



Community Health Needs Assessment

and

Community Service Plan

2019 - 2021

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Collaborating Partners:

Westchester County Department of Health

The Westchester County Department of Health convened a workgroup of Westchester County hospitals to discuss the process for conducting a joint health assessment. In addition to periodic meetings, on April 5, 2019, the workgroup hosted a health summit for the local community and invited county residents, government representatives, health care providers and social service agencies to discuss Westchester's health and social necessities, with the goal of advancing the State Department of Health's 2019-2024 Prevention Agenda. Data and actionable solutions were submitted in a final report that was shared with the workgroup.

Regional Behavioral Health Workgroup

A large collection of agencies and hospitals from across the Mid-Hudson region have joined together to create a monthly behavioral health workgroup to evaluate the mental and behavioral health needs of the community. Two objectives of the workgroup have been to develop improvements in Adverse Childhood Experiences (ACEs) and expanded trauma-informed training.

Community Partners of Ossining

Schools and regional agencies have partnered to collaborate together and build new, positive experiences and programming for at risk children.

Centers for Disease Control/NHSN:

Working within the national data base which serves as a repository for a variety of hospital acquired infections including; central line bacteremia, catheter associated urinary tract infects as well as multi-drug resistant organisms and antimicrobial usage. Data entered into the data base are risk adjusted for the specific hospital, patient population and inpatient unit type.

Westchester Medical Center:

The pediatric infectious disease department at Westchester Medical center has a consulting physician as part of a larger Infection Prevention Committee.

COMMUNITY HEALTH NEEDS ASSESSMENT

EXECUTIVE SUMMARY

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

1. Assist in identifying priority health needs of the area served by Blythedale Children's Hospital;
2. Comply with the requirements and guidelines of the NYS Department of Health for a Community Service Plan; and
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 State Health Department, Blythedale's 2019-2021 Community Service Plan addresses health improvement priorities from the State's Prevention Agenda, including those selected by a coalition of local community hospitals and other community representatives convened by the Westchester County Department of Health. As a specialty hospital serving only children and adolescents, Blythedale has selected priorities from the State's Prevention Agenda which address issues of concern to Blythedale's community of referring hospitals, as well as criteria used to select them. It also identifies target objectives for measuring future achievements made in addressing the selected priorities.

MISSION STATEMENT

Blythedale Children's Hospital is a voluntary, not-for-profit, specialty children's hospital that provides acute medical and rehabilitative care to children up to 19 years of age. Blythedale is dedicated to improving the health and quality of life of children. We improve the lives of children with complex medical illnesses and disabling conditions through superb multi-disciplinary care, teaching, research and advocacy programs.

We are the only specialty children's hospital in New York State that provides the highest level of medical care and comprehensive rehabilitation for children with complex medical illnesses and conditions. Working collaboratively in an environment that fosters excellence, our goal is to improve each patient's overall health, independence and quality of life, as well as provide hope to patients and families through superior outcomes—without regard to religion, race or ability to pay.

In accordance with current policy, the Hospital provides care to indigent patients regardless of ability to pay. Financial Assistance is available to all qualified persons regardless of age, gender, 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” (AGB) to insured persons (AGB, as defined in IRC Section 501(r) by the Internal Revenue Service). Financial Assistance is available to all qualified persons regardless of race, color, creed, sexual orientation or ethnic origin. 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 English and Spanish in the Hospital’s lobby and inpatient registration and waiting areas. Interpretation services are available for patients needing information in languages other than English. All patients having difficulty paying their bills are directed to Hospital staff who assists the family in completing a financial assessment and try to qualify the patient for assistance. Blythedale’s Patient Assistance Fund and other special funds are also used to help children with various items where family resources are limited and insurance does not cover.

