. Please select your Intervention 1 (from this list of most highly recommended evidence-based interventions included in the Prevention Agenda Action Plans) furthest along in implementation that you will be reporting on.

**Not Applicable**

Select only one

- Recruit and encourage hospitals to participate in quality improvement efforts based on geographic location to increase breastfeeding exclusively at discharge.
- Encourage and recruit Pediatric, Family Practice, Obstetrics and Gynecology and other primary care provider and clinical offices to become New York State Breastfeeding Friendly Practices.
- Use the Business Case for Breastfeeding as a tool to assist employers in establishing lactation support programs.
- Promote the Making it Work: Returning to Work Toolkit to empower women in hourly wage positions to speak with their employers about lactation support needs in the workplace.
- Increase the number of employers with supports for breastfeeding at the worksite.
- Implement maternity care practices consistent with the World Health Organization's Ten Steps to Successful Breastfeeding and increase the number of Baby Friendly Hospitals in NYS.
- Implement policies that restrict infant formula marketing and distribution of "gifts" through health care providers and hospitals.
- Implement enhancements to WIC Breastfeeding Food Package.
- Ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling for those who smoke.
- Identify and promote educational messages and formats that have been demonstrated to improve knowledge, attitudes, skills and/or behavior related to prenatal care and preterm birth among target populations, including high-risk pregnant women, women of childbearing age and women with disabilities.
- Provide timely, continuous and comprehensive prenatal care services to pregnant women in accordance with NYS Medicaid prenatal care standards and other professional guidelines.
- Provide education to health care providers, such as public health detailing, to improve their knowledge, beliefs and skills related to improved use of evidence-based clinical and community-based interventions to reduce preterm birth.
- Develop, disseminate, promote and utilize tools for providers to prompt or facilitate well-child visit components, including checklists, registries, data systems and electronic health records.
- Link children and families to dental services.
- Develop effective health marketing campaigns that promote norms of wellness, healthy behavior and regular use of preventive health care services throughout the lifespan.
- Integrate preconception and inter-conception care into routine primary care for women of reproductive age including screening and follow-up for risk factors, management of chronic diseases and contraception.
- Utilize evidence-based guidelines and tools for health care providers to promote optimal well-being through utilization of preventive health services to providers.

- Develop and disseminate to providers evidence-based clinical guidelines and tools to promote patients' optimal well-being through use of preventive health services.
- Train health practitioners on disability literacy regarding women's reproductive health.
- Conduct public health detailing to improve providers' knowledge, beliefs and skills related to delivery of comprehensive, integrated preconception and inter-conception preventive health care services.
- Create referral networks and practices to streamline and simplify enrollment and renewal of health insurance for low-income women.
- Provide comprehensive, evidence-based health education, including health literacy, for children and youth in schools.
- Other (please specify):

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**Other Intervention 1 - Promote Healthy Infants, Women, and Children**

\* 13. Is this 'other' intervention evidence-based? (Public health evidence is documentation in peer-reviewed studies, expert panel guidelines, CDC recommendations, etc., that an intervention is effective.)

- No **Not Applicable**
- Yes, please provide the web-link for your source of evidence for intervention 1:

**2015 Prevention Agenda Annual Progress Report - Update**

**Process Measures for Intervention 1 - Promote Healthy Infants, Women, and Children**

\* 14. Please select all process measures being used to monitor progress on this intervention (This list represents the most highly recommended process measures included in the Prevention Agenda Action Plans).

**Not Applicable**

*Choose all that apply*

- Number of employers that have implemented lactation support programs
- Number of hospitals that have joined NYS BQIH (Breastfeeding Quality Improvement Hospital Initiative), NYC BHC, Great Beginnings NY, or Latch On NYC
- Number of primary care practices that are designated as NYS Breastfeeding Friendly
- Number and demographics of women reached by policies and practices to support breastfeeding
- Percentage of mothers receiving the fully breastfeeding food package at 30 days who were reached by WIC local agencies who participated in the Exclusive Breastfeeding Learning Community
- Inclusion of tobacco counselling in prenatal visits
- Number and percent of women within target population reached by educational campaign addressing the importance of receiving early prenatal care and attending prenatal visits
- Percentage of total prenatal patients enrolled in program
- Number and percent of women/families who participate in family education programs (e.g., Lamaze childbirth, pre-natal breastfeeding, sibling classes and a new mom support group)
- Number and percent of providers that offer the recommended clinical services
- Number of providers reached
- Number and percent of active pediatric patients who received reminders about recommended well-child-visits
- Number of regional school-based dental sealant programs
- Number of children enrolled in school-based dental sealant programs
- Number and percent of community residents reached by campaigns
- Number of primary care providers implementing appropriate screening, management, and follow-up for risk factors
- Number and percent of health care providers using evidence-based guidelines and tools to promote optimal well-being through utilization of health services
- Number and percent of target provider practices to which guidelines or tools have been disseminated
- Number of health practitioners trained on disability literacy regarding women's reproductive health
- Number and percent of targeted provider practices that received a detailing visit
- Number and percent of targeted provider practices that received a detailing visit and indicated a change in knowledge base on a pre/post questionnaire
- Number of referral networks established or expanded
- Number of organizations and agencies that participated in a referral network
- Percentage of low income women within identified target population who were enrolled in health insurance
- Number and percent of schools in catchment area that offer evidence-based health education that includes health literacy for children and youth
- No process measures used
- Other (please specify):

## 2015 Prevention Agenda Annual Progress Report - Update

### Intervention 1 - Promote Mental Health and Prevent Substance Abuse

\* 15. Within this Prevention Agenda priority area, which Focus Area are you reporting on?

Select only one **Not Applicable**

- Promote Mental, Emotional and Behavioral Well-Being in Communities
- Prevent Substance Abuse and other Mental Emotional Behavioral Disorders
- Strengthen Infrastructure across Systems

\* 16. Please select your Intervention 1 (from this list of most highly recommended evidence-based interventions included in the Prevention Agenda Action Plans) furthest along in implementation that you will be reporting on.

Select only one

**Not Applicable**

- Assess community well-being using a standardized survey tool (e.g., BRFSS, WHO [Five] Well-Being Index, Gallup, School climate survey etc.)
- Identify evidence-based programs or community action activities that promote well-being
- Pilot or implement evidence-based programs and community action activities
- Promote smoking cessation among people with mental health disabilities through partnerships with state/local offices of Mental Health.
- Mobilize community to reduce alcohol use
- Participate in community trial intervention to reduce high risk drinking
- Participation by providers in the Internet System for Tracking Over-Prescribing - Prescription Monitoring Program (I-STOP/PMP)
- Build community coalitions that advance the State's 'Suicide as a Never Event' through promotion and prevention activities
- Administer screening programs such as SBIRT, Symptom Checklist -90 etc.
- Educate to increase positive emotions and skills such as engagement, problem-solving, growth mindset, and decrease negative emotions and skills such as feelings of hopelessness, inadequacy.
- Identify and implement healthy public policies that enhance housing, employment and education opportunities as well as reduce poverty
- Engage communities in action and create supportive environments with the goal of improving social environment, which is known to impact physical and mental health
- Implement mental health promotion and anti-stigma campaigns
- Engage multidisciplinary primary health care teams and community mental health service providers in an integrated approach to prevent, screen and manage depression in people with chronic physical conditions
- Provide training in trauma-informed and/or trauma-sensitive approaches
- Collect data and information on utilization of trauma-informed and/or trauma-sensitive approaches
- Other (please specify):

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**Other Intervention 1 - Promote Mental Health and Prevent Substance Abuse**

\* 17. Is this 'other' intervention evidence-based? (Public health evidence is documentation in peer-reviewed studies, expert panel guidelines, CDC recommendations, etc., that an intervention is effective.)

