

The Lawrence Hospital Center 2013 Community Service Plan

November 2013

Respectfully submitted:

Lawrence Hospital Center 55 Palmer Avenue Bronxville, NY 10708 (914) 787-1000 www.lawrencehealth.org

Executive Summary

Lawrence Hospital Center (LHC), located in the heart of southern Westchester County, New York, is partnering with the Westchester County Department of Health and the area's hospitals and healthcare service agencies to fulfill requirements of the New York State Department of Health's Prevention Agenda 2013-17. In our efforts to meet the Agenda's requirements, Lawrence Hospital Center has conducted a Community Needs Assessment Survey to sample residents in its service areas to determine which two of the five Prevention Agenda initiatives it plans to address over the next four years and beyond. Based on the findings, LHC will focus on Preventing Chronic Diseases and Promoting Healthy Women, Infants and Children. More specifically, Lawrence and its partners will also address a health disparity by identifying ways to reduce premature deaths among African American and Hispanics and increasing breastfeeding among women.

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Lawrence Hospital Center Fact Sheet

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LMA (additional offices)

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Community Based Services:

Lawrence Community Health Services provides vital services in the community, including home health care, hospice and palliative care and bereavement services. The offices have recently moved and are now located at 670 White Plains Road in Eastchester, NY and information can be obtained by calling 914-961-2818.

- Lawrence Home Care of Westchester, <u>www.lawrencehomecare.org</u>
- Jansen Hospice and Palliative Care, <u>www.jansenhospice.org</u>
- The Bereavement Center of Westchester, www.thebereavementcenter.org

An Overview

Lawrence Hospital Center has been proudly serving residents of Westchester County and the Bronx for more than a century. Since opening its doors in May 1909, Lawrence has grown into a 291 bed acute care facility with a strong history of leadership in healthcare and local medical excellence.

Located in Bronxville, in southern Westchester County, New York, Lawrence Hospital Center is recognized for its professional excellence in Bariatric Surgery, Imaging and

Oncology. With more than 500 physicians of which 95% are board certified, Lawrence Hospital Center's doctors provide expertise in virtually every area of medical specialty.

From the beginning, Lawrence Hospital Center has prided itself on being responsive to the needs of the communities it serves. One strategy for addressing those needs has been an investment in capital improvements and an expansion of Lawrence services. In recent years, Lawrence Hospital Center has been renovating and redesigning many of its facilities. One of its most ambitious plans involves the construction of a multimillion dollar Surgery and Oncology Pavilion.

The project will add six new state-of-the-art Operating Rooms and a comprehensive Cancer Center to LHC's main campus. Construction crews broke ground in the summer of 2013 and hospital leaders predict the Pavilion will open its doors in two years.

In 2010, Lawrence unveiled a modern and patient-friendly main hospital lobby. It is complete with new furnishings, artwork, restroom facilities and a multi-purpose conference room. Additionally, Lawrence has made capital improvements to its Emergency Department Plaza and the hospital's main entrance to provide even safer and more expanded access for patients and visitors alike. Further, the hospital in 2008, opened a state-of-the-art Maternity Center; redesigned and expanded its Emergency Department; and completed a renovation of its cafeteria that not only serves inpatients and staff, but, is a popular destination for area seniors to gather and dine.

Important Accreditations and Certifications

Lawrence Hospital Center achieved Stage 6 designation of the HIMSS Analytics Electronic Medical Record (EMR) Adoption Model. HIMSS Analytics devised the model to track progress at hospitals and health systems towards creating a paperless patient record environment. HIMSS Analytics is a wholly-owned, not-for-profit subsidiary of the Healthcare Information and Management Systems Society (HIMSS). Lawrence is one of only 25 hospitals in New York to have achieved Stage 6 designation from HIMSS analytics.

In 2013, Lawrence Hospital Center was recognized as a "Most Improved" hospital by Wireless.com.

Also, this year, LHC achieved Meaningful Use Stage 1 adoption, and as of press time, we are currently working on Stage 2.

The bariatric surgery center at Lawrence Hospital has been accredited as a Level 1b Center of Excellence by the Bariatric Surgery Center Network (BSCN) Accreditation Program of the American College of Surgeons (ACS).

The American College of Radiology has designated Lawrence Hospital Center as a Breast Imaging Center of Excellence

Lawrence is a New York State Department of Heath designated Stroke Center.

The laboratory is accredited by the College of American Pathologists.

Cancer Care program is accredited by the American College of Surgeons with Commendation.

Cardiac Rehabilitation Lab is accredited by the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR).

Echocardiology Laboratory was again re-accredited this month by the Intersocietal Accreditation Commission of Echocardiography Laboratories (IAC).

