

Community Services Plan

Montefiore Mount Vernon/
Montefiore New Rochelle

Office of Community and Population Health

12/6/2016

Unified Montefiore Mount Vernon and New Rochelle

Community Service Plan 2016-2018

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New York State 2016 Community Health Assessment and Improvement Plan and
Community Service Plan

Cover Page

1. *Identify County/Counties or service area covered in this assessment and plan*

This New York State 2016 Community Health Assessment and Improvement Plan and Community Service Plan are covering Westchester County, one of the centrally located counties within the New York City metropolitan area situated in the Hudson Valley with a population of about one million people.

2. *Participating Local Health Department(s) (LHDs) and contact information*

The Westchester County Department of Health is the participating Local Health Department for the region. For this report, the contact is:

Westchester County Department of Health
Acting Deputy Commissioner for Administration
10 County Center Road, 2nd Floor
White Plains, NY 10607-1541
Attention: Renee Recchia

3. *Participating Hospital/Hospital System(s) and contact information*

The participating hospitals in the health system are Montefiore Mount Vernon and Montefiore New Rochelle Hospital. The contact for information that pertains to this report is:

Montefiore Mount Vernon and Montefiore New Rochelle Hospital
Director, Business Development
16 Guion Place
New Rochelle, NY 10801
Attention: Rosemary A. Martino

Montefiore Health System
Office of Community and Population Health
3514 DeKalb Avenue
Bronx, NY 10467
Attention: Nicole Harris-Hollingsworth, EdD

4. *Name of coalition/entity, if any, completing assessment and plan on behalf of participating counties/hospitals.*

This is not applicable for this submission.

Executive Summary

This report covers the two hospital campuses of the Montefiore Health System located in Lower Westchester County: Montefiore Mount Vernon and Montefiore New Rochelle. The information for each section is presented in a staggered format, with appropriate titles indicating the specifics of each hospital. As the communities are closely located and share a countywide service area, the data section of this document is unified. As of November 6, 2013, Montefiore Mount Vernon and Montefiore New Rochelle became a part of the Montefiore Health System, a premier academic medical center and the University Hospital System for the Albert Einstein College of Medicine.

Montefiore Mount Vernon (MMV), located at 12 North Seventh Avenue, Mount Vernon NY, 10550, is a licensed 176-bed hospital comprised of 134 medical/surgical beds, 8 coronary care beds, 12 intensive care beds, and 22 psychiatry beds. As a community-based teaching hospital, MMV has been serving the medical needs of the community and region since its founding in 1891. MMV provides emergency, inpatient, critical care and ambulatory services. Montefiore Mount Vernon is a New York State designated Stroke Center, an HIV/AIDS Center, and site of the Beale Chronic Wound Treatment and Hyperbaric Center. The Montefiore School of Nursing is located adjacent to Montefiore Mount Vernon's Campus.

Montefiore New Rochelle (MNR) is a 242-bed, community-based teaching hospital offering primary, acute and emergency care to the residents of southern Westchester County. Since its founding in 1892, Montefiore New Rochelle facility has provided for the diverse medical needs of the community and region it serves and continues to provide inpatient, critical care and ambulatory services.

Montefiore New Rochelle has a number of leading-edge services and programs that have earned distinction by state and national organizations for achieving and maintaining the highest quality of care within the specialty, including: Designated as a Center of Excellence by the American Society of Metabolic

and Bariatric Surgery New York State-designated Stroke Center New York State-designated Area Trauma Center—the only one in southern Westchester. Montefiore New Rochelle is a New York State-designated perinatal hospital with a Level 3 Neonatal Intensive Care Unit that provides state-of-the-art care for fragile newborns Gold Seal of Approval from The Joint Commission as a certified Center of Excellence in both hip and knee joint replacement for the Montefiore Mount Vernon campus as well.

Montefiore Mount Vernon and Montefiore New Rochelle have identified two Prevention Agenda Priority Areas:

1) Preventing Chronic Disease with a specific focus on reducing obesity in children and adults.

Goal #1.1: Create community environments that promote and support healthy food and beverage choices and physical activity, and

2) Promoting Healthy Women, Infants and Children with a specific focus on Maternal and Infant Health.

Goal #1: Reduce premature births in NYS.

The Priority Areas that were selected in 2013 have been expanded upon to have greater alignment with the initiatives of the Delivery System Reform Incentive Payment Program (DSRIP). Montefiore Mount Vernon and Montefiore New Rochelle will continue its work on the Maternal and Child Health indicators presented in the previous Community Service Plan, however, there is a stronger emphasis on engagement on the metabolic factors associated with obesity including diabetes and cardiovascular disease, the management of asthma and tobacco cessation efforts. In addition to the represented priorities, alignment with the behavior health interventions outlined through DSRIP will be supported. Furthermore, Montefiore Mount Vernon and Montefiore New Rochelle will continue their participation with the Westchester County Department of Health's CSP Collaborative to coordinate their alignment with the County's other healthcare providers.

As part of our prior work and to support the CHNA and CSP process, Montefiore, with its partners, has gathered extensive primary data on community health priorities using various methods and approaches. We participated in the 2014 Hudson Valley Regional Community Needs Assessment conducted by the Montefiore Health System and Westchester Medical Center DSRIP Participating Provider Systems (PPS) and Refuah Health Center. In addition, we have obtained data from the Westchester County Department of Health's Community Health Survey and Provider Health Survey. This survey process was conducted through conducted a web-based survey assessing the community health concerns of the community. While the exact priorities identified through each of these approaches varied somewhat, there was a consistent placement of obesity, and its related environmental factors (e.g., access to healthy food) and health consequences (e.g., diabetes, cardiovascular disease), as the top community health priority looking forward. In addition, more than 20 pieces of secondary data from numerous publicly-available population-based datasets were reviewed to collect an up-to-date view of the health status of the communities. Triangulating between priorities for the Prevention Agenda, DSRIP and the community, focus areas were selected that would allow us to work with a broad area of community partners in a wide range of activities.

Montefiore has a long history of broad community engagement that ranges from coordination of the Community Advisory Board (CAB) at Montefiore Mount Vernon which meets monthly from September to June, ongoing community engagement through the community outreach teams from Community Relations and the Office of Community and Population Health with community-based and faith-based organizations, as well as the myriad of community collaborations we participate in. Montefiore has a leadership role in a variety of critical community and public health efforts, including membership in the Westchester County Department of Health's Hospital Planning Team and Advisory Committee meetings, board membership and strategic partnership with the local Boys and Girls Club and Youth Community Outreach Program (YCOP) for youth development activities, oversight of the WIC Vending Program for

Bronx, Westchester and Putnam counties, and representation as one of Westchester County's two lead PPSs, to name a few. Participation in these committees give Montefiore trust-based access to the communities we serve, which we continue to foster by participating in (and presenting at) community sponsored events, Community Board meetings and local conferences.

The obesity prevention work in the community involves a wide array of partners, including the Westchester County Department of Health, other health care providers, engagement with Municipal services through the offices of the Mayors of Mount Vernon and New Rochelle, child/family focused organizations like the Mount Vernon Educational Foundation, and industry players like Pespico and Restaurant Depot. We meet with these community partners individually and as needed to discuss progress and align efforts. Partners like the NYC WIC Vendor Program are assisting us in getting access to bodega owners in Mount Vernon and New Rochelle to introduce various initiatives like the Montefiore Healthy Store Initiative which is currently working with 14 bodegas across the Bronx to improve access to healthy foods. The third prong of our strategy includes enhancing our screening and treatment of chronic diseases (e.g., cardiovascular diseases and diabetes) across our clinical settings by embedding evidence-based best practices, using population health management strategies to identify patients with gaps in care, and referring patients for additional intensive coaching, either one-on-one with health educators, certified diabetes educators and dieticians, or for classes conducted by certified coaches (e.g. Diabetes Prevention Program). The strategy of working with multiple partners across multiple areas simultaneously is a good strategy to engage pregnant women or women of child bearing age. The data suggests that women are more likely than their male counterparts to engage in these educational options making it suitable for a prematurity prevention intervention.

The leading indicator we will use for preterm births is the % of births that are premature (as defined by the NYSDOH Vital Statistics data). The leading indicators we will use for obesity are the percentages of

adults and children who are obese (from NYS BRFSS and YRBS data). Recognizing that a key part of our approach to reducing premature births will be focused on the management of risk factors like smoking, cardiovascular health and diabetes, additional process indicators will also be collected including:

- % of adults 18 years and older who frequently consume sugary drinks (NYS BRFSS)
- % of respondents ages 18 years and older who smoke or use tobacco some days or every day (CG CAHPS)
- % of respondents who discussed or were recommended tobacco cessation medications (CG CAHPS)
- % of respondents who discussed or were provided cessation methods or strategy (CG CAHPS)
- % of patients with diabetes who received the following tests: A1C, cholesterol, eye exam, nephropathy (HEDIS)
- % of patients with diabetes whose most recent A1c >9% (HEDIS)
- % of patients with diabetes whose most recent LDL was <100 (HEDIS)

Report

1. Community Description & Service Area

Westchester County is a large county located just to the north of New York City in the Hudson Valley; Westchester covers an area of 450 square miles (1,200 km²) and consists of 48 municipalities. The County is unique in that it includes urban, suburban and rural geographies. In 2015, the estimated population of Westchester County was 976,396, up 6.6% from 915,916 in 2005. The county seat of Westchester is the city of White Plains (56,853) and other major cities include Yonkers (195,976), New Rochelle (77,062) and Mount Vernon (67,292). In 2015, the median household income for Westchester was \$86,108, 4th highest in New York State, after Nassau, Putnam and Suffolk Counties.

2. Data Collection Process

According to the County Health Rankings, produced by the Robert Wood Johnson Foundation and University of Wisconsin, Westchester County is the 5th healthiest county in New York State. Despite its overall high ranking, there is considerable room to improve population health in Westchester County, while also reducing health disparities as each of these cities is serving as county anchors for challenged populations. The City of Mount Vernon has the highest proportion of Black/African American population in Westchester County at 66%, with 34% of all residents being foreign born. Additionally it is the seat of Westchester County's homeless services and senior services programs housing a disproportionate number of economically challenged residents. The City of New Rochelle, while geographically larger, has an equivalently sized population, but a larger proportion of Spanish language only residents of Latino origin and is the anchor city for the Long Island Sound region in Westchester County. Multiple data sources were used to support the selection of priority items, and were reviewed and reviewed with partners.

Primary Data Collection

In collaboration with the Westchester County Department of Health, a community needs survey was conducted in the Summer of 2016. Two versions of the survey were implemented, one for community members at-large and another for health care providers and community-based organizations (herein referred to as the provider survey). The community survey could be completed via a web-based tool (SurveyMonkey) or on paper; with paper surveys were available in 6 languages (English, Spanish, Chinese, Arabic, and French). The provider survey could be completed online. The primary distribution of the survey was conducted through the Westchester County Department of Health's Office of the Administrator and was made available through its website at the direction of the Commissioner of Health and the County Executive, which then directed it for distribution to the County's elected officials. The Montefiore Hudson Valley Collaborative also distributed the survey to its membership of over 900 hospitals, community based organizations, faith-based organizations and other social service providers. Due to its electronic format, dissemination as widespread, however limited quantities of paper surveys were available on request. The survey was disseminated through multiple distribution points including to hospitals, other health care providers, community-based organizations and others.

For the community survey, a total of 1125 surveys were completed among individuals working-in or residing-in Westchester County. Participants were asked to identify the three health priorities for the community, which included options such as smoking, obesity, diabetes, mental health and access to primary care. In addition, participants were asked to identify the potential strategies that would, in their opinion, have the greatest impact on improving population health. Participants were also asked to rank their own personal health priorities. The leading community health strategies identified included: drugs/drug abuse, elder care, obesity, mental health/depression and cancer. The leading strategies identified included: exercise/weight loss programs, clean air & water, access to healthy food, elder care and affordable housing.

Given the relatively large sample size of the survey, results were also stratified into approximate service areas for each hospital (based on the distribution of discharges from SPARCS data). For Montefiore Mount Vernon the leading community health priorities were drugs/drug abuse, violence, obesity, care for the elderly and access to primary care. The leading strategies were exercise/weight loss programs, clean air & water, safe places to walk/play, affordable housing and access to healthy food.

For the Montefiore New Rochelle area, the leading community health priorities were obesity, drugs/drug abuse, violence, mental health and elder care. The leading strategies for the Montefiore New Rochelle area were exercise/weight loss, clean air & water, affordable housing, safe places to walk/play and access to healthy foods.

In general results were consistent comparing Montefiore New Rochelle and Mount Vernon and New Rochelle to the rest of Westchester County, though violence and drugs tended to be rated as higher priorities in New Rochelle and Mount Vernon, as compared to the rest of Westchester County.

The provider survey was completed by 218 individuals. The leading community health priorities identified were mental health, drugs/drug abuse, access to specialty care, access to primary care, and elder care. Unlike the community surveys, obesity ranked 8th, as opposed to 3rd. Providers ranked access to both primary and specialty care more highly than community members, but both groups ranked drugs/drug abuse, mental health and elder care near the top.

Secondary Data Collection

In addition to the review of primary data, to capture an up-to-date high-level view of the health status of Westchester County residents, we evaluated temporal trends, differences between Westchester and peer counties and sub-county differences, when available, for more than 25 measures, including: obesity, preterm births, teen pregnancy rates, poverty, linguistic isolation, preventable hospitalizations, access to primary care, insurance status, smoking, flu immunizations, cancer screening, HIV incidence, lung, colorectal, prostate and breast cancer incidence rates, and hospitalizations for asthma, diabetes, assaults,

heart attacks and falls. These data were obtained from multiple population-based datasets including the American Community Survey (formerly referred to simply as the Census), New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS), New York State Statewide Planning and Research Cooperative Systems (SPARCS), New York State Vital Statistics, New York State HIV/AIDS Epidemiology Reports, and the New York State Cancer Registry. Additional data was obtained from the New York State Prevention Agenda Dashboard. Whenever possible these measures aligned with those used by the New York State Prevention Agenda Dashboard. The data sources used are summarized in **Appendix A** and the data themselves are presented in **Appendix B**. The Survey Instrument for the Primary Data is presented in **Appendix C**.

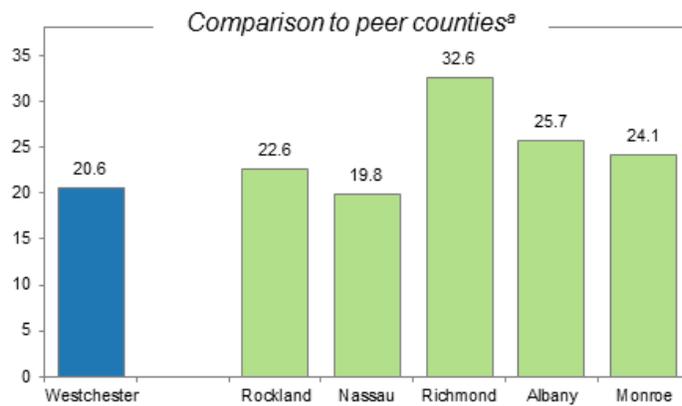
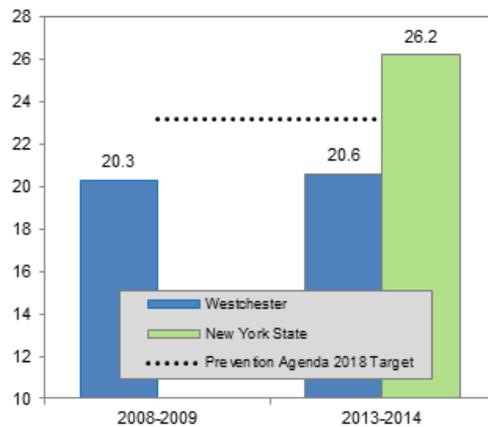
In addition to the secondary data previously described, we evaluated the distribution of different primary discharge diagnoses at Bronx-based Montefiore hospitals in 2015 using data from SPARCS. This data is presented in **Appendix D**.

Secondary Data Related to Selected Priority Areas

Adult and Pediatric Obesity

Specifically related to the priorities chosen, the data indicates that the percentage of Westchester adults who are obese continues to be lower its peer counties; the prevalence of childhood obesity continues to be higher in sections of Mount Vernon and New Rochelle.

Percent of adults who are obese (BMI \geq 30)



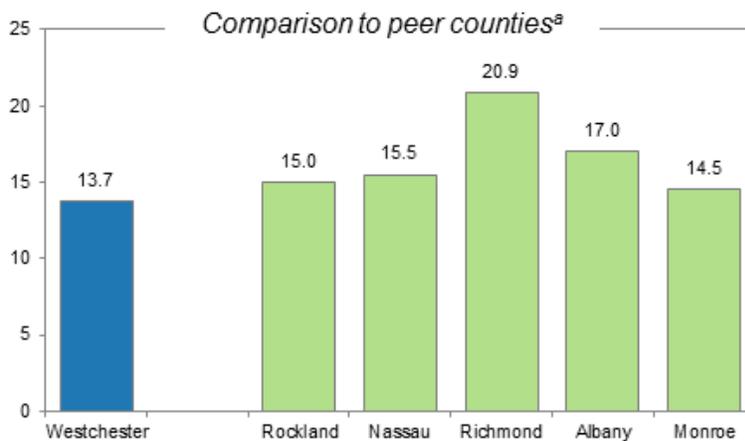
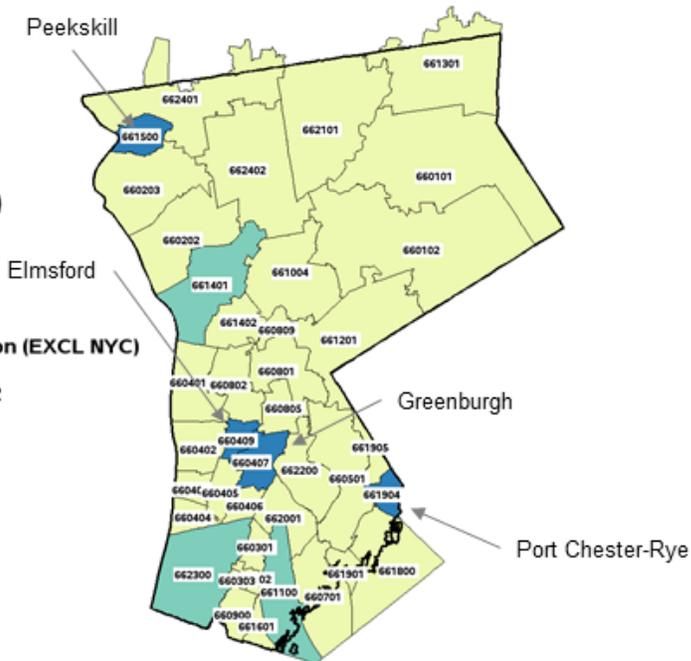
^aBased on comparison of following measures: percent of population less than 20y, percent of population \geq 65y, population density, % Hispanic, % black, % white, median household income, % college educated & % driving alone to work. Rockland county was the most similar to Westchester County, the other 5 most similar counties are also provided in order of similarity.