DEFINITION AND BRIEF DESCRIPTION OF SERVICE

As a specialty children’s hospital located in Westchester County, Blythedale is dedicated to the diagnosis, care and treatment of children and adolescents with complex medical and rehabilitative needs. Blythedale is a leader in developing innovative, multi-disciplinary programs for this highly specialized population. Blythedale’s board-certified physicians, nurses and other clinical staff (social workers, respiratory therapists, clinical pharmacists, Child Life specialists, etc.) and New York State’s largest hospital-based pediatric therapy department work together to provide intensive and innovative clinical and therapeutic care to patients. Together, Blythedale’s specialized staff helps children achieve their medical and rehabilitative goals for independent living so that they can return to their communities. Through its unique programs, the Hospital serves more than 2,500 children per year. Blythedale is also the only hospital in New York State with its own, on-site public school district.

Since its inception in 1891, Blythedale has been at the forefront of caring for pediatric patients with emerging medical conditions, from tuberculosis and polio in the Hospital’s earliest days, to traumatic brain injury and emerging medical disorders today. As advances in medicine have led to children surviving premature birth and catastrophic illness and injury in ever greater numbers, Blythedale has enhanced its commitment to providing the finest in clinical and rehabilitative care to help children return to their families and communities as soon as possible.

In 1971, Blythedale opened the Mt. Pleasant-Blythedale Union Free School District inside the Hospital and became 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 continues to provide health care services to students at the Hospital and fosters their education in the Hospital’s Early Childhood Center, which includes five (5) modernized classrooms.

Over the years, the Hospital has expanded to respond to the needs of the children it serves, including constructing a state-of-the-art replacement facility in 2011, opening The Stavros

Niarchos Center for Speech & Audiology in 2012 (a 6,000-square-foot center for inpatient and outpatient speech, hearing and language services, as well as state-of-the-art assistive technology), opening the Day Hospital and Early Childhood Center in 2013 (an 8,000-square-foot center featuring exam rooms, treatment areas, feeding therapy rooms, treatment bays and a spacious audiology booth that can accommodate children in wheelchairs and stretchers, as well as five (5) classrooms for educational purposes) and opening The Steven and Alexandra Cohen Pediatric Long Term Care Pavilion in 2016 (a 17,000-square-foot dedicated pediatric long-term care facility with 24 pediatric ventilator-dependent RHCF beds).

The Hospital currently has 86 acute care beds and includes:

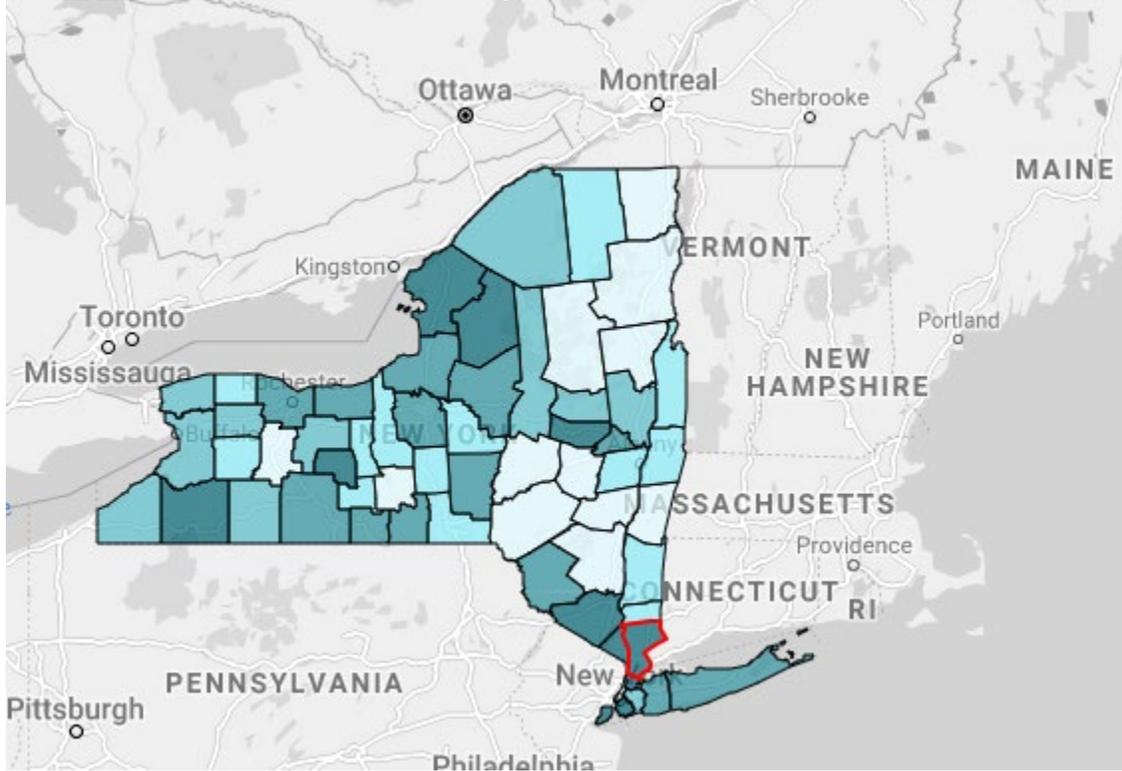
- A 46-bed Infant & Toddler and Post-Neonatal/Post-Pediatric Intensive Care Unit for medically-fragile patients, many of whom require weaning from mechanical ventilation;
- A 30-bed Pediatric & Adolescent Unit designed to meet the unique needs of older children and teens;
- A 10-bed Traumatic Brain Injury/Coma Recovery Unit equipped with private, light- and sound-controlled rooms that this population requires for recovery, as well as dedicated space for occupational, physical and speech therapy on the Unit, which allows for a gradual transition to the larger Hospital environment; and
- 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 rapidly while a child continues with treatment.

