2022–2024
HSS Community Service Plan
Advancing the State's Public Health Priorities

New York State Department of Health Prevention Agenda
HSS Three-Year Community Service Plan (2022–2024) Executive Summary

Service Areas:

HSS' primary service area consists of the five boroughs of New York City (NYC) - Manhattan, Bronx, Brooklyn, Queens, and Staten Island; while its secondary service area is comprised of suburban areas in the Hudson Valley, New York; Northern and Central New Jersey; Connecticut; Long Island, New York; and Palm Beach County, Florida. Given its specialized focus on musculoskeletal and rheumatologic care, the Hospital's reach and impact extend beyond its immediate service area to communities around the world.

Participating Local Health Department(s):

NYC Department of Health and Mental Hygiene

Contact Information:

Ana Gallego
Office of Policy, Planning, and Strategic Data Use
Office of the First Deputy Commissioner
Phone: 347-396-4106
Email: agallego1@health.nyc.gov

Participating Hospital/Hospitals System(s) & Contact Information:

None

Name of Entity Completing Assessment:

Hospital for Special Surgery (HSS)

Contact Information:

Titilayo Adeniran, MPH
Director, Outcomes and Data Analytics
Community Education & Outreach
Education Institute
Phone: 212-774-2185
Email: adenirant@hss.edu

Hospital for Special Surgery (HSS) has been a recognized leader in musculoskeletal medicine for more than a century. We have established an ongoing commitment to both physical and general wellness, patient care, research, professional education, and community programming. As such, HSS conducted a Community Health Needs Assessment (CHNA) in 2022 to identify significant musculoskeletal health concerns of residents in its primary and secondary service areas. The needs identified informed the hospital's 2022 – 2024 Community Service Plan (CSP), a three-year implementation strategy that supports the New York State (NYS) Prevention Agenda 2019-2024 and satisfies the US Internal Revenue Service and the Affordable Care Act requirements for nonprofit hospitals.

HSS' three-year community service plan will focus on two priority areas – **Preventing Chronic Disease** and **Promoting Wellbeing** and will concentrate on musculoskeletal and rheumatologic conditions, our areas of expertise. To further advance the NYS Health Improvement Plan and align with the state's priority areas, the ten CSP strategies in the CSP report will address:

- Chronic disease preventive care and management by promoting evidence-based care and improving self-management skills for individuals with chronic conditions, including asthma, arthritis, cardiovascular disease, diabetes and prediabetes, and obesity
- Promote well-being by facilitating supportive environments that promote respect and dignity for people of all ages.

In selecting our existing priorities, HSS reviewed national, state, and local data along with results from our community health needs assessment (CHNA). An in-depth review of public health data provided a broad array of health information that served as a framework for selecting the Hospital's existing focus areas and public health priorities. Specific data sources reviewed include:

- U.S. Census Bureau
- New York City Department of Aging
- New York City Department of City Planning
- Centers for Disease Control and Prevention
- World Population Review
- Health Resources and Services Administration

- Bureau of Labor Statistics
- New York City Department of Health and Mental Hygiene
- New York City Department of Homeless Services
- Healthy People 2030
- Neighborhood Health Atlas

Collaboration with the public, community partners, and internal stakeholders was crucial to the success of our approach in assessing the health needs of the community, selecting health priorities, and identifying community education, outreach, and support initiatives. During the assessment and implementation process, HSS partnered with various community-based organizations (CBOs), city and state agencies, and universities with public health expertise and specific knowledge of community needs. Representatives from these organizations provided input on survey construction, the use of validated measures, cultural relevance, and health literacy. Community partners also provided their input by participating in key informant interviews and highlighting the significant musculoskeletal health needs of HSS' community. In addition, they reviewed CHNA findings and prioritized their community's health needs, which was critical to driving the selection of our public health priorities. See the full CSP report for a complete list of community partners that were involved in this process.

