

2016–2018
Community Service Plan

A Community Needs Assessment and
Community Health Implementation Plan for:

Northern Dutchess Hospital

Putnam Hospital Center

Vassar Brothers Medical Center

December 2016

healthquest.org

VASSAR BROTHERS MEDICAL CENTER
PUTNAM HOSPITAL CENTER
NORTHERN DUTCHESS HOSPITAL
HEALTH QUEST MEDICAL PRACTICE, P.C.

HEALTHQUEST

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Introduction

Health Quest's Community Service Plan and Community Health Implementation Plan were developed based upon both Federal and New York State Guidelines.

The New York State Guidelines were designed to meet the Prevention Agenda goals. The Prevention Agenda 2013-2018 is New York State's health improvement plan for 2013 through 2018, developed by the New York State Public Health and Health Planning Council (PHHPC) at the request of the Department of Health, in partnership with organizations across the state. This plan involves a mix of organizations including local health departments, health care providers, health plans, community based organizations, advocacy groups, academia, employers as well as state agencies, schools, and businesses whose activities can influence the health of individuals and communities and address health disparities. This collaboration informs a five-year plan designed to demonstrate how communities across the state can work together to improve the health and quality of life for all New Yorkers.

The Prevention Agenda features five priority areas:

- Prevent chronic diseases
- Promote healthy and safe environments
- Promote healthy women, infants and children
- Promote mental health and prevent substance abuse
- Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases and healthcare associated Infections

The Prevention Agenda has five overarching goals:

- Improve health status in five priority areas and reduce racial, ethnic, socioeconomic and other health disparities including those among persons with disabilities.
- Advance a 'Health in all Policies' approach to address broad social determinants of health.
- Create and strengthen public-private and multi-stakeholder partnerships to achieve public health improvement at state and local levels.
- Increase investment in prevention and public health to improve health, control health care costs and increase economic productivity.
- Strengthen governmental and nongovernmental public health agencies and resources at state and local levels.

The Prevention Agenda establishes goals for each priority area and defines indicators to measure progress toward achieving these goals, including reductions in health disparities among racial, ethnic, and socioeconomic groups and persons with disabilities.

In addition, the Prevention Agenda serves as a guide to hospitals as they develop mandated Community Service Plans and Community Health Needs Assessments required by the Affordable Care Act and to local health departments as they work with their community to develop mandated Community Health Assessments. Community Service Plans (CSPs) are a New York State requirement for improving the health and well-being of our communities through a collaborative approach led by hospitals and healthcare systems. Healthcare organizations are required to create and implement CSPs to address identified health priorities in the communities they serve and map out strategies to achieve goals. Healthcare organizations must identify two Prevention Agenda priorities and a health disparity that will be addressed with community partners based on assessment and engagement process.

Hospitals share their CSPs with the public and update the Department of Health on their progress.

Mission

Our Mission is to deliver exceptional healthcare to the communities we serve by pursuing the highest standards of quality, safety, service and compassion.

Vision

Our Vision is to be the region's leading healthcare organization, recognized nationally for its quality, safety, service and compassion. Our dedication and investment in people, technology and facilities, distinguishes us as the provider of choice for patients, families and employees.

Values

Our Mission and Vision will only be attained through the commitment and motivation of our leaders, our employees, our physicians, and our volunteers. Our Values spell **REACH**. Together, demonstrating these **REACH** values is how we put patients and families first:



Respect – We treat everyone with dignity.

Excellence – We strive to achieve increasingly higher standards in quality, safety, service and compassion.

Accountability – We recognize that each employee plays a significant role in meeting the needs of our patients, and take ownership for our actions and our commitments.

Compassion – We believe that the nature of our roles requires us to extend empathy to our patients, their families, and each other.

Honor – We support each other and work as a team. We celebrate and acknowledge individual and collective success, and demonstrate integrity in everything we do.

Health Quest has deep roots in the Hudson Valley

Health Quest is a local family of 501c(3) hospitals and healthcare providers in the Hudson Valley. Our three award-winning hospitals — Northern Dutchess Hospital, Putnam Hospital Center and Vassar Brothers Medical Center — have deep roots in their respective communities and work together to provide quality care for our patients.

Whether you visit a Health Quest facility for emergency or urgent care or for specialty services in which Health Quest ranks nationally, you can trust you will receive compassionate care from trained, dedicated physicians, nurses and support staff.

In the ever-changing healthcare landscape, Health Quest continues to promote health and wellness while serving the medical needs of individuals and families in the region.

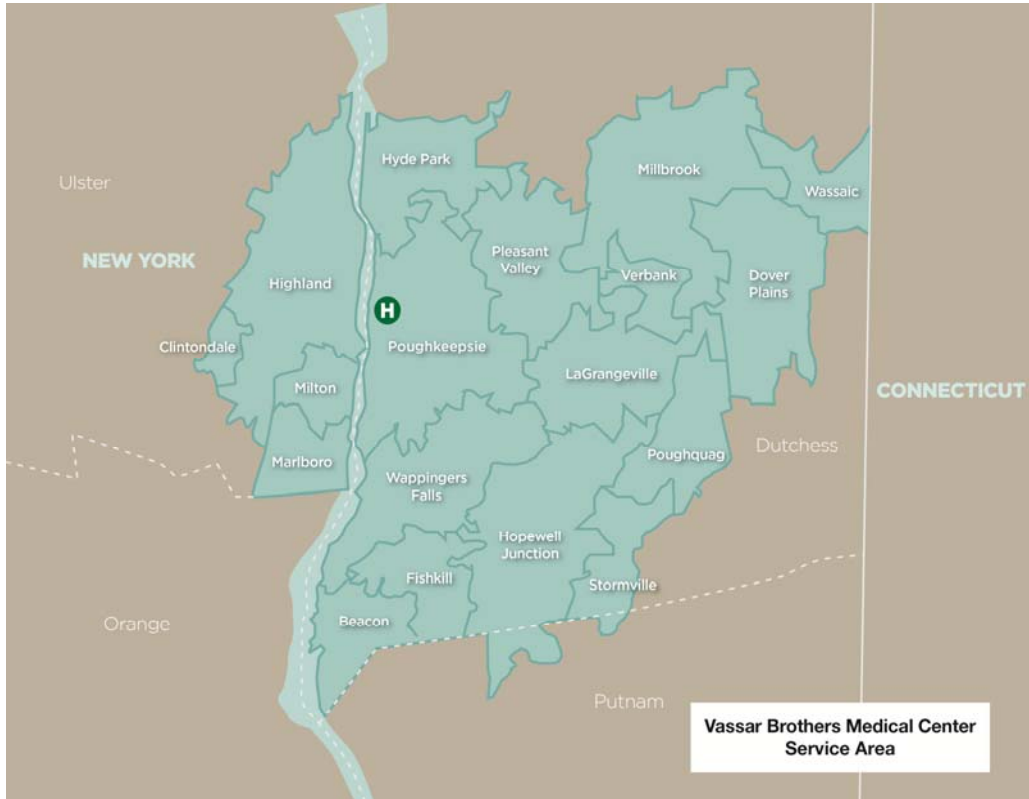
Health Quest was formed through an affiliation of three local hospitals: Northern Dutchess Hospital (Rhinebeck, NY), Putnam Hospital Center (Carmel, NY) and Vassar Brothers Medical Center (Poughkeepsie, NY). Health Quest also includes affiliated healthcare providers Health Quest Medical Practice and The Heart Center. Together, these hospitals and healthcare providers have devoted themselves to the development of clinical specialties and medical programs and services.