Blythedale Children's Hospital provides the highest level of medical care and comprehensive rehabilitation for children with complex medical illnesses and conditions. Working collaboratively in an environment that fosters excellence, Blythedale's goal is to improve each patient's overall health, independence and quality of life and provide hope to patients and families through superior outcomes – without regard to religion, race, gender or ability to pay.

HOSPITAL SERVICE AREA AND POPULATION

Blythedale's defines its primary service area as Westchester County.

Map 1 Blythedale Children's Hospital Primary Service Area



According to the United States Census Bureau, Westchester County had 980,244 residents in 2018, 21.9% of whom (214,673 people) were children under 18 years old. As a specialty children's hospital, Blythedale's service area is widespread and extends well beyond Westchester County, with patients coming from the greater metropolitan region, as well as adjacent areas of New Jersey and Connecticut. Approximately 61% of Blythedale's patients come from New York City, 28% come from the Hudson Valley, 8% come from Long Island and 3% come from outside New York State.

Blythedale's patient population reflects the ethnic and racial diversity of its large service area, as illustrated by its inpatient population, which is approximately: 45% Caucasian; 25% Hispanic or Latino; 20% African-American; 5% Asian; and 5% Other. To address the needs of its diverse patient population, Blythedale provides staff training in cultural diversity, interpreter services and varied dietary needs. Blythedale also offers other accommodations to support families from different cultural backgrounds while their children are patients at the Hospital.

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 (75%) of Blythedale's patients. In 2018, for example, Medicaid (as the primary payer) accounted for \$31,526,925 of the Hospital's \$75,238,303 in revenue (41.9%).

PROCESSES AND METHODS FOR CONDUCTING COMMUNITY HEALTH NEEDS ASSESSMENT

A. COLLABORATIVE PLANNING PROCESS

In addition to its referring hospitals, Blythedale also 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 Westchester County workgroup disseminated community and provider surveys to gather data about the greatest health care needs within the community and reviewed the current state of affairs within the County with respect to the designated agenda items.

B. IDENTIFICATION OF PUBLIC HEALTH PRIORITIES IN THE CSP

As part of the process of developing this community health needs assessment, priorities identified in the Blythedale's Community Services Plan and the Westchester County's Community Health Assessments were reviewed.

Blythedale Children's Hospital's Community Service Plan for 2019-2021 identified a number of health indicators as a basis for selecting priorities. In addition to public and agency input, a variety of data from the NYS Department of Health, Westchester County Community Health Assessment, and other sources were used to identify health 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

BLYTHEDALE CHILDREN'S HOSPITAL COMMUNITY SERVICE PLAN FOR 2019-2021;

Blythedale Children's Hospital's Community Service Plan for 2019-2021 identified a number of health indicators as a basis for selecting priorities. In addition to public input, a variety of data from the NYS Department of Health, Westchester County Department of Health workgroup and other sources were used to identify health priorities.

