



Community Health Needs Assessment

and

Community Service Plan

2022 - 2024

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Collaborating Partners:

Be-InCk – Bronx Equity-Integrated Care for Kids New York

Be-InCk New York is a program created to improve the health of both children and pregnant people. The New York State Department of Health (NYSDOH) and Montefiore Health System provide the program with help from over 50 health and social service providers in the Bronx.

Greater New York Hospital Association (GNYHA)

GNYHA is a trade association of member hospitals, health systems, and continuing care facilities across New York State as well as border states. With a focus on advocacy on local and national levels, GNYHA address issues such as patient care, emergency preparedness, and policies that impact the provision of healthcare services.

Loaves for Life

Loaves for Life is a non-profit organization originally founded with the goal of providing fresh baked goods to local soup kitchens in Northern New Jersey. When the COVID-19 pandemic began in 2020, the organization's founder reached out to local hospitals to find other ways to help. This led to a partnership that continues to this day, as the agency donates non-perishable food to Blythedale several times a year for distribution to families in need.

Montefiore Health Home

Blythedale is a downstream care management agency for Montefiore as a part of the New York State Department of Health's Health Home Serving Children program. Our care managers serve medically fragile children in the Bronx in collaboration with Montefiore Health Home.

New York Legal Assistance Group (NYLAG)

Blythedale has partnered with the New York Legal Assistance Group (NYLAG) to create a free legal clinic open to all Blythedale patients, residents, Health Home Serving Children members, and their families. The clinic is held twice each month in a virtual format and the attorney assists families with issues including entitlements, housing, immigration, legal guardianship, and educational concerns. These social determinants of health can have a great impact on a medically fragile child's stability and the ability of a family to provide timely care and support, so this clinic is an invaluable way to provide assistance and support to those most in need. The clinic served nearly 50 families in 2021.

Ronald Mc Donald House Charities (RMHC)

RMHC enables and promotes family-centered care, a critically important part of caring for, and supporting, children with serious medical conditions.

Skyward Health

Blythedale is a downstream care management agency for Skyward Health as a part of the New York State Department of Health's Health Home Serving Children program. Our care managers serve medically fragile children in Westchester County in collaboration with Skyward Health.

Westchester County Department of Health

The Westchester County Department of Health convened a workgroup of Westchester County providers to discuss the process for conducting a joint health assessment which was inherently more complicated due to the COVID-19 pandemic. Regular meetings were held to monitor progress and discuss both data and goals.

COMMUNITY HEALTH NEEDS ASSESSMENT

EXECUTIVE SUMMARY

The purpose of this Community Health Needs Assessment and Community Service Plan is to:

1. Assist in identifying priority health needs of the region served by Blythedale Children's Hospital;
2. Comply with the requirements and guidelines of the NYS Department of Health for a Community Service Plan;
3. Comply with the requirements promulgated by the Internal Revenue Service (IRS) based on the federal Patient Protection and Affordable Care Act enacted March 23, 2010, that all 501(c)(3) hospital organizations conduct a "community health needs assessment and prepare a corresponding implementation strategy once every three taxable years."

As directed by the NYSDOH, Blythedale's 2022-2024 Community Service Plan addresses health improvement priorities from the State's Prevention Agenda, incorporating feedback and data from our listed collaborating partners. As a specialty hospital serving only children and adolescents, Blythedale has selected priorities which address issues of concern to Blythedale's regional community.

MISSION STATEMENT

Blythedale Children's Hospital is not-for-profit, specialty children's hospital that provides acute medical and rehabilitative care for medically complex children up to 19 years of age. It is the only specialty children's hospital in New York State. The Hospital's focus is to improve both the health and quality of life of these children. To achieve this, the Hospital integrates superb multi-disciplinary care with teaching, research, and advocacy programs. The expertise and knowledge of the Hospital's staff is beneficial to medically complex children across the region through ongoing workforce development, research into new and improved treatments, and legislative action.

Blythedale provides care to indigent patients regardless of ability to pay. Financial Assistance is available to all qualified persons regardless of age, gender, ethnicity, religion, race, or sexual orientation. Generally, Eligible Persons are eligible for financial assistance, using a sliding scale, when their family income is at or below 400% of the Federal Poverty Guidelines (FPG). Eligibility for financial assistance means that Eligible Persons will have their care covered fully or partially, and they will not be billed more than "Amounts Generally Billed" to insured persons (AGB, as defined in IRC Section 501(r)

by the Internal Revenue Service). These guidelines are made available to all families upon registration, and hospital staff provides counseling as necessary. Patients are also notified of Blythedale's Charity Care policies through notices on the Hospital's website and posters in both English and Spanish located in the Hospital's lobby, registration and waiting areas. Interpretation services are available for patients' needing information in languages other than English or Spanish.