No **Not Applicable**

Yes, please provide the web-link for your source of evidence for Intervention 1:

## 2015 Prevention Agenda Annual Progress Report - Update

### Process Measures for Intervention 1 - Promote Mental Health and Prevent Substance Abuse

\* 18. Please select all process measures being used to monitor progress on this intervention (This list represents the most highly recommended process measures included in the Prevention Agenda Action Plans).

*Choose all that apply* **Not Applicable**

- Community well-being has been assessed using a standardized survey such as the Behavioral Risk Factor Surveillance System (BRFSS) or other standardized well-being surveys.
- Alcohol outlet density: Number of outlets per geographic unit (e.g., census tract, Zip code, etc).
- Youth and/or adult perception of harm of underage alcohol use or prescription drugs for non-medical use.
- Percent of participants who quit smoking three or six months after completing the smoking cessation program.
- Percent of participants with presence of suicide means in the home.
- Percent of participants with presence of meaningful supportive relationships.
- Use of systematic tools to screen individuals for mental health and substance abuse problems.
- Percent of staff and/or community members trained on trauma-informed and/or trauma sensitive approaches.
- No process measures.
- Other (please specify):

## 2015 Prevention Agenda Annual Progress Report - Update

### Intervention 1 - HIV, STDs, Vaccine-Preventable Diseases and Healthcare Associated Infections

\* 19. Within this Prevention Agenda priority area, which Focus Area are you reporting on?

Select only one

**Not Applicable**

- Prevent HIV and STDs
- Prevent Vaccine-Preventable Diseases
- Prevent Health Care-Associated Infections

\* 20. Please select your Intervention 1 (from this list of most highly recommended evidence-based interventions included in the Prevention Agenda Action Plans) furthest along in implementation that you will be reporting on.

Select only one

**Not Applicable**

- Include at least two cofactors that drive the HIV virus, such as homelessness, substance use, history of incarceration and mental health, in community interventions
- Develop STD diagnosis and treatment capacity in settings beyond government clinics
- Support existing HIV/STD treatment guidelines by establishing computerized algorithms
- Enhance vaccination of adults with HPV, Tdap, influenza and pneumococcal vaccines.
- Enhance vaccination of children with HPV, Tdap, influenza and pneumococcal vaccines.
- Ensure that sinks and alcohol based hand rub are readily available for patients, visitors and health care personnel
- Other (please specify):

## 2015 Prevention Agenda Annual Progress Report - Update

Other Intervention 1-Prevent HIV/STD, Vaccine-Preventable Diseases, Health Care-Associated Infection

\* 21. Is this 'other' intervention evidence-based? (Public health evidence is documentation in peer-reviewed studies, expert panel guidelines, CDC recommendations, etc., that an intervention is effective.)

No **Not Applicable**

Yes, please provide the web-link for your source of evidence for Intervention 1:

## 2015 Prevention Agenda Annual Progress Report - Update

### Process Measures for Intervention 1 - Prevent HIV/STDs/ Vaccine-Preventable/ Health Care-Associated

\* 22. Please select all process measures being used to monitor progress on this intervention (This list represents the most highly recommended process measures included in the Prevention Agenda Action Plans).

**Not Applicable**

*Check all that apply*

- Number of co-factors addressed by each community intervention
- Number of primary care clinicians trained in treatment and diagnosis of STDs
- Availability of preferred treatment regimens in either hospitals or local pharmacies
- Protocols and supplies for preferred testing modalities according to current CDC treatment guidelines for syphilis, gonorrhea and chlamydia beyond government clinics
- Number of treatment scenarios for which there are established algorithms
- The percentage of 13-year-old children who have received the complete adolescent immunization series as indicated
- The percentage of children who have received the 4:3:1:3:3:1:4 immunization series between the ages of 19 to 35 months as indicated in NYSIS
- Immunization rates for health care personnel in hospitals and long-term care facilities
- Number of sinks and alcohol based hand rubs available
- No process measures
- Other (please specify)

## 2015 Prevention Agenda Annual Progress Report - Update

### Data collection for Intervention 1

\* 23. How have you used the process measures data that you have collected to make improvements to intervention implementation? *Check all that apply*

- Not used
- To track progress of intervention implementation (i.e., reaching target population)
- To engage stakeholders
- To leverage additional resources
- To change policy
- To make improvements to implementation of interventions
- Unsure
- Other (please describe):

## 2015 Prevention Agenda Annual Progress Report - Update

### Disparities for Intervention 1

\* 24. Are you addressing a disparity with this intervention?

- Yes
- No
- Unsure

## 2015 Prevention Agenda Annual Progress Report - Update

### Disparities Detail for Intervention 1

[ C ]

**\*23. How have you used the process measures data that you have collected to make improvements to intervention implementation? *Check all that apply***

Other (please describe):

As a DSRIP lead, Bronx Lebanon is working with a wide range of community partners to identify key health problems in the community and to develop and expand population based initiatives to address these issues. In addition, Bronx Lebanon continually seeks to improve its interventions in the area of chronic disease, based on empirical information and input from staff, as well as its community partners, regarding health needs of their respective constituents. We continue to meet with our partners to refine and improve the implementation of our initiatives and interventions.

\* 25. Which of the following types of disparities are you addressing?

*Check all that apply*

Race/ethnicity

Income/SES

Gender

Disability

Geography

Age

Unsure

Other (please specify):

\* 26. Please describe the activities that you are doing to address disparities:

[ D ]

**\*26. Please describe the activities you are doing to address disparities:**

As a DSRIP lead, Bronx Lebanon is actively collaborating with its community partners in pursuing eight projects to address chronic disease access and prevention. These projects are summarized below:

- 2.a.i.: Build an integrated delivery system to end service fragmentation focusing on evidence based medicine and population health management
- 2.a.iii.: Expand access to community based primary care services through integrated care teams for high risk patients who do not meet Health Home eligibility
- 2.b.iv.: Provide 30 day care transitions post discharge to minimize re-hospitalizations for key chronic diseases
- 2.b.i.: Create ambulatory care ICUs for patients with multiple comorbidities including use of non-physician interventions for chronic care needs
- 3.c.i.: Develop evidence based best practices for disease management, focusing on diabetes, smoking and vaccination compliance
- 3.d.ii., 3.f.i., and 4.c.ii.: These projects address asthma self-management; maternal and child health prevention of high risk pregnancy outcomes; and access to HIV care.

Bronx Lebanon's HealthBeat television program is also providing education to the community on key health prevention issues. Additionally, the hospital's Public Service Announcements and brochures related to its Centers of Excellence are distributed in schools, churches and other community based organizations. These target the medically underserved, such as African immigrants. Areas addressed include asthma, breast cancer, diabetes, heart disease, HIV/AIDS/other infectious diseases, and nutrition.

\* 27. What is the current status of your implementation efforts related to this intervention?

*Select only one*

Ahead of projected implementation schedule

On track with implementation schedule

Behind projected implementation schedule

Have not started. If so, describe why:

## 2015 Prevention Agenda Annual Progress Report - Update

### Overall Successes and Challenges of Implementing Intervention 1 Strategies

\* 28. What have been the successes in implementing Intervention 1?

*Check all that apply*

- Identifying burden/problem to be addressed
- Educating the community about the problem
- Engaging community leaders to address problem
- Defining target population
- Establishing clear goals
- Researching evidence-based interventions to address problem among target population
- Identifying process and outcome measures to monitor progress toward reaching goals
- Developing data collection methods
- Establishing clear implementation timelines/milestones
- Reviewing and monitoring progress with partners
- Making adjustments to implementation plan/timeline based on progress
- Disseminating results broadly through a variety of methods
- Maintaining involvement of the majority of stakeholders at all stages throughout intervention implementation
- None
- Other (please specify):

\* 29. What challenges are you facing in the implementation of Intervention 1?