We also count among our partners long-term care facilities, a free-standing radiation oncology center, urgent care centers, a multi-specialty medical practice and a home care service.

Health Quest provides a continuum of care — care that is accessible, care that allows people in our community to stay close to home for all the healthcare services they need. It's about fostering a continuity of care that inspires confidence. This is reinforced by the unilateral commitment Health Quest has from our Board of Directors, healthcare providers, employees, volunteers and community members all working together to meet to the expectations and trust our communities place in us.

Community Served

Vassar Brothers Medical Center



Vassar Brothers Medical Center (VBMC) is a 365-bed facility that has served New York’s Mid-Hudson Valley since 1887. Located in Poughkeepsie, VBMC has established centers of excellence in cardiac services, cancer care and women and children’s health services. As a regional medical center, Vassar houses the area’s first and only cardiothoracic surgery program between Westchester and Albany and the only Level III Neonatal Intensive Care Unit (NICU) in the region for premature, underweight and critically ill infants. Innovative procedures and services have been brought to the VBMC campus, including robotic orthopedic surgery, liver surgery, interventional neuroradiology, thoracic surgical oncology and transcatheter aortic valve replacement (TAVR), negating the need to travel for this care.

VBMC is building a 696,000-square-foot, seven-level patient pavilion with 264 private medical/surgical patient rooms and 30 critical care rooms that will solidify its place as the destination of choice for patients in the region. The first patient is expected to be cared for in the building in mid-2019.

VBMC recently became a Level II Trauma Center (provisional status), further advancing the vision to provide the community with local access to state-of-the-art medical care.

The Dyson Center for Cancer Care, located on the Vassar campus, is designed to accommodate patients and their families while providing radiation therapy, stereotactic radiosurgery and a wide variety of support groups.

VBMC							
	Total Population			% Change Total			
Age Cohort	2016	2021	2026	'16-'21	'21-'26	'16-'26	
0-14	43,921	41,144	38,543	-6.3%	-6.3%	-12.2%	
15-44	105,900	105,177	104,459	-0.7%	-0.7%	-1.4%	
45-64	80,806	78,599	76,452	-2.7%	-2.7%	-5.4%	
65-84	36,916	43,277	50,734	17.2%	17.2%	37.4%	
85+	5,689	5,854	6,024	2.9%	2.9%	5.9%	
Total	273,232	274,051	276,212	0.3%	0.8%	1.1%	
F 15-44	51,619	51,060	50,507	-1.08%	-1.08%	-2.15%	

Source: The Nielsen Company

VBMC’s primary service area includes the southernmost half of Dutchess County, up to and including the Town of Hyde Park, as well as the easternmost parts of Orange and Ulster counties. Like many communities in New York State, the VBMC service area is experiencing minimal population growth with gradual declines in the numbers of young families and children. The largest demographic is 15-44 (39% of the total service area population), however the most significant growth is expected in the number of residents aged 65 and older. From 2016 to 2026, the percent change in the 65 plus age range is projected to be 43%. The average household income in the VBMC service area is \$92,716. A high school diploma or GED is the highest level of education completed by 27% of the service area age 25 and older. (Source: The Nielsen Company).

Northern Dutchess Hospital



Northern Dutchess Hospital (NDH) is a 68-bed acute care, community hospital located in Rhinebeck, NY. NDH provides a comprehensive range of emergency, medical and surgical services offered through various specialty departments, including the Bone and Joint Center, Neugarten Family Birth Center, Emergency Department, Women’s View, Dyson Center for Women’s Imaging, Center for Healthy Aging, Wound Care and Hyperbaric Therapy Center, Cardio-Diagnostic Center, Outpatient Nutrition Department, Sleep Disorders Center, Paul Rosenthal Rehabilitation Center, outpatient rehabilitation service and our medically based Wellness Center.

The new Northern Dutchess Hospital Martin and Toni Sosnoff patient pavilion, which opened in February 2016, has turned a 111-year old hospital into a modern medical facility. The 87,000 square foot pavilion advances the clinical care available to local residents. From the spacious, private rooms to the state-of-the-art surgical suites equipped with minimally invasive technology, patients and their families no longer need to travel outside of the area for advanced medical care. With the new patient pavilion, Northern Dutchess Hospital has created a healing environment where modern medicine meets compassionate care.

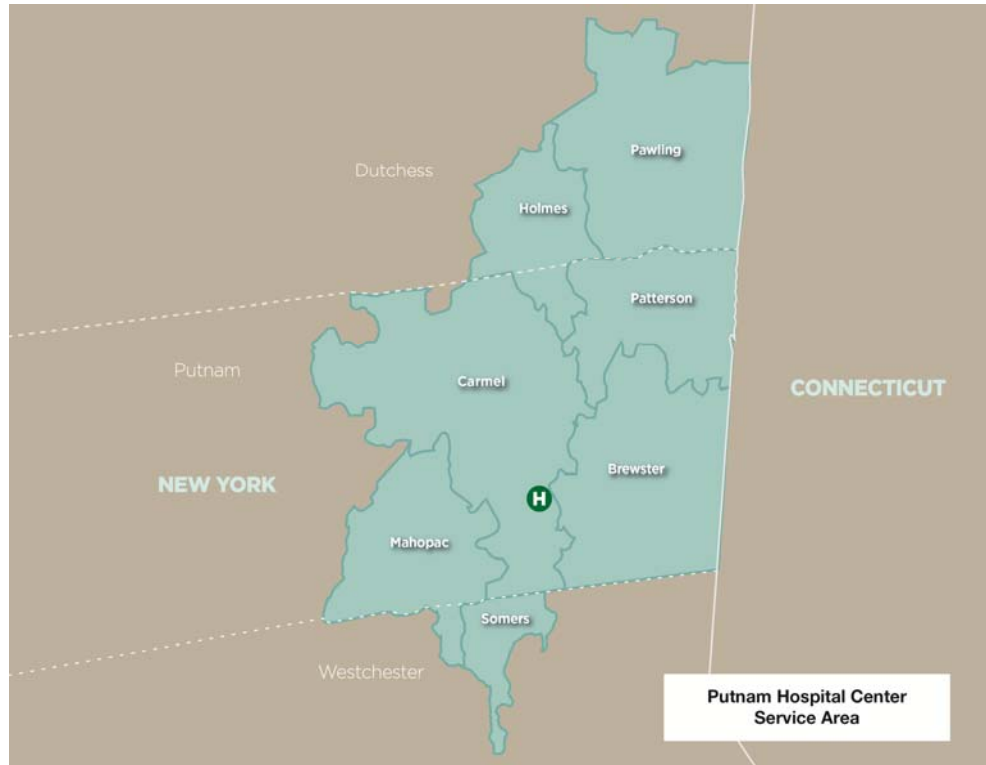
NDH						
Age Cohort	Total Population			% Change Total		
	2016	2021	2026	'16-'21	'21-'26	'16-'26
0-14	13,174	12,402	11,675	-5.9%	-5.9%	-11.4%
15-44	31,335	31,200	31,066	-0.4%	-0.4%	-0.9%
45-64	27,067	25,233	23,523	-6.8%	-6.8%	-13.1%
65-84	14,970	17,101	19,535	14.2%	14.2%	30.5%
85+	2,672	2,797	2,928	4.7%	4.7%	9.6%
Total	89,218	88,733	88,727	-0.5%	0.0%	-0.6%
F 15-44	15,649	15,553	15,458	-0.61%	-0.61%	-1.22%

Source: The Nielsen Company

As its name suggests, NDH’s service area includes Dutchess County from Hyde Park north. It also includes several adjacent zip codes in Ulster County and some of the southernmost towns in Columbia County. Like the neighboring VBMC service area, population growth is projected to be limited to people aged 65 and older.