Any patient having difficulty paying their bills is directed to the Hospital's billing staff for assistance. Blythedale's Patient Assistance Fund, Parent Support Program and other special funds may be used to help children secure various items crucial to their recovery or discharge planning when family resources are limited, and insurance coverage is not sufficient. Assisting families who are "under-insured" is a critical aspect of the Hospital's mission.

DEFINITION AND BRIEF DESCRIPTION OF SERVICE

As a specialty children's hospital, Blythedale is dedicated to the care and treatment of children and adolescents with complex medical and rehabilitative needs and is a leader in developing innovative, multi-disciplinary programs for this highly specialized population. Blythedale's board-certified physicians, nurses, social workers, clinical pharmacists, and New York State's largest hospital-based pediatric therapy department work together to provide intensive and innovative care to patients and residents. Together, Blythedale's specialized staff helps children achieve their medical and rehabilitative goals and collaboratively work with families to ensure a smooth return to their communities. Through its unique programs, Blythedale serves more than 2,500 children per year and is the only hospital in New York State with an on-site public school district.

Since its inception in 1891, Blythedale has been a leader in the care of pediatric patients with emerging medical conditions, from tuberculosis and polio during the early part of the 20th century to traumatic brain injury and NMDA encephalitis today. As advances in medicine have led to children surviving premature birth, catastrophic accidents, and severe illness in ever greater numbers, Blythedale has enhanced its commitment to providing superior care and supports to the children and families who entrust the Hospital with their care.

In 1971, Blythedale opened the Mount Pleasant-Blythedale Union Free School District inside the Hospital and continues to be the only hospital in New York State with a public school on-site specifically designed to meet the educational needs of its patients. Today, Blythedale provides education and developmental support to children across its inpatient, day hospital and long-term care programs.

Over the years, the Hospital has expanded its facilities to respond to the needs of the medically fragile pediatric population. Most recently, the Hospital completely renovated and upgraded the on-site compounding pharmacy, expanded The Milton Spann Therapy Village for physical and occupational therapies, and opened a state-of-the-art Simulation Lab and Parent Training Center.

The Hospital currently has 94 acute care beds and includes:

- A 46-bed Infant & Toddler Unit for very fragile young children, many of whom transfer directly from the NICU to Blythedale;
- A 30-bed Pediatric & Adolescent Unit for older children, who are often hospitalized following a severe illness or traumatic event;
- An 18-bed Traumatic Brain Injury/Coma Recovery Unit equipped with the light- and sound-controlled rooms that this sensitive population requires for recovery, as well as dedicated space for occupational, physical and speech therapy on the Unit to allow for a gradual transition to the larger Hospital environment;
- Positive pressure isolation rooms, with adjoining anterooms and special ventilation for increased protection against infection for patients with compromised immune systems, which enables the Hospital to commence needed rehabilitation services promptly.

HOSPITAL SERVICE AREA AND POPULATION

Blythedale has a broad reach given the highly specialized nature of the Hospital's care model. As a specialty children's hospital, Blythedale's service area is widespread and well beyond Westchester County, with patients coming from the New York metropolitan area, counties to the north and west of Westchester County, and adjoining states like Connecticut and New Jersey. Approximately 53% of Blythedale's patients come from New York City (28% Bronx), 35% come from the Hudson Valley (19% Westchester), 6% come from Long Island and 4% come from out of state.

Blythedale's patient population reflects the ethnic and racial diversity of its large service area, as illustrated by its inpatient and LTC population, which is approximately 37% African American; 6% Asian; 19% Caucasian; 31% Hispanic or Latino; and 7% other. To address the needs of its diverse patient population, Blythedale provides annual staff training in cultural diversity, contracts with Language Line to allow for interpreter services in more than 240 languages, and recently launched a hospital-wide Diversity, Equity, and Inclusion training initiative that is mandatory for all staff, including senior leadership. This program is expected to run through the end of 2023.