Cardiology Department just received full accreditation for performing Adult Transthoracic Echocardiograms from the Intersocietal Accreditation Commission.

Lawrence is accredited by The Joint Commission.

Fully licensed by the New York State Department of Health.

Lawrence Hospital Center is a member of the New York Presbyterian Healthcare System.

Mission Statement

Our mission is the foundation of all of our decisions. It guides what we do. It must be known, owned and energized by all. The Lawrence Hospital Center mission is to provide caring, high quality, fiscally responsible healthcare services that meet the needs and expectations of the communities we serve. We will distinguish ourselves by our commitment to our values, promoting an environment where:

- Patients are treated as family
- Members of the community have confidence they will find hope and healing
- Physicians experience an efficient and cooperative atmosphere focused on excellence in patient care
- Staff who share our values are attracted and retained

Vision

Our vision to be the model for community hospitals is supported by four pillars of excellence:

- Clinical Quality
- Service Excellence
- Facilities and Technology
- Financial Viability

Core Values

Our Core values guide how we act toward each other and how we care for our patients. They must be accepted and enthusiastically practiced every day.

Respect

Treating patients we serve and those with whom we work with compassion, demonstrating a high regard for the dignity and worth of each person.

Quality

Continuous improvement through innovation and a commitment to recognized standards of excellence.

Integrity

Honesty and straightforwardness in all relationships.

Teamwork

Enthusiastic cooperation focused on accountability, mutual support and common goals.

Changes to the Mission Statement

There have been no changes to the Lawrence Hospital Center Mission Statement. In 2010, the Lawrence Hospital Center Board of Governors' Strategic Planning Committee attended a retreat where it reaffirmed the hospital's mission.

Hospital Service Area

Lawrence Hospital Center's service areas were determined about ten (10) years ago during a planning process initiated by a new administration. Working with a consultant (Jennings, Ryan & Kolb), the top zip code areas for inpatient services were identified. The service areas were analyzed for a variety of patient categories (e.g., OB, surgery).

The distinction between primary and secondary service areas was based on the volume, geography, and other criteria (e.g., roadways, natural barrier). Since the original analysis, LHC has tracked changes in the service areas. However, as of this time, there have not been any significant material changes to the service areas that warrant modifying the zip code areas. (Attachment A).

Public Participation

On December 10, 2012 the New York State Health Commissioner Dr. Nirav Shah sent letters to all county health departments and local hospitals requesting within each County the collaboration on the development of community health assessments and health improvement plans required for submission by November 15, 2013. Specifically, Commissioner Shah asked hospitals and local health departments to work together with local community partners on assessing community needs, identifying at least two local priorities, one of which should address a health disparity, and developing a plan to address the identified priorities.

To help support and coordinate this collaboration, the Westchester County Department of Health (WCDH) invited all sixteen Westchester County hospitals to attend a kick-off meeting on January 31, 2013. In addition, three Federally Qualified Health Centers were also invited to attend. The meeting was held at the Westchester County Department of Health (10 County Center Road in White Plains). Future meetings were held there too. (Attachment B).

At the first meeting Sherlita Amler, MD, Westchester County Commissioner of Health, welcomed all participants. WCDH provided a brief overview of the prior Prevention Agenda planning process and the new requirements for both the health department and the hospitals specific to the development of community health assessments, community improvement and service plans.

The group, now described as the Westchester County Health Planning Team (Attachment C), conducted an extensive review of all the health indicators contained in the Prevention Agenda. For each indicator, the team reviewed whether the County was below, meeting or exceeding the state established targets/goals, the estimated number of people affected by each indicator (when available), the County's overall ranking for the indicator compared to other New York Counties, and the performance range within the State. The team often requested the Westchester County Department of Health provide additional reports/analysis, including data at a sub-County level to allow a more complete understanding of the problems. (Attachment D)

In addition to a thorough review of the data, the priorities selected involved consideration of priorities that were attainable and that aligned with each agency's/hospital's mission and service areas. With the diversity and the number of hospitals in the County, it was quite challenging for the team to select its priorities especially when for a number of indicators the data revealed only certain parts of the County being impacted. (Attachment D)

Together, the Planning Team met in White Plains or participated in conference calls for the next ten months to address the Prevention Agenda's call to action. Notices of meetings were sent via email and focused on discussions about the health status of Westchester County residents, perceived gaps in care, development of Community Needs Assessment Surveys, interventions and sharing best and promising practices.