The highest populated age group is 15-44 (35% of the total service area population), however the most significant growth is expected in the number of residents aged 65 and older. From 2016 to 2026, the percent change in the 65 plus age range is projected to be 40%. The average household income in the NDH service area is \$81,237. A high school diploma or GED is the highest level of education completed by 28% of the service area age 25 and older. (Source: The Nielsen Company).

Putnam Hospital Center



Putnam Hospital Center (PHC) is a 164-bed, acute care hospital offering medical, surgical, psychiatric and 24-hour emergency services. As the only hospital in Putnam County, Putnam Hospital Center has been serving the needs of Putnam, northern Westchester and southern Dutchess counties since 1964.

PHC provides a comprehensive range of inpatient and outpatient services offered through various specialty departments that include advanced orthopedic, robotic and bariatric surgeries; neurosciences including minimally-invasive spinal surgeries, stroke care and a sleep disorders lab; a blood management program; psychiatric care including a partial-hospitalization program; a comprehensive cancer program; maternity; 24/7 emergency care; the Center for Wound Healing, PHC Sleep Disorders Center and four Outpatient Physical Rehabilitation satellite facilities.

PHC						
	Total Population			% Change Total		
Age Cohort	2016	2021	2026	'16-'21	'21-'26	'16-'26
0-14	15,535	14,062	12,729	-9.5%	-9.5%	-18.1%
15-44	34,165	34,428	34,693	0.8%	0.8%	1.5%
45-64	31,587	30,614	29,671	-3.1%	-3.1%	-6.1%
65-84	15,348	18,286	21,786	19.1%	19.1%	41.9%
85+	2,305	2,486	2,681	7.9%	7.8%	16.3%
Total	98,940	99,876	101,560	0.9%	1.7%	2.6%
F 15-44	16,343	16,318	16,293	-0.15%	-0.15%	-0.31%

Source: The Nielsen Company

Eighty percent of PHC’s patient population comes from the eastern half of Putnam, with the service area extending north to the southeast corner of Dutchess County and south to select bordering zip codes in northern Westchester County.

The overall population in the PHC service area is projected to grow slightly, but a decline is projected among children and women of childbearing age. The highest populated age range is 15-44 (35% of the total service area population), however from 2016 to 2026, the percent change in the 65 plus age range is projected to be 58.3%. The average household income in the Putnam Hospital service area is \$119,818. A high school diploma or GED is the highest level of education completed by 27% of the service area age 25 and older. (Source: The Nielsen Company).

The Community Health Needs Assessment Process

The Health Quest hospitals participated in community needs assessment updates and community health improvement plan development with both Dutchess and Putnam Counties. Although our service areas differ, hindering our ability to submit a combined Community Health Assessment and Improvement Plan, we worked closely with both counties to form our individual plans.

Because our hospitals recently completed a community health needs assessment as part of the DSRIP process and the NYS Department of Health is not asking for a new comprehensive health assessment for the 2016-2018 cycle, we followed these state guidelines in our planning:

- collaborate with community partners to review community health data from recently completed health assessments, including updated data on the priority health issues;

- identify two Prevention Agenda priorities and one health disparity in the community based on the data;
- develop and submit an implementation plan that describes the evidence based interventions being implemented and the process measures being used to track progress toward these priorities; and
- demonstrate evidence of collaboration among LHDs, hospitals and community organizations in selecting new or confirming existing priorities and addressing them.

In addition to a thorough review of data and health priorities, the priorities selected by the committees represent priorities that are attainable at this time and that are aligned with each hospital’s mission and service area demographics.

Because the communities and processes involved varied between the counties, this document will discuss each county separately. The Dutchess County Department of Behavioral and Community Health opted to complete a health assessment update based on the above requirements; the Putnam County Department of Health completed a comprehensive assessment.

Dutchess County

Vassar Brothers Medical Center and Northern Dutchess Hospital

Dutchess County embraces an inclusive and collaborative process for community planning. The Dutchess County Department of Behavioral & Community Health partnered with the local hospital systems, Health Quest and MidHudson Regional Hospital, to conduct a community health improvement stakeholder forum on October 18, 2016. Nearly one hundred representatives from healthcare agencies, behavioral health services, county agencies, and community organizations took part in the event to discuss community health priorities and review CHIP strategies. Agency and organizational partners also participate in ongoing dialogue through the Dutchess County Chronic Disease Coalition (which Health Quest is a member of) and the Dutchess County Substance Abuse Workgroup.

Community Health Indicator Review Process

The Department of Behavioral & Community Health routinely monitors numerous sources of data on health and wellbeing in Dutchess County, using tools including the NYS Prevention Agenda Dashboard, the Hudson Valley Community Dashboard, NYS Department of Health Community Health Indicator Reports, Sub-County Indicator Reports, NYS Cancer Registry Statistics, NYS Open Data (including the Expanded Behavioral Risk Factor Surveillance System), County Health Rankings and Roadmaps, the Kids Wellbeing Indicators Clearinghouse (KWIC), the MidHudson Valley Community Profiles, and the U.S. Census Bureau’s American FactFinder.

The Department also conducts surveillance from original data including communicable disease reports, vital statistics (births and deaths), emergency department visits and hospital admissions from the Statewide Planning and Research Cooperative System (SPARCS), treatment service reports from the Office of Alcoholism and Substance Abuse Services (OASAS), and local surveys.

The annual Dutchess County Community Health Status Report, published in May 2016, summarizes these many data sources, examining disparities and providing comparisons to upstate New York and Healthy People 2020 goals, where available. The Community Health Status Report served as a guide to both VBMC and NDH as we prepared our Community Service Plan for 2016-2018.

Additionally, the County provided a Community Health Assessment Data Review that was used in conjunction with Health Status Report and the Prevention Agenda Dashboard to inform the selection of Health Quest's two priority areas. The Community Health Assessment Data Review looked at improving/worsening health status (5-10 years) and compared us to NYS, excluding NYC, where data are available.

In the fall of 2016, the Dutchess County Department of Behavioral and Community Health conducted a survey to assess the top priorities of the community. The survey period culminated with the half-day, county-wide Community Health Improvement Plan Stakeholder Forum. The purpose of the forum was to review the results of the recent survey and develop a locally relevant, comprehensive action plan to improve the health and lives of the residents of Dutchess County. The stakeholder sample included representatives from hospitals and healthcare, behavioral health services, county government, education and community-based organizations.

Through data review and stakeholder engagement, Dutchess County has confirmed the following Prevention Agenda priorities and disparity focus areas for the 2016-2018 period. The three overarching areas remain unchanged from the original 2013-2016 plan, with the new addition of tobacco use prevention and cessation as core components of the chronic disease focus area.

- Prevent Chronic Disease:
 - Reduce obesity
 - Reduce illness and death related to tobacco use

- Increase access to high quality chronic disease preventive care and management
- Promote Mental Health & Prevent Substance Abuse:
 - Prevent substance abuse; in particular, prevent overdose due to opioids
- Promote a Safe & Healthy Environment:
 - Reduce the burden of tick-borne disease (Dutchess County specific priority area)

While insect-related disease does not fit into any NYS Prevention Agenda categories, it was a health concern for Dutchess County residents in the 2013-2016 assessment, as well as again in the current community survey.