Data source: New York State Expanded BRFS

Percent of children who are obese
(BMI ≥ 95th percentile)

Quartile (Q) Distribution (EXCL NYC)

- 0 - < 17.9 : Q1 & Q2
- 17.9 - < 21.6 : Q3
- 21.6 + : Q4



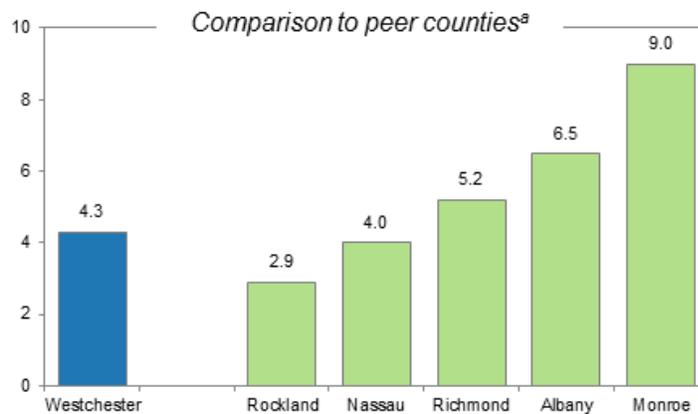
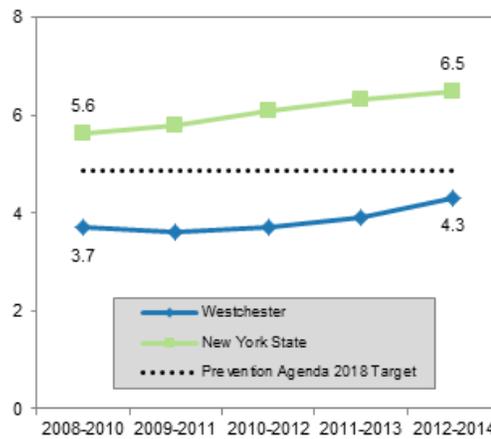
^a Based on comparison of following measures: percent of population less than 20y, percent of population ≥65y, population density, % Hispanic, % black, % white, median household income, % college educated & % driving alone to work. Rockland county was the most similar to Westchester County, the other 5 most similar counties are also provided in order of similarity.

Data Source: Student Weight Status Category Reporting System (SWSCRS)

Diabetes and Cardiovascular Disease

Rates of hospitalizations for short term complications of diabetes continue to increase for both Westchester County and New York State. Rates of hospitalizations for heart attacks is decreasing for Westchester County and New York State, however the City of Mount Vernon and New Rochelle each are in the third quartile as compared to the remainder of the County.

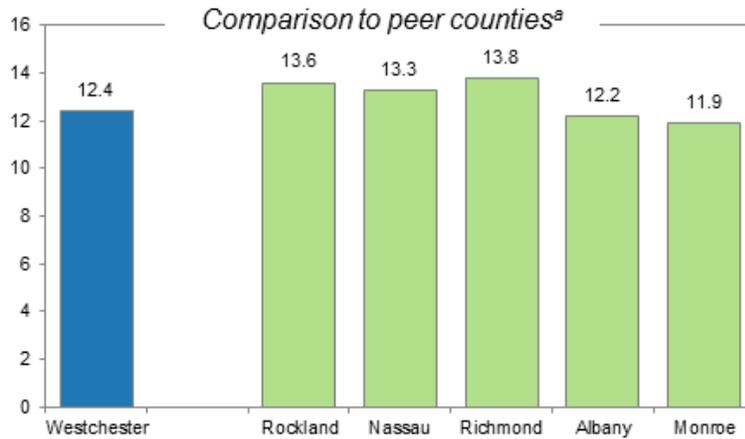
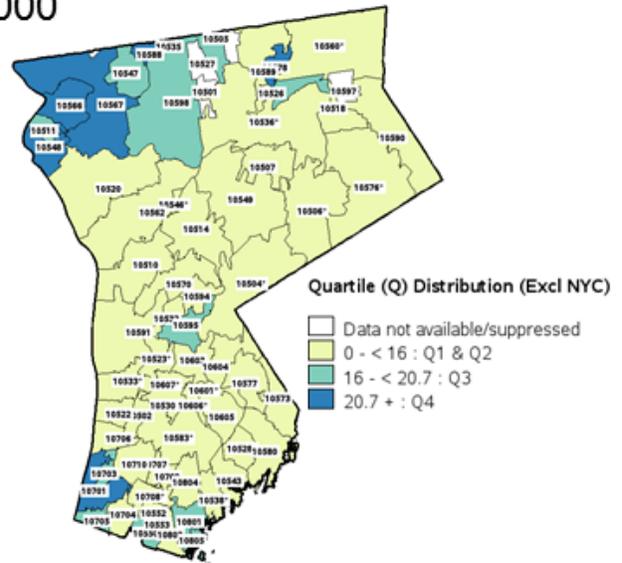
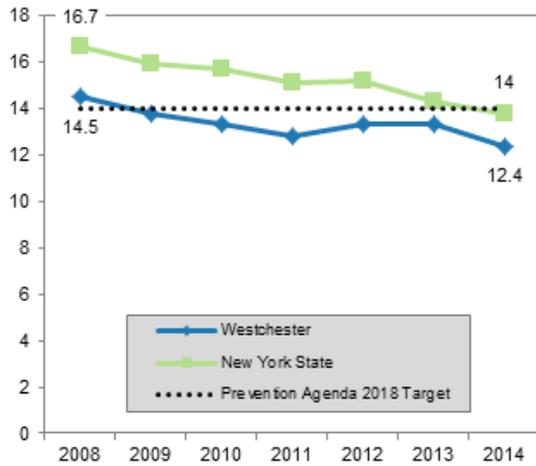
Rate of hospitalizations for short-term complications of diabetes per 10,000 (adults 18+y)



* Based on comparison of following measures: percent of population less than 20, percent of population ≥65, population density, % Hispanic, % black, % white, median household income, % college educated & % driving alone to work. Rockland county was the most similar to Westchester County, the other 5 most similar counties are also provided in order of similarity.

Data Source: SPARCS

Rate of hospitalizations for heart attacks per 10,000



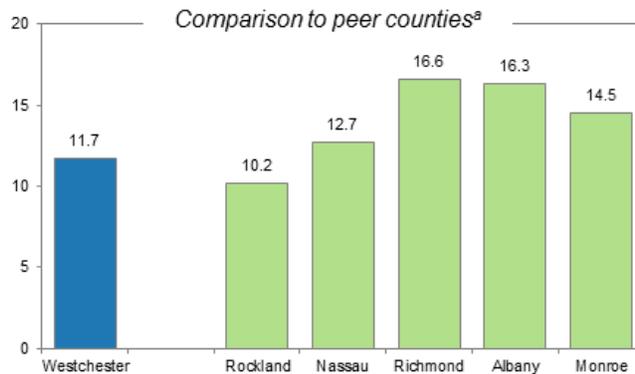
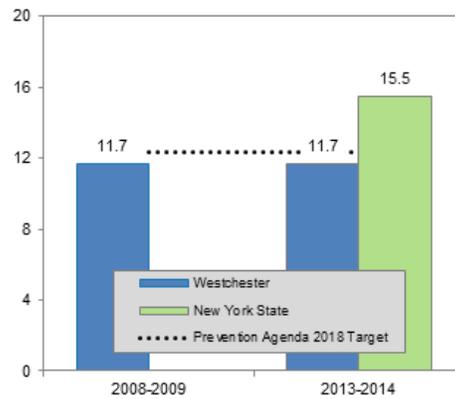
* Based on comparison of following measures: percent of population less than 20y, percent of population ≥65y, population density, % Hispanic, % black, % white, median household income, % college educated & % driving alone to work. Rockland county was the most similar to Westchester County, the other 5 most similar counties are also provided. In order of similarity.

Data Source: SPARCS

Tobacco Use

There was no local municipal data available for this rate for Mount Vernon or New Rochelle. In both Westchester County and New York State, cigarette smoking among adults has declined, but Westchester residents continue to be less likely smoke than New York State residents overall.

Percent of adults who smoke cigarettes

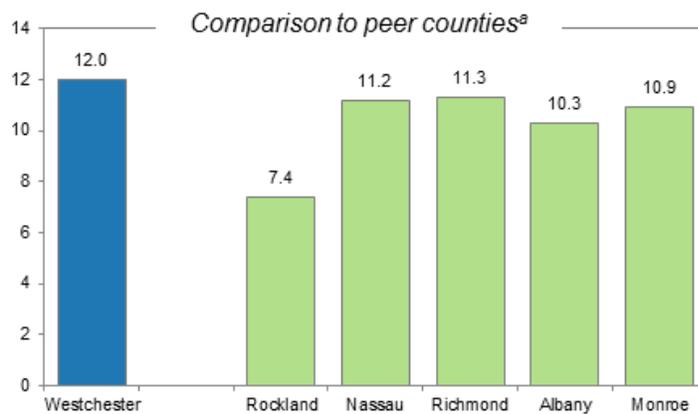
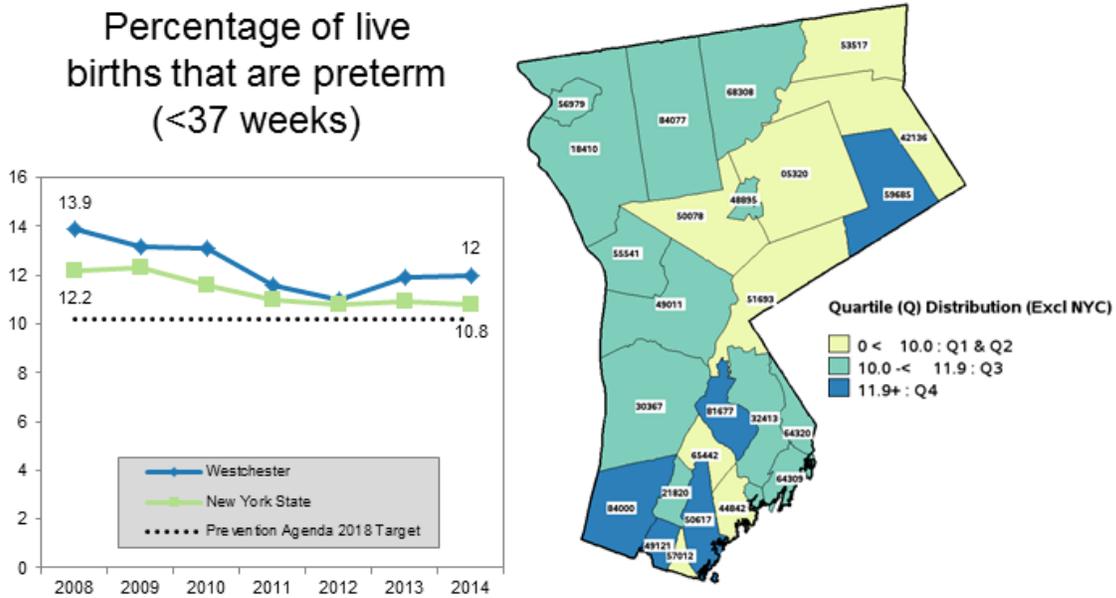


^a Based on comparison of following measures: percent of population less than 20; percent of population +65; population density; % Hispanic; % black; % white; median household income; % college educated & % driving alone to work. Rockland county was the most similar to Westchester County, the other 5 most similar counties are also provided in order of similarity.

Data source: New York State Expanded BRFSS

Preterm Birth

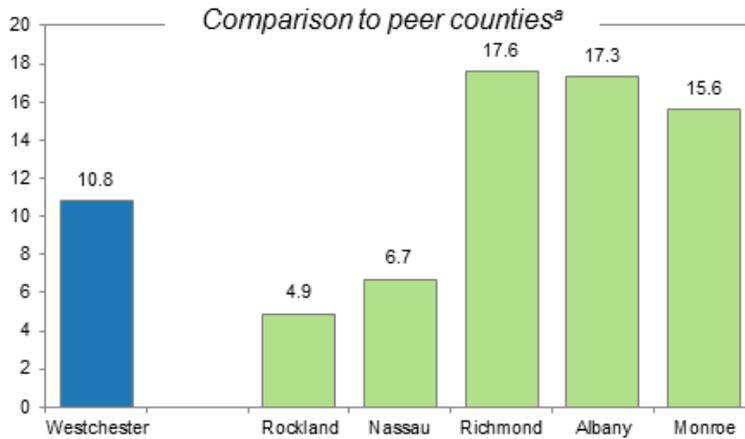
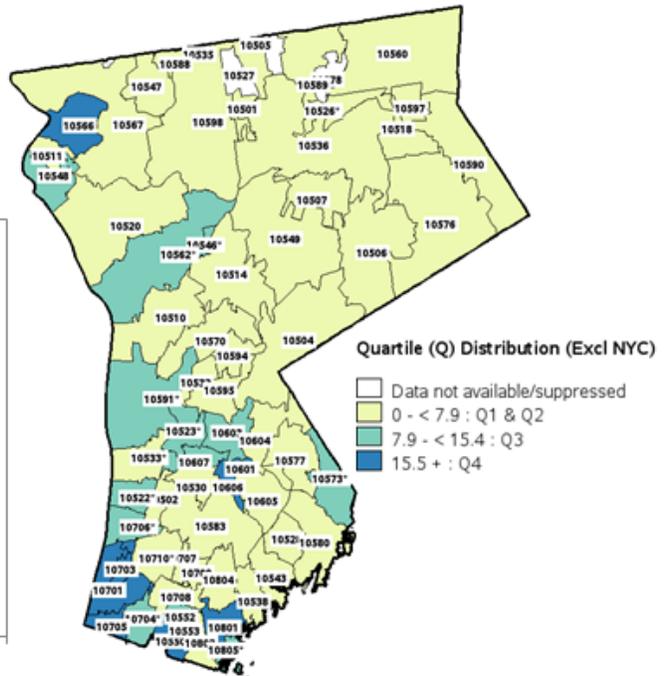
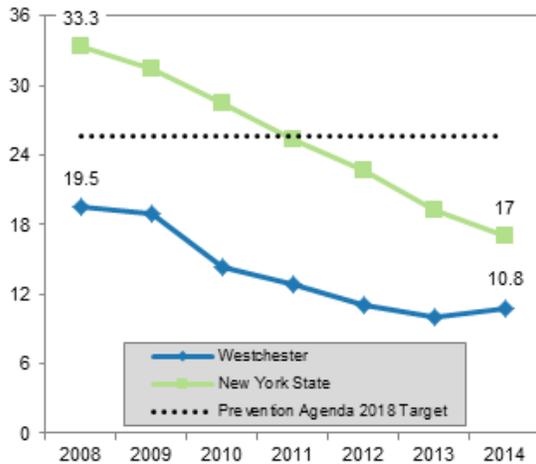
In both Westchester County and the rest of New York City, preterm births have declined, however Mount Vernon and New Rochelle residents continue to be more likely to experience preterm birth than County or State residents overall. Coinciding with the decline in preterm births, the teen pregnancy rate (and teen birth rate) has declined in both Westchester and the rest of New York State, but remain highest in lower Westchester County, including Mount Vernon and New Rochelle.



^a Based on comparison of following measures: percent of population less than 20y, percent of population ≥65y, population density, % Hispanic, % black, % white, median household income, % college educated & % driving alone to work. Rockland county was the most similar to Westchester County, the other 5 most similar counties are also provided in order of similarity.

Data source: New York State Vital Statistics

Teen (15-17y) pregnancy rate per 1,000



^a Based on comparison of following measures: percent of population less than 20y, percent of population ≥65y, population density, % Hispanic, % black, % white, median household income, % college educated & % driving alone to work. Rockland county was the most similar to Westchester County, the other 5 most similar counties are also provided. In order of similarity.

Data source: New York State Vital Statistics

Triangulating between priorities for the Prevention Agenda, DSRIP and the community, we selected focus areas that would allow us to work with a broad area of community partners in a wide range of activities.

3. Identified Prevention Agenda Priorities, Goals and Objectives

In the Comprehensive Community Services plan developed for 2014-2017, the priority areas selected were Prevent Chronic Disease and Promote Healthy Women Infants and Children. Through the projects and activities initiated during that plan, Montefiore Mount Vernon and Montefiore New Rochelle were able to contribute to the overall trend improvements in those areas for New York State. However, although Westchester County has continued to be among the top five and has shown improvements along with the rest of New York State, the rates for conditions identified in the communities of Mount Vernon and New Rochelle remains higher in most cases than the countywide and statewide averages. Therefore, Montefiore has elected to retain these two priority areas Prevent Chronic Disease and Promote Healthy Women Infants and Children for the 2016-2018 plan. As described within the Community Description and Service Area section of this proposal, Westchester County, while gradually increasing in ethnic diversity has hotspots where populations up to 90% identifying as a cultural/racial/ or ethnic minority. As the racial and ethnic populations have shown disparate rates of impact, in consultation and collaboration with community partners, within **Preventing Chronic Disease** the focus area and goal that was selected is: Focus Area 1: Reducing Obesity in Children and Adults, under Objective 1.1.1 - decrease the percentage of adults ages 18 years and older who consume one or more sugary drink per day (1) By 5% from 20.5% (2009) to 19.5% among all adults and (2) By 10% from 42.9% (2009) to 38.6% among adults with an annual household income of < \$25,000.

