



# NATHAN LITTAUER

*Hospital & Nursing Home*

## 2015 Community Service Plan Update

*Nathan Littauer Hospital and Nursing Home is committed to providing safe, high-quality health and wellness services and improving the health of our communities in a caring, contemporary environment. Our mission is accomplished not only through the efforts of our own dedicated employees, services and programs, but in cooperation with countless community partners.*

Following a Community Health Needs Assessment (CHNA), completed in 2013 in coordination with our local health department and with input from local health and human service providers, a three year Community Service Plan (2013 – 2015) was developed. We were tasked by the New York State Department of Health (as were all NYS hospitals and local health departments) to cooperatively prioritize our community needs and identify focus areas to address over the next three years.

Our Community Service Plan is our guide to the future and our compass. The priorities we identified for action over the next three years were to “increase access to high-quality chronic disease preventive care and management in clinical and community settings” and “increase the use of comprehensive well child care.” As described under each priority you will see a summary of the area of focus and progress we have made, as well as the challenges we have encountered.

**Priority #1** - Increase access to high-quality chronic disease preventive care and management in clinical and community settings, specifically, **to increase the percentage of adults 18 years and older who are tested for high blood sugar or diabetes.** By improving diabetes awareness and screening more people, we will also be addressing an identified disparity: access to care.

According to NYS DOH data, an estimated 8% Fulton County adults have been diagnosed with diabetes, this equates to more than 3,400 people. While determining an accurate number of **undiagnosed** persons is not possible, we know that diabetes is more common in the elderly and those with a BMI of > 35. Earlier identification and treatment of diabetes may actually increase our incidence rate, but will reduce the chance of developing harmful and costly complications. Activities associated with increasing screening rates will also bring attention to the potential complications of poor diabetes control and the need for careful diabetes management.

### Accomplishments

- Littauer Primary Care Centers (PCC) continue their efforts to identify those at risk for developing diabetes within their patient populations, and encourage follow up testing.
- HealthLink, in cooperation with PCC, tracked annual screenings, comparing to previous years.
- HealthLink & Fulton County Public Health continue their efforts to increase community awareness of risk factors and the need for testing at regular screening events, employee health fairs, community wellness events and through social media, encouraging those at risk to follow up with their provider for testing.

- The Diabetes Resource Center at Littauer continues to provide an ADA recognized “Diabetes Self-Management Education” program as well as a monthly support group.
- HealthLink continues to offer ongoing community health & wellness education and referral, including cholesterol, glucose, blood pressure and BMI screening as well as programs and events to engage community members in increasing physical activity (Tai Chi for Arthritis, hikes / walks, “hooping,” and fall prevention programs for seniors).
- Registered dietitians provide outpatient nutrition counseling (as requested by provider) as well as nutrition specific community education programs.

### **Challenges Include**

- Not having dedicated staff time to plan, implement, evaluate and track activities.
- Engaging target population...to accept that this is a serious problem for our community and that each person has the ability to do something about it.
- Little access to practical, research based interventions and monitoring/tracking /process strategies.

**Priority #2** – Increase the use of comprehensive well child care, **specifically increase the proportion of NYS children who receive lead screening** (as a key recommended preventive health service) as part of routine well-child care. **Fulton County has extremely high rates of child lead poisoning.** Increasing screening rates will allow at risk children to be identified and treated, reducing the number of children diagnosed with lead poisoning and its life changing long term effects. Providing POC (point of care) testing will improve access, a disparity identified in our CHNA. Activities associated with increasing screening rates will also bring attention to older housing stock and other causes of lead poisoning.

### **Accomplishments**

- Continues to coordinate efforts with Fulton County Public Health (FCPH), which has identified lead poisoning as an agency priority and has received grant funding to help address it.
- POC lead testing is now available in four of our pediatric primary care offices.
- HealthLink, in cooperation with PCC and FCPH, tracked annual lead screenings, comparing to previous years.
- In coordination with FCPH carried out:
  - ⊖ Media campaign including: billboards, social media, postcards mailed to all new moms.
  - ⊖ Targeted outreach education at events such as home shows, Healthy Kids Day, car seat events, new baby visits and to the following sites: WIC, Day Care Centers, Head Start sites, Pediatric PCC offices.
- Working to establish a broad based community task force comprised of engaged health care, local government and business stake holders. Initial Task Force meeting held in the Fall of 2015.
- Awarded small grant from Adirondack Health Institute for use with Lead initiative.

### **Challenges include**

- Difficulty engaging target population, and as we are discovering, in part due to lack of adequate housing.
- Rectifying the issue completely is an expensive proposition and well beyond the scope of this institution.
- Difficulty engaging community leaders.
- Not having dedicated staff time to plan, implement, evaluate and track activities.
- Little access to practical, research-based interventions and monitoring/tracking/ process strategies.

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