As a major funder of services for children with special health care needs, Medicaid is a significant source of primary or secondary coverage for the majority of Blythedale's patients. In 2021, Medicaid (as the primary payer) accounted for 79% of the Hospital's revenue.

PROCESSES AND METHODS FOR CONDUCTING COMMUNITY HEALTH NEEDS ASSESSMENT

A. COLLABORATIVE PLANNING PROCESS

In addition to its referring hospitals, Blythedale works closely with the Westchester County Department of Health (DOH) to identify community health priorities relevant to Blythedale's mission and services.

The Westchester County DOH convened a workgroup of local hospitals to select priorities from the State's Prevention Agenda and collaboratively develop plans to address these priorities as part of Westchester County DOH's Community Health Assessment. The workgroup distributed community and provider surveys to collect extensive data about the health care needs within the community and compared that data with the current state of affairs within the County to designate specific agenda items as priorities. The Greater New York Hospital Association also engaged in a survey process with many hospital systems across the state.

B. IDENTIFICATION OF PUBLIC HEALTH PRIORITIES IN THE CSP

As part of the process of developing Blythedale Children's Hospital's Community Service Plan, priorities were studied and identified from the multiple assessments and partners noted above.

Blythedale's Community Service Plan for 2022-2024 identifies several health indicators as a basis for selecting priorities. The following goals were selected as State and County-wide priorities:

- Prevent Communicable Diseases
- Prevent Chronic Diseases
- Promote a Healthy and Safe Environment
- Promote Healthy Women, Infants and Children
- Promote Well-Being and Prevent Mental and Substance Abuse Disorders

As noted above, several of priority initiatives identified by the County were not within Blythedale's scope of practice. Therefore, the Hospital will focus on those priorities that fall within the Hospital's mission.

BLYTHEDALE CHILDREN’S HOSPITAL COMMUNITY SERVICE PLAN FOR 2022-2024

For the 2022-2024 period, Blythedale Children’s Hospital reviewed data from the New York State Department of Health, The Greater New York Hospital Association and Westchester County Department of Health workgroups and community health needs assessments, and observations about the demonstrated needs of our own patient population.

Priority Area: Prevent Chronic Diseases

Focus Area 1: Healthy Eating and Food Security

Goal 1.3: Increase Food Security

Goal 3.2: Increase Supports for Children and Youth with Special Healthcare Needs

Food insecurity is often defined as access to adequate food due to limited money and/or other resources. According to Feeding America, more than 9 million children in America faced hunger in 2021, which translates to 1 in 8 kids at risk for hunger in the United States. In New York State, that number is estimated to be 1 in 7.

In a 2016 article from the Journal of Developmental and Behavioral Pediatrics, it was noted that “low-income households with young children having special healthcare needs (SHCN) are at risk for food insecurity, regardless of child SSI receipt and household participation in other public assistance programs” (Citation 1). This is likely due, at least in part, to several factors:

1. a reduced ability for a caregiver to remain successfully employed secondary to the needs of a child with SHCN;
2. difficulty accessing options such as local food banks secondary to care and transportation needs for the child with SHCN;
3. limited financial resources secondary to the added expenses incurred by a child with SHCN.

Children with SHCN rely on their caregiver(s) for both direct care and support, so food insecurity for any member of the family may also impact the medical stability of the child. Not only are children facing hunger more likely to be hospitalized or struggle in school, but children with SHCN are directly impacted by the health and wellbeing of their caregiver(s). Adults facing food insecurity are at a higher risk for chronic conditions such as asthma, diabetes, and obesity. An ill caregiver can result in less consistent care for a child with SHCN, a higher risk of hospitalization, and other negative health outcomes. According to Feeding America, people in food-insecure households are more likely to have psychological and/or behavioral health issues that compound the stress and impact on the family unit.

A 2021 survey conducted by the NYU School of Global Public Health found that the COVID-19 pandemic has increased food insecurity nationally. This trend was clearly visible during Blythedale's work with families through the hospital's care management program (part of New York State's Health Home Serving Children initiative). During the late early spring and summer of 2020, as families were unable to access food pantries or schools for food and meals, the care management team began coordinating with local charities to obtain non-perishable food items to deliver directly to families.