As demonstrated through the primary and secondary data collection process, there is a significant demand to address the causes of community obesity and not only through the clinical services groups, but the membership of the MHVC, the Westchester county Department of Health, as well as non-affiliated health care providers, insurers, community based organizations, business owners and social service providers are coordinating on initiatives to increase access to health foods in all environments.

Priority Area: Preventing Chronic Disease

Focus Area: Reduce Obesity in Children and Adults

Goal	Goal #1.1: Create community environments that promote and support healthy food and beverage choices and physical activity.
Outcome Objectives	Objective 1.1.1: By December 31, 2018, decrease the percentage of adults ages 18 years and older who consume one or more sugary drink per day: By 5% from 20.5% (2009) to 19.5% among all adults. By 10% from 42.9% (2009) to 38.6% among adults with an annual household income of <\$25,000. (Data source: NYS BRFSS) (Health Disparities Indicator)
Interventions/Strategies/ Activities	Increase the proportion of community engagements focused on the reduction of sugar sweetened beverage consumption in the older adult population (seniors), among youth serving organizations and across perinatal services recipients in the WIC Program. Disseminate “Rethink Your Drink” boards across the Health System to serve as a tool for educating patients and the community about the amount of sugar present in commonly bought juices, sodas, and other flavored drinks. This work is supported by the Bronx based Montefiore Healthy Store Initiative (MHSI) staff. In working with the above identified populations, the community education staff, WIC Patient Services and Montefiore New Rochelle Hospital WIC Vendor Management Agency will integrate the “Rethink Your Drink” boards into patient and vendor education and training services. Increase the availability and frequency of health education services on food at local farmers markets.
Process Measures	Number of boards disseminated at Montefiore sites; number of youth/adults/perinatal patients educated by peers on sugar content in commonly purchased sugary drinks; number of vendors reporting increased willingness to carry non SSBs at their locations.
Partner Role	CBO’s will assist in engaging youth to make “Rethink Your Drink” boards; WIC participant sites will integrate the SS education boards into their patient education services; Collaboration with local mayor’s offices on Farmer’s Market availability and participant engagement.
Partner Resources	Local CBOs: Access to community members (youth/seniors/WIC participants). Access to municipal and civic leadership to advance educational objectives
By When	December 31, 2018
Will Action Address Disparity	Yes. The community serviced through the proposed program is generally low-income and includes a high proportion of individuals who are non-Hispanic black or Hispanic.

Also with Preventing Chronic Disease, a second area of focus is Focus Area 2: Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure, Goal #2.2: Promote tobacco use cessation, especially among low SES populations and those with poor mental health under Objective

2.1.2: Decrease the prevalence of cigarette smoking by adults by 18% from 18.1% in 2011 to 15.0%. In November 2015, a revised target of 12.3% was set for 2018.

As a countywide priority, with elevated rates in ethnic minority communities and elevating rates in youth, tobacco use cessation is significant priority as it impacts both cardiovascular outcomes, prematurity rates and is a leading preventable cause of disease.

Priority Area: Preventing Chronic Disease

Focus Area: Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure

Goal	Goal #2.2: Promote tobacco use cessation, especially among low SES populations and those with poor mental health.				
Outcome Objectives	Objective 2.1.2: Decrease the prevalence of cigarette smoking by adults by 18% from 18.1% in 2011 to 15.0%. In November 2015, a revised target of 12.3% was set for 2018. (Data source: NYS BRFSS; Data Availability: state; county), HP 2020 (TU-1.1) target: 12% Reduce disparity: Decrease the prevalence of cigarette smoking among adults with income less than \$25,000 by 30% from 28.5% (2011) to 20%. (Data Source: NYS BRFSS Data Availability: state)				
Interventions/Strategies/ Activities	Engagement of clinical partners in to Tobacco cessation /NRT Adherence protocol as outlined in HEDIS to increase patient follow-up to quit & nicotine replacement therapy (NRT) adherence. This effort will be supported by a DSRIP-funded Tobacco Cessation Specialist upon hire and will be expanded across multiple primary care sites.				
Process Measures	Data Source	HEDIS Measure #	Description	Denominator	Target
	Project 3.c.i Medical Assistance with Smoking and Tobacco Use Cessation – Advised to Quit	27	Number of respondents who were advised to quit	Number of respondents, ages 18 years and older, who smoke or use tobacco some days or every day	100%
	Project 3.c.i Medical Assistance with Smoking	27	Number of respondents who discussed or were recommended cessation	Number of respondents, ages 18 years and older, who smoke or use tobacco	100%

	and Tobacco Use Cessation – Discussed Cessation Medication		medications		
	Project 3.c.i Medical Assistance with Smoking and Tobacco Use Cessation – Discussed Cessation Strategies	27	Number of respondents who discussed or were provided cessation methods or strategies	Number of respondents, ages 18 years and older, who smoke or use tobacco some days or every day	100%
Partner Role	Provide access to counseling, education and self-management strategies, as well as support of appropriate pharmacology to support tobacco use cessation.				
Partner Resources	Partners will provide Technical Assistance, opportunities for NRT distribution and support for counseling for smoking cessation/ eliminating nicotine consumption as well as data sharing and collaboration.				
By When	December 31, 2018				
Will Action Address Disparity	Yes. The community serviced through the proposed program is generally low-income and includes a high proportion of individuals who are non-Hispanic black or Hispanic				

Also within Priority Area Preventing Chronic Disease is the Focus Area: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings. In alignment with the Community Needs Assessment that was performed in preparation of the 2014 implementation of the Delivery System Reform Incentive Payment (DSRIP) program as well as the secondary data reporting, increasing rates of cardiovascular disease and diabetes, especially among disparate populations is priority in increasing the rates of screening, care, management and control of cardiovascular disease and diabetes. In addition to expanding the opportunities for clinical evaluation of diabetic Westchester County residents (targeting Mount Vernon and New Rochelle), an active engagement with the National Diabetes Prevention Program from the CDC and managed through a variety of organizations and

government agencies including support for smaller faith based and community based organizations that have elected for an independent relationship with the Quality and Technical Assistance Center of NY (QTAC-NY), and Montefiore’s independent pursuit of certification through the Centers for Disease Control (CDC) through the implementation of the Montefiore Diabetes Prevention Program.

Priority Area: Preventing Chronic Disease

Focus Area: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings

Goal	Goal #3.1: Increase screening rates for cardiovascular disease, diabetes and breast, cervical and colorectal cancers, especially among disparate populations.				
Outcome Objectives	Objective 3.1.4: By December 31, 2018, increase the percentage of adults 18 years and older who had a test for high blood sugar or diabetes within the past three years by 5% from 58.8% (2011) to 61.7%. (Data Source: NYS BRFSS)				
Interventions/Strategies/ Activities	Engagement of clinical partners in the HbA1c screening protocol as outlined in HEDIS; alignment of clinical and community based resources to address the level of patient health status (prevention, management or control). Increase community based screening rates for cardiovascular disease among older adults at frequently occurring points of congregation, including senior centers and Naturally Occurring Retirement Communities (NORC)s .				
Process Measures	<i>Data source</i>	<i>HEDIS Measure #</i>	<i>Description</i>	<i>Denominator</i>	<i>Target</i>
Project 3.c.i Comprehensive Diabetes screening – All Four Tests (HbA1c, lipid profile, dilated eye exam, nephropathy monitor)	HEDIS 2015	0055, 0062, 0057	Number of people who received at least one of each of the following tests: HbA1c test, cholesterol screening test, diabetes eye exam, and Medicaid attention for nephropathy	Number of people ages 18 to 75 with diabetes	62.5%
Project 3.c.i Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor	HEDIS 2015	59	Number of people whose most recent HbA1c level indicated poor control (>9.0 percent), was missing or	Number of people ages 18 to 75 with	23.2%

Control (>9.0%) ±			did not have a HbA1c test	diabetes	
Project 3.c.i Comprehensive diabetes care - LDL-c control (<100mg/dL)	HEDIS 2014	64	Number of people whose most recent level of bad cholesterol was below the recommended level (LDL-C <100 mg/dL), was missing or did not have a LDL-c test	Number of people ages 18 to 75 with diabetes	51.3%
Partner Role	Provide Access to a range of preventive, maintenance and self-management programs for individuals across the pre-diabetes and diabetes spectrum.				
Partner Resources	Partners will provide Technical Assistance, opportunities for neighborhood based cultural/linguistic specific classes, and opportunities for data sharing and collaboration				
By When	December 31, 2018				
Will Action Address Disparity	Yes. The community serviced through the proposed program is generally low-income and includes a high proportion of individuals who are non-Hispanic black or Hispanic				

The next Priority Area that was selected is **Promote Healthy Women Infants and Children**, Focus Area:

Maternal and Infant Health, Goal 1 Reduce Premature Births, Objective 1.1 - reduce the rate of preterm birth in NYS by at least 12% to 10.2%.

The importance of continuing these efforts is supported by the coalition of programs and organizations working in this area, which include membership from local Head Start and child care centers, family resource centers, birthing centers, hospitals and clinics, immigrants and refugee centers, and substance abuse treatment programs. Organizational support was derived through the well-established partnership networks including the Mount Vernon Neighborhood Health Center, the Open Door Health Centers, and the Lower Hudson Valley Perinatal Network, which currently directs referrals through the Perinatal Information Network. Also collaboration and coordination with the Westchester County Department of Social Services, including the local municipality DSS leads as well, the Montefiore Medical Group - Family

Health and Wellness Center and as well as other social service and mental health agencies in the county will continue.

Goal	Goal #1: Reduce Premature Births
Outcome Objectives	Objective 1-1 By December 31, 2018, reduce the rate of preterm birth in NYS by at least 12% to 10.2%. (This target is in alignment with the national ASTHO/March of Dimes target of 17.9% improvement by 2020 to achieve a national preterm birth rate of 9.6%)
Interventions/Strategies/ Activities	Participation in the New York State Baby Friendly Initiative at Montefiore New Rochelle; alignment with the infant mortality reduction initiatives and perinatal health objectives sponsored through the Mount Vernon Neighborhood Health Center, the Montefiore Medical Group Family Health and Wellness Center and Hudson River Healthcare centers.
Process Measures	Within the DSRIP framework in Domain 4, references to the NYS Prevention Agenda identifying measures related to the: (1) Overall Percentage of preterm births, (2) the Percentage of preterm births – Ratio of Black non-Hispanics to White non-Hispanics, (3) the percentage of preterm births – Ratio of Hispanics to White non-Hispanics and (4) Percentage of preterm births – Ratio of Medicaid births to non-Medicaid births Will be collected and tracked to monitor trending over the CSP Period.
Partner Role	Engagement and referral into appropriate programs (clinical or community) to support mothers at risk for preterm delivery, including non-maternity based programs that correlate to social determinants of health that impact prematurity.
Partner Resources	Technical assistance, supportive community programming, visit assistance. From Community Health Worker services
By When	December 31, 2018
Will Action Address Disparity	Yes. The community serviced through the proposed program is generally low-income and includes a high proportion of individuals who are non-Hispanic black or Hispanic

Each of the two selected Priority Areas has received support from the Westchester County Department of Health. Additionally, the hospitals of lower Westchester: Montefiore Mount Vernon, Montefiore New Rochelle, St. Joseph’s Medical Center (including St. Vincent’s Hospital – Westchester), St. John’s Riverside Hospital, White Plains Hospital, and Burke Rehabilitation Hospital collaborated through the DSRIP originated Montefiore Hudson Valley Collaborative (MVHC) to ensure that the CSP and DSRIP goals retain

their alignment. As the CHNA process was conducted simultaneously with the New York State Community Service Plan (CSP) review, there is strong alignment between the areas of focus in this report and the areas presented in the CHNA. Montefiore Mount Vernon and Montefiore New Rochelle will continue to work with its partners on existing program initiatives.

In addition to this collaborative input from the local Department of Health and clinical partners, Montefiore worked closely with its communities including the Mount Vernon Community Advisory Board (MVCAB). In addition, (1) work with a variety of organized partnerships and collaboratives, (2) working with other providers in lower Westchester as well as (3) extensive work with representatives of the affected communities has helped Montefiore to identify health care needs and determine the appropriate configuration of services.

Montefiore Mount Vernon and Montefiore New Rochelle have established formal structures to gain input from the communities they serve. In support of those efforts, Montefiore's Office of Community and Population Health participates in a variety of informal organized partnerships and collaboratives, using a community level approach. That approach involves engaging relevant community based organizations interested in planning and developing initiatives aimed at improving the health of the residents of Westchester County.

This exhaustive process has confirmed that there is alignment with both of the Priorities selected through the data review and primary data collection processes across multiple stakeholders.

4. Community Engagement Process

The Community Engagement process for the 2016-2018 Community Service Plan was an unprecedented collaborative effort. Over the period of the previous Community Service Plan implementation, the healthcare delivery landscape shifted, previous alignments dissolved and new regional partnerships came into existence. Furthermore, the local Westchester County Department of Health's Community Health Assessment was conducted concurrently and collaboratively with the Community Health Assessments that were happening across the County, resulting in a previously non existing alignment of data being used by multiple parties. This rigorous secondary data review as well as a primary data collection process which involved the residents of the county in focus groups, community conversations to disseminate data and an electronic surveying process, available in five languages, to understand and assess their health priorities allowed for the creation of data maps that demonstrate the County's 'hotspots' for particular indicators. Through the use of this mapping style, each facility can see itself in relationship with the other facilities across the service areas and as such have created opportunities for alignment of care. Across Westchester, in addition to the local Department of Health Meeting, there is now a MHVC DSRIP aligned Collaborative with membership from Montefiore Mount Vernon, Montefiore New Rochelle, St. Joseph's Medical Center (including St. Vincent's Hospital – Westchester), St. John's Riverside Hospital, White Plains Hospital, and Burke Rehabilitation Hospital working to ensure that the CSP and DSRIP goals retain their alignment.

Lastly, as it relates to the specifically identified goals, Under the Priority Area Prevent Chronic Disease Focus Area 1: Reducing Obesity in Children and Adults, under Objective 1.1.1 - decrease the percentage of adults ages 18 years and older who consume one or more sugary drink per day (1) By 5% from 20.5% (2009) to 19.5% among all adults and (2) By 10% from 42.9% (2009) to 38.6% among adults with an annual household income of < \$25,000, Montefiore Mount Vernon and Montefiore New Rochelle, working collaboratively with the WIC Vendor Management Agency and Montefiore's Office of Community

and Population Health will continue to partner with local community based organizations to provide on an engagement and demand strategy to disseminate “Rethink Your Drink” boards across the Montefiore Health System as well as in community sites including non-affiliated schools and WIC program offices to serve as a tool for educating patients and the community about the amount of sugar present in commonly purchased juices, sodas, and other flavored drinks. As there is a smaller presence of school based health centers in Westchester County, demand strategy work will be engaged through collaboration with youth serving organizations such as the Fit for Life Program through Open Door, as well as targeted programming local affiliates of the YMCA/YMHA, local Boys and Girls Clubs affiliates, faith-based organization youth clubs and other youth service CBOs.

Under the Priority Area Promote Healthy Women, Infants and Children, Focus Area: Maternal and Infant Health, Goal 1 Reduce Premature Births, Objective 1.1 - reduce the rate of preterm birth in NYS by at least 12% to 10.2%, this objective will be addressed through the implementation of several specific initiatives that address women and families in the perinatal spectrum. The 2013 Vital Statistics data has shown us that while Westchester residents overall have good health, residents of Mount Vernon and New Rochelle on particular indicators have been shown to have some of the worse economic and health outcomes among all Westchester County residents. As it relates to maternal infant health, three factors of note are: a) Premature births – In 2014, 12% of live births were premature (defined as less than 37 weeks) in Westchester County overall. When data are examined by Westchester County Minor Civil Division the percent of births that are premature was 13.8% and 12.0% in Mount Vernon and New Rochelle, respectively. These are amongst the highest rates in all of Westchester County

b) Low birth weight – a comparable percentage of women living in Westchester gave birth to low- birth weight infants as compared to New York State overall from 2012-2014 (7.8% in Westchester compared to 7.9% in New York State). In 2014, 11.6% and 7.0% of births in Mount Vernon and New Rochelle,

respectively, were low birth weight. Throughout Westchester, the highest rates of low birth weight are observed among non-Hispanic black women and women >19y and ≥35y.

c) Infant Mortality – Data on infant mortality for Westchester County show an increase in recent years from 4.2 per 1000 in 2010 to 5.0 per 1000 in 2014, the most recent year for which data is available. Sub-county data is not available for this indicator. Nationally, infant mortality rates are highest among children born to non-Hispanic black mothers. Furthermore, given the relationship between preterm delivery/low birth weight and infant mortality, we expect that infant mortality is of particular concern in Mount Vernon.

Several programs have been identified to address the high rates of infant mortality. Among these is the pursuit, achievement and participation in the New York State Baby Friendly Initiative, which is process at Montefiore New Rochelle and is supported by the obstetrical practice at Montefiore Mount Vernon and the designated Federally Qualified Health Center in the community – the Mount Vernon Neighborhood Health Center (MVNHC). With the MVNHC's access across Mount Vernon, Yonkers, and Greenburg, and their patients delivering at all of the regional hospitals there is regional pursuit of this goal of reducing prematurity. As this program coordinates with the delivery of obstetrics services and health education services for primiparous, multiparous and mothers of multiples, support for the reduction of preterm births is available across the voluntary nonprofit hospitals in the county. Through these clinical initiatives, which are also supported through alignment with coalitions of community based programs such with the Lower Hudson Valley Perinatal Network, the New York State community perinatal services provider and Regional Perinatal Center Infant Mortality Reduction Initiative partner, which allow opportunities for ongoing community engagement and course correction as appropriate.