In addition to the County forum, the Vassar Brothers Medical Center and Northern Dutchess Hospital Community Health Needs Committees held workgroups with hospital staff, physicians, Dutchess County Department of Behavioral and Community Health staff and community members to review the recently completed DSRIP Needs Assessment, the Community Health Assessment Data Review, the 2015 Dutchess County Health Status Report, internal discharge data, SPARCS data, the New York State Prevention Agenda Dashboard and the County Health Rankings Roadmap.

Vassar Brothers Medical Center and Northern Dutchess Hospital Community Health Committees identified the following two priorities:

1. Prevent Chronic Diseases
2. Promote a Healthy and Safe Environment (Reduce Fall Risks Among Vulnerable Populations)

In choosing Promotion of a Healthy and Safe Environment, VBMC and NDH deviated from the Dutchess County Department of Behavioral and Community Health’s selected priorities. In New York State, fall-related injuries are the leading cause of injury hospitalizations among children ages 0-14 and adults 25 years and older. Falls are the leading cause of unintentional injury deaths for those 45 years and older. Falls can result in serious injuries, such as traumatic brain injuries or fractures. There is also a heavy financial burden to fall-related injuries. Falls Account for \$1.7 billion in annual hospitalization charges and \$145.3 million in annual outpatient emergency department charges (NYS DOH). In our combined service areas, almost 50% of the population is over 45 (46%). Aging related health issues was the fourth most important issue identified in the stakeholder survey following mental health, substance abuse and chronic disease. With our service area projected to age significantly in the next ten years and falls and

fracture from falls making up 10% of the Emergency Department visits at VBMC and 11% at NDH in 2015, we felt the need to address this priority.

County Priorities Not Formally Addressed by Health Quest

1. **Reduce Tick and Insect-related Diseases** – While we did not select this as a priority this year, it was a priority for both VBMC and NDH in our prior Community Service Plan (2013-2016). We will continue to support this initiative through our on-going partnership with the Dutchess County Department of Behavioral and Community Health. Health Quest representatives will sit on the newly-formed tick-borne disease prevention workgroup and we will continue with community education around tick and insect-related diseases.
2. **Prevent Substance Abuse** – While this issue was undoubtedly of great importance to our committees, VBMC and NDH elected not to address this with a formal initiative at this time because we do not have licensed substance abuse beds. MidHudson Region Hospital of Westchester has licensed behavioral and substance abuse beds and provides services to Dutchess County residents. We will look for ways to support the County in this initiative – ie. space for training, physician speakers, medication take-back days.

Community Health Improvement Plan/Implementation Strategy

Vassar Brothers Medical Center and Northern Dutchess Hospital

Priority Area #1: Prevent Chronic Diseases—*Reduce chronic disease and obesity in children and adults*

Chronic diseases and conditions—such as heart disease, stroke, cancer, type 2 diabetes, obesity, and arthritis—are among the most common, costly, and preventable of all health problems (Source: CDC).

Health risk behaviors are unhealthy behaviors that you can change. Among these health risk behaviors—lack of exercise or physical activity and poor nutrition—cause much of the illness, suffering, and early death related to chronic diseases and conditions. According to the CDC, in 2011, more than half (52%) of adults aged 18 years or older did not meet recommendations for aerobic exercise or physical activity. In addition, 76% did not meet recommendations for muscle-strengthening physical activity.

Physical activity is one of the highlights of Health Quest’s implementation strategy for the next several years. Regular physical activity is important for good health, and it's especially

important in losing weight or maintaining a healthy weight. Physical activity also helps to reduce high blood pressure; reduce risk for type 2 diabetes, heart attack, stroke, and several forms of cancer; reduce arthritis pain and associated disability; reduce risk for osteoporosis and falls and reduce symptoms of depression and anxiety.

The committees also felt nutrition, healthy lifestyle choices and diabetes support complement the need for physical activity. Both NDH and VBMC have added additional interventions and activities that focus on these topics. Health Quest Medical Practice is currently developing a formal Diabetes Center, which is expected to launch in 2017, and we expect to add additional evidence-based programming around diabetes in years two and three.

Health Quest is excited to participate in new, innovative programs like the Microgreens Project in the City of Poughkeepsie, where 6% of the population does not receive many of the vital nutrients needed for desirable health outcomes. The first project of its kind in the community will increase the awareness about the importance of eating proper nutrients to prevent certain diseases and other undesirable health outcomes. This project will provide nutrient-dense food, in the form of microgreens, to certain segments of the population at no cost. Microgreens will be used in two key demographic groups: young children (in the City of Poughkeepsie School District) and senior citizens (recipients of congregate meals at senior centers and home-delivered meals). The partners in the program, including registered dietitians from Health Quest, will monitor participants' intake of the nutrients, as well as the improved health outcomes.

Additionally, adults with disabilities are 3 times more likely to have heart disease, stroke, diabetes, or cancer than adults without disabilities (CDC). Nearly half of all adults with disabilities get no aerobic physical activity, an important health behavior to help avoid these chronic diseases (CDC). Health Quest will explore partnerships with community organizations that serve adults with disabilities to include them in the Get Fit Program.

Priority Area #2: Promote a Healthy and Safe Environment - *Reduce falls and associated hospital admissions among vulnerable populations*

Health Quest is dedicated to providing the community with knowledge to improve physical mobility, quality of life and maximize independence in older adults. With increased education and assessment efforts, the goal is to reduce falls and increase awareness of falls risks. There are several free programs and activities available in Dutchess County to help reduce fall risks and help individuals remain independent and safe in their homes.

In addition to our programs for adults and seniors, VBMC is committed to reducing falls among children 14 and under. The most common causes of fall-related hospitalizations for children include: slipping or tripping, falling from playground equipment, falling from bed, and falling on or from stairs or steps. Education and awareness can help reduce these types of falls. In Ulster County, where 18% of our patient populations reside, the rate of emergency department visits due to falls per 10,000, aged 1-4 years, has significantly worsened. (NYS Prevention Agenda Dashboard).

Health Quest has a unique opportunity to educate young community caregivers on fall prevention in our babysitting class that prepares adolescents to care for infants and young children. We will adjust this curriculum to include information the NYS Childhood Fall Prevention Toolkit.

Vassar Brothers Medical Center Implementation Plan

NYS Prevention Agenda Priority Area #1: Prevent Chronic Disease

Focus Area	Chronic Disease and Obesity in Children and Adults
Goal:	<ol style="list-style-type: none"> 1. Create community environments that promote and support healthy food and beverage choices and physical activity. 2. Expand the role of healthcare and health service providers in obesity prevention.
Objective 1:	<p>Expand Opportunities for safe physical activity in the community</p> <ol style="list-style-type: none"> 1. Increase enrollment in the Get Fit Hudson Valley Fitness Challenge for next 3 years. 2. Host educational seminars each year in conjunction with Get Fit
Objective 2:	<p>Expand school, community and employee wellness programs</p> <ol style="list-style-type: none"> 1. Offer one Chronic Disease Self-Management and One Diabetes Self-Management session per year <ol style="list-style-type: none"> a. Increase attendance at sessions 2. Initiate worksite challenges to create walking groups and walking paths as part of Get Fit in order to provide employees with opportunities for physical activities. Develop programs with 3 worksites by 2018. (AHA) 3. Offer employee wellness programs to our own 6000+ employees 4. Pursue a partner to develop a Fun, Food, Fitness Program for kids age 8-13 in VBMC market
Objective 3:	<p>Increase Breastfeeding</p> <ul style="list-style-type: none"> • Pursue Baby-Friendly Designation by 2018
Objective 4:	<p>Create Community Environments that promote and support healthy food choices</p> <ol style="list-style-type: none"> 1. Sponsor the Poughkeepsie Plenty Mobile Farmers Market in 2017/2018 2. Provide registered dietitians and support at community events to