*Check all that apply*

- Identifying burden/problem to be addressed
- Educating the community about the problem
- Engaging community leaders to address problem
- Defining target population
- Establishing clear goals
- Researching evidence-based interventions to address problem among target population
- Identifying process and outcome measures to monitor progress toward reaching goals
- Developing data collection methods
- Establishing clear implementation timelines/milestones
- Reviewing and monitoring progress with partners
- Making adjustments to implementation plan/timeline based on progress
- Disseminating results broadly through a variety of methods
- Maintaining involvement of the majority of stakeholders at all stages throughout intervention implementation
- None
- Other (please specify):

## 2015 Prevention Agenda Annual Progress Report - Update

### Second Prevention Agenda Priority Area

\* 30. What is the second Prevention Agenda Priority Area you are reporting on?

*Select only one*

- Prevent Chronic Diseases
- Promote a Healthy and Safe Environment
- Promote Healthy Women, Infants and Children
- Promote Mental Health and Prevent Substance Abuse
- Prevent HIV/STDs, Vaccine-Preventable Diseases, and Healthcare-Associated Infections

[ E ]

**\*29. What challenges are you facing in the implementation of Intervention 1? *Check all that apply***

Other (please specify):

The key challenge is educating the medically underserved and culturally diverse South/Central Bronx communities, surmounting cultural/ethnic/language barriers and communicating the importance of compliance (for example, with vaccinations and proper nutrition). Another challenge is educating various target populations (such as African immigrants, transgenders) regarding preventive, specialty and chronic care services available through Bronx Lebanon's BronxCare network of outpatient practices, as well as how to access them. In addition, securing needed funding from both public and private sources for Bronx-Lebanon's initiatives continue to be a challenge.

## 2015 Prevention Agenda Annual Progress Report - Update

### Intervention 2 - Prevent Chronic Diseases

\* 31. Within this Prevention Agenda priority area, which Focus Area are you reporting on?

Select only one **Not Applicable**

- Reduce Obesity in Children and Adults
- Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure
- Increase Access to High Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings

\* 32. Please select your Intervention 2 (from this list of most highly recommended evidence-based interventions included in the Prevention Agenda Action Plans) furthest along in implementation that you will be reporting on. **Not Applicable**

Select only one

- Increase the number of public and private employers and service providers in your county to adopt standards for healthy food and beverage procurement.
- Increase the number of passed municipal complete streets policies.
- Recruit and encourage hospitals to participate in quality improvement efforts based on geographic location to increase breastfeeding exclusivity at discharge.
- Encourage and recruit Pediatric, Family Practice, Obstetrics and Gynecology, and other primary care provider and clinical offices to become New York State Breastfeeding Friendly Practices.
- Use the Business Case for Breastfeeding as a tool to assist employers in establishing lactation support programs.
- Promote the Making it Work: Returning to Work Toolkit to empower women in hourly wage positions to speak with their employers about lactation support needs in the workplace.
- Increase the number of employers with supports for breastfeeding at the worksite.
- Promote smoke-free policies in multi-unit housing, including apartment complexes, condominiums and co-ops, especially those that house low-socioeconomic status (SES) residents.
- Restrict tobacco marketing (including canceling store displays, limiting the density of tobacco vendors and their proximity to schools) in municipalities.
- Increase participation of adults with arthritis, asthma, cardiovascular disease, or diabetes in a course or class to learn how to manage their condition.
- Implement maternity care practices consistent with the World Health Organization's Ten Steps to Successful Breastfeeding and increase the number of Baby Friendly Hospitals in NYS.
- Implement policies that restrict infant formula marketing and distribution of "gifts" through health care providers and hospitals.
- Implement evidence-based activities that increase public awareness about colorectal cancer.
- Implement policy, systems or environmental approaches (e.g., paid time off for cancer screening) to increase access to colorectal cancer screening services.
- Create linkages with local health care systems to connect patients to community preventative resources.
- Support use of alternative locations to deliver preventive services, including cancer screening.
- Support training and use of community health workers and patient navigators.
- Other (please specify):

## Other Intervention 2 - Prevent Chronic Disease

\* 33. Is this 'other' intervention evidence-based? (Public health evidence is documentation in peer-reviewed studies, expert panel guidelines, CDC recommendations, etc., that an intervention is effective.)

No **Not Applicable**

Yes, please provide the web-link for your source of evidence for Intervention 2:

## 2015 Prevention Agenda Annual Progress Report - Update

### Process Measures for Intervention 2 - Prevent Chronic Disease

\* 34. Please select all process measures being used to monitor progress on this intervention (This list represents the most highly recommended process measures included in the Prevention Agenda Action Plans).

**Not Applicable**

*Choose all that apply.*

- Number of municipalities, community-based organizations, worksites and hospitals that develop and adopt policies to implement nutrition standards (cafeterias, snack bars, vending)
- Number of individuals (and their demographic data if available) potentially accessing settings that have adopted policies to implement nutrition standards for healthy food and beverage procurement
- Number of municipalities where new or enhanced policies, plans and practices that promote Complete Streets were proposed
- Number of municipalities that adopted and implemented policies, plans, and practices that promoted Complete Streets
- Percent of roads in a jurisdiction that are subject to Complete Streets policies, plans, and practices
- Number or percentage of residents that reside in a jurisdiction with Complete Streets policies, plans, and practices
- Number of employers that have implemented lactation support programs
- Number of hospitals that have joined NYS Breastfeeding Quality Improvement Hospital Initiative, NYC Breastfeeding Hospital Collaborative, Great Beginnings NY, or Latch On NYC
- Number of primary care practices that are designated as NYS Breastfeeding Friendly
- Number and demographics of women reached by policies and practices to support breastfeeding
- Number of public housing authorities, nonprofit community development corporations and market-rate apartment management companies educated about the dangers of secondhand smoke exposure and benefits of smoke-free multi-unit housing

- Number of municipalities that restrict tobacco marketing in stores
- Number and type of evidence-based initiatives offered by partners
- Number of participants in evidence-based initiatives offered by partners
- Percent of adults with one or more chronic diseases who have attended a self-management program
- Number of referrals to evidence-based initiatives from health care professionals
- Number and percent of adults among population(s) of focus who have attended EBIs
- Number of partners, employers and local officials participating in colorectal cancer screening awareness events
- Number of media alerts related to colorectal cancer awareness event promotions
- Number of colorectal cancer awareness events held/promoted/attended
- Number of cancer screening events held in partnership with community providers
- Number of county worksites implementing paid time off or flex time policies for cancer screening
- Number of individuals navigated to and/or through cancer screening
- No process measures used
- Other (please specify):

## 2015 Prevention Agenda Annual Progress Report - Update

### Intervention 2 - Promote a Healthy and Safe Environment

\* 35. Within this Prevention Agenda priority area, which Focus Area are you reporting on?

Select only one **Not Applicable**

- Outdoor Air Quality
- Water Quality
- Built Environment
- Injuries, Violence and Occupational Health

\* 36. Please select your Intervention 2 (from this list of most highly recommended evidence-based interventions included in the Prevention Agenda Action Plans) furthest along in implementation that you will be reporting on. **Not Applicable**  
Select only one

- Incorporate 'Healthy Homes' education and inspections into other (non-health) 'opportunity points' (e.g., building inspections, firefighters annual fall fund drives, installation and inspection of CO alarms).
- Provide communities interested in implementing fluoridation with outreach materials and resources to promote fluoridation as a significant health intervention.
- Support transportation options that reduce air pollution from mobile sources (e.g., support public transportation, community planning incorporating enhanced walkability or cycling, pricing strategies, greater diversification of transportation fuels).
- Promote community based programs for fall prevention.
- Develop multisector violence prevention programs (e.g., LHDs, criminal justice, social services, job training, CBOs) such as SNUG, Cure Violence or CEASEFIRE in highrisk communities.
- Other (please specify):

## 2015 Prevention Agenda Annual Progress Report - Update

### Other Intervention 2 - Promote a Healthy and Safe Environment

\* 37. Is this 'other' intervention evidence-based? (Public health evidence is documentation in peer-reviewed studies, expert panel guidelines, CDC recommendations, etc., that an intervention is effective.)