Over the next 18 months, social work staff across Blythedale's programs (inpatient, day hospital, long-term care, and care management) noted that the problem did not decrease despite the changes in the COVID-19 landscape. Distribution of food to families in need expanded to include all of the Hospital's programs. Families have benefitted from bags of groceries delivered to their homes and from snacks and meals provided while staying bedside with their hospitalized child. As part of the 2022-2024 Community Service Plan, the goal is to find better ways to measure and understand the scope of the problem and, in turn, develop ways to address both the short and long-term food security needs of children and families.

Objective:

By 2024, Blythedale will meet the following objectives:

1. Develop a process for formally screening for food insecurity across the Hospital's programs;
2. Analyze the data obtained from these screenings to better understand the needs within the medically fragile population the hospital serves. Data can also be sorted along racial, ethnic, and geographic lines;
3. Share this data, which is specific to a subset of the population of children in Westchester County and the Bronx, with the appropriate county officials, along with recommendations to address the problem.

Interventions and Actions

1. Inclusion of a screening question regarding food insecurity in all admission assessments for Blythedale's inpatient, day hospital, long term-care programs, and care management programs:

"In the last 6 months, did your family ever eat less than you felt they should because there wasn't enough money for food?"

2. For families identified as struggling with food insecurity, provision of both food for immediate needs and community resources for long-term needs. Food provided to families is collected in partnership with community organizations like Loaves for Life and Ronald McDonald House Charities.

3. Connect families with the NYLAG Legal Clinic when needed to address issues with entitlements that impact food security.
4. Conduct a survey of families identified as food-insecure to gather feedback on the impact of interventions. Quantify survey results by race, ethnicity, and geographic area to note any trends.

Process Measures

1. Responses to food insecurity screening question are either captured in the Hospital's electronic medical record (EMR) or manually by the care management team for that program. Reports can be generated on a quarterly basis from the EMR and combined with the data from the care management program.
2. The effectiveness survey will be created following 2 years of data collection, with plan to distribute in year 3. Survey will be brief and available in both English and Spanish.
3. Review NYLAG Clinic data for any tracks of trends regarding the denial of entitlements to families in need.

Priority Area: Promote Healthy Women, Infants, and Children

Focus Area 3: Child and Adolescent Health

Goal 3.2 Increase Supports for Children and Youth with Special Healthcare Needs

Goal 3.3 Reduce Dental Carries Among Children

In a paper published in 2009, author Charlotte Lewis noted that "...dental care remains the most frequently cited unmet health need for children with special health care needs" (Citation2). Blythedale care management staff noted the same finding among the medically fragile children we serve through our collaboration with Montefiore Health Home and Skyward Health. Unlike other sections of the pediatric population, this is less related to the availability of insurance coverage given the options available within New York State for a medically fragile child. Instead, it seems to correlate more closely with a smaller pool of specialty providers and a lower priority placed on dental care when other medical issues, such as ventilator-dependent or tube feedings are at the forefront.

According to NCQA (National Committee for Quality Assurance), an annual dental visit is one of the 90 HEDIS (Healthcare Effectiveness Data and Information Set) measures where improvement can make a meaningful difference in people's lives. It falls under the category of "Access/Availability of Care" and is tracked by many managed care plans as a potential gap in care. A gap in care is commonly defined as the difference between the care provided to a patient and the recommended best practices in healthcare. Closing gaps in care has been correlated with improved health and economic outcomes and improved health equity.

An annual dental visit ensures access to cleaning, early diagnosis of oral health issues, and education about preventive care and maintenance. The medications, treatments, and diagnostic sequelae related to medical complexity can make children more susceptible to issues such as tooth decay and gum disease, so this potential gap in a child's case is critical to address.

Objective

By 2024, Blythedale's care management program will note an increased percentage of member compliance with the "annual dental visit" HEDIS measure.

Interventions and Activities

1. An annual dental visit will be listed as a goal on each Health Home care management member's plan of care;
2. Access to specialty dental care providers in both the Bronx and Westchester (the counties served by Blythedale care management) will be assessed and tracked as it relates to the medically fragile population.

Performance Measures

1. In collaboration with each child's Medicaid managed care plan and lead Health Home, along with family feedback, each child's successful completion of an annual visit will be tracked;
2. For any child with a gap in care for an annual dental visit, obstacles to completion will be assessed (family resistance, provider access, transportation needs) and efforts made to close the gap;
3. Data regarding any obstacles will be analyzed to determine ways to reduce them, such as specialized outreach materials regarding dental health for families, improved appointment availability, etc.