	discuss healthy options and cooking ideas
Objective 5:	<p>Prevent childhood obesity through early child-care and schools.</p> <ol style="list-style-type: none"> 1. Sponsor the Dutchess County/City of Poughkeepsie Microgreens Project 2. Partner with Microgreens project to evaluate results
Objective 6:	<p>Vassar will support the Dutchess County Department of Behavioral and Community Health to achieve the following:</p> <ol style="list-style-type: none"> 1. Yearly Obesity Conference 2. Host the Chronic Disease Networking Group 3. Hospital compliance to new NYSDOH Breastfeeding Regulations effective 2017.
Interventions/Activities:	<ol style="list-style-type: none"> 1. Bi-annual Get-Fit Hudson Valley Challenge (Spring & Fall) <ol style="list-style-type: none"> a. Develop educational series to complement Get Fit Challenge 2. Pursue Baby-Friendly Designation. Evaluate criteria to certification. 3. Provide new moms with information and support on breastfeeding and healthy diets for their babies 4. Poughkeepsie Plenty Mobile Market 5. Microgreens Project 6. Self-management programming – Chronic Disease and Diabetes 7. Create, distribute and provide educational services to the community and providers <ol style="list-style-type: none"> a. Author 12 Healthy Nutrition/Healthy Habits columns in community papers and online per year b. Build targeted topics into educational lecture series with Poughkeepsie Senior Centers, Marist Center for Lifetime Studies c. Host one “Dinner with the Doc” on Chronic Disease/Nutrition per year – one focus should be on children and nutrition/diabetes
Partners:	Dutchess County Department of Behavioral and Community Health, City of Poughkeepsie, Dutchess County, DC Office of the Aging, Health Quest Medical Practice, Get Fit Partners, Poughkeepsie Plenty, American Heart Association, Northern Dutchess Hospital, Putnam Hospital Center
Outcome Measures:	<p>Short-term measures</p> <ol style="list-style-type: none"> 1. Increase number of people enrolled in Get Fit 10% per challenge 2. Maintain the average entry per participant between 8-10 year one; Increase average entry per participant by 20% a year thereafter 3. Grow Get Fit community by 5% over 3 years - from 3,783 members to 3,975 4. Increase unique web users by 5% for Get Fit per year 5. Develop 3 worksite wellness sites for Get Fit in 3 years 6. Become a certified Baby Friendly Hospital by 2018 7. Attendance at DSM and CDSM programs 8. Number of Healthy Columns authored in one year - 12 per year 9. Review results of Microgreens project to evaluate success and determine how to utilize results after 2-year pilot. 10. Have a plan for a Fun, Food, Fitness Program for kids age 8-13 in

	<p>VBMC market</p> <ol style="list-style-type: none"> 11. Number of attendees at lectures and events (utilize new CRM tool when implemented to track new patients in key areas). 12. Number of people who request more information from Health Quest <p>Long-Term Measures Reduce the percentage of adults and children who are overweight or obese</p>
Evidence Base:	<p>https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/chronic_diseases/ebi/docs/breastfeeding_fact_sheet.pdf http://www.health.ny.gov/prevention/nutrition/wic/breastfeeding/ http://www.cdc.gov/healthyweight/physical_activity/index.html</p>

NYS Prevention Agenda Priority Area #2: Promote a Healthy and Safe Environment

Focus Area Promote a Healthy and Safe Environment	
Goal:	<ol style="list-style-type: none"> 1. Reduce falls and associated hospital admissions among vulnerable populations – children age 0-14 and adults 65+ 2. Increase education and awareness of resources available to the community
Objective 1:	<p>Promote community-based programs for fall prevention</p> <ol style="list-style-type: none"> 1. Sponsor and host the Matter of Balance Program 2. Host one session at a Health Quest hospital each year 3. Increase referrals from HQMP to Matter of Balance Programs 4. Train community workers in evidence-based intervention programs for older adults such as Tai Chi: Moving for Better Balance and A Matter of Balance.
Objective 2:	<p>Implement Falls Prevention Screening Program in Health Quest Medical Practice for patients</p>
Objective 3:	<p>Increase awareness among community and providers about the resources and programs available</p>
Objective 4:	<p>Expand Education</p> <ol style="list-style-type: none"> 1. Develop injury prevention outreach program with VBMC Trauma team 2. Increase education of inpatients on fall risks while hospitalized <ol style="list-style-type: none"> a. Use inpatient stays as an educational opportunity – develop Preventing Falls Brochure for VBMC 3. Develop Fall Curriculum for Babysitting Classes offered through Health Quest 4. Create Social Media educational/awareness campaign for falls prevention – youth and adult 5. Add Falls Prevention to pediatric discharge instructions 6. Create a pediatric-specific Falls Handout for patients in pediatric unit

Interventions/ Activities:	<ol style="list-style-type: none"> 1. Sponsor and host the Matter of Balance Program in partnership with the DC Office of the Aging 2. Create an informational page/resources page Health Quest website 3. Create, distribute and provide educational services to the community and providers <ol style="list-style-type: none"> a. Author or pitch one Fall Prevention/Healthy Habits blog/columns in community papers and online b. Build targeted topics into educational lecture series with Poughkeepsie Senior Centers, Marist Center for Lifetime Studies. One session to include: yoga, arthritis, balance c. Create educational brochures to be used during hospitalization and to go home with patients 4. By Q1 2017, add NYS Childhood Fall Prevention Toolkit materials to Babysitting Class curriculum
Partners:	Dutchess County Department of Behavioral and Community Health, DC Office of the Aging, City of Poughkeepsie, Health Quest Medical Practice, Health Quest Community Education
Outcome Measures:	<ol style="list-style-type: none"> 1. By Q1 2017 add NYS Childhood Fall Prevention Toolkit materials to Babysitting Class curriculum 2. Increase enrollment in Babysitting Class by 20% over 3 years 3. By Q4 2017, have Falls Prevention information implemented in the EMR to auto-generate for pediatric patients. 4. By end of Q2 2017, develop a Falls Prevention brochure specific to pediatric population 5. MOB Program Outcomes <ol style="list-style-type: none"> a. Attendance of participants b. First session and last session survey results c. 6-month survey 6. Number of attendees at lectures and events (utilize new CRM tool when implemented to track new patients in key areas). 7. Number of new contacts created or people who request Health Quest info 8. Dedicate one Social Media Post a month to injury and falls preventions
Evidence Base:	https://www.ncoa.org/healthy-aging/falls-prevention/falls-prevention-programs-for-older-adults/ http://www.cdc.gov/homeandrecreationalafety/falls/compendium.html http://www.cdc.gov/arthritis/basics/physical-activity-overview.html https://www.health.ny.gov/prevention/injury_prevention/children/toolkits/childhood_fall/