The Montefiore Hudson Valley Collaborative (MHVC) is a coalition of over 900 Hudson Valley based organizations working together to increase patient access, care quality, and efficiency in healthcare

delivery in Westchester County. Through ten DSRIP projects, designed to meet our community's unique health needs, MHVC is building a coordinated, community-based healthcare system focused on the wellness of every Westchester resident. Montefiore Mount Vernon and New Rochelle are participating organizations within the Montefiore Hudson Valley Collaborative (MHVC) under the New York State Delivery System Reform Incentive Payment Program and will utilize the program structure within MHVC to reach participating organizations. Additionally, through a network of relationships developed over the century that Montefiore Mount Vernon and New Rochelle have been in the Westchester region, each institution is widely known and continues to engage at all levels of the community in the provision of services to improve health. The success of MMV and MNR in meeting the needs of their populations is relevant as Westchester County is becoming increasingly racially/ethnically diverse overall, with sixteen percent of the population identifying as Black or African-American (up from 14.2% in 2000), 6.3% is Asian (up from 4.5% in 2000) and 24.2% is Hispanic (up from 15.6% in 2000). One-third of the population age ≥5y speaks a language other than English at-home. Mount Vernon's population is 12.3% Hispanic, 64.7% African-American, 24.7% White, 2.1% Asian, and 5.3% other. Almost one-third (34.2%) of its residents are foreign-born. (Immigration source in order of frequency): Jamaica, Brazil, Mexico, Dominican Republic, Portugal, the West Indies, Trinidad & Tobago, Italy, Barbados, & Guyana.

New Rochelle's population is 28.5% Hispanic, 17.8% African-American, 69.6% White, 4% Asian, and 7% other with more than a quarter (26.3%) of its residents being foreign-born. Among these immigrants, more people speak only English at home than any other language. The city's immigrant communities come from diverse corners of the globe (in order of their numbers): Mexico, Colombia, Italy, Jamaica, Guatemala, Peru, Haiti, Brazil, China, and Portugal. As over 80% of individuals served by the Health System are represented in the above demographics, the ethnic, gender and socio-economic health

disparities that are challenging the Westchester population will be encountered, acknowledged, recorded and addressed.

5. Report Dissemination Process

The plan to disseminate the delivery of the Montefiore Mount Vernon and New Rochelle/New Rochelle 2016-2018 Community Service Plan report to the public will occur across a number of platforms:

The Community Service Plan will be posted to the www.montefiore.org website at the specific address <https://www.montefiore.org/documents/communityservices/Comprehensive-MV-NR-CSP-20116.pdf> It can also be found through accessing the general www.montefiore.org site and clicking the Community Reports tab located in two areas of the face page, both under the Community tab or by scrolling to the bottom of the page where Community Reports is provided as hyperlinked text which can take a viewer directly to the report.

As each facility has a local page, the information will also be locatable For Montefiore Mount Vernon at <http://www.montefiorehs.org/landing.cfm?id=17> and for Montefiore New Rochelle at <http://www.montefiorehs.org/landing.cfm?id=16> .

Appropriate staff will also provide community presentations to discuss the findings of the report and their relationship to particular community interests. As the Westchester County Department of Health issued the 2016 Community Health Profiles and Montefiore Mount Vernon and New Rochelle engaged with the Community Conversations process as an additional primary data collection opportunity, this data will also be shared at community presentations to enhance the knowledge of the population on the health status of their community.

The Community Service Plan will be mailed out in hard copy to members of the Montefiore Mount Vernon Community Advisory Boards, and to key identified New Rochelle stakeholders as well as provided to community leaders and elected officials. To facilitate this distribution, a copy of the direct link is also provided specifically to the distribution link of the Office of the Westchester Borough President, which

maintains the borough's largest electronic communication list and can provide dissemination beyond the traditional healthcare partners.

A QR code for the link to the report will be made available for print materials to facilitate ease of access to the report. The QR code, accessible through most smart phone readers, for the site is provided below



Montefiore Mount Vernon and New Rochelle will announce through its multiple social media platforms the availability of the Community Service Plan which will be available through the following feeds that are unified for the Montefiore Health System:

- Facebook: <https://www.facebook.com/montefioremedicalcenter>
- Twitter: <https://mobile.twitter.com/MontefioreNYC>
- YouTube: <http://www.youtube.com/user/MontefioreMedCenter>

This reflects an expansion of the ways in which the Community Service Plan has been distributed as technological advances allow for broader distribution. As we move forward, additional reports, including the Community Health Needs Assessment and Implementation Plan, which will supplement the delivery of the Community Service Plan, will be found and distributed through the same pathway.

6. Supplemental Information

This Community Service Plan is reflective of a segment of the programming offered at Montefiore Medical Center. Information on additional programs and services can be found at www.montefiore.org and www.doingmoremontefiore.org. Additional information about community specific initiatives can be found at www.montefiore.org/community.

Information on Montefiore's Financial Assistance Policy can be located at <http://www.montefiore.org/financial-aid-policy> and is available in English and Spanish, with additional interpretations options upon request.

This document was reviewed and approved by the Montefiore Medical Center Community Services Subcommittee, as an approved committee of the Board of Trustees on November/December , 2016.

Appendix A: Summary of Secondary Data Sources & Analytic Notes

American Community Survey: The American Community Survey (ACS) replaced the Decennial Census as an ongoing survey of the United States population that is available at different geographic scales (e.g., national, state, county, census tract or census block group). ACS is a continuous survey that addresses issues related to demographics, employment, housing, socioeconomic status, and health insurance. In the current report, data from ACS was used to evaluate the percent of families living in poverty, the percent of households that are limited English speaking and the percentage of adults or children with health insurance. For more information on ACS please visit <http://www.census.gov/programs-surveys/acs/about.html>.

New York State Expanded Behavioral Risk Factor Surveillance System (BRFSS): Expanded BRFSS augments the CDC BRFSS, which is conducted annually in New York State. Expanded BRFSS is a random-digit-dialed telephone survey among adults 18 years of age and older representative of the non-institutionalized civilian population with landline and cellular telephones living in New York State. The goal of Expanded BRFSS surveys is to collect county-specific data on preventive health practices, risk behaviors, injuries and preventable chronic and infectious diseases. Topics assessed by the Expanded BRFSS include tobacco use, body weight, cancer screening, and other factors linked to the leading causes of morbidity and mortality. For more information about NYS Expanded BRFSS please visit <https://www.health.ny.gov/statistics/brfss/expanded/>

New York State Vital Records Data: The New York State Vital Records is the clearinghouse for data on births and deaths for all of New York State. For the current report vital records data were used to examine the percentage of life births that are preterm and the teen pregnancy rate. For more information on the New York State Vital Records please visit: https://www.health.ny.gov/statistics/vital_statistics/

New York State Statewide Planning and Research Cooperative Systems (SPARCS): SPARCS is the primary source of data on ED visits and inpatient hospitalizations at New York State hospitals. All inpatient admissions and ED visits at NYS hospitals are sent to SPARCS and compiled into a master database. SPARCS data was used to estimate the rates of avoidable hospitalizations, fall-related hospitalizations, assault-related hospitalizations, asthma ED visits, hospitalizations for short-term diabetes complications, and hospitalizations for heart attacks. For more information about SPARCS please visit:

<http://www.health.ny.gov/statistics/sparcs/>.

New York State Bureau of HIV/AIDS: Data on HIV incidence (new cases) were obtained from the NYS Bureau of HIV/AIDS, which receives reports of all new HIV diagnoses to NYS residents meeting an established case definition. For more information please visit:

<https://www.health.ny.gov/diseases/aids/general/statistics/>.

New York State Cancer Registry: The New York State Cancer Registry was used to summarize data on new cases of breast cancer, prostate cancer, lung cancer and colorectal cancer. The Cancer Registry receives notice of all cancer diagnoses to NYS residents and classifies the cancers using established definitions. For more information on the New York State Cancer Registry please visit:

<https://www.health.ny.gov/statistics/cancer/registry/>.

New York State Prevention Agenda Dashboard: An additional resource for data was the New York State Prevention Agenda Dashboard, which was produced by the New York State Department of Health and systematically collects data for the entire state and for each county for dozens of health indicators that align with the New York State Prevention Agenda. Like the Community Health Profiles, the Prevention Agenda Dashboard is not a single database, but rather a compilation of diverse databases. For more information please see: http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/

Additional Analytic Notes

Age-adjustment

Whenever possible percentages or rates are age-adjusted in order to remove differences in the underlying age distribution of two places (or across time) from explaining differences between two places (or trends). For example, Westchester may have a lower average age than the rest of New York State and may therefore appear to have lower rates of specific diseases due to its younger population. By age-adjusting the data differences between rates/percentages are no longer due to differences in the age distribution of two populations.

Identification of similar counties

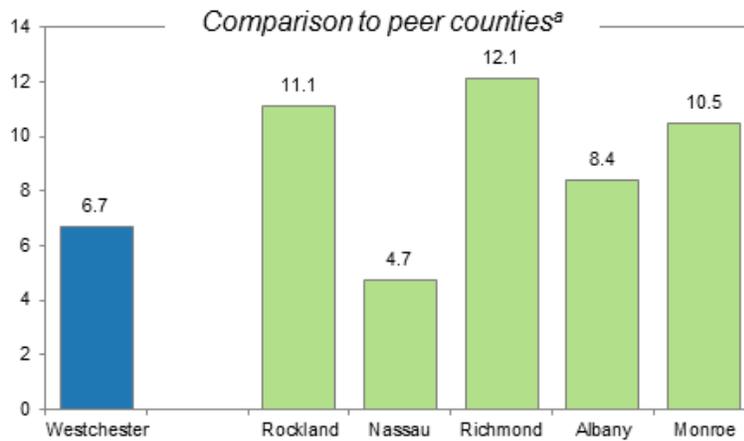
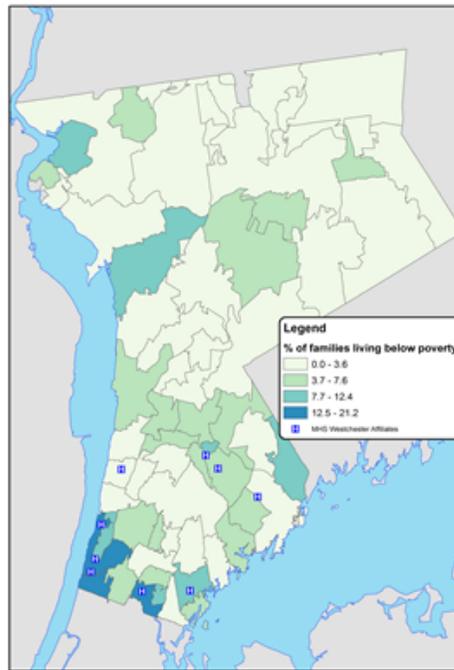
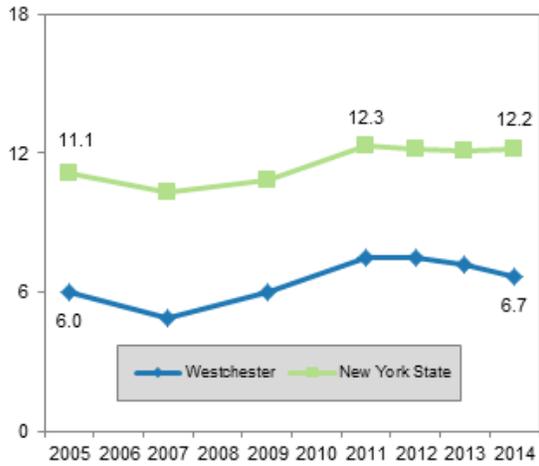
To compare Westchester to the most similar counties in terms of geography and socio-demographics we examined county-level data for the following variables: percent of population less than 20y, percent of population ≥ 65 y, population density, % Hispanic, % black, % white, median household income, % college educated & % driving alone to work. Rockland County was the most similar to Westchester County, the other 5 most similar counties are also provided in order of similarity, and include: Nassau, Richmond (Staten Island), Albany and Monroe (Rochester).

Appendix B: Additional Secondary Data

Multiple variables were reviewed and shared in the assessment of the health status of Westchester County. The following is a review of that data and the trends of Westchester County as compared to available State and or county comparison data elements.

Of note, the partnered hospitals are identified on the maps, which are using ZIP code level data; it is possible to identify areas of higher or lower rates of incidence when the overall county wide data may be misleading.

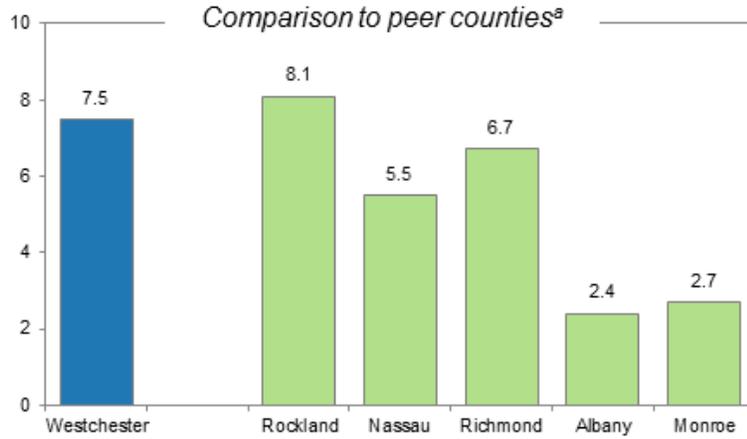
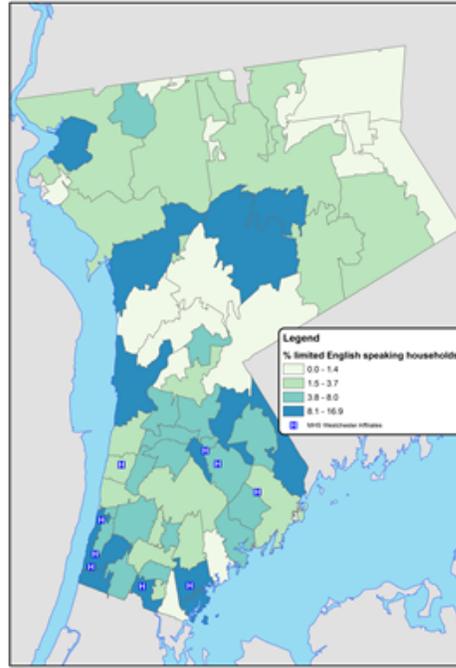
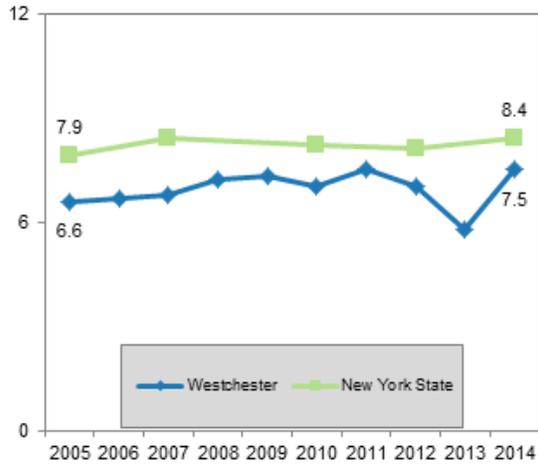
Percent of families living in poverty



^a Based on comparison of following measures: percent of population less than 20, percent of population ≥65, population density, % Hispanic, % black, % white, median household income, % college educated & % driving alone to work. Rockland county was the most similar to Westchester County, the other 5 most similar counties are also provided in order of similarity.

Data source: American Community Survey

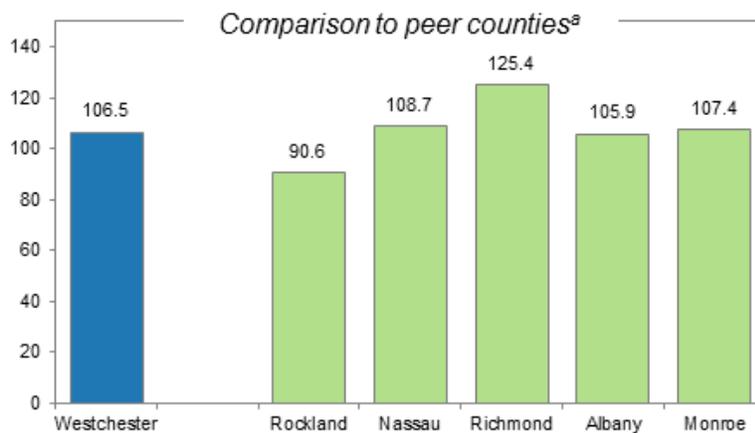
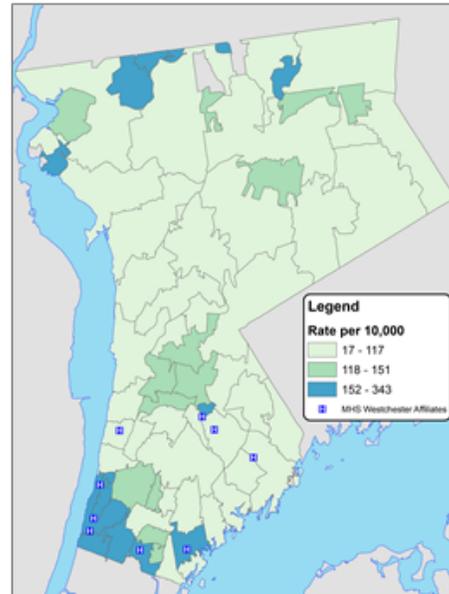
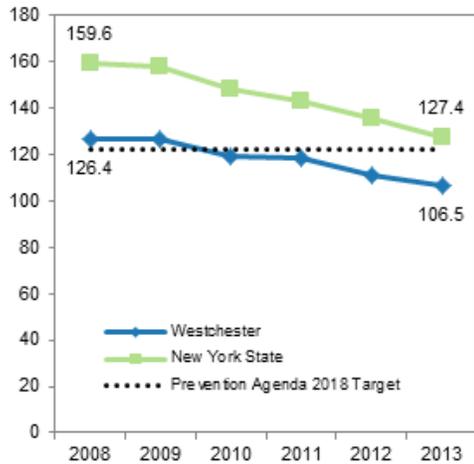
Percent of households that are limited English speaking (no one ≥14y speaks English only or “very well”)



^a Based on comparison of following measures: percent of population less than 20y, percent of population ≥65y, population density, % Hispanic, % black, % white, median household income, % college educated & % driving alone to work. Rockland county was the most similar to Westchester County, the other 5 most similar counties are also provided in order of similarity.