Highlights of findings, include:

1. Westchester County's DOH workgroup focused on prompting well-being and preventing mental and substance abuse. One significant matter that applies to children is related to Adverse Childhood Experiences (ACEs), which are pervasive throughout the State and County, and known to negatively impact a child's physical and mental health, and eventually their lifespan. A national study consisting of 17,000 participants was conducted over multiple years to assess the associations between adverse/traumatic childhood experiences and/or maltreatment and later-life health and well-being. In addition, more than two-thirds of participants had experienced at least one type of serious childhood trauma, and 87 of those with one ACE reported experiencing two or more types of trauma, suggesting the commonality of concurrent adversities.

National statistics estimate approximately 50% of U.S. children have experienced at least one type of trauma; and one in ten children nationally have experienced three or more ACEs, placing them in a category of particularly high risk. ACEs cause stress reactions in children, including feelings of intense fear, terror, and helplessness. When the stress response is activated repeatedly or over a prolonged period of time (especially in the absence of protective factors), toxic levels of stress hormones can interrupt normal physical and mental development and can even change the brain's architecture. ACEs have been linked to numerous negative outcomes in adulthood, and research has increasingly identified effects of ACEs in childhood. A child's ACE score is strongly associated with negative adulthood health outcomes which include some of society's most intractable public health issues: alcoholism, drug abuse, depression, anxiety, suicide, eating disorders, violent behaviors and chronic diseases including cancer, heart disease, diabetes, obesity and chronic lung diseases.

The estimated economic burden of trauma exceeds \$94 billion per year. Evidence proves that the negative effects of ACEs can be transmitted from one generation to the next. Toxic stress experienced by women during pregnancy can negatively affect genetic "programming" during fetal development, which can contribute to a host of poor outcomes later in life. Infants born to women who experienced four or more childhood adversities were two to five times more likely to have poor physical and emotional health outcomes by 18 months of age.

Potential interventions include targeted educational outreach and trainings that promote organizational changes toward trauma-informed, resilience-focused care. Local government agencies, health providers and institutions, schools and other community-based services who serve and interface with children and families can begin to change the current trajectory. Trauma is a newly recognized, highly correlated, underlying factor in long-term health outcomes, and as such we have selected to pursue training in order to help inform and lead schools, and other community organizations, on becoming trauma-informed resilience focused institutions.

2. In addition to the above identified priorities, several other areas were identified as important based upon current efforts of the Westchester County Health Department and efforts of local coalitions and community partners.

According to the Centers for Disease Control, 30- 50% of antimicrobial agents used in hospitals are either unnecessary or inappropriate. One additional priority identified is the formation of an Antimicrobial Stewardship Program to help reduce the inappropriate use of antimicrobials by choosing the appropriate antimicrobial agent for the specific infection and prescribing the antimicrobial for the least amount of time to treat the infection. The Health Department indicated that an Antimicrobial Stewardship Program should constitute a multi-disciplinary team made up of physicians, pharmacists and infection prevention professionals.

SELECTED PRIORITIES AND TARGETED OBJECTIVES

Plan of Action #1

Prevention Agenda Goal: Prevent Communicable Diseases

Priority 5.3: Reduce Inappropriate Antimicrobial Use

Healthcare-associated infections are the focus of many initiatives at the federal, state and hospital level. According to data referenced by the NYS Prevention Agenda website, the state has launched initiatives to reduce the number of device-associated infections within the intensive care unit (ICU) and has also begun to address the infection rate outside the ICU. Blythedale has an aggressive infection control program to address the multiple causes of healthcare-associated infections. This program has been extremely successful in controlling the incidence of such infections, something that is critically important given Blythedale's population of medically complex children. It requires constant and careful vigilance to maintain this low rate. Blythedale will continue to seek ways to improve our ability to reduce health care associated infections, particularly those related to central lines and indwelling catheters.