Northern Dutchess Hospital Implementation Plan

NYS Prevention Agenda Priority Area #1: Prevent Chronic Disease

Focus Area	Chronic Disease and Obesity in Children and Adults
Goal:	<ol style="list-style-type: none"> 1. Create community environments that promote and support healthy food and beverage choices and physical activity. 2. Expand the role of health care and health service providers in obesity prevention.
Objective 1:	<p>Expand Opportunities for safe physical activity in the community</p> <ol style="list-style-type: none"> 1. Increase enrollment in the Get Fit Hudson Valley Fitness Challenge for next 3 years. 2. Host educational/physical activity events in the community 3. Host one Fun, Food Fitness class for kids age 8-13 per year
Objective 2:	<p>Expand school, community and employee wellness programs</p> <ol style="list-style-type: none"> 1. Initiate worksite challenges to create walking groups and walking paths as part of Get Fit in order to provide employees with opportunities for physical activities. Partner with VBMC, PHC and AHA to develop programs with 3 worksites by 2018. 2. Offer employee wellness programs to our own 6000+ employees
Objective 3:	<p>Promote evidence-based care to manage chronic diseases.</p> <ol style="list-style-type: none"> 1. Offer at least one CDC National Diabetes Prevention Program (NDPP) to the community per year
Objective 4:	<p>NDH will support the Dutchess County Department of Behavioral and Community Health to achieve the following:</p> <ul style="list-style-type: none"> • Yearly Obesity Conference • Host the Chronic Disease Networking Group
Interventions/Activities:	<ol style="list-style-type: none"> 1. Bi-annual Get-Fit Hudson Valley Challenge (Spring & Fall) <ol style="list-style-type: none"> a. Develop educational series to complement Get Fit Challenge 2. Fun, Food Fitness class for kids age 8-13 3. CDC National Diabetes Prevention Program 4. Implement employee wellness/fitness center incentives for Health Quest Employees 5. Create, distribute and provide educational services to the community and providers <ol style="list-style-type: none"> a. Author 12 Healthy Nutrition/Healthy Habits columns in community papers and online b. Build targeted topics into educational lecture series c. Host one “Dinner with the Doc” on Chronic Disease/Nutrition per year
Partners:	Dutchess County Department of Behavioral and Community Health, Health Quest Medical Practice, Get Fit Partners, American Heart Association, Putnam Hospital Center, Vassar Brothers Medical Center, QTAC NY
Outcome Measures:	<p>Short-Term Measures:</p> <ol style="list-style-type: none"> 1. Increase number of people enrolled in Get Fit 10% per challenge 2. Maintain the average entry per participant between 8-10 year one;

	<p>Increase average entry per participant by 20% a year thereafter</p> <ol style="list-style-type: none"> 3. Grow Get Fit community by 5% over 3 years - from 3,783 members to 3,975 4. Increase unique web users by 5% for Get Fit per year 5. Attendance in the NDPP Program 6. Average weight loss achieved at 12 months – minimum of 5% of starting body weight. 7. Participants in the NDPP will record physical activity minutes at 60% or more of all sessions attended. 8. Pre and post survey of Fun, Food, Fitness participants to track knowledge gained through the program. <p>Long-Term Measures Reduce the percentage of adults who are overweight or obese Age-adjusted hospital discharge rate for diabetes per 10,000 population</p>
Evidence Base:	<p>https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/chronic_diseases/ebi/docs/ebi_fact_sheet.pdf http://www.cdc.gov/healthyweight/physical_activity/index.html http://www.qtacny.org/programs/national-diabetes-prevention-program/</p>

NYS Prevention Agenda Priority Area #2: Promote a Healthy and Safe Environment

Focus Area		Promote a Healthy and Safe Environment
Goal:	Decrease falls among seniors, age 65 and older and associated hospital admissions	
Objective 1:	<p>Promote community-based programs for fall prevention</p> <ol style="list-style-type: none"> 1. Sponsor and host the Matter of Balance Program 2. Host one session at a Health Quest hospital each year 3. Increase referrals from HQMP to Matter of Balance Programs 4. Train community workers in evidence-based intervention programs for older adults such as Tai Chi: Moving for Better Balance and A Matter of Balance. 	
Objective 2:	<p>Increase awareness among community and providers about the resources and programs available</p> <ol style="list-style-type: none"> 1. Partner with Rhinebeck Rotary to promote their Community Improvement program (small home repairs) to identify fall hazards and remediate in the community. 	
Objective 3:	<p>Implement a Driver Assessment Program to help identify deficiencies after falls that impact head/neck or back.</p>	
Objective 4:	<p>Expand Body & Harmony Fall Prevention Clinic (PT and Pharmaceutical assessment for falls)</p>	
Objective 5:	<p>Increase education of inpatients on fall risks while hospitalized</p>	

Interventions/Activities:	<ol style="list-style-type: none"> 1. Sponsor and host the Matter of Balance Program in partnership with the DC Office of the Aging 2. Create an informational page/resources page Health Quest website 3. Create, distribute and provide educational services to the community and providers <ol style="list-style-type: none"> a. Author Fall Prevention/blog columns in community papers and online b. Build targeted topics into educational lecture series with Center for Healthy Aging and NDH. Topics to include: yoga, arthritis, balance. c. Create educational brochures to go home with patients d. Use inpatient stays as an educational opportunity – develop Preventing Falls Brochure e. Dedicate one Social Media Post a month to falls and falls preventions
Partners:	Dutchess County Department of Behavioral and Community Health, DC Office of the Aging, City of Poughkeepsie, Health Quest Medical Practice, Rhinebeck Rotary
Outcome Measures:	<ol style="list-style-type: none"> 1. Number of referrals to Driver Assessment Program 2. MOB Program Outcomes <ol style="list-style-type: none"> a. Attendance of participants b. First session and last session survey results c. 6-month survey 3. Number of attendees at lectures and events (utilize new CRM tool when implemented to track new patients in key areas). 4. Increase frequency and attendees at Body & Harmony Fall Prevention Clinic 5. Dedicate one Social Media Post a month to falls and falls preventions
Evidence Base:	https://www.ncoa.org/healthy-aging/falls-prevention/falls-prevention-programs-for-older-adults/ http://www.cdc.gov/homeandrecreationalafety/falls/compendium.html http://www.cdc.gov/arthritis/basics/physical-activity-overview.html

Putnam County

Putnam County Needs Assessment

Putnam Hospital Center

Putnam Hospital Center has a long-standing and well-established relationship with the Putnam County Department of Health (DOH). Health assessment activities, public health education campaigns, and emergency and response activities have been worked on jointly for more than a decade.

The Putnam County DOH initiated and continues to facilitate the Mobilizing for Action through Planning and Partnerships (MAPP) strategic planning process with community partners in order to develop the Community Health Assessment (CHA). Established partnerships, including the Live Healthy Putnam Coalition, the Mental Health Provider Group, and Putnam Hospital Center's Community Health Needs Committee, have been joined by new alliances, the Suicide Prevention Task Force and the Communities That Care (CTC) Coalition, providing guidance and support in the areas of mental health and substance abuse. Each group brings a particular agenda and strength to the collective; all work in concert with the ultimate goal to improve the health of the community.

The MAPP process uses four unique assessments to determine community priorities: Community Health Status, Local Public Health System, Community Themes and Strengths, and Forces of Change. These assessments inform the development of the Community Health Improvement Plan (CHIP). More than 85 organizations participated in these assessments and greater than 600 Putnam County residents responded to the community survey. Through the MAPP process two overarching priorities were identified and served as a foundation for developing the Putnam County CHIP: Prevent Chronic Diseases and Promote Mental Health and Prevent Substance Abuse.

A third priority was recently added to the Putnam CHIP: Promote a Healthy and Safe Environment. This change came because Putnam Hospital Center and the county Office for Senior Resources will be implementing programs to prevent falls in the growing elderly population.