Data source: American Community Survey

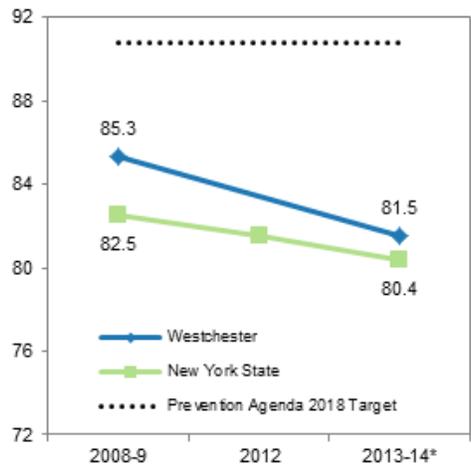
Age-adjusted preventable hospitalization rate per 10,000 (adults age ≥ 18y)



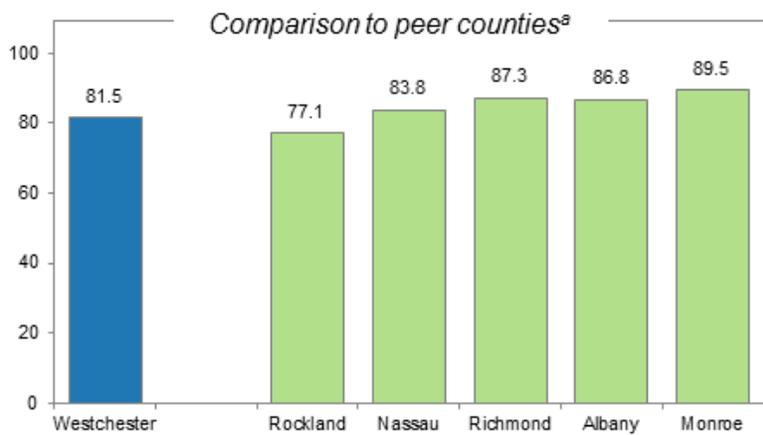
^a Based on comparison of following measures: percent of population less than 20y, percent of population ≥65y, population density, % Hispanic, % black, % white, median household income, % college educated & % driving alone to work. Rockland county was the most similar to Westchester County, the other 5 most similar counties are also provided in order of similarity.

Data source: SPARCS

Age-adjusted percent of adults with primary care provider



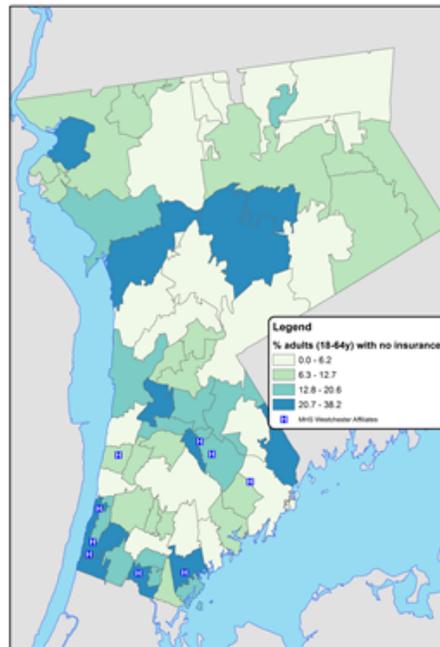
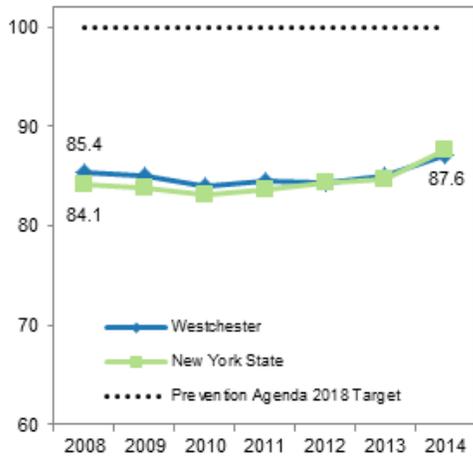
*Trend may reverse after implementation of Affordable Care Act



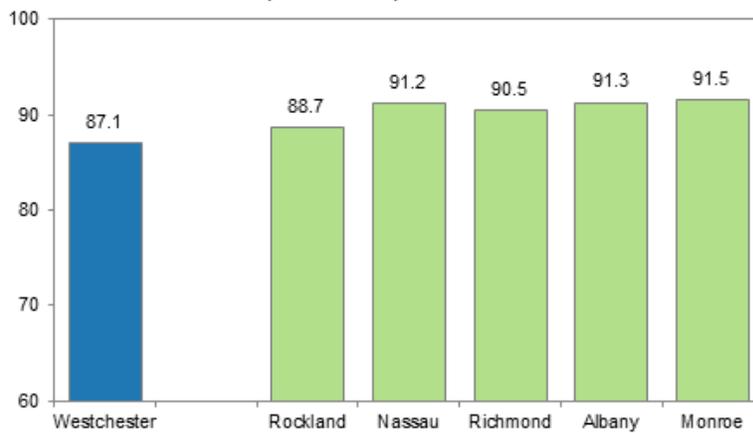
^a Based on comparison of following measures: percent of population less than 20, percent of population ≥65, population density, % Hispanic, % black, % white, median household income, % college educated & % driving alone to work. Rockland county was the most similar to Westchester County, the other 5 most similar counties are also provided in order of similarity.

Data source: New York State Expanded BRFSS

Percent of adults (age 18-64y) with health insurance



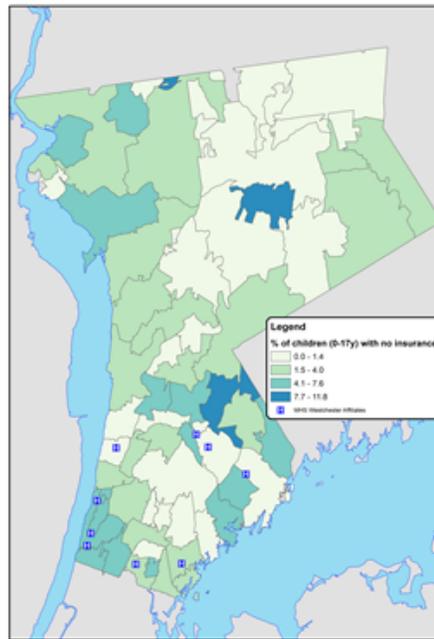
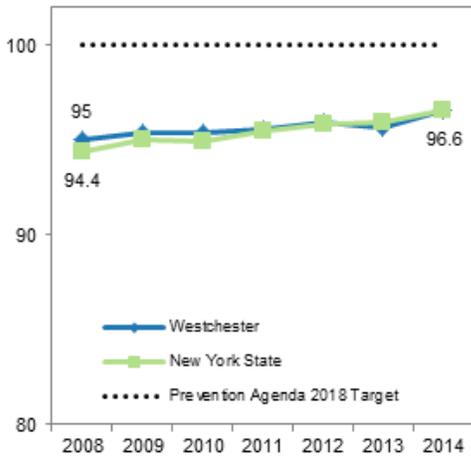
Comparison to peer counties^a



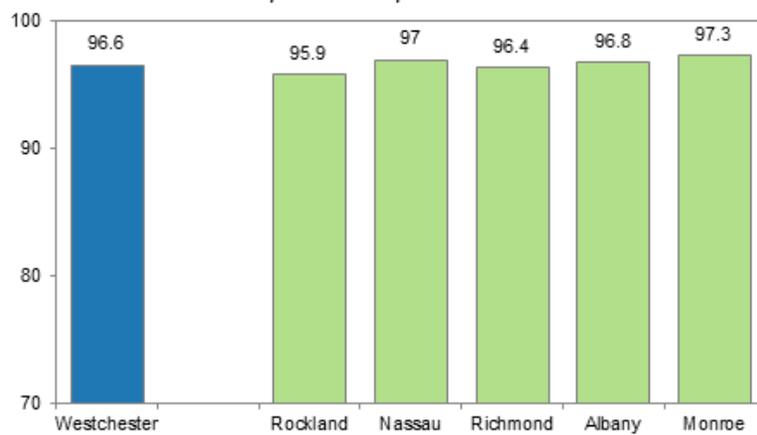
^a Based on comparison of following measures: percent of population less than 20, percent of population ≥65, population density, % Hispanic, % black, % white, median household income, % college educated & % driving alone to work. Rockland county was the most similar to Westchester County, the other 5 most similar counties are also provided in order of similarity.

Data source: American Community Survey

Percent of children (age 0-17y) with health insurance



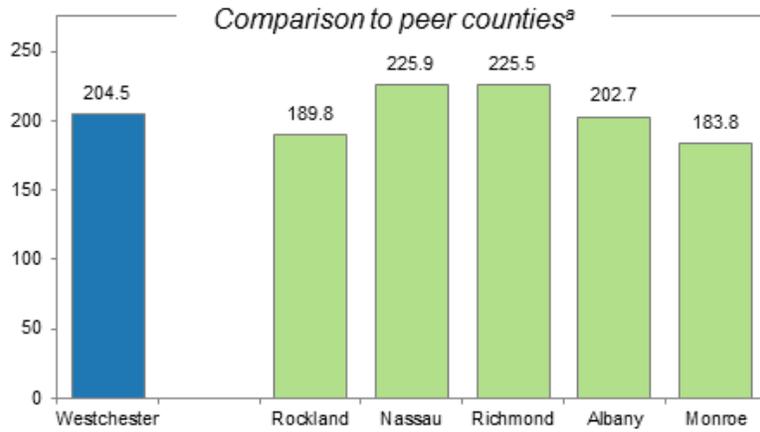
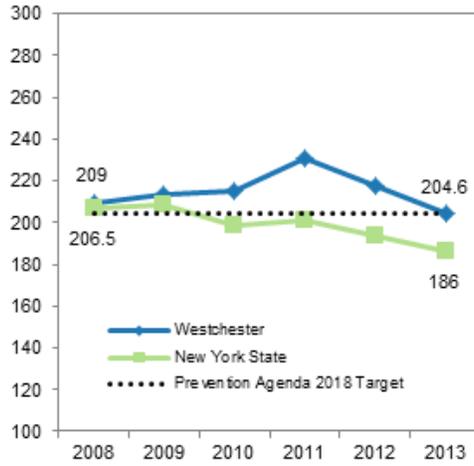
Comparison to peer counties^a



^a Based on comparison of following measures: percent of population less than 20y, percent of population ≥65y, population density, % Hispanic, % black, % white, median household income, % college educated & % driving alone to work. Rockland county was the most similar to Westchester County, the other 5 most similar counties are also provided. In order of similarity.

Data source: American Community Survey

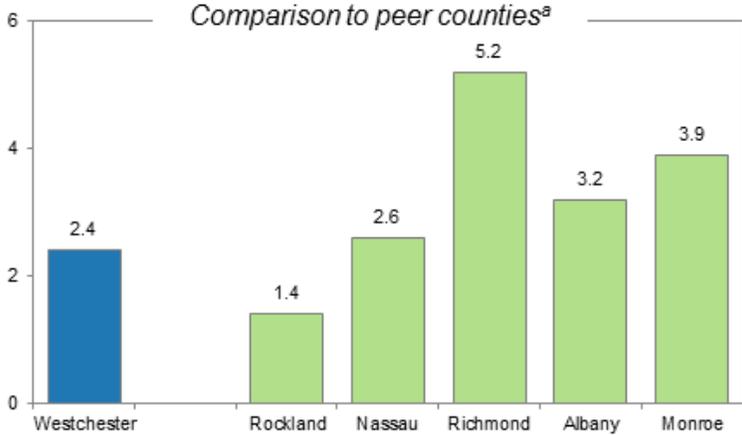
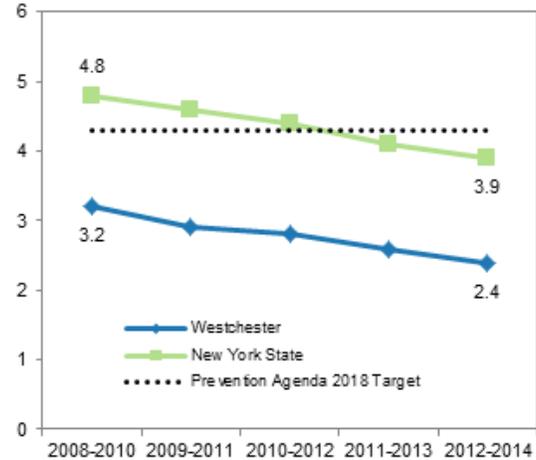
Fall-related hospitalization rate per 10,000 (adults age ≥65y)



^a Based on comparison of following measures: percent of population less than 20y, percent of population ≥65y, population density, % Hispanic, % black, % white, median household income, % college educated & % driving alone to work. Rockland county was the most similar to Westchester County, the other 5 most similar counties are also provided in order of similarity.

Data source: SPARCS

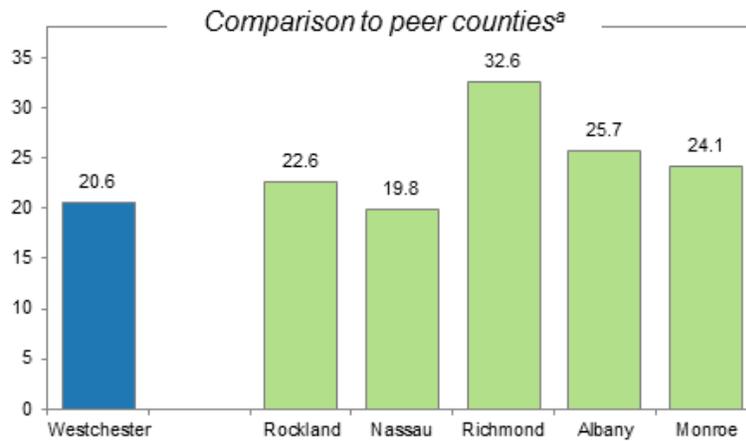
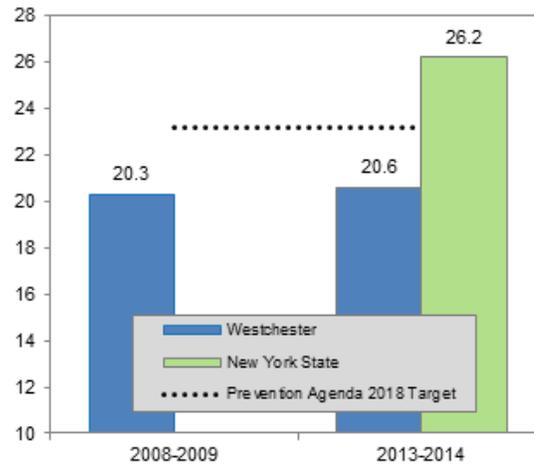
Age-adjusted assault-related hospitalization rate per 10,000



* Based on comparison of following measures: percent of population less than 20, percent of population ≥65, population density, % Hispanic, % black, % white, median household income, % college educated & % driving alone to work. Rockland county was the most similar to Westchester County, the other 5 most similar counties are also provided. In order of similarity.

Data source: SPARCS

Percent of adults who are obese (BMI≥30)



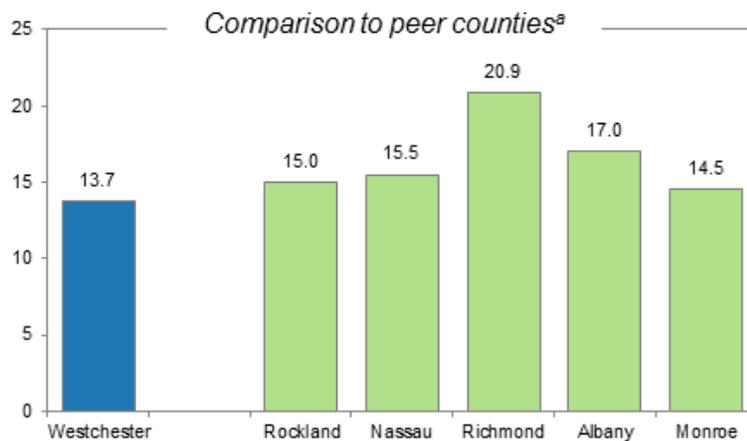
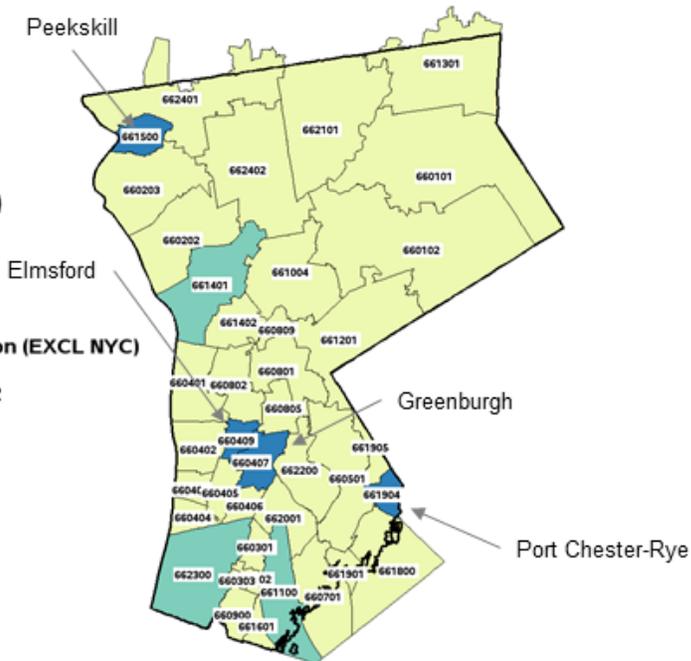
^a Based on comparison of following measures: percent of population less than 20y, percent of population ≥65y, population density, % Hispanic, % black, % white, median household income, % college educated & % driving alone to work. Rockland county was the most similar to Westchester County, the other 5 most similar counties are also provided. In order of similarity.