- No **Not Applicable**
- Yes, please provide the web-link for your source of evidence for Intervention 2:

## 2015 Prevention Agenda Annual Progress Report - Update

### Process Measures for Intervention 2 - Promote a Healthy and Safe Environment

\* 38. Please select all process measures being used to monitor progress on this intervention (This list represents the most highly recommended process measures included in the Prevention Agenda Action Plans).

**Not Applicable**

*Choose all that apply.*

- Number of opportunities that incorporate 'Healthy Homes' education and inspections into other (non-health) interactions (e.g., building inspections, firefighters annual fall fund drives, installation and inspection of CO alarms)
- Number of partners that have received fluoridation outreach resources
- Number of municipalities where new or enhanced policies, plans and practices that promote Complete Streets are proposed
- Number of municipalities that adopted and implemented policies, plans and practices that promote Complete Streets
- Percent of roads in a jurisdiction that are subject to Complete Streets policies, plans and practices
- Number or percent of residents that reside in a jurisdiction with Complete Streets policies, plans and practices
- Policies enabling reimbursement by health plans for indoor asthma trigger reduction and counseling by healthcare providers about reduction of asthma triggers
- Number of people surveyed regarding mass transit ridership (from different locations in the county)
- Number of meetings with the transportation authority regarding better access to bus routes
- Number of CPT Codes submitted for falls risk assessment and/or plan of care
- Number of evidence-based, community fall prevention programs offered
- Number of practices educated about community fall prevention services/programs
- Number of people participating in evidence-based, community fall prevention programs
- Number of partnerships on fall prevention programs for older adults
- Number of partnerships developed to coordinate services around violence prevention (or number of meetings attended to coordinate services around violence prevention)
- No process measures used
- Other (please specify):

\* 39. Within this Prevention Agenda priority area, which Focus Area are you reporting on?

Select only one

**Not Applicable**

- Maternal and Infant Health
- Child Health
- Reproductive, Preconception and Inter-Conception Health

\* 40. Please select your Intervention 2 (from this list of most recommended evidence-based interventions included in the Prevention Agenda Action Plans) furthest along in implementation that you will be reporting on.

Select only one

**Not Applicable**

- Recruit and encourage hospitals to participate in quality improvement efforts based on geographic location to increase breastfeeding exclusivity at discharge.
- Encourage and recruit Pediatric, Family Practice, Obstetrics and Gynecology, and other primary care provider and clinical offices to become New York State Breastfeeding Friendly Practices.
- Use the Business Case for Breastfeeding as a tool to assist employers in establishing lactation support programs.
- Promote the Making it Work: Returning to Work Toolkit to empower women in hourly wage positions to speak with their employers about lactation support needs in the workplace.
- Increase the number of employers with supports for breastfeeding at the worksite.
- Implement maternity care practices consistent with the World Health Organization's Ten Steps to Successful Breastfeeding and increase the number of Baby Friendly Hospitals in NYS.
- Implement policies that restrict infant formula marketing and distribution of "gifts" through health care providers and hospitals.
- Implement enhancements to WIC Breastfeeding Food Package.
- Ask all pregnant women about tobacco use and provide augmented, pregnancy tailored counseling for those who smoke.
- Identify and promote educational messages and formats that have been demonstrated to improve knowledge, attitudes, skills and/or behavior related to prenatal care and preterm birth among target populations, including high-risk pregnant women, women of childbearing age and women with disabilities.
- Provide timely, continuous and comprehensive prenatal care services to pregnant women in accordance with NYS Medicaid prenatal care standards and other professional guidelines
- Provide education to health care providers, such as public health detailing, to improve their knowledge, beliefs and skills related to improved use of evidence-based clinical and community-based interventions to reduce preterm birth.
- Develop, disseminate, promote and utilize tools for providers to prompt or facilitate well-child visit components, including checklists, registries, data systems and electronic health records.
- Link children and families to dental services
- Develop effective health marketing campaigns that promote norms of wellness, healthy behavior and regular use of preventive health care services throughout the lifespan
- Integrate preconception and inter-conception care into routine primary care for women of reproductive age including screening and follow-up for risk factors, management of chronic diseases and contraception.
- Utilize evidence-based guidelines and tools for health care providers to promote optimal well-being through utilization of preventive health services.

- Develop and disseminate to providers evidence-based clinical guidelines and tools to promote patients' optimal well-being through use of preventive health services.
- Train health practitioners on disability literacy regarding women's reproductive health.
- Conduct public health detailing to improve providers' knowledge, beliefs and skills related to delivery of comprehensive, integrated preconception and inter-conception preventive health care services.
- Create referral networks and practices to streamline and simplify enrollment and renewal of health insurance for low-income women.
- Provide comprehensive, evidence-based health education, including health literacy, for children and youth in schools.
- Other (please specify):

**2015 Prevention Agenda Annual Progress Report - Update**

**Other Intervention 2 - Promote Healthy Women, Infants and Children**

\* 41. Is this 'other' intervention evidence-based? (Public health evidence is documentation in peer-reviewed studies, expert panel guidelines, CDC recommendations, etc., that an intervention is effective.)

No **Not Applicable**

Yes, please provide the web-link for your source of evidence for Intervention 2:

**2015 Prevention Agenda Annual Progress Report - Update**

**Process Measures for Intervention 2 - Promote Healthy Women, Infants, and Children**

\* 42. Please select all process measures being used to monitor progress on this intervention (This list represents the most highly recommended process measures included in the Prevention Agenda Action Plans).

**Not Applicable**

*Choose all that apply*

- Number of employers that have implemented lactation support programs
- Number of hospitals that have joined NYS BQIH (Breastfeeding Quality Improvement Hospital Initiative), NYC BHC, Great Beginnings NY, or Latch On NYC
- Number of primary care practices that are designated as NYS Breastfeeding Friendly
- Number and demographics of women reached by policies and practices to support breastfeeding
- Percentage of mothers receiving the fully breastfeeding food package at 30 days who were reached by WIC local agencies who participated in the Exclusive Breastfeeding Learning Community
- Inclusion of tobacco counselling in prenatal visits
- Number and percent of women within target population reached by educational campaign addressing the importance of receiving early prenatal care and attending prenatal visits
- Percentage of total prenatal patients enrolled in program
- Number and percent of women/ families who participate in family education programs (e.g., Lamaze childbirth, pre-natal breastfeeding, sibling classes and a new mom support group)
- Number and percent of providers that offer the recommended clinical services
- Number of providers reached
- Number and percent of active pediatric patients who received reminders about recommended well-child-visits
- Number of regional school-based dental sealant programs
- Number of children enrolled in school-based dental sealant programs
- Number and percent of community residents reached by campaigns
- Number of primary care providers implementing appropriate screening, management, and follow-up for risk factors
- Number and percent of health care providers using evidence-based guidelines and tools to promote optimal well-being through utilization of health services
- Number and percent of target provider practices to which guidelines or tools have been disseminated
- Number of health practitioners trained on disability literacy regarding women's reproductive health
- Number and percent of targeted provider practices that received a detailing visit
- Number and percent of targeted provider practices that received a detailing visit and indicated a change in knowledge base on a pre/post questionnaire
- Number of referral networks established or expanded
- Number of organizations and agencies that participated in a referral network
- Percentage of low income women within identified target population who were enrolled in health insurance
- Number and percent of schools in catchment area that offer evidence-based health education that includes health literacy for children and youth
- No process measures used
- Other (please specify)

## 2015 Prevention Agenda Annual Progress Report - Update

### Intervention 2 - Promote Mental Health and Prevent Substance Abuse

\* 43. Within this Prevention Agenda priority area, which Focus Area are you reporting on?