Additionally, Lawrence met with representatives from Grace Baptist Church, a 125 year old religious institution in nearby Mount Vernon whose members are predominantly African American, to establish a partnership in addressing the Prevention Agenda and securing its assistance in disseminating Lawrence's Community Needs Assessment Survey to its neighbors and members of its congregation. Future collaborations will involve Grace's leadership including its Directors of Men's and Women's, Stroke and Health & Wellness Ministries.

Further, upon its completion, hard copies of the Community Needs Assessment Survey were distributed during the summer of 2013 at various community outreach events including – Rethink RA at Lawrence Hospital Center in Bronxville, Touch a Truck in Tuckahoe, Prescription Drug Take Back Day in Eastchester, a seniors' event at the Ridge Hill Shopping Center in Yonkers and Lawrence's Gift Shop. An announcement about the Needs Assessment Survey was also published in the hospital's community newsletter which is mailed to more than 33,500 residents, a link to the Survey was posted on the hospital's website, shared with Lawrence Hospital Center's staff in internal newsletters and a link to the Survey was sent to Westchester residents via the Journal News – an online service purchased from the County's only daily newspaper.

Assessment and Selection of Public Health Priorities

Following months of discussions, each organization developed its own Community Needs Assessment Survey and disseminated these to the public. Based on the Survey's findings and using input from the Planning Team meetings, Lawrence Hospital Center and its collaborators identified two priorities – Prevent Chronic Diseases and Promote Healthy Women, Infants and Children. More specifically, Lawrence chose to focus on addressing obesity as it can have a profound effect on chronic diseases like heart disease, diabetes and cancers. Additionally, given the Health Department's data, the group found what appears to be a disproportionate number of African Americans and

Hispanics who die prematurely compared to other racial groups. Therefore, Lawrence and its partners will work together to tackle this priority as a health disparity. Additionally, Lawrence Hospital Center and many members of the Planning Team will focus on increasing the numbers of women who breastfeed their newborns.

It should be noted that results from Lawrence's Community Needs Assessment Survey did identify a concern among respondents about the desire for increased elder care services. Given the hospital has on staff only two physicians who specialize in geriatric medicine, hospital leaders feel at this time they cannot realistically focus any meaningful resources on elder care issues. However, Lawrence has and will continue to provide clinicians to go out into the community to deliver relevant health education to the area's seniors by way of local organizations including Bronxville Senior Citizens Services, Yonkers 55 Plus, Tuckahoe Senior Center, senior programs at Lake Isle in Eastchester, Riverdale Senior Center and Co-Op City in the Bronx.

To further discover what additional services are offered that relate to the selected priorities, the Westchester County Health Planning Team developed an agency profile that was distributed to community partners. The profile requested each agency provide general information, such as hours of operations, office locations and service areas, as well as to include current activities, training and policies in place that support the selected priorities and any new activities planned.

Additionally, the Planning Team organized a Health Care Summit in August. Officials from businesses, schools, health plans, community-based organizations and health care providers, met in White Plains for a half day Health Care Summit. Each organization provided the Planning Team with a list of its current services that relate to the chosen priority initiatives. Additionally, the representatives agreed to partner with the Planning Team and/or with its individual members to create long term strategies for addressing the priorities. (Attachment E)

Following a general introductory session, Summit attendees participated in break-out sessions facilitated by select members of the Planning Team. There were sessions that focused on preventing chronic diseases and identifying strategies for increasing breastfeeding among women. A synopsis of the groups' findings can be found in (Attachment F).

Three Year Plan of Action

In Lawrence's original response to the first Prevention Agenda, we chose to focus on reducing sodium intake and developing strategies for encouraging people to be more active by exercising more. By doing so, the hospital's Food and Nutrition Services

Department initiated special programs, participated in several community outreach events and/or provided educational talks at local senior centers and health fairs.

Most, if not all of the programming supports one of this year's priorities selected by Lawrence: Preventing Chronic Diseases – which will address the growing obesity epidemic. Over time, it is our hope that these current and planned interventions will help reduce the number of those dying prematurely of chronic diseases.

These are current programs in place:

Lawrence Hospital Center has initiated interventions to address obesity amongst its patient population. Beginning in 2011, all inpatients are screened to determine who may have a BMI over 40. Once they've been identified by Nursing, registered dietitians from Lawrence Hospital Center's Food and Nutrition Services Department are brought in to consult with inpatients, providing education on strategies for weight loss and offering referrals to the hospital's outpatient nutrition program. So far, dietitians from Food and Nutrition Services have provided more than 2000 consults to selected inpatients from January 1, 2011 through October 31, 2013.

In observance of National Nutrition Month, Lawrence's Food and Nutrition Services Department held free community workshops. Led by registered dietitians, these workshops were held at the hospital and promoted via an electronic bulletin board in the lobby and were open to staff and the general public:

To Supplement or not to Supplement – an in-depth review of the latest research concerning vitamin and mineral supplements.