Data source: New York State Expanded BRFSS

Percent of children who are obese (BMI ≥ 95th percentile)

Quartile (Q) Distribution (EXCL NYC)

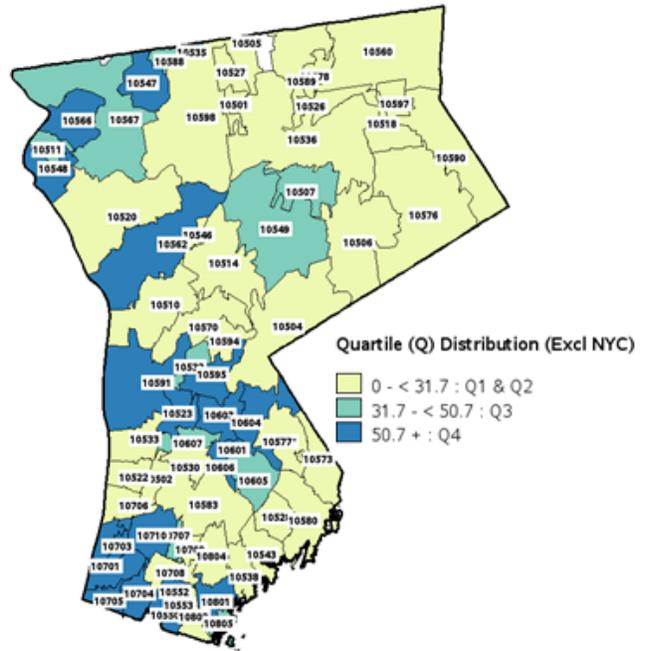
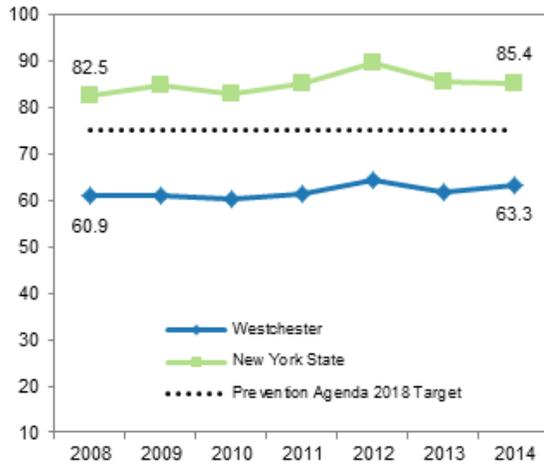
- 0 - < 17.9 : Q1 & Q2
- 17.9 - < 21.6 : Q3
- 21.6 + : Q4



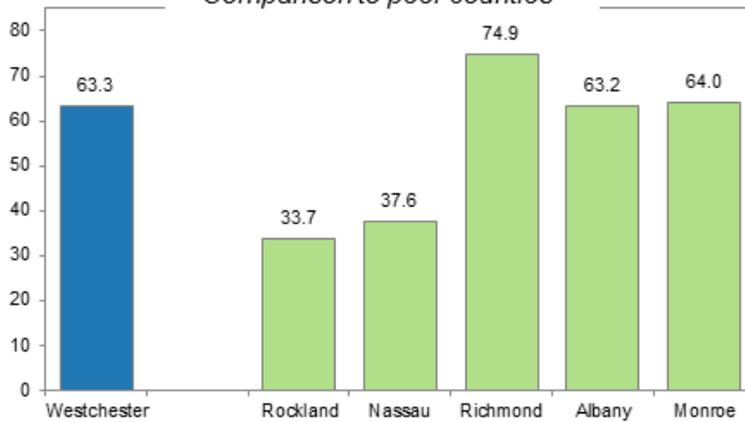
^a Based on comparison of following measures: percent of population less than 20y, percent of population ≥65y, population density, % Hispanic, % black, % white, median household income, % college educated & % driving alone to work. Rockland county was the most similar to Westchester County, the other 5 most similar counties are also provided in order of similarity.

Data Source: Student Weight Status Category Reporting System (SWSCRS)

Asthma ED visits per 10,000



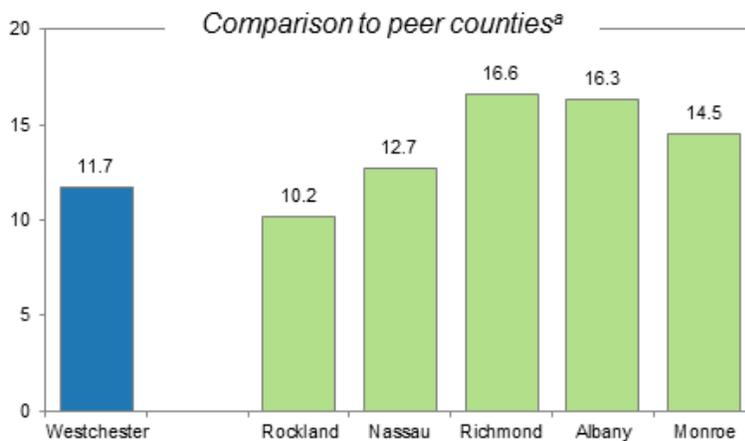
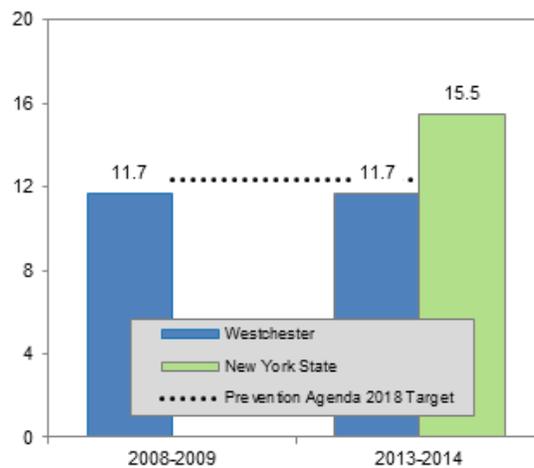
Comparison to peer counties^a



^a Based on comparison of following measures: percent of population less than 20, percent of population ≥65, population density, % Hispanic, % black, % white, median household income, % college educated & % driving alone to work. Rockland county was the most similar to Westchester County, the other 5 most similar counties are also provided in order of similarity.

Data source: SPARCS

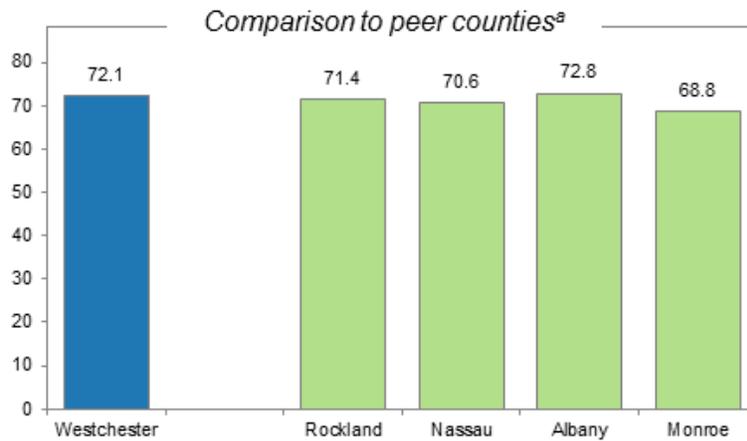
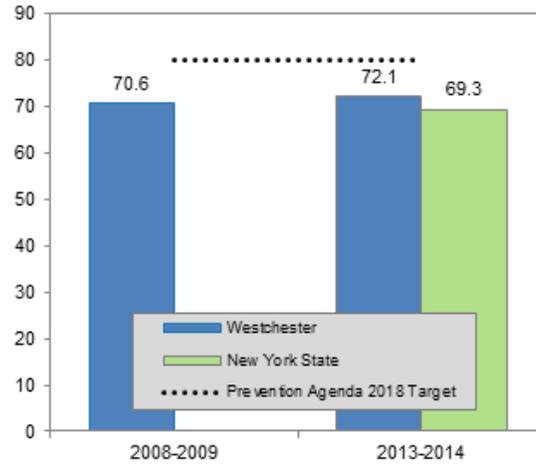
Percent of adults who smoke cigarettes



* Based on comparison of following measures: percent of population less than 20, percent of population ≥65, population density, % Hispanic, % black, % white, median household income, % college educated & % driving alone to work. Rockland county was the most similar to Westchester County, the other 5 most similar counties are also provided in order of similarity.

Data source: New York State Expanded BRFSS

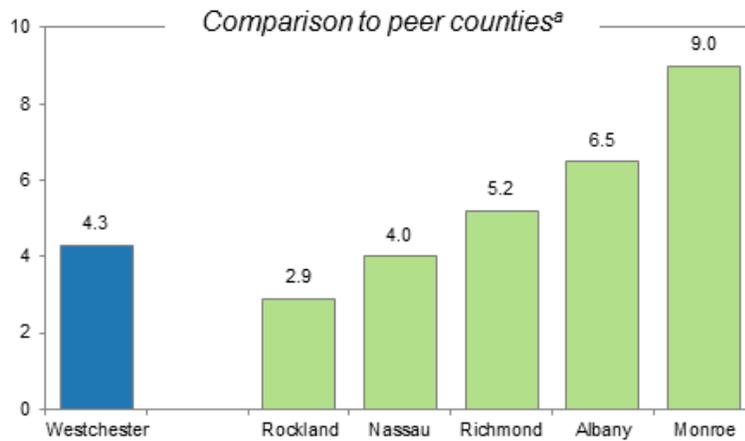
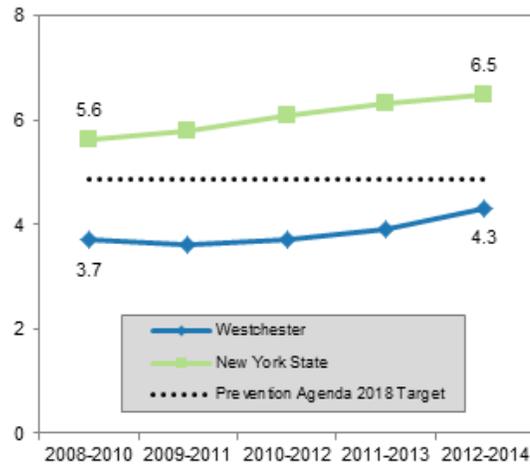
Percent of adults age 50-75y who received a colorectal cancer screening



^a Based on comparison of following measures: percent of population less than 20y, percent of population ≥65y, population density, % Hispanic, % black, % white, median household income, % college educated & % driving alone to work. Rockland county was the most similar to Westchester County, the other 5 most similar counties are also provided. In order of similarity.

Data source: New York State Expanded BRFSS

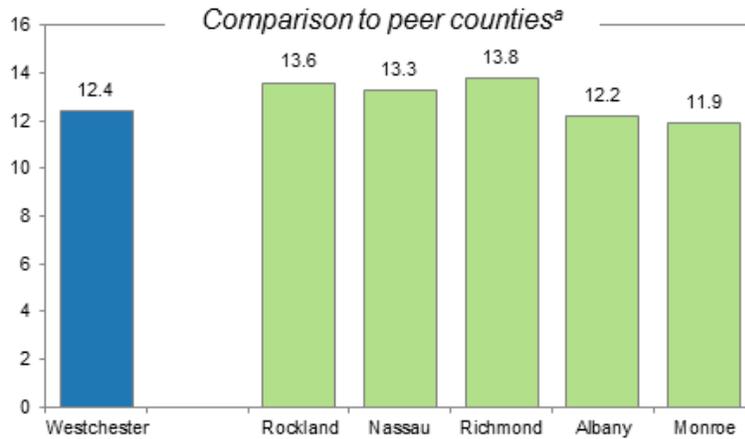
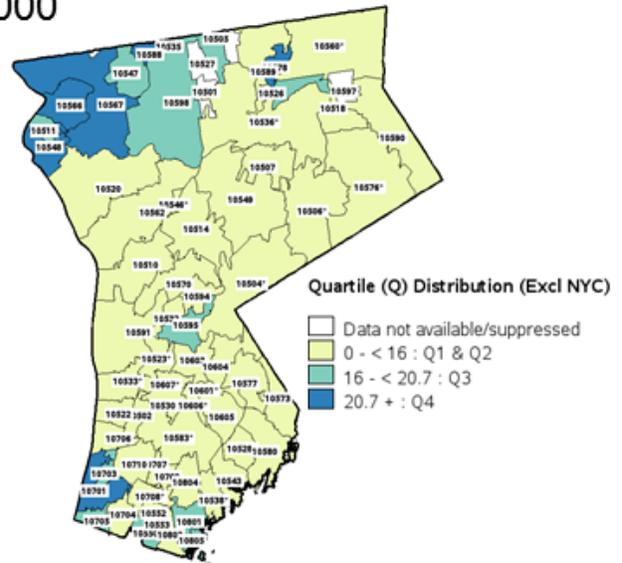
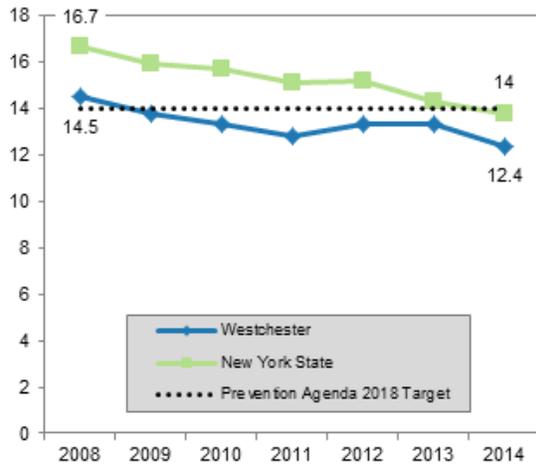
Rate of hospitalizations for short-term complications of diabetes per 10,000 (adults 18+y)



^a Based on comparison of following measures: percent of population less than 20y, percent of population ≥65y, population density, % Hispanic, % black, % white, median household income, % college educated & % driving alone to work. Rockland county was the most similar to Westchester County, the other 5 most similar counties are also provided in order of similarity.

Data source: SPARCS

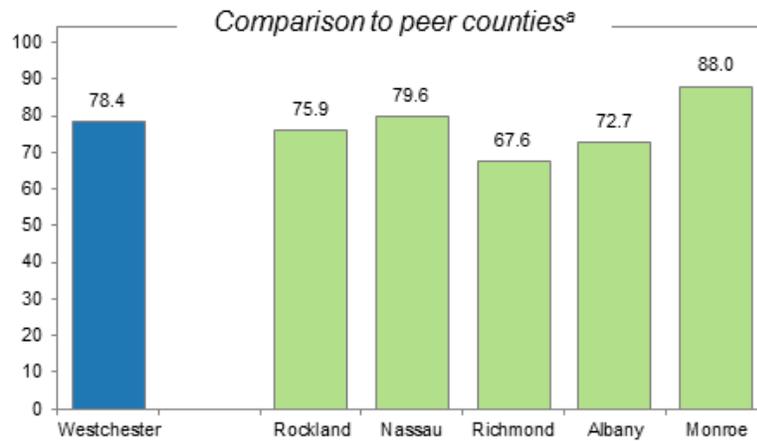
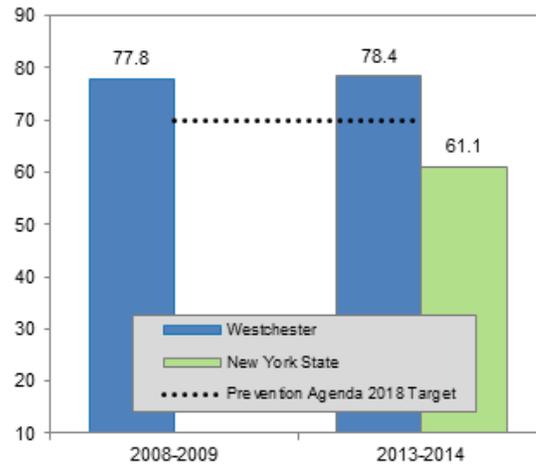
Rate of hospitalizations for heart attacks per 10,000



* Based on comparison of following measures: percent of population less than 20y, percent of population ≥65y, population density, % Hispanic, % black, % white, median household income, % college educated & % driving alone to work. Rockland county was the most similar to Westchester County, the other 5 most similar counties are also provided. In order of similarity.

Data source: SPARCS

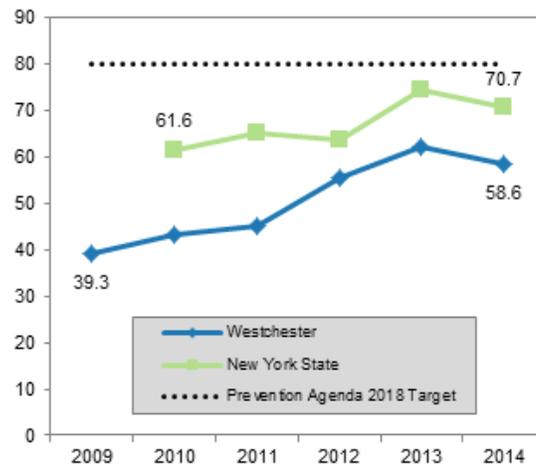
Percent of older adults (age 65+y) with flu immunizations



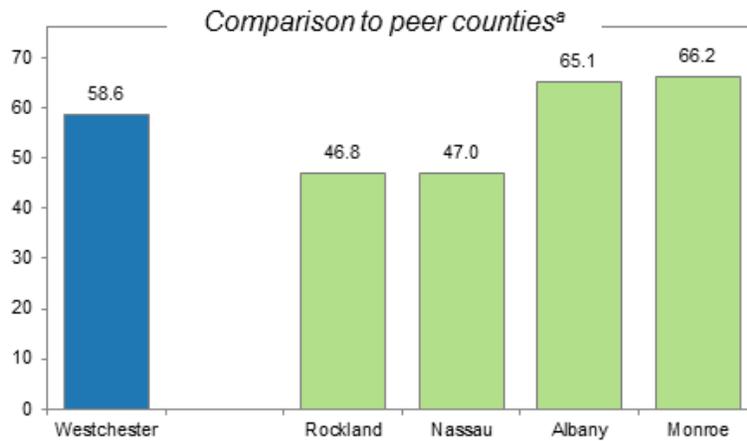
* Based on comparison of following measures: percent of population less than 20, percent of population ≥65, population density, % Hispanic, % black, % white, median household income, % college educated & % driving alone to work. Rockland county was the most similar to Westchester County, the other 5 most similar counties are also provided in order of similarity.