The Putnam Department of Health Annual Health Summit, which was held on June 7, 2016, provided an excellent platform to present and discuss data, review existing strategies and select priorities to concentrate on in the upcoming year.

Following the Summit, the Putnam Hospital Center Community Health Needs Committee held workgroup sessions with hospital staff, physicians, Putnam County Department of Health staff

and community members to review the recently completed DSRIP Needs Assessment, results of the Putnam County Community Asset Survey, internal discharge data, SPARCS data, the New York State Prevention Agenda Dashboard and the County Health Rankings Roadmap.

The Putnam Hospital Center Community Health Committee identified the following priorities:

1. Prevent Chronic Diseases
2. Promote Mental Health and Prevent Substance Abuse

Additionally, PHC decided to address a third priority:

3. Promote a Healthy and Safe Environment (Reduce Fall Risks Among Vulnerable Populations)

Community Health Improvement Plan/Implementation Strategy

Putnam Hospital Center

Priority Area #1: Prevent Chronic Diseases – *Reduce chronic disease and obesity in children and adults*

Chronic diseases and conditions—such as heart disease, stroke, cancer, type 2 diabetes, obesity, and arthritis—are among the most common, costly, and preventable of all health problems (Source: CDC).

Health risk behaviors are unhealthy behaviors you can change. Among these health risk behaviors—lack of exercise or physical activity, poor nutrition—cause much of the illness, suffering, and early death related to chronic diseases and conditions. According to the CDC, in 2011, more than half (52%) of adults aged 18 years or older did not meet recommendations for aerobic exercise or physical activity. In addition, 76% did not meet recommendations for muscle-strengthening physical activity.

Physical activity is one of the highlights of Health Quest’s implementation strategy for the coming years. Regular physical activity is important for good health, and it's especially important if you're trying to lose weight or to maintain a healthy weight. Physical activity also helps to maintain weight, reduce high blood pressure, reduce risk for type 2 diabetes, heart attack, stroke, and several forms of cancer, reduce arthritis pain and associated disability, reduce risk for osteoporosis and falls and reduce symptoms of depression and anxiety.

The committee also felt nutrition, healthy lifestyle choices and diabetes support complement the need for physical activity. PHC has added additional interventions and activities that focus on these topics.

Priority Area #2: Promote Mental Health and Prevent Substance Abuse - Promote mental, emotional and behavioral (MEB) well-being in the community and Prevent Substance Abuse and other Mental Emotional Behavioral Disorders

As the only hospital in the Health Quest system with a comprehensive behavioral health program, the PHC Community Health Needs Committee felt this should be a priority for them. Our Health Quest behavioral health team is made up of specially trained physicians, licensed social workers, crisis intervention specialists and mental health workers.

The PHC Committee overwhelmingly agreed with the Mental Health Priority identified through the MAPP process.

Priority Area #3: Promote a Healthy and Safe Environment - Reduce falls and associated hospital admissions among senior age 65+

Although they will not be formally reporting on this priority, it was important to the committee to select a third priority so they could partner with NDH and VBMC on fall prevention best practices.

Putnam Hospital Center Implementation Plan

NYS Prevention Agenda Priority Area #1: Prevent Chronic Diseases

Focus Area	Chronic Disease and Obesity in Children and Adults
Goal:	<ol style="list-style-type: none"> 1. Create community environments that promote and support healthy food and beverage choices and physical activity. 2. Expand the role of health care and health service providers in obesity prevention.
Objective 1:	<p>Expand opportunities for safe physical activity in the community</p> <ol style="list-style-type: none"> 1. Increase enrollment in the Get Fit Hudson Valley Fitness Challenge for next 3 years. 2. Host educational/physical activity events in the community
Objective 2:	<p>Expand school, community and employee wellness programs</p> <ol style="list-style-type: none"> 1. Initiate worksite challenges to create walking groups and walking paths as part of Get Fit in order to provide employees with opportunities for physical activities. Partner with VBMC, NDH and Putnam DOH to develop programs with 3 worksites by 2018. <ol style="list-style-type: none"> a. Include PHC as a Getfit location 2. Offer employee wellness programs (gym reimbursement) to our own 6000+ employees
Objective 3:	<p>Promote evidence-based care to manage chronic diseases.</p> <ol style="list-style-type: none"> 1. Offer one Chronic Disease Self-Management Class per year (may transition to NDPP) 2. Implement the CDC National Diabetes Prevention Program (NDPP) at PHC

	<ol style="list-style-type: none"> a. Year 1: Identify staff to train, work with NDH for best practices to implement program at PHC, develop metrics b. Offer one DPP class in year 2 and 3 <ol style="list-style-type: none"> 3. Work with Mental Health Association to offer these programs to their clients
Objective 4:	<p>Increase awareness among community and providers about the resources and programs available</p> <ol style="list-style-type: none"> 1. Highlight community programs that support initiative
Objective 5:	<p>PHC will support the Putnam County Health to achieve the following:</p> <ul style="list-style-type: none"> • Expand chronic disease self-management into the community • Explore a county-wide collaborative to offer the National Diabetes Prevention Program
Interventions/Activities:	<ol style="list-style-type: none"> 1. Bi-annual Get-Fit Hudson Valley Challenge (Spring & Fall) 2. Host educational/physical activity events in the community 3. Offer Chronic Disease Self-Management Program (may transition entirely to NDPP due to lack of participation) 4. Implement National CDC Diabetes Prevention Program at PHC 5. Implement employee wellness/fitness center incentives for Health Quest Employees 6. Create, distribute and provide educational services to the community and providers <ol style="list-style-type: none"> a. Author 2-4 Healthy Nutrition/Healthy Habits columns in community papers and online b. Build targeted topics into educational lecture series c. Host one “Dinner with the Doc” on Chronic Disease/Nutrition per year 7. Highlight community programs that support initiative – like Communities that Care “Kooking with Kids” initiative
Partners:	Putnam County Department of Health, Health Quest Medical Practice, Get Fit Partners, Putnam Hospital Center, Vassar Brothers Medical Center, QTAC NY, VNA HV, Putnam County Mental Health Association
Outcome Measures:	<p>Short-Term Measures:</p> <ol style="list-style-type: none"> 1. Increase # of people enrolled in Get Fit 10% per challenge 2. Maintain the average entry per participant between 8-10 year one; Increase average entry per participant by 20% a year thereafter 3. Grow Get Fit community by 5% over 3 years - from 3,783 members to 3,975 4. Increase unique web users by 5% for Get Fit per year 5. Participation in the Chronic Self-Management Program/Review retention rates 6. Develop metrics in year one for NDPP program; implement in year two (will be similar to NDH metrics) 7. Number of attendees at lectures and events 8. Track number of email addresses obtained and people who request information. 9. Increase participation at PHC sponsored community events

	<p>Long-Term Measures</p> <p>Reduce the percentage of adults who are overweight or obese</p> <p>Age-adjusted hospital discharge rate for diabetes per 10,000 population</p>
Evidence Base:	<p>https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/chronic_diseases/ebi/docs/ebi_fact_sheet.pdf</p> <p>http://www.cdc.gov/healthyweight/physical_activity/index.html</p> <p>http://www.qtacny.org/programs/national-diabetes-prevention-program/</p>

NYS Prevention Agenda Priority Area #2: Promote Mental Health and Prevent Substance Abuse