The purpose of the Antimicrobial Stewardship Program (ASP) is to improve antimicrobial prescribing practices at Blythedale. These practices assist in reducing the risk of antimicrobial resistance to the community once the patient is discharged.

Approximately 25% of Blythedale's inpatient population are colonized with a resistant organism. The vast majority of these children are admitted to Blythedale already colonized with a resistant organism from one of Blythedale's referring acute care facilities around the New York metropolitan area. Patients with infections caused by drug resistant bacteria consume more healthcare resources than patients infected with the same bacteria that are not resistant and are at an increased risk for adverse events which include; worse clinical outcomes or death.

In order to enhance the Antimicrobial Stewardship Program, Blythedale began reporting Antimicrobial Days to the National Healthcare Surveillance Network (NHSN) in July of 2018. Between July and December, the combined average for the six months was 581 antimicrobial

days. With a range of 369 days to 649 days per month. Between January and June of 2019, the average was 401 Antimicrobial Days with a range of 241 to 477 days in a given month.

In 2018, Blythedale's acquired Multi Drug Resistant Organism (MDRO) rate was 0.45/1000 patient days. This rate remained below our internal benchmark of 0.5 / 1000 patient days. However, our goal is always to reduce this rate year to year. Between January and June of 2019, the MDRO rate was 0.14 / 1000 patient days. A direct correlation can be made between the reduction in antimicrobial days and the reduction in the MDRO rate. Accordingly, Blythedale's ASP includes the seven core elements as defined by the Centers for Disease Control: Leadership, Accountability, Drug Expertise, Action, Tracking, Reporting and Education.

The Director of Infection Prevention reports antimicrobial usage at Blythedale to the National Healthcare Surveillance Network ("NHSN"). This allows Blythedale to track actual antimicrobial days in comparison to the NHSN predicted antimicrobial days specific for Blythedale. Antimicrobial usage is reported for the inpatient locations.

Objective

By 2021, Blythedale will meet the following objectives:

1. Reduce the Standardized Antimicrobial Administration Ratio (SAAR) by 5%. The SAAR year to date for 2019 is 0.415. An SAAR of less than one is considered to be optimum.
2. Monitor antimicrobial prescribing practices in the hospital and report to the prescribers and the Chief Medical Officer.
3. Monitor changing patterns of antimicrobial resistance based on the hospital's antibiogram and report treatment recommendations to the prescribers.

Interventions and Activities

1. The ASP will improve antimicrobial prescribing practices by monitoring the use of antimicrobials. Selecting the appropriate agent, dose, duration and route of administration and monitoring outcomes are all measures to ensure antimicrobial administration coincides with the CDC core elements.
2. Revision in policies and procedures to facilitate reduction in central line infections, such as modifying dressing kits to include transparent antimicrobial dressing and adding use of disinfection caps to the accessible ports on IV tubing.
3. Education of all medical staff via Power Point presentations and skills labs
4. Strict guidelines to determine when it is appropriate to use an indwelling urinary catheter
5. Nursing staff routinely update policies/procedures for care of indwelling urinary catheter and provide education to medical team as needed

Performance Measures

- Antimicrobial days of therapy are entered into NHSN on a monthly basis. Routes of therapy reported are; digestive, intravenous, inhalation and intramuscular. This provides the Hospital with an SAAR report. NHSN determines what the predicted antimicrobial days for a given month should be based on the monthly patient census and pre-determined risk factors assigned to the Blythedale within NHSN along with the actual antimicrobial days for a given month. The SAAR is calculated within the NHSN data system by dividing the actual antimicrobial days by the predicted days. The antimicrobial days of therapy and an SAAR are reported to the Infection Prevention Committee and the Pharmacy and Therapeutics Committee.
- Antimicrobial orders are reviewed by the Clinical Pharmacists for appropriateness of therapy, dose, frequency and duration of therapy. Recommendations (interventions) for changes in dose, frequency and agent are made based on clinical symptoms and culture results. Recommendations are also made to change an antimicrobial agent that may not be effective and to deescalate therapy as needed. The number of pharmacy interventions with regard to antimicrobial agents are reported to the Pharmacy and Therapeutics Committee.
- An antibiogram based on the microbial resistance patterns is reviewed on a yearly basis. Recommendations are made for appropriate antimicrobial therapy for specific organisms based on identified changes in resistance. These findings are communicated to the Pediatric Staff and presented to the Infection Prevention Committee and the Pharmacy & Therapeutics Committee.
 - Reports are to be made to the Hospital's Infection Prevention Committee and the Hospital's Pharmacy and Therapeutics Committees.