Data source: New York State Expanded BRFS

Percent of children with 4:3:1:3:3:1:4 immunization series* (19-35 months)



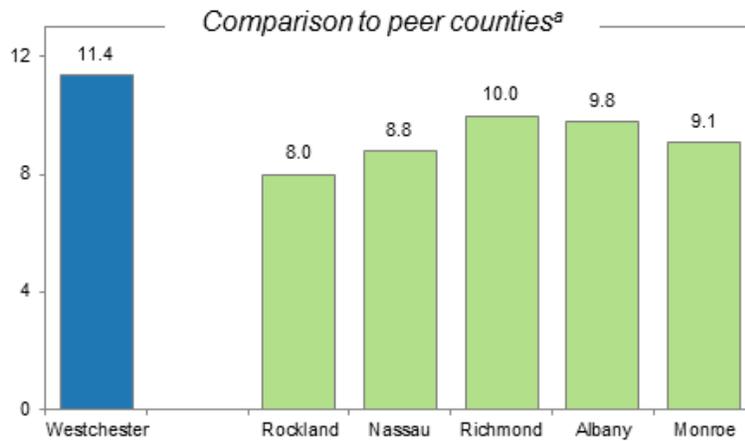
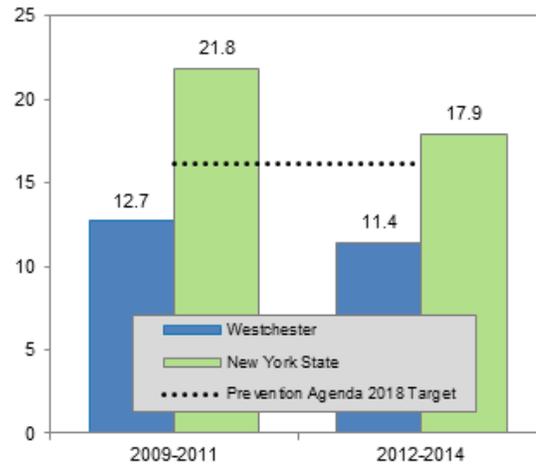
* Refers to 4 DTaP, 3 polio, 1 MMR, 3 hep B, 3 Hib, 1 varicella, 4 PCV13



^a Based on comparison of following measures: percent of population less than 20, percent of population ≥65, population density, % Hispanic, % black, % white, median household income, % college educated & % driving alone to work. Rockland county was the most similar to Westchester County, the other 5 most similar counties are also provided in order of similarity.

Data source: NYS Immunization Information System

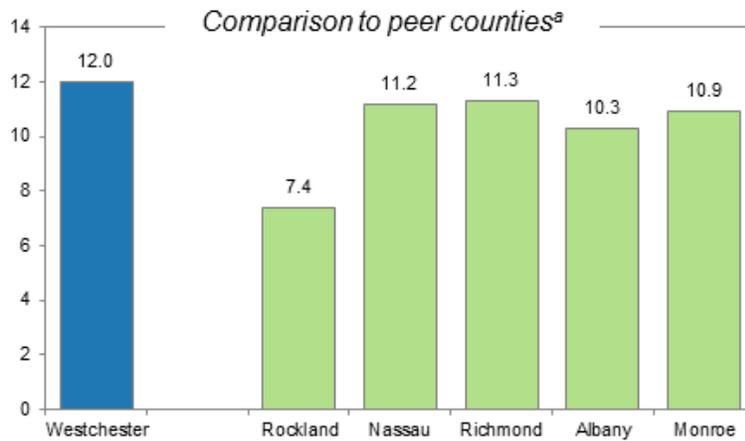
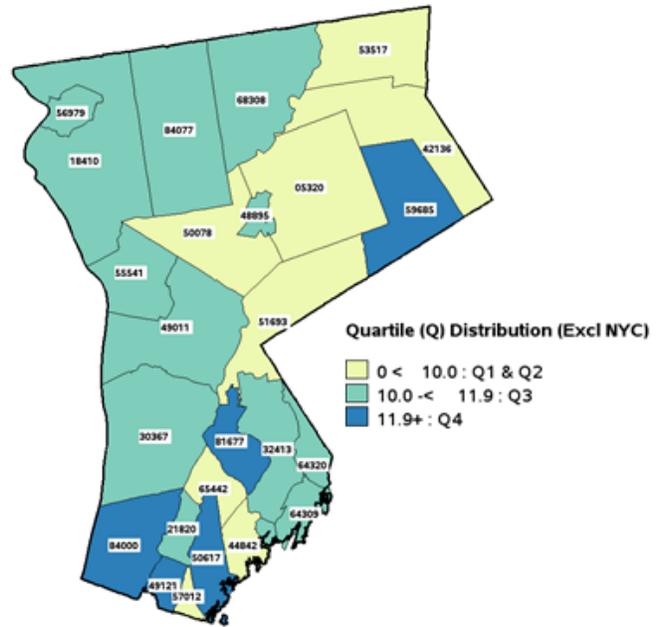
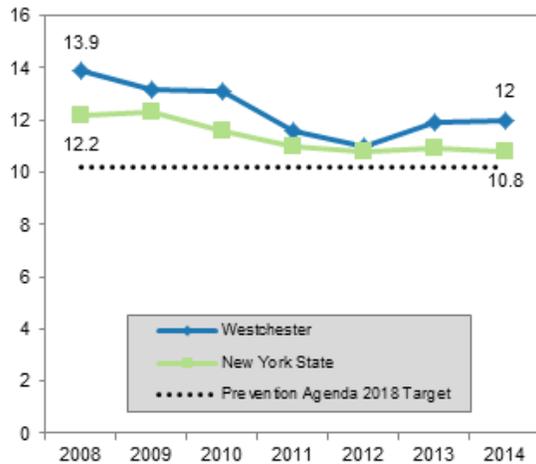
HIV incidence rate (new cases) per 100,000



* Based on comparison of following measures: percent of population less than 20, percent of population ≥65, population density, % Hispanic, % black, % white, median household income, % college educated & % driving alone to work. Rockland county was the most similar to Westchester County, the other 5 most similar counties are also provided in order of similarity.

Data source: New York State HIV/AIDS Epidemiology Reports

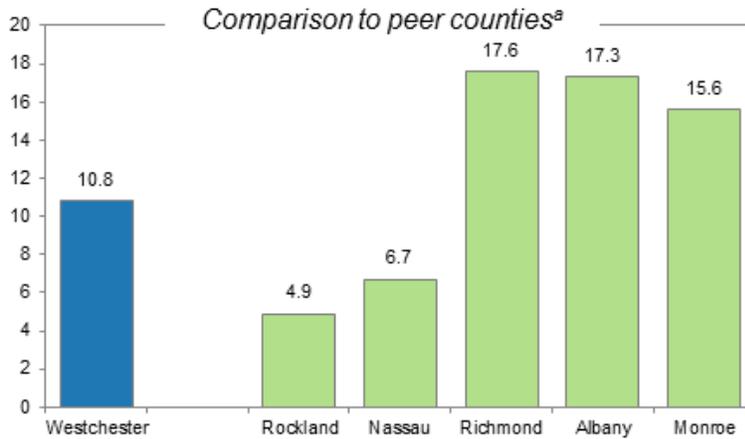
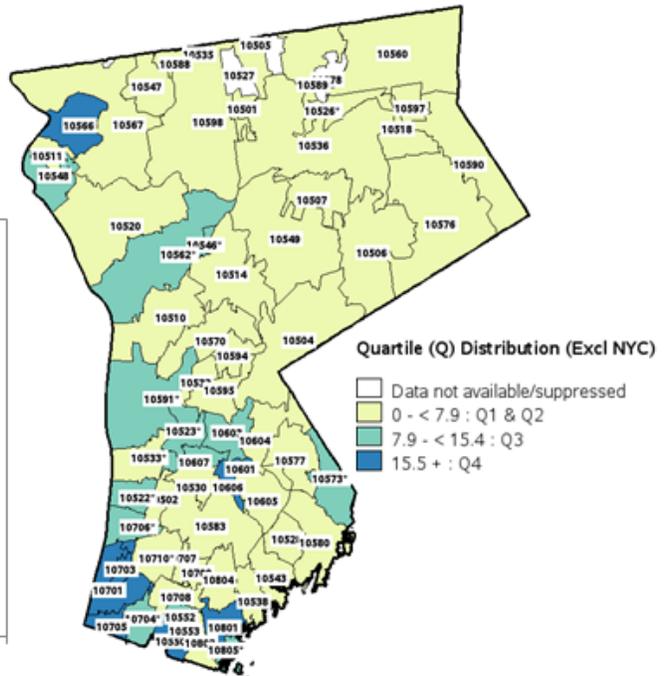
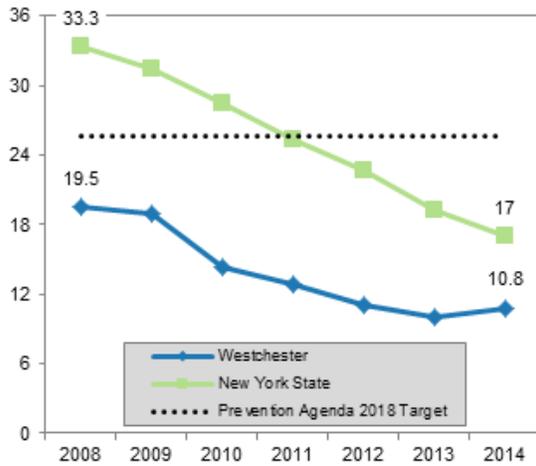
Percentage of live births that are preterm (<37 weeks)



^a Based on comparison of following measures: percent of population less than 20y, percent of population ≥65y, population density, % Hispanic, % black, % white, median household income, % college educated & % driving alone to work. Rockland county was the most similar to Westchester County, the other 5 most similar counties are also provided in order of similarity.

Data source: New York State Vital Statistics

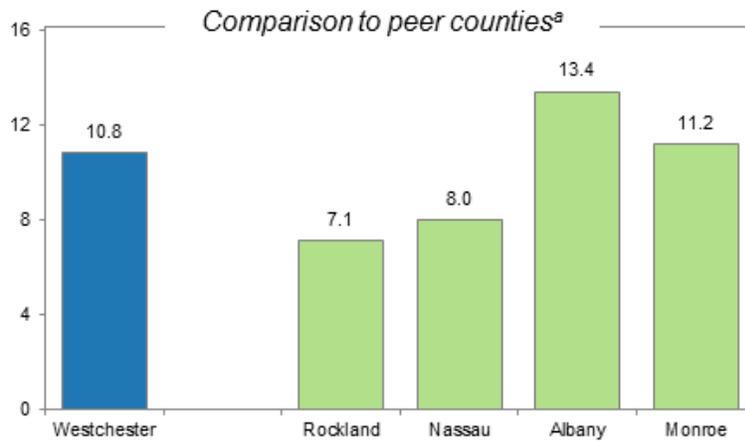
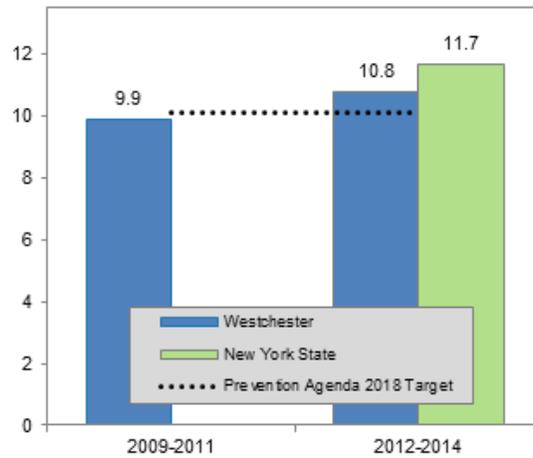
Teen (15-17y) pregnancy rate per 1,000



^a Based on comparison of following measures: percent of population less than 20y, percent of population ≥65y, population density, % Hispanic, % black, % white, median household income, % college educated & % driving alone to work. Rockland county was the most similar to Westchester County, the other 5 most similar counties are also provided in order of similarity.

Data source: New York State Vital Statistics

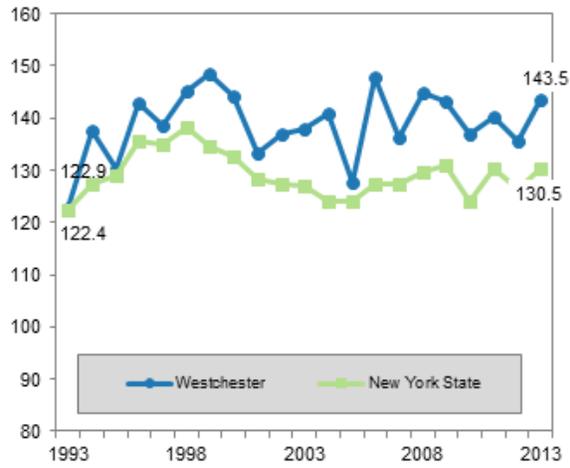
Age-adjusted percentage of adults with poor mental health for 14+ days in last month



^a Based on comparison of following measures: percent of population less than 20, percent of population ≥65, population density, % Hispanic, % black, % white, median household income, % college educated & % driving alone to work. Rockland county was the most similar to Westchester County, the other 5 most similar counties are also provided in order of similarity.

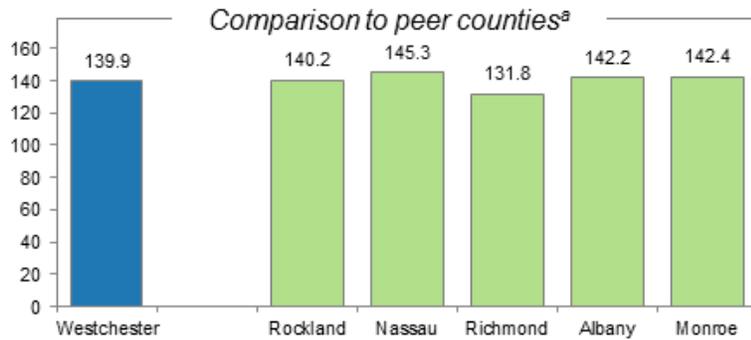
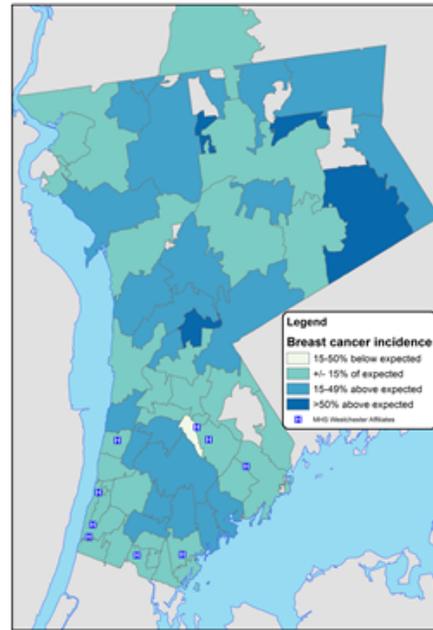
Data source: New York State Expanded BRFSS

Age-adjusted breast cancer incidence*



* All analyses limited to women

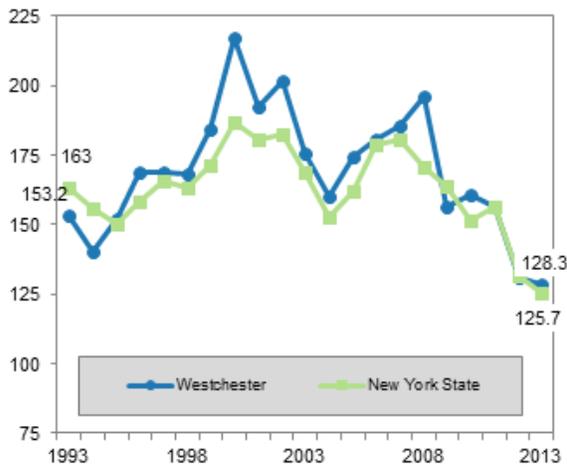
Breast cancer incidence by ZIP Code: 2005-2009



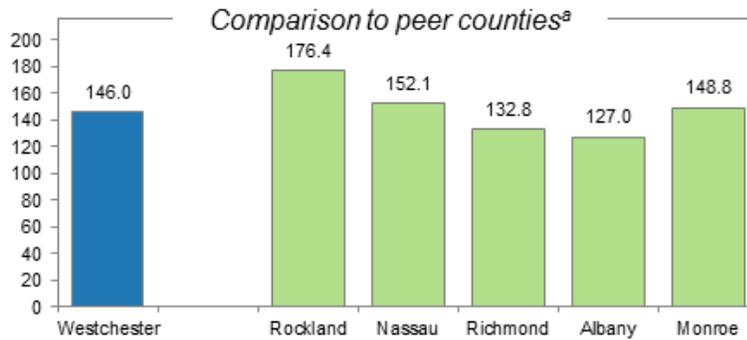
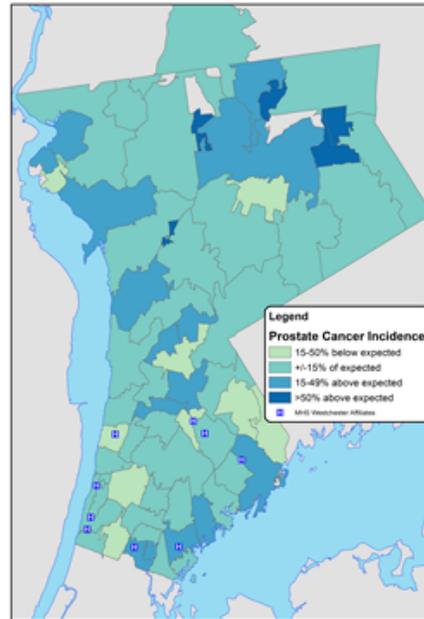
^a Based on comparison of following measures: percent of population less than 20y, percent of population >=65y, population density, % Hispanic, % black, % white, median household income, % college educated & % driving alone to work. Rockland county was the most similar to Westchester County, the other 5 most similar counties are also provided in order of similarity.