Focus Area	Promote Mental Health And Prevent Substance Abuse
Goal:	<ol style="list-style-type: none"> 1. Promote mental, emotional and behavioral (MEB) well-being in the community 2. Prevent Substance Abuse and other Mental Emotional Behavioral Disorders
Objective 1:	<p>Increase community awareness of warning signs of suicide and available resources</p> <ol style="list-style-type: none"> 1. Host/sponsor One Safe Talk per year 2. Host/Sponsor One Asist Program a year 3. Host/Sponsor One Mental Health First Aid
Objective 2:	<p>Prevent underage drinking, non-medical use of prescription pain relievers by youth, and excessive alcohol consumption by adults</p> <ol style="list-style-type: none"> 1. Host medication take-back event at PHC twice a year with Communities that Care, NCADD and Putnam Sheriff (Spring & Fall) 2. Host Opioid Substance Abuse Conference once a year with Communities that Care and NCADD
Objective 3:	<p>Increase awareness among community and providers about the resources and programs available</p> <ol style="list-style-type: none"> 1. Author blog/columns in community papers and online 2. Promote programs to HQMP offices 3. Develop Social Media Campaign
Objective 4:	<p>Continue to increase internal screening and communication to PHC patients that began in 2013-2016 Community Service Plan</p>
Interventions/Activities:	<ol style="list-style-type: none"> 1. Offer one Safe Talk per year <ol style="list-style-type: none"> a. Utilize newly created survey results from Safe Talk participants to analyze program 2. Offer one Asist Program per year 3. Develop/Implement the Mental Health First Aid Program 4. Create, distribute and provide educational services to the community and providers <ol style="list-style-type: none"> a. Author blog/columns in community papers and online b. Promote programs to HQMP offices c. Develop Social Media Campaign
Partners:	Putnam County DOH, HQMP, Communities that Care, NCADD, Mental Health Association, Putnam County Sheriff

Outcome Measures:	<ol style="list-style-type: none"> 1. Utilize newly created survey results from Safe Talk participants to analyze program 2. Develop metrics for Mental Health First Aid in year one 3. Number of Attendees at Mental Health First Aid; grow base by 10% in year 2 4. Evaluate Assist Program by creating a survey <ol style="list-style-type: none"> a. After class attendees will be able to: <ol style="list-style-type: none"> i. Identify people who have thoughts of suicide ii. Understand how your beliefs and attitudes can affect suicide interventions iii. Seek a shared understanding of the reasons for thoughts of suicide and the reasons for living 5. Expand reach of social media campaign; increase views and reach of posts
Evidence Base:	https://www.mentalhealthfirstaid.org/cs/ http://www.sprc.org/resources-programs/suicide-alertness-everyone-safetalk https://www.omh.ny.gov/omhweb/suicide_prevention/training/asist.html

NYS Prevention Agenda Priority Area #3: Promote a Healthy and Safe Environment

Focus Area	Promote a Healthy and Safe Environment
Goal:	Decrease falls among seniors, age 65 and older and associated hospital admissions
Objective 1:	Promote and expand community-based programs for fall prevention <ol style="list-style-type: none"> 1. Explore Tai Chi for Falls Prevention Program at PHC 2. Develop and host Yoga program for core strength and falls prevention 3. Develop fall prevention educational outreach at local senior housing communities and senior community centers <ol style="list-style-type: none"> a. Health Fairs will include falls and balance screening topics
Objective 3:	Develop a Body & Harmony Fall Prevention/Gait Clinic (similar to NDH) <ol style="list-style-type: none"> 1. PT and Pharmaceutical assessment for falls
Objective 4:	Increase awareness among community and providers about the resources and programs available
Objective 5:	Increase education of inpatients on fall risks while hospitalized <ol style="list-style-type: none"> 1. Use inpatient stays as an educational opportunity – develop Preventing Falls Brochure for PHC
Objective 6:	Partner with Putnam County DOH to Explore the creation of a County-wide Falls Prevention Task Force

Interventions/Activities:	<ol style="list-style-type: none"> 1. Develop and implement a Body & Harmony Fall Prevention/Gait Clinic (use best practices from NDH) 2. Develop fall prevention educational outreach at local senior housing communities and senior community centers 3. Potential Tai Chi for Falls Prevention Program at PHC 4. Health Fairs will include falls and balance screening topics 5. Create, distribute and provide educational services to the community and providers 6. Author Fall Prevention/blog columns in community papers and online 7. Build targeted topics into PHC educational lecture series. Topics to include: yoga, arthritis, balance. 8. Dedicate one Social Media Post a month to falls and falls preventions 9. Implementation of Prevention of Falls Brochure to inpatient community <ol style="list-style-type: none"> a. Create educational brochures to go home with patients 10. Creation of Task force by end of year one
Partners:	Vassar Brothers Medical Center, Northern Dutchess Hospital, Putnam County Department of Health, Putnam County Office of Senior Resources, Health Quest Medical Practice
Outcome Measures:	<ol style="list-style-type: none"> 1. Attendance at Fall Prevention/Gait Clinics 2. Number of attendees at lectures and events (utilize new CRM tool when implemented to track new patients in key areas). 3. Implementation of Prevention of Falls Brochure to IP community 4. Number of attendees at Health Fairs 5. Increase the number of outreach events to senior housing and senior centers 6. Task force development by end of year one
Evidence Base:	https://www.ncoa.org/healthy-aging/falls-prevention/falls-prevention-programs-for-older-adults/ http://www.cdc.gov/homeandrecreationsafety/falls/compendium.html http://www.cdc.gov/arthritis/basics/physical-activity-overview.html

Dissemination to the Public

Health Quest will make the Community Health Needs Assessment and three-year Community Service Plan available in PDF format in the About Us section of www.healthquest.org. A public awareness campaign will be rolled out in the first half of 2017 to drive the community to the website. These efforts may include a press release, posts on social media and internal communications to staff and leadership. In addition, printed copies of these documents will be made available to the public (free of charge) in the administrative offices at Health Quest Corporate offices, Northern Dutchess Hospital, Putnam Hospital Center and Vassar Brother Medical Center. Printed copies will be sent to all Health Quest and individual hospital Board Members and members of the Community Health Needs Committees for further dissemination to the community.

Our partner agency, the Putnam County Department of Health also makes the Health Quest Community Health Needs Assessment and three-year Community Service Plan available on their website (<http://www.putnamcountyny.com/health/data/>).

Maintaining Engagement and Tracking Progress

Each Health Quest hospital has a Community Health Needs Committee (CHNC) with representation from board members, the executive team, hospital staff, community members and representatives from the local health departments. By charter, the CHNCs are tasked with overseeing the development and updating of community health needs assessments, monitoring the hospitals' responses to the assessment to ensure that the identified healthcare needs are being met and reporting back to the hospital and Health Quest boards. Additionally, representatives from all hospitals participate in community boards and task forces that keep them in regular touch with community partners. The CHNCs meet quarterly to review progress toward the goals stated in this document and determine if any changes to objectives are required. Project-specific workgroups at each hospital also meet regularly to implement the tactics outlined in this document.

Health Quest would like to extend its sincerest thanks to the Putnam County Department of Health and Dutchess County Department of Behavioral and Community Health for their contributions and assistance creating this report.

Appendix/Links

[Dutchess County Community Health Status Report](#)

[Dutchess County Needs Assessment and Community Health Improvement Plan](#)

[Putnam Needs Assessment and Community Health Improvement Plan](#)

[One Region, One CNA DSRIP Needs Assessment](#)

[NYS Prevention Agenda](#)