Plan of Action #2

Prevention Agenda Goal: Promote Well-Being and Prevent Mental and Substance Use Disorders

Priority 2.3: Prevent and Address Adverse Childhood Experiences

It is well known that several modifiable factors appear to have a substantial impact on childhood and adult health outcomes. Lower socioeconomic populations face a variety of challenges in meeting even the most minimal health recommendations. These populations are also at greater risk for excessive or prolonged stress exposures. Chronic stress has been linked to increased morbidity and mortality rates—including the development of obesity, diabetes, cardiometabolic diseases and mental illness. Stress management modalities have been shown to be a cost-effective strategy in reducing stress, negative coping skills and habits that lead to risks of poor physical health and mental illness.

Major national organizations, such as the CDC, recognize schools reach nearly all youth, placing them in the unique position to play a powerful role in improving both health status and the detrimental effects of chronic stress, adverse childhood experiences (ACEs) or trauma experienced by children.

Objectives

By August 2021, Blythedale – will increase the percentage of school staff members educated on trauma-informed, resilience focused practices to address ACEs. The wellness program will also implement school-based programs, participate in community events and form community partnerships aimed to improve children's mental health.

Interventions and Activities

1. Inform and Improve School Wellness Programs & Protocols
 - a. Schools are in a unique position to improve both the detrimental impacts of Adverse Childhood Experiences (ACEs) and the health status of young people across the nation. We will support schools in customizing an approach to health based on a multidimensional-model wellness program, the focus of which would be coordinating policy, strategies and curriculum related to six key components (nutrition and healthy eating, physical education and physical activity, health education, health services, psychological and social services, and employee wellness). These components serve the direct health needs of the students and staff, which results in improved health outcomes and learning. Our mission is to inspire and guide schools to evaluate their current status, offer education to the key stakeholders, encourage short and long-term goal-setting, inform on endorsed policy and strategies; and serve as a resource for evidence-based health education and prevention-based programs.

Performance Measures

- Collaborate with three low-income K-12 school districts to develop model wellness programs that include trauma-informed, resilience-focused policies and practices
 - Participate in wellness programs at 10 unique schools
 - \geq 80% of staff in three identified districts will participate in educational and wellness training
2. Raise Awareness through Paid Media Campaign and Shareable Online Materials
 - a. The paid media campaign enables us to get important wellness promotion messaging out to a wide audience and in front of the people who play the largest role in shaping lifestyle habits, experiences and environments. The topics selected for the paid media campaign are well-planned and researched to support the overarching objective(s) as well as defined focus areas and strategies. Media platforms repetitively expose the target audience to key messages and calls to action that raise awareness and motivation to change. We will also utilize the functionality of the Hospital's newsroom to broadly disseminate (through social media and RSS feeds and online video channels such as YouTube) a wide range of content, as well as the key researched topics, articles and research studies that also support the proposed objective, areas of focus, and needs of the target population. Information such as video content, easy how-to guides, sleep and stress management guidelines; topics related to parenting for wellness; ACE awareness; key lifestyle habits

and shareable memes will be highlighted and shared to support the needs of the target population and proposed objective. This campaign includes radio placement in the New York metropolitan region, a targeted social media campaign, and advertising as appropriate in local news outlets.

Performance Measures

- \geq 10,000 visits to online newsroom
- \geq 1.2 million reach of social media ad campaign
- Four targeted campaigns to increase knowledge and raise awareness of key factors that promote mental health and prevent chronic disease by 8/31/21

3. Support Community Workshops and Events

- a. Our program will support school and community-based wellness programs, events, health fairs and activities in low-income districts. The focus of our support and education will be increasing awareness and skills in mindfulness, resiliency and healthy lifestyle behaviors. Helping children and families to learn effective stress management methods (i.e. deep breathing, yoga/stretching, meditation) will help children manage their emotions, provide skills to offset negative responses to stress and help set the stage for building resiliency and self-care behaviors.