*Select only one*

- Promote Mental, Emotional and Behavioral Well-Being in Communities
- Prevent Substance Abuse and other Mental Emotional Behavioral Disorders
- Strengthen Infrastructure across Systems

\* 44. Please select your Intervention 2 (from this list of most highly recommended evidence-based interventions included in the Prevention Agenda Action Plans) furthest along in implementation that you will be reporting on.

Select only one

- Assess community well-being using a standardized survey tool (e.g., BRFSS, WHO [Five] Well-Being Index, Gallup, School climate survey etc.)
- Identify evidence-based programs or community action activities that promote well-being
- Pilot or implement evidence-based programs and community action activities
- Promote smoking cessation among people with mental health disabilities through partnerships with state/local offices of Mental Health.
- Mobilize community to reduce alcohol use
- Participate in community trial intervention to reduce high risk drinking
- Participation by providers in the Internet System for Tracking Over-Prescribing - Prescription Monitoring Program (I-STOP/PMP)
- Build community coalitions that advance the State's 'Suicide as a Never Event' through promotion and prevention activities
- Administer screening programs such as SBIRT, Symptom Checklist -90 etc.
- Educate to increase positive emotions and skills such as engagement, problem-solving, growth mindset, and decrease negative emotions and skills such as feelings of hopelessness, inadequacy.
- Identify and implement healthy public policies that enhance housing, employment and education opportunities as well as reduce poverty
- Engage communities in action and create supportive environments with the goal of improving social environment, which is known to impact physical and mental health
- Implement mental health promotion and anti-stigma campaigns
- Engage multidisciplinary primary health care teams and community mental health service providers in an integrated approach to prevent, screen and manage depression in people with chronic physical conditions
- Provide training in trauma-informed and/or trauma-sensitive approaches
- Collect data and information on utilization of trauma-informed and/or trauma-sensitive approaches

Other (please specify):

**2015 Prevention Agenda Annual Progress Report - Update**

**Other Intervention 2 - Promote Mental Health and Prevent Substance Abuse**

[ F ]

**\*44. Please select your Intervention 2 (from this list of most highly recommended evidence-based interventions included in the Prevention Agenda Action Plans) furthest along in implementation that you will be reporting on. *Select only one***

Other (please specify):

Bronx Lebanon is building on the successful implementation and opening of its Life Recovery Center, a unique facility which combines inpatient, outpatient and residential treatment for chemical addiction and related mental health conditions. Bronx Lebanon is accelerating its efforts to expand access to and utilization of the services provided in this new facility.

\* 45. Is this 'other' intervention evidence-based? (Public health evidence is documentation in peer-reviewed studies, expert panel guidelines, CDC recommendations, etc., that an intervention is effective.)

No **Please see attached evidence-based documents**

Yes, please provide the web-link for your source of evidence for Intervention 2:

## 2015 Prevention Agenda Annual Progress Report - Update

### Process Measures for Intervention 2 - Promote Mental Health and Prevent Substance Abuse

\* 46. Please select all process measures being used to monitor progress on this intervention (This list represents the most highly recommended process measures included in the Prevention Agenda Action Plans).

*Select all that apply*

- Community well-being has been assessed using a standardized survey such as the Behavioral Risk Factor Surveillance System (BRFSS) or other standardized well-being surveys.
- Alcohol outlet density: Number of outlets per geographic unit (e.g., census tract, Zip code, etc).
- Youth and/or adult perception of harm of underage alcohol use or prescription drugs for non-medical use.
- Percent of participants who quit smoking three or six months after completing the smoking cessation program.
- Percent of participants with presence of suicide means in the home.
- Percent of participants with presence of meaningful supportive relationships.
- Use of systematic tools to screen individuals for mental health and substance abuse problems.
- Percent of staff and/or community members trained on trauma-informed and/or trauma sensitive approaches.
- No process measures.
- Other (please specify):

## 2015 Prevention Agenda Annual Progress Report - Update

### Intervention 2 - HIV, STDs, Vaccine-Preventable Diseases and Healthcare Associated Infection

\* 47. Within this Prevention Agenda priority area, which Focus Area are you reporting on?

Select only one

**Not Applicable**

- Prevent HIV and STDs
- Prevent Vaccine-Preventable Diseases
- Prevent Health Care-Associated Infections

\* 48. Please select your Intervention 2 (from this list of most highly recommended evidence-based interventions included in the Prevention Agenda Action Plans) furthest along in implementation that you will be reporting on.

**Not Applicable**

Select only one

- Include at least two cofactors that drive the HIV virus, such as homelessness, substance use, history of incarceration and mental health, in community interventions
- Develop STD diagnosis and treatment capacity in settings beyond government clinics
- Support existing HIV/STD treatment guidelines by establishing computerized algorithms
- Enhance vaccination of adults with HPV, Tdap, influenza and pneumococcal vaccines.
- Enhance vaccination of children with HPV, Tdap, influenza and pneumococcal vaccines.
- Ensure that sinks and alcohol-based hand rub are readily available for patients, visitors and health care personnel
- Other (please specify):

## 2015 Prevention Agenda Annual Progress Report - Update

Other Intervention 2 - Prevent HIV/STD, Vaccine-Preventable Diseases, Health Care-Associated Infect.

\* 49. Is this 'other' intervention evidence-based? (Public health evidence is documentation in peer-reviewed studies, expert panel guidelines, CDC recommendations, etc., that an intervention is effective.)

No **Not Applicable**

Yes, please provide the web-link for your source of evidence for Intervention 2:

## 2015 Prevention Agenda Annual Progress Report - Update

### Process Measures for Intervention 2 - Prevent HIV/STD/Vaccine Prevent. Dis./ Hospital-Assoc. Infect.

\* 50. Please select all process measures being used to monitor progress on this intervention (This list represents the most highly recommended process measures included in the Prevention Agenda Action Plans).

*Check all that apply* **Not Applicable**

- Number of co-factors addressed by each community intervention
- Number of primary care clinicians trained in treatment and diagnosis of STDs
- Availability of preferred treatment regimens in either hospitals or local pharmacies
- Protocols and supplies for preferred testing modalities according to current CDC treatment guidelines for syphilis, gonorrhea and chlamydia beyond government clinics
- Number of treatment scenarios for which there are established algorithms
- The percentage of 13-year-old children who have received the complete adolescent immunization series as indicated
- The percentage of children who have received the 4:3:1:3:3:1:4 immunization series between the ages of 19 to 35 months as indicated in NYSIS
- Immunization rates for health care personnel in hospitals and long-term care facilities
- Number of sinks and alcohol based hand rubs available
- No process measures
- Other (please specify)

## 2015 Prevention Agenda Annual Progress Report - Update

### Data collection for Intervention 2

\* 51. How have you used the process measures data that you have collected to make improvements to intervention implementation? *Check all that apply*

- Not used
- To track progress of intervention implementation (i.e. reaching target population)
- To engage stakeholders
- To leverage additional resources
- To change policy
- To make improvements to implementation of interventions
- Unsure
- Other (please describe):

## 2015 Prevention Agenda Annual Progress Report - Update

### Disparities for Intervention 2

\* 52. Are you addressing a disparity with this intervention?

- Yes
- No
- Unsure

## 2015 Prevention Agenda Annual Progress Report - Update

### Disparities Detail for Intervention 2

\* 53. Which of the following types of disparities are you addressing?