Data source: New York State Cancer Registry

Age-adjusted prostate cancer incidence



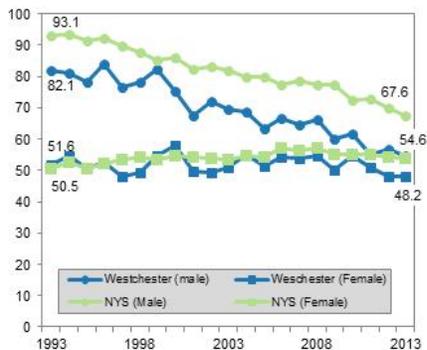
Prostate cancer incidence by ZIP Code: 2005-2009



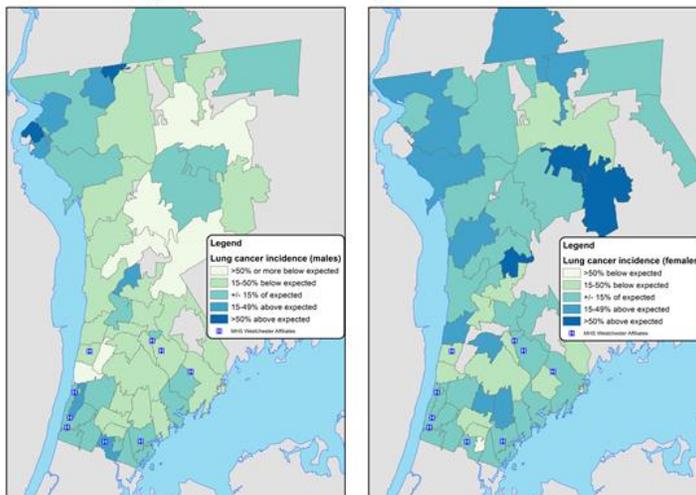
^a Based on comparison of following measures: percent of population less than 20y; percent of population ≥65y; population density; % Hispanic; % black; % white; median household income; % college educated & % driving alone to work. Rockland county was the most similar to Westchester County, the other 5 most similar counties are also provided in order of similarity.

Data source: New York State Cancer Registry

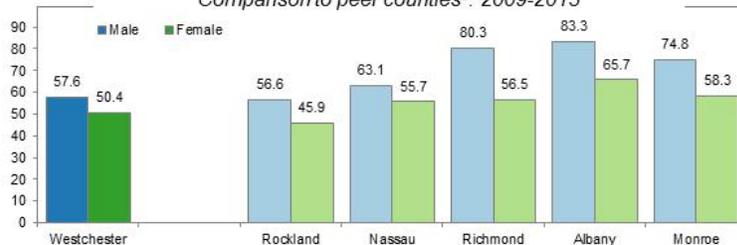
Lung cancer incidence



Lung cancer incidence by ZIP Code: 2005-2009



Comparison to peer counties^a: 2009-2013

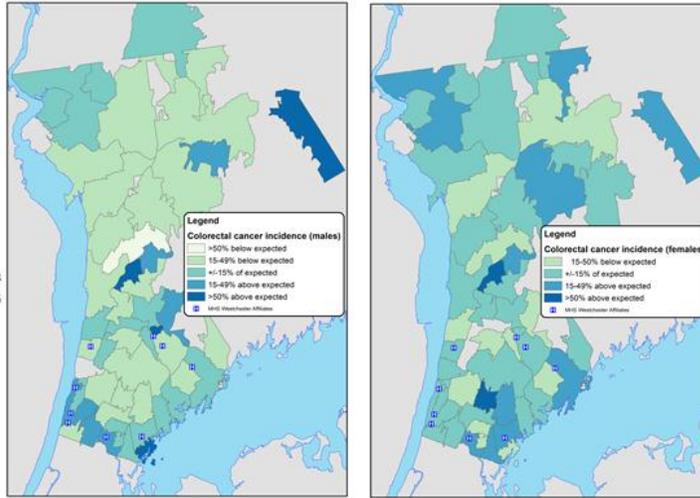
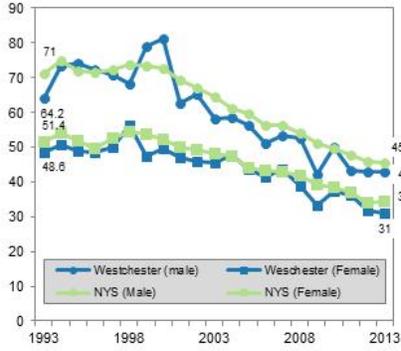


^a Based on comparison of following measures: percent of population less than 20, percent of population ≥65, population density, % Hispanic, % black, % white, median household income, % college educated & % driving alone to work. Rockland county was the most similar to Westchester County, the other 5 most similar counties are also provided in order of similarity.

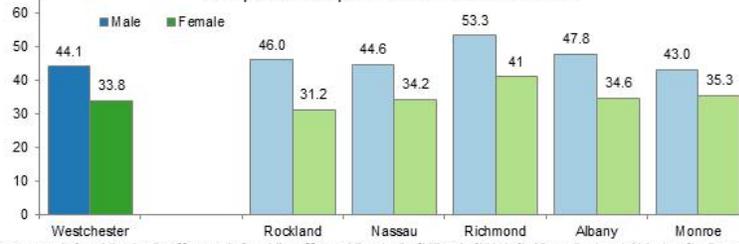
Data source: New York State Cancer Registry

Colorectal cancer incidence by ZIP Code: 2005-2009

Colorectal cancer incidence



Comparison to peer counties^a: 2009-2013



^a Based on comparison of following measures: percent of population less than 20, percent of population >=65, population density, % Hispanic, % black, % white, median household income, % college educated & % driving alone to work. Rockland county was the most similar to Westchester County, the other 5 most similar counties are also provided in order of similarity.

Data source: New York State Cancer Registry

Appendix C

Consumer and Provider Surveys for Westchester County

WESTCHESTER COUNTY COMMUNITY HEALTH SURVEY

We want to hear your thoughts about important health issues in your community. Together, the county health department and hospitals throughout Westchester County, NY will use the results of this short survey and other information to help improve health programs in your community. Your responses are completely anonymous. Thank you for your participation!

What are the THREE biggest ongoing health concerns in the <u>COMMUNITY WHERE YOU LIVE</u>?		
<input type="checkbox"/> Access to primary care	<input type="checkbox"/> Disability	<input type="checkbox"/> Mental health/depression/suicide
<input type="checkbox"/> Alcohol abuse	<input type="checkbox"/> Distracted driving	<input type="checkbox"/> Nutrition/eating habits
<input type="checkbox"/> Asthma/breathing problems	<input type="checkbox"/> Drug abuse	<input type="checkbox"/> Overweight/obesity
<input type="checkbox"/> Cancer	<input type="checkbox"/> Family planning/teen pregnancy	<input type="checkbox"/> Smoking/tobacco use
<input type="checkbox"/> Care for the elderly	<input type="checkbox"/> Healthy environment	<input type="checkbox"/> Preventable injury/falls
<input type="checkbox"/> Child health & wellness	<input type="checkbox"/> Heart disease/stroke	<input type="checkbox"/> Violence
<input type="checkbox"/> Dementia/Alzheimer's	<input type="checkbox"/> HIV/AIDS & Sexually Transmitted Infections	<input type="checkbox"/> Women's health
<input type="checkbox"/> Dental care		
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other: _____	
What are the THREE biggest ongoing health concerns for <u>YOURSELF</u>?		
<input type="checkbox"/> Access to primary care	<input type="checkbox"/> Disability	<input type="checkbox"/> Mental health/depression/suicide
<input type="checkbox"/> Alcohol abuse	<input type="checkbox"/> Distracted driving	<input type="checkbox"/> Nutrition/eating habits
<input type="checkbox"/> Asthma/ breathing problems	<input type="checkbox"/> Drug abuse	<input type="checkbox"/> Overweight/obesity
<input type="checkbox"/> Cancer	<input type="checkbox"/> Family planning/teen pregnancy	<input type="checkbox"/> Smoking/tobacco use
<input type="checkbox"/> Care for the elderly	<input type="checkbox"/> Healthy environment	<input type="checkbox"/> Preventable injury/falls
<input type="checkbox"/> Child health & wellness	<input type="checkbox"/> Heart disease/stroke	<input type="checkbox"/> Violence
<input type="checkbox"/> Dementia/Alzheimer's	<input type="checkbox"/> HIV/AIDS & Sexually Transmitted Infections	<input type="checkbox"/> Women's health
<input type="checkbox"/> Dental care		
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other: _____	
What THREE things would be most helpful to improve <u>YOUR</u> health concerns?		
<input type="checkbox"/> Access to dental care	<input type="checkbox"/> Domestic violence prevention	<input type="checkbox"/> Job opportunities
<input type="checkbox"/> Access to healthier food	<input type="checkbox"/> Drug/alcohol services	<input type="checkbox"/> Mental health services
<input type="checkbox"/> Access to primary care	<input type="checkbox"/> Elder care services	<input type="checkbox"/> Safer childcare options
<input type="checkbox"/> Affordable housing	<input type="checkbox"/> Exercise/weight loss programs	<input type="checkbox"/> Safer places to walk/play
<input type="checkbox"/> Breastfeeding support	<input type="checkbox"/> Health Insurance enrollment	<input type="checkbox"/> Smoking/tobacco services
<input type="checkbox"/> Caregiver support	<input type="checkbox"/> Health screenings	<input type="checkbox"/> Transportation
<input type="checkbox"/> Clean air & water	<input type="checkbox"/> Home care services	<input type="checkbox"/> Violence/bullying/gang prevention
<input type="checkbox"/> Community education	<input type="checkbox"/> Immigrant support services	<input type="checkbox"/> Other: _____
Do you have a health care provider for checkups and visits?		<input type="checkbox"/> Yes <input type="checkbox"/> No
How would you describe your overall health?		
<input type="checkbox"/> Very healthy	<input type="checkbox"/> Healthy	<input type="checkbox"/> Somewhat healthy <input type="checkbox"/> Unhealthy <input type="checkbox"/> Very unhealthy

How would you describe your overall mental health?				
<input type="checkbox"/> Very healthy	<input type="checkbox"/> Healthy	<input type="checkbox"/> Somewhat healthy	<input type="checkbox"/> Unhealthy	<input type="checkbox"/> Very unhealthy
Do you suffer from any chronic health conditions? (Check all that apply)				
<input type="checkbox"/> Asthma/breathing problems	<input type="checkbox"/> Disability	<input type="checkbox"/> High cholesterol	<input type="checkbox"/> Overweight/obesity	
<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart disease	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Drug/alcohol abuse	
<input type="checkbox"/> Diabetes	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Mental health		
<input type="checkbox"/> Other: _____				

How long has it been since you visited a health care provider for a routine physical exam or check-up?			
<input type="checkbox"/> In the past year	<input type="checkbox"/> In the past 5 years	<input type="checkbox"/> Never	
<input type="checkbox"/> In the past 2 years	<input type="checkbox"/> 5 or more years ago	<input type="checkbox"/> Don't know	
What THREE things prevent YOU from getting medical care from a health care provider?			
<input type="checkbox"/> Nothing prevents me from getting medical care	<input type="checkbox"/> Cultural/religious beliefs	<input type="checkbox"/> I have no time	
<input type="checkbox"/> Cannot afford	<input type="checkbox"/> Doctor's office not open	<input type="checkbox"/> Insurance does not cover service	
<input type="checkbox"/> Cannot find a health provider who speaks my language	<input type="checkbox"/> Don't know how to find providers	<input type="checkbox"/> No transportation/too far	
<input type="checkbox"/> Co-pay/deductible too high	<input type="checkbox"/> Don't like going/afraid to go	<input type="checkbox"/> No childcare	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Don't understand need to see a provider	<input type="checkbox"/> No insurance	
In the past 12 months, did you receive care in the emergency room?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is the ONE main reason for your emergency room visit?			
<input type="checkbox"/> Could not find a local provider who speaks my language	<input type="checkbox"/> No other place to go		
<input type="checkbox"/> Doctor's office not open	<input type="checkbox"/> Receive most of my care at emergency room		
<input type="checkbox"/> Emergency room is the closest provider	<input type="checkbox"/> Thought problem too serious for a doctor's visit		
<input type="checkbox"/> Health provider said go to emergency room	<input type="checkbox"/> Other: _____		
Where do you and your family get most of your health information? (Check all that apply)			
<input type="checkbox"/> Community-based organization	<input type="checkbox"/> Hospital	<input type="checkbox"/> Radio	<input type="checkbox"/> Television
<input type="checkbox"/> Doctor/Health professional	<input type="checkbox"/> Internet	<input type="checkbox"/> Religious organization	<input type="checkbox"/> Worksite
<input type="checkbox"/> Family or friends	<input type="checkbox"/> Library	<input type="checkbox"/> School/college	
<input type="checkbox"/> Health department	<input type="checkbox"/> Newspaper/magazine	<input type="checkbox"/> Social media (Facebook, Twitter, etc.)	
<input type="checkbox"/> Other: _____			

For statistical purposes only (your responses are anonymous) please complete the following:

I identify as: Male Female Other

Zip code where I live: _____

Town/city where I live: _____

What is your age? 18-24 25-34 35-44 45-54 55-64 65-74 75+

Are you Hispanic or Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------------	--

What category best describes your race?				
<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Multi-racial	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Black/African-American	<input type="checkbox"/> Asian/Pacific Islander	_____		
What is the primary language you speak?				
<input type="checkbox"/> English	<input type="checkbox"/> Italian	<input type="checkbox"/> French	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Korean
<input type="checkbox"/> Spanish	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other: _____	
What is your highest level of education?				
<input type="checkbox"/> Less than high school	<input type="checkbox"/> Technical school	<input type="checkbox"/> College graduate	<input type="checkbox"/> Advanced degree	
<input type="checkbox"/> High school grad/GED	<input type="checkbox"/> Some college	<input type="checkbox"/> Other: _____		
What is your current employment status?				
<input type="checkbox"/> Employed	<input type="checkbox"/> Not Employed	<input type="checkbox"/> Student	<input type="checkbox"/> Military	<input type="checkbox"/> Retired
Do you have any of the following types of health insurance?				
<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Private insurance	<input type="checkbox"/> Tri-Care	<input type="checkbox"/> None/no insurance
<input type="checkbox"/> Insurance through NY State or Federal Health Exchange			<input type="checkbox"/> Other: _____	

Please return the survey by **June 10th, 2016**. Email: bqlc@westchestergov.com. Fax: 914-813-4303.
 Mail: Bonnie Lam, Department of Health, 10 County Center Road, 2nd Floor, White Plains, NY 10607-1541

Appendix D

Montefiore New Rochelle

<i>ICD 10: October-December</i>		<i>ICD 9: January-September</i>	
<i>Diagnosis description</i>	<i>Discharges</i>	<i>Diagnosis description</i>	<i>Discharges</i>
Single liveborn infant delivered vaginally	153	Single liveborn infant delivered vaginally	496
Sepsis organism NOS	121	Septicemia NOS	436
Single liveborn infant delivered by cesarean	89	Single liveborn infant, delivered By Cesarean	351
Maternal care for scar from previous cesarean delivery	42	Previous cesarean delivery, delivered	150
Acute on chronic diastolic heart failure	35	Acute Kidney Failure NOS	108
Acute Kidney Failure NOS	31	Gastrointestinal hemorrhage NOS	91
Post-term pregnancy	28	Post term pregnancy, delivered	88
Gastrointestinal hemorrhage NOS	26	Osteoarthritis, localized, lower leg	85
Acute on chronic systolic heart failure	22	Cerebral artery occlusion, unspecified with cerebral infarction	77
Osteoarthritis knee NOS	21	Acute on chronic systolic heart failure	72
Leiomyoma uterus NOS	20	Pneumonia Organism NOS	62
Pneumonia Organism NOS	17	Urinary Tract Infection NOS	60
Encounter for full-term uncomplicated delivery	16	Del with 1 Degree Lac-Del	53
Oligohydramnios 3rd trimester N/A or NOS	15	Obstructive chronic bronchitis with (acute) exacerbation	52
Atrial fibrillation NOS	15	Leg Cellulitis	52
COPD with exacerbation	15	Subendocardial infarction, initial episode of care	49
Transient cerebral ischemic attack NOS	14	Acute on chronic diastolic heart failure	49
Unilateral primary osteoarthritis left hip	14	Atrial Fibrillation	49
Non-ST elevation myocardial infarction	14	Syncope & Collapse	48
1st degree perineal laceration during delivery	14	Uterine Leiomyoma NOS	47
Acute Appendicitis NOS	14		

Acronyms: NOS = not otherwise specified

Montefiore Mount Vernon

<i>ICD 10: October-December</i>		<i>ICD 9: January-September</i>	
<i>Diagnosis description</i>	<i>Discharges</i>	<i>Diagnosis description</i>	<i>Discharges</i>
Sepsis organism NOS	47	Septicemia NOS	93
COPD with exacerbation	21	Schizoaffective disorder, NOS	86
Chest Pain NOS	19	Chest Pain NEC	62
Schizoaffective disorder NOS	18	Cerebral artery occlusion, unspecified with cerebral infarction	49
Acute on chronic systolic heart failure	17	Acute Kidney Failure NOS	47
Paranoid schizophrenia	14	Pneumonia Organism NOS	44
Major depressive disorder single episode NOS	14	Congestive heart failure NOS	38
Asthma NOS with exacerbation	14	Encounter for antineoplastic chemotherapy	36
Chest Pain NEC	13	Leg Cellulitis	34
Encounter for antineoplastic chemotherapy	11	Obstructive chronic bronchitis with (acute) exacerbation	33
Pneumonia Organism NOS	10	Syncope & Collapse	33
Noninfective gastroenteritis & colitis NOS	10	Paranoid type schizophrenia, unspecified	27
Hypertensive chronic kidney disease NOS stage 5 or end-stage renal disease	9	Bipolar Disorder NOS	25
Syncope & Collapse	9	Acute on chronic systolic heart failure	25
Cellulitis left lower limb	8	Unspecified schizophrenia	24
Schizophrenia NOS	8	Chronic obstructive asthma with (acute) exacerbation	22
Gastrointestinal hemorrhage NOS	8	Acute Pancreatitis	22
Atrial fibrillation NOS	7	Uterine Leiomyoma NOS	21
Bipolar Disorder NOS	7	Acute deep vein thrombosis proximal Leg	21
Foreign body in stomach initial	7	Asthma NOS with exacerbation	20

Acronyms: NOS = not otherwise specified; NEC = not elsewhere classified