Performance Measures

- Attend and support \geq 8 community health events
- Participate in \geq 3 collaborative wellness events where \geq 75% of attendee's increase knowledge of ACEs and increased impact of early life experiences on health & well-being

Plan of Action #3

Prevention Agenda Goal: Increase Access, for people of all ages and abilities, to safe indoor and/or outdoor places for physical activity

Priority 2.3: Prevent Chronic Disease

Nationally, 80% of adults, 58% of children aged 6–11 and 92% of those aged 12–19 years fail to meet daily physical activity recommendations. These numbers are often higher in urban areas where fewer perceived safe places exist for outdoor play and movement. By partnering with the Westchester County Department of Health to create a new outdoor fitness space for adults, we encourage families to get healthier together.

The need for safe, affordable (free) places to play and exercise in the city of Yonkers, a high-risk neighborhood, was identified by the Westchester County Health Department. Data shows regular participation in vigorous physical activity declines significantly during the teen years. Lack of

physical activity can impair the healthy growth and development of teenagers and negatively impact their health and fitness in the years to come. Physical inactivity during the teen and young adult years can also lead to increased risk of poor physical, social, intellectual, emotional and mental health outcomes in adulthood. Physical inactivity and sedentary lifestyles have been identified as a health epidemic and a major public health concern, causing significant morbidity and mortality in adulthood and reducing life expectancy. Therefore, adolescence and young adulthood are pivotal years for maintaining physical activity habits.

In recognition of these facts and statistics, along with the vast benefits that exercise and time spent in green spaces have on the mind, body and spirit---the opportunity to work with the county in the building of an adult fitness playground in Tibbett's Park and promoting increased physical activity in this high-risk population was chosen.

Objectives

Increase the percentage of adults participating in physical activity in Tibbett's Brook Park in Yonkers. Yonkers is the 4th largest city in New York based on official 2017 estimates from the US Census Bureau.

Interventions and Activities:

- a. By providing access to fitness equipment in at-risk neighborhoods, where gym memberships are unaffordable to most, we help make a key health behavior a convenient, affordable and easier choice among those at highest risk. Physical activity has been noted for playing a significant role in reducing stress, depression and anxiety—mental conditions that correlate with poor sleep, eating behaviors and self-care.
- b. Through collaborations with local organizations such as the YMCA, Yonkers Health Connections For LYFE, and the Westchester Department of Health we will look to facilitate fitness and wellness programs/events in the park for families - and use the high numbers of park visitors to help build a culture of health in the neighborhood. Such infrastructure and programs will encourage family visits to the park as well as serve in public role-modeling of healthy behaviors and building social capital among community members who can support each other in sustaining healthier lifestyle behaviors. Social groups tend to achieve and sustain more behavior changes than individuals—especially when resources are limited.

Performance Measures

- Sponsor community programs targeting both teens and adults in Yonkers that utilize the fitness equipment
- Reach of media campaign on buses/bus routes within Yonkers aimed to raise awareness, knowledge and skills related to physical activity as well as to help break down barriers to physical activity

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.

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 began working with Hudson River Healthcare's Community Care Collaborative Health Home Serving Children program as a CMA (care management agency) for medically fragile children. Our care manager serves an average of 15 medically fragile children and their families in Westchester County through this important NYSDOH initiative.

CPR Training Center: Blythedale has been 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.

First Responder Training Program: Blythedale, in coordination with the Westchester Regional EMS Office, Westchester County Department of Environmental Services, and the NYS EMS for Children Program, has developed a special pediatric continuing medical education series for first responders of the Westchester EMS region. The series covers subjects vital to first responders, including traumatic brain injury, autism, technology and care of the infant or child, child abuse/neglect and child/infant safety during transfer. The courses are presented by Blythedale clinical experts, including physicians, nurses, and therapists.

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 (over 70%) 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 fortunately 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 2018, was approximately \$12,000.

All patients 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 in order to see their sick 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.