*Check all that apply*

Race/ethnicity

Income/SES

Gender

Disability

Geography

Age

Unsure

Other (please specify):

\* 54. Please describe the activities that you are doing to address disparities:

[ G ]

**\*54. Please describe the activities that you are doing to address disparities:**

As a DSRIP lead, Bronx Lebanon is actively collaborating with its community partners to address health disparities related to the area of mental health and substance abuse.

Specifically, two of its DSRIP projects address these disparities and are described below:

3.a.i.: Integration of mental health and substance abuse with primary care to ensure coordination of services, including medication management, diabetes and cardiac screening for schizophrenics.

4.a.iii.: Strengthening of mental health and substance abuse infrastructure across systems. This intervention will support collaboration among a wide range of providers and community entities.

Bronx Lebanon's HealthBeat television program further addresses disparities by educating the community on key mental health and substance abuse issues. Bronx Lebanon's Public Service Announcements and brochures regarding mental health and substance abuse are distributed at community organizations, such as schools and churches, providing valuable information on access to care and management of mental health/substance abuse disorders.

\* 55. What is the current status of your implementation efforts related to this intervention?

*Select only one*

Ahead of projected implementation schedule

On track with implementation schedule

Behind projected implementation schedule

Have not started. If so, describe why:

## 2015 Prevention Agenda Annual Progress Report - Update

### Overall Successes and Challenges of Implementing Intervention 2 Strategies

\* 56. What have been the successes in implementing Intervention 2?

*Check all that apply*

- Identifying burden/problem to be addressed
- Educating the community about the problem
- Engaging community leaders to address problem
- Defining target population
- Establishing clear goals
- Researching evidence-based interventions to address problem among target population
- Identifying process and outcome measures to monitor progress toward reaching goals
- Developing data collection methods
- Establishing clear implementation timelines/milestones
- Reviewing and monitoring progress with partners
- Making adjustments to implementation plan/timeline based on progress
- Disseminating results broadly through a variety of methods
- Maintaining involvement of the majority of stakeholders at all stages of throughout intervention implementation
- None
- Other (please specify)

\* 57. What challenges are you facing in the implementation of Intervention 2?

*Check all that apply*

- Identifying burden/problem to be addressed
- Educating the community about the problem
- Engaging community leaders to address problem
- Defining target population
- Establishing clear goals
- Researching evidence-based interventions to address problem among target population
- Identifying process and outcome measures to monitor progress toward reaching goals
- Developing data collection methods
- Establishing clear implementation timelines/milestones
- Reviewing and monitoring progress with partners
- Making adjustments to implementation plan/timeline based on progress
- Disseminating results broadly through a variety of methods
- Maintaining involvement of the majority of stakeholders at all stages throughout intervention implementation
- None
- Other (please specify):

## 2015 Prevention Agenda Annual Progress Report - Update

### Location

\* 58. In what county is your hospital or local health department (LHD) located?

Bronx County

\* 59. Are you reporting from a LHD or hospital?

*Select one*

- LHD
- Hospital

[ H ]

**\*57. What challenges are you facing in the implementation of Intervention 2? *Check all that apply***

Other (please specify):

Key challenges include educating the medically underserved and culturally diverse South/Central Bronx communities, as well as surmounting cultural/ethnic/language barriers. Another challenge is to build on Bronx Lebanon's accomplishments following the opening of its Life Recovery Center. An important emphasis is to ensure expanded access and utilization of its wide range of services. In addition, obtaining needed funding for Bronx-Lebanon's mental health initiatives from governmental and private sources remains an ongoing challenge.

## 2015 Prevention Agenda Annual Progress Report - Update

### LHD Contact Information Verification

\* 60. Please review contact information for your LHD liaison at:  
[http://www.health.ny.gov/prevention/prevention\\_agenda/contact\\_list.htm](http://www.health.ny.gov/prevention/prevention_agenda/contact_list.htm) and provide correction if needed.

- The contact information posted is accurate. **Not Applicable**
- Contact information has to be corrected.

## 2015 Prevention Agenda Annual Progress Report - Update

### LHD Liaison

\* 61. LHD liaison **Not Applicable**  
Please provide the name, title, phone (with area code) and email contact of your CHA-CHIP liaison.

Name

Title

Phone (with area code)

Email

## 2015 Prevention Agenda Annual Progress Report - Update

### Hospital Name

\* 62. Please select hospital(s) that you are reporting on: (Choose all that apply)

- |                                                                             |                                                                                 |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Adirondack Medical Center                          | <input type="checkbox"/> Mount Sinai Beth Israel                                |
| <input type="checkbox"/> Albany Medical Center Hospital                     | <input type="checkbox"/> Mount Sinai Hospital, Manhattan/Mount Sinai Queens     |
| <input type="checkbox"/> Albany Memorial Hospital – Northeast Health System | <input type="checkbox"/> Mount St Marys Hospital and Health Center              |
| <input type="checkbox"/> Alice Hyde Medical Center                          | <input type="checkbox"/> Nassau University Medical Center                       |
| <input type="checkbox"/> Arnot Ogden Medical Center                         | <input type="checkbox"/> Nathan Littauer Hospital                               |
| <input type="checkbox"/> Auburn Memorial Hospital                           | <input type="checkbox"/> New Hyde Park Hospital - North Shore LIJ Health System |

- |                                                                                      |                                                                                            |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Aurelia Osborn Fox Memorial Hospital                        | <input type="checkbox"/> New Island Hospital – Catholic Health Services                    |
| <input type="checkbox"/> Bassett Medical Center, Cooperstown                         | <input type="checkbox"/> New York Community Hospital of Brooklyn                           |
| <input type="checkbox"/> Benedictine Hospital – Health Alliance of the Hudson Valley | <input type="checkbox"/> New York Eye and Ear Infirmary of Mount Sinai                     |
| <input type="checkbox"/> Bertrand Chaffee Hospital                                   | <input type="checkbox"/> New York Hospital Queens                                          |
| <input type="checkbox"/> Blythedale Childrens Hospital                               | <input type="checkbox"/> New York Methodist Hospital                                       |
| <input checked="" type="checkbox"/> Bronx Lebanon Hospital Center                    | <input type="checkbox"/> New York Presbyterian Hospital - Westchester Division             |
| <input type="checkbox"/> Brookdale Hospital Medical Center                           | <input type="checkbox"/> New York University Langone Medical Center                        |
| <input type="checkbox"/> Brookhaven Hospital Medical Center                          | <input type="checkbox"/> Newark-Wayne Community Hospital - Rochester General Health System |
| <input type="checkbox"/> Brooks Memorial Hospital                                    | <input type="checkbox"/> Niagara Falls Memorial Medical Center                             |
| <input type="checkbox"/> Burke (Winifred Masterson) Rehabilitation Hospital          | <input type="checkbox"/> Nicholas H Noyes Memorial Hospital                                |
| <input type="checkbox"/> Calvary Hospital Inc                                        | <input type="checkbox"/> North Shore University Hospital                                   |
| <input type="checkbox"/> Canton-Potsdam Hospital                                     | <input type="checkbox"/> Northern Dutchess Hospital                                        |
| <input type="checkbox"/> Carthage Area Hospital Inc                                  | <input type="checkbox"/> Northern Westchester Hospital                                     |
| <input type="checkbox"/> Cobleskill Regional Hospital                                | <input type="checkbox"/> Nyack Hospital                                                    |
| <input type="checkbox"/> St. Francis Hospital (Roslyn) Catholic Health Services      | <input type="checkbox"/> NYU Hospital for Joint Diseases                                   |
| <input type="checkbox"/> St. Catherine of Siena Catholic Health Services             | <input type="checkbox"/> NYU Hospitals Center                                              |
| <input type="checkbox"/> St. Charles Hospital Catholic Health Services               | <input type="checkbox"/> O'Connor Hospital – Bassett Healthcare Network                    |
| <input type="checkbox"/> Catskill Regional Medical Center                            | <input type="checkbox"/> Olean General Hospital                                            |
| <input type="checkbox"/> Cayuga Medical Center at Ithaca                             | <input type="checkbox"/> Oneida Healthcare Center                                          |
| <input type="checkbox"/> Champlain Valley Physicians Hospital Medical Center         | <input type="checkbox"/> Orange Regional Medical Center                                    |
| <input type="checkbox"/> Chenango Memorial Hospital Inc                              | <input type="checkbox"/> Oswego Hospital                                                   |
| <input type="checkbox"/> Claxton-Hepburn Medical Center                              | <input type="checkbox"/> Our Lady of Lourdes Memorial Hospital                             |
| <input type="checkbox"/> Clifton Springs Hospital and Clinic                         | <input type="checkbox"/> Peconic Bay Medical Center – Peconic Health System                |
| <input type="checkbox"/> Clifton-Fine Hospital                                       | <input type="checkbox"/> Phelps Memorial Hospital Assn                                     |
| <input type="checkbox"/> Columbia Memorial Hospital                                  | <input type="checkbox"/> Plainview Hospital - North Shore LIJ Health System                |
| <input type="checkbox"/> Community Memorial Hospital                                 | <input type="checkbox"/> Putnam Hospital Center – HealthQuest                              |
| <input type="checkbox"/> Corning Hospital                                            | <input type="checkbox"/> Richmond University Medical Center                                |
| <input type="checkbox"/> Cortland Regional Medical Center Inc                        | <input type="checkbox"/> River Hospital, Inc                                               |
| <input type="checkbox"/> Crouse Hospital                                             | <input type="checkbox"/> Rochester General Hospital                                        |
| <input type="checkbox"/> Cuba Memorial Hospital Inc                                  | <input type="checkbox"/> Rockefeller University Hospital                                   |
| <input type="checkbox"/> Delaware Valley Hospital Inc (United Health Services)       |                                                                                            |