DISSEMINATION OF THIS REPORT TO THE PUBLIC

Details on Blythedale's community health programs and other hospital services are regularly featured on the Hospital's website and in the Hospital's newsletter. This Community Service Plan will be posted on Blythedale's website as directed by policy.

OTHER BLYTHEDALE COMMUNITY SERVICE HIGHLIGHTS

Blythedale has provided a significant amount of community benefit programs, as evidenced through a variety of programs and services, including:

Care Management: Blythedale is a downstream CMA for both Skyward Health in Westchester County and Montefiore Health Home in the Bronx, with capacity to work with up to 60 medically complex children and their families as part of New York States' Health Home Serving Children program.

CPR Training Center: Blythedale is a Community Training Center for the American Heart Association, providing training in Heartsaver CPR (cardio-pulmonary resuscitation), Heartsaver AED (automated external defibrillator) and Heartsaver First Aid. In addition to Blythedale staff, those trained include health care professionals, members of local police and fire departments, students at area schools and staff from various community agencies. Blythedale has also offered Pediatric CPR training for the community and health care professionals and is a certified Pediatric Advanced Life Support (PALS) Training Center.

New York Legal Assistance Group (NYLAG): Blythedale has partnered with the New York Legal Assistance Group (NYLAG) to create a free legal clinic open to all Blythedale patients, residents, Health Home Serving Children members, and their families. The clinic is held twice each month in a virtual format and the attorney assists families with issues including entitlements, housing, immigration, legal guardianship, and educational concerns. These social determinants of health can have a great impact on a medically fragile child's stability and the ability of a family to provide timely care and support, so this clinic is an invaluable way to provide assistance and support to those most in need. The clinic served nearly 50 families in 2021.

Staff Education and Training: Blythedale provides significant training to clinical professionals throughout the region by collaborating with organizations such as Columbia University, New York Medical College, NYU School of Social Work, several schools of nursing, and numerous other facilities. On-site training and/or internships are offered at no cost across multiple specialties including Nursing, Social Work, Pharmacy, Child Life, Physical Therapy, Occupational Therapy, Speech Pathology, Neonatology, Physiatry, Pulmonology, and Information Technology.

MEDICAID SERVICES, CHARITY CARE AND OTHER HOSPITAL FINANCIAL ASSISTANCE

As a major funder of services for children with special health care needs, Medicaid is a significant source of primary or secondary coverage for the majority of Blythedale's patients.

Consistent with its mission and federal and State requirements (*Public Health Law 2807(k)(9-a)*), Blythedale has developed guidelines that delineate the circumstances and procedures under which free or reduced cost care is available. Children's hospitals typically have lower charity care disbursements when compared to adult facilities because children have more health insurance options (e.g., Medicaid, Medicaid Managed Care, Child Health Plus) to address gaps in funding for care. In terms of charity care, Blythedale provides care to patients who meet certain criteria under our charity care policy without charge or at amounts less than established rates. The amount of identified charity care provided at cost, net of any reimbursements during the year 2021, was approximately \$12,000.

All patients or families with questions or concerns about their medical costs are directed to Hospital staff who assists the family in completing a financial assessment and reviews any options for assistance. There are also other hospital funds, such as one dedicated to parent transportation, which helps parents cover the costs of getting to and from Blythedale to see their hospitalized child.

Families are also notified of Blythedale's Financial Assistance policies through notices on the Hospital's website and posters in English and Spanish in the Hospital's lobby and in patient registration and waiting areas. Interpretation services are available for patients' needing information in languages other than English.

CITATIONS

1. Rose-Jacobs, Ruth ScD; Goodhart Fiore, Jennifer MD; Ettinger de Cuba, Stephanie MPH; Black, Maureen PhD; Cutts, Diana B. MD; Coleman, Sharon M. MPH; Heeren, Timothy PhD; Chilton, Mariana PhD; Casey, Patrick MD; Cook, John PhD; Frank, Deborah A. MD. Children with Special Health Care Needs, Supplemental Security Income, and Food Insecurity. *Journal of Developmental & Behavioral Pediatrics*: February/March 2016 - Volume 37 - Issue 2 - p 140-147
2. doi: 10.1097/DBP.000000000000260Lewis CW. Dental care and children with special health care needs: a population-based perspective. *Acad Pediatr*. 2009 Nov-Dec;9(6):420-6. doi: 10.1016/j.acap.2009.09.005. PMID: 19945077; PMCID: PMC2787477.