HSS recognizes that public participation is crucial in shaping and informing HSS community initiatives. Broad community engagement in the development of the CSP began with HSS soliciting public input about the CHNA survey, literacy level, and translations to Spanish, Chinese and Russian to ensure cultural relevancy. The public was also heavily engaged in virtual community health forums. At these forums, participants were asked to prioritize their health needs based on the results of the HSS CHNA survey and key informant interviews. These health priorities were instrumental in helping the Hospital to choose its CSP priority and focus areas and helped to shape the CSP itself. HSS will continue to engage its community through ongoing social media and email campaigns, infographic reports and data dashboards, and community forums that highlight the impact CSP programs are having on the community.

Based on the collaborative process outlined above, HSS integrated all information derived from its staff, community partners, and members of the public to identify community health initiatives to meet the constantly changing healthcare needs of its diverse and aging community. In implementing our community health programs, HSS will adopt evidence-based strategies/models to address our community's health priorities and disparities. Our initiatives include -

1. **Aging with Dignity**, a psychosocial support and education program to target social isolation and improve coping skills.
2. **Asian Community Bone Health Initiative,** a community-based exercise, and education program to help Asian older adults manage their chronic musculoskeletal conditions and increase access to care.
3. **Charla de Lupus/ Lupus Chat®,** a free national peer health education and support program to increase knowledge of lupus among Hispanic/Latino and African American communities.
4. **Inflammatory Arthritis (IA) Support and Education Programs**, a support and education program for community members and families living with rheumatoid arthritis (RA), ankylosing spondylitis (AS), psoriatic arthritis (PsA), and gout.
5. **Musculoskeletal Health Wellness Initiative**, an exercise and self-management education program to raise awareness, educate and reduce the impact of musculoskeletal conditions.
6. **LANtern® (Lupus Asian Network)**, a free national bilingual peer support and education program for Asian Americans with lupus and their families.
7. **Leon Root, MD, Pediatric Outreach Program**, a community-based screening, and education program to detect, treat and prevent sports-related injuries in young athletes.
8. **Pain and Stress Management Program**, an education and mindfulness-based program to raise awareness, educate and improve the ability to cope with pain and stress.
9. **Youth Sports Safety Program**, a primary and secondary sports injury prevention program for young adults, coaches, teachers, and parents.
10. **VOICES 60+ Senior Advocacy Program**, an advocacy program to help low-income, culturally diverse patients aged 60+ years, with arthritis and related chronic illnesses, with accessing services and support to improve their quality of life.

To ensure that HSS community health programs are meeting the goals outlined within each of the selected priority areas, the needs of its diverse patient population, and the community at large, HSS collects specific outcomes and process measures to evaluate its reach and impact. Described below are the process and outcome measures that will be assessed in each selected focus area.

Focus Area 1

Promoting evidence-based care and improving self-management skills for individuals with chronic conditions, including asthma, arthritis, cardiovascular disease, diabetes and prediabetes, and obesity

- **Process Measures**
    - Number of participants reached, and number of programs conducted
    - Number of new partnerships developed with community-based organizations
    - % of participants that were satisfied with the program and would recommend the program to others
- **Outcomes Measures (Short-Term/Intermediate)**
    - Increased access to linguistically-and culturally competent musculoskeletal health programs
    - Increased access to care among marginalized communities serving at-risk patients and community members
    - Increased knowledge of self-management techniques, cognitive behavioral therapy (CBT), and mindfulness techniques
    - Increased self-management skills to manage pain, stress, and chronic conditions including musculoskeletal disorders.
    - Improved musculoskeletal health outcomes by decreasing musculoskeletal pain, stiffness, fatigue, and falls, and increasing the frequency of physical activity and self-efficacy
    - Increased implementation and adoption of (role-specific) injury prevention interventions

Focus Area 2

Facilitating supportive environments that promote respect and dignity for people of all ages.

- **Process Measures**
    - Number of psychosocial support and education programs conducted
    - % of participants that were satisfied with the program and would recommend the program to others

- **Outcomes Measures (Short/Intermediate)**
    - Increased knowledge or understanding of new skill/tool
    - Increased coping skills
    - Increased access to psychosocial support and education programs among at-risk and vulnerable community members