- |                                                                                 |                                                                                            |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Eastern Long Island Hospital                           | <input type="checkbox"/> Rome Memorial Hospital, Inc                                       |
| <input type="checkbox"/> Eastern Niagara Hospital                               | <input type="checkbox"/> Samaritan Hospital – Northeast Health System                      |
| <input type="checkbox"/> Edward John Noble Hospital of Gouverneur               | <input type="checkbox"/> Samaritan Medical Center, Watertown                               |
| <input type="checkbox"/> Elizabethtown Community Hospital                       | <input type="checkbox"/> Saratoga Hospital                                                 |
| <input type="checkbox"/> Ellenville Regional Hospital                           | <input type="checkbox"/> Schuyler Hospital                                                 |
| <input type="checkbox"/> Ellis Hospital                                         | <input type="checkbox"/> Seton Health System-St Mary's – St Peter's Health Partners        |
| <input type="checkbox"/> Erie County Medical Center                             | <input type="checkbox"/> Sisters of Charity Hospital – Catholic Services                   |
| <input type="checkbox"/> F F Thompson Hospital                                  | <input type="checkbox"/> Soldiers & Sailors Memorial - Finger Lakes Health                 |
| <input type="checkbox"/> Flushing Hospital Medical Center                       | <input type="checkbox"/> South Nassau Communities Hospital                                 |
| <input type="checkbox"/> Forest Hills Hospital – North Shore LIJ Health System  | <input type="checkbox"/> Southampton Hospital                                              |
| <input type="checkbox"/> Franklin Hospital – North Shore LIJ System             | <input type="checkbox"/> Southside Hospital - North Shore LIJ Health System                |
| <input type="checkbox"/> Geneva General Hospital - Finger Lakes Health          | <input type="checkbox"/> St Anthony's Hospital in Orange County                            |
| <input type="checkbox"/> Glen Cove Hospital – North Shore LIJ Health System     | <input type="checkbox"/> St. Barnabas Hospital                                             |
| <input type="checkbox"/> Glens Falls Hospital                                   | <input type="checkbox"/> St Charles Hospital                                               |
| <input type="checkbox"/> Good Samaritan Hospital Medical Center                 | <input type="checkbox"/> St Elizabeth Medical Center                                       |
| <input type="checkbox"/> Good Samaritan Hospital, Rockland County               | <input type="checkbox"/> St James Mercy Hospital in Hornell                                |
| <input type="checkbox"/> Gouverneur Hospital                                    | <input type="checkbox"/> St John's Episcopal Hospital South Shore                          |
| <input type="checkbox"/> Hospital for Special Surgery                           | <input type="checkbox"/> St Johns Riverside Hospital - SJRH                                |
| <input type="checkbox"/> Hudson Valley Hospital Center                          | <input type="checkbox"/> St Joseph Hospital of Cheektowaga New York                        |
| <input type="checkbox"/> Huntingdon Hospital – North Shore LIJ Health System    | <input type="checkbox"/> St Josephs Hospital Health Center                                 |
| <input type="checkbox"/> Interfaith Medical Center                              | <input type="checkbox"/> St Josephs Hospital Yonkers                                       |
| <input type="checkbox"/> Ira Davenport Memorial Hospital Inc                    | <input type="checkbox"/> St Luke's Healthcare – Faxton Division                            |
| <input type="checkbox"/> Jamaica Hospital Medical Center                        | <input type="checkbox"/> St Luke's-Cornwall Hospital                                       |
| <input type="checkbox"/> John T Mather Memorial Hospital of Port                | <input type="checkbox"/> St Marys Hospital at Amsterdam                                    |
| <input type="checkbox"/> Buffalo General Medical Hospital Kaleida Health System | <input type="checkbox"/> St Peters Hospital – St Peter's Health Partners                   |
| <input type="checkbox"/> Kenmore Hospital - Catholic Health System:             | <input type="checkbox"/> St. Catherine of Siena Medical Center - Catholic Health Services  |
| <input type="checkbox"/> Kenmore Mercy Hospital                                 | <input type="checkbox"/> St. Charles Hospital                                              |
| <input type="checkbox"/> Kingsbrook Jewish Medical Center                       | <input type="checkbox"/> St. John's Riverside Hospital – Dobbs Ferry Pavilion              |
| <input type="checkbox"/> Lake Shore Hospital - TLC Health Network               | <input type="checkbox"/> Staten Island University Hospital - North Shore LIJ Health System |
| <input type="checkbox"/> Lawrence Hospital Center                               | <input type="checkbox"/> Strong Memorial Hospital                                          |
| <input type="checkbox"/> Little Falls Hospital                                  |                                                                                            |

- |                                                                                                 |                                                                                               |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Lutheran Medical Center                                                | <input type="checkbox"/> Sunnyview Rehabilitation – Northeast Health System                   |
| <input type="checkbox"/> Maimonides Medical Center                                              | <input type="checkbox"/> SUNY Downstate Medical Center                                        |
| <input type="checkbox"/> Margaretville Hospital – Health Alliance of Hudson Valley              | <input type="checkbox"/> SVCMC-St Vincents Westchester                                        |
| <input type="checkbox"/> Mary Imogene Bassett Hospital                                          | <input type="checkbox"/> Syosett Hospital in Manhasset - North Shore LIJ Health System        |
| <input type="checkbox"/> Massena Memorial Hospital                                              | <input type="checkbox"/> The Unity Hospital of Rochester                                      |
| <input type="checkbox"/> Medina Memorial Hospital                                               | <input type="checkbox"/> Tri-County Memorial - TLC Health Network                             |
| <input type="checkbox"/> Memorial Hosp of Wm F & Gertrude F Jones a.k.a. Jones Memorial Hosp    | <input type="checkbox"/> United Health Services Hospitals Inc (Binghamton General, CS Wilson) |
| <input type="checkbox"/> Memorial Hospital for Cancer and Allied Diseases                       | <input type="checkbox"/> United Memorial Medical Center                                       |
| <input type="checkbox"/> Mercy Hospital - Catholic Health System                                | <input type="checkbox"/> Vassar Brothers Medical Center                                       |
| <input type="checkbox"/> Westchester Medical Center St James Mercy Hospital Mid-Hudson Regional | <input type="checkbox"/> Westchester Medical Center                                           |
| <input type="checkbox"/> Montefiore Medical Center                                              | <input type="checkbox"/> Westchester Square Campus – Montefiore Medical Center                |
| <input type="checkbox"/> Montefiore Mount Vernon Hospital                                       | <input type="checkbox"/> Westfield Memorial Hospital Inc                                      |
| <input type="checkbox"/> Montefiore Mount Vernon                                                | <input type="checkbox"/> White Plains Hospital Center                                         |
| <input type="checkbox"/> Montefiore - New Rochelle                                              | <input type="checkbox"/> Winthrop-University Hospital                                         |
| <input type="checkbox"/> Moses-Ludington Hospital – Inter Lakes Health                          | <input type="checkbox"/> Woman's Christian Association                                        |
|                                                                                                 | <input type="checkbox"/> Other                                                                |

Other (please specify):

**\* 63. Hospital liaison**

Please provide the name, title, phone (with area code) and email contact of your CSP liaison.

|                              |                      |
|------------------------------|----------------------|
| Name of Hospital CSP Liaison | <input type="text"/> |
| Title                        | <input type="text"/> |
| Phone (with area code)       | <input type="text"/> |
| Email Contact                | <input type="text"/> |

\* 64. Are the two interventions you provided detail on this report described as a community benefit in the Schedule H tax form?

Select only one

- Yes, both interventions are described as a community benefit in the Schedule H tax form
- Yes, only the first intervention is described as a community benefit in the Schedule H tax form
- Yes, only the second intervention is described as a community benefit in the Schedule H tax form
- No, neither intervention is described as a community benefit
- Unsure

Additional Comments:

\* 65. If reporting for a hospital, are any of your Prevention Agenda activities incorporated in your DSRIP projects?

Select only one

- Yes
- No
- Unsure
- No DSRIP projects

## 2015 Prevention Agenda Annual Progress Report - Update

### DSRIP Activities

\* 66. Please list the DSRIP projects you are working on by DSRIP Project Number. For example, 3.b.ii: implementation of evidence based strategies to address chronic disease, or 4.b.i. Promote tobacco use cessation. A complete list of DSRIP project numbers is available here:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/docs/dsrp\\_project\\_toolkit.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/docs/dsrp_project_toolkit.pdf)

## 2015 Prevention Agenda Annual Progress Report - Update

### Review Summary of Plan

[ 1 ]

**\*66. Please list the DSRIP projects you are working on by DSRIP Project Number. For example, 3.b.ii: implementation of evidence based strategies to ...**

DSRIP Projects

- 2.a.i.: Create Integrated Delivery Systems that are focused on Evidence Based Medicine / Population Health Management.
- 2.a.iii.: Health Home At-Risk Intervention Program – Proactive management of higher risk patients not currently eligible for Health Home through access to high quality primary care and support services.
- 2.b.iv.: Care transitions intervention model to reduce 30 day readmissions for chronic health conditions.
- 2.b.i.: Ambulatory Intensive Care Unit (ICU).
- 3.a.i.: Integration of primary care services and behavioral health.
- 4.a.iii.: Strengthen Mental Health and Substance Abuse Infrastructure across Systems.
- 3.c.i.: Evidence-based strategies for disease management in high risk/affected populations (adults only).
- 3.d.ii.: Expansion of asthma home-based self-management program.
- 3.f.i.: Increase support programs for maternal & child health (including high risk pregnancies) (Example: Nurse-Family Partnership).
- 4.c.ii.: Increase early access to, and retention in HIV care.

\* 67. Please review the summary of your CHIP/CSP at [http://www.health.ny.gov/prevention/prevention\\_agenda/2013-2017/implementation/chip\\_csp/index.htm](http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/implementation/chip_csp/index.htm) by clicking the name of the county on the map where your LHD or Hospital is located. Is this description up to date?

Yes, this description is up to date.

No, a revised description will be submitted by 12/31/2015 to [prevention@health.ny.gov](mailto:prevention@health.ny.gov). (Please email the necessary changes in a word document. You may copy the text from the page into word, turn on track changes and make edits. Alternatively you can describe the changes to be made in text.)

**Please see attached Cover Letter  
& revised Word Document**

Other (please specify)

## 2015 Prevention Agenda Annual Progress Report - Update

### Needs and Comments

68. Is there anything else you would like us to know or any other information you would like to share?

## 2015 Prevention Agenda Annual Progress Report - Update

### Final Page

\* 69. Are you ready to submit your survey? Changes can no longer be made after you click "done".

Yes

[[

**\*68. Is there anything else you would like us to know or any other information you would like to share?**

Notable developments since 2014 CSP Update:

- Bronx Lebanon received the Joint Commission Top Performer on Key Quality Measures recognition.
- Bronx Lebanon has received three consecutive A ratings for safety from the Leapfrog Group, the latest in the Fall of 2015.
- Bronx Lebanon was selected as a DSRIP lead (Bronx Health Access) targeting Medicaid and low income, uninsured. Collaborative efforts with partners are being implemented to reduce hospital use through clinical and population health improvement initiatives.
- A new medical school affiliation with the Icahn School of Medicine at Mount Sinai and a clinical collaboration with the Mount Sinai Health System is expanding care across multiple disciplines. It will link information systems to promote quality, continuity and evaluation of care, and include the development of a robust population health enterprise with shared resources as part of New York State's DSRIP initiative.
- The BronxCare network of outpatient practices has increased its utilization to over one million visits annually.
- Bronx Lebanon received continued certification as a Level III patient-centered Medical Home—the highest level-- and is a designated Health Home.
- Bronx-Lebanon received the American Stroke Association's Gold Plus recognition for its 911 designated stroke center; American Heart Association's Gold Plus recognition for programs addressing heart failure, and Centers for Medicare and Medicaid Services' 4-star rating for its Renal Dialysis program.
- Bronx Lebanon is now fully computerized.
- Advanced robotic surgery is being performed
- Cardiac catheterization electrophysiology CON was approved in 2015: The new center was completed in fall of 2015; enhancing the ability to diagnose heart problems at earlier stage
- An ER expansion was completed in 2015 including an expanded patient care area with 11 stretcher bays, additional treatment rooms, and new work station. It is providing 140,000 visits annually, among the busiest in New York.

- Bronx-Lebanon's Women's Health Center, Birthing Spa, and Center for Gynecologic Care are delivering the services women need, including advanced robotic surgery options when necessary.
- Bronx-Lebanon's Neonatal Intensive Care Unit's 99 percent survival rate in saving infants remains among the highest in the nation.
- Bronx-Lebanon's Dentistry Department is providing more than 90,000 visits annually at six practices throughout the Bronx. It has also trained more underrepresented ethnic minorities than any dental residency program in the United States.
- The Life Recovery Center, opened in 2014, is providing the full range of mental health/substance abuse services, including inpatient detox and rehabilitation, outpatient counseling, half-way house and residential care (as originally put forward in Bronx-Lebanon's previous Community Service Plan submissions/updates). Medical services are also available on-site for coexisting medical conditions.
- Bronx Lebanon's Health and Wellness Center, which opened in 2014, is providing the full range of primary, preventive, and specialty outpatient medical and ancillary services. The significant utilization level of more than 100,000 visits is an important accomplishment for Bronx Lebanon. It is also an indicator that the chronic disease and prevention goals (put forth in Bronx-Lebanon's previous Community Service Plan submissions/updates) are being fulfilled.