Optimizing Your Nutrient Intake from Foods – a discussion about the differences between organic, locally sourced and conventionally farmed fruits and vegetables and tips to increase your nutrient intake from those foods.

In 2013, The Food and Nutrition Services Department launched a new cafeteria wellness program called "Mindful". It takes an integrated approach to wellness by offering healthier, more nutrient dense entrée items; providing educational brochures and handouts on lifestyle and wellness topics; and offering consumers the latest technology, MyFitnessPal, to help users track their daily caloric intake and meet their individual weight loss goals.

Born out of Planning Team meetings in 2012, Lawrence and its partners formed *Be Healthy Westchester--Healthy Hospitals*, led by the Westchester County Department of Health to coincide with the CDC campaign to stop the growth of obesity which was launched at the May 2012 "Weight of the Nation" conference.

We studied the evidence-based Healthy North Carolina Hospital initiative and designed tactics to promote healthy eating. Lawrence had already implemented a number of strategies. And, we added others. For the first time that year, there was a concerted effort to provide healthier vending machine options to employees and visitors. In 2013, 19 of the 36 items available in two of the hospital's vending machines meet healthy guidelines for total fat, trans-fat, cholesterol, micronutrients such as Vitamin A, C, E, iron and in particular reduced sodium content. These items are highlighted with "Wellness and You" stickers next to them. Some of the offerings include sweet potato chips, fruit & nut bars and pita chips. Criteria for the above programs' nutrition standards were adopted from the USDA 2011 Dietary Guidelines & American Heart Association.

This year, due to construction plans and renovation of hospital space, two of the four vending machines were removed. Nevertheless, sales of healthier vending options in 2013 are on track to exceed sales from 2012 by 10 to 15 percent.

In the hospital's cafeteria where physicians, employees, patients, visitors and community members dine, Food and Nutrition Services also unveiled even more healthier options in 2013 and 2012. They include:

- At least 85% of items sold (including all hot food, prepared salads, soups, sandwich specials and grill specials) have nutrient analysis available for customers.
- Two designated "Wellness" items are available everyday options include entrees, soups and prepared salads and are considered low-fat, low-sodium and low-cholesterol alternatives.
- Offer and promote "Meatless Mondays"- at least one entree is a meatless offering every Monday.
- Healthier snacks such as fresh fruit, sugar free Jell-O, baked potato chips, pretzels, hummus, low-fat Greek yogurt are now available for purchase.
- The sandwich/grill station has low sodium cheeses and cold cuts available along with grilled chicken, turkey burger and vegetable burgers available to substitute for hamburgers.
- Customers may opt for fresh vegetable sticks like carrots and celery with fatfree dressing instead of potato chips to pair with their sandwich or grill item.

- Offer a full salad bar with healthy toppings such as mixed nuts or sunflower seeds with two types of lettuce (romaine and mixed greens) and low-fat dressings are now available.
- Education brochures with topics related to wellness and health (enjoy more fruits and veggies; making sense of sodium; be wise exercise; portion distortion and more) are available free of charge for customers to take home.

Additionally, the department's dietitians continued in 2013 to provide education to internal and external audiences. Some of the programming included the following:

- Throgs Neck Senior Center Nutrition Lecture on Anti-inflammatory Diets
- Eastchester Senior Center Diabetes & Nutrition Presentation
- Spirit of Women's Day of Dance, Heart Healthy cooking demonstration & discussion
- Co-op City Health Fair Nutrition Lecture on Anti-Inflammatory Diets
- Kids Safety Day, Eastchester Town Hall Nutrition Presentation on Pediatric Nutrition Topics including obesity, underweight kids, food allergies and sports nutrition
- National Night Out hosted by the Yonkers Police Department Lawrence set up a "Nutrition Table" where a dietitian offered education on healthy eating guidelines and weight loss
- Salute to Seniors, Bronxville BMI Screenings & Nutrition Advice
- Cancer Survivorship Support Group Presentation on "Top Ten Foods That Fight Cancer"
- Dietitians screen Joint Replacement patients with BMIs greater than 30 to provide weight loss education and referrals to LHC's Outpatient Nutrition program and to prevent post-op complications

As a continuing service, Lawrence Hospital Center prepares heart smart and nutritious food for the area's seniors via the local Meals on Wheels program. In addition to cooking the food, Lawrence provides free office space and administrative support to the program. In 2013, this program continues to thrive and meet the needs of a growing senior population. There were no significant changes in numbers of seniors served in the last year.

In response to an increasing demand for dietary counseling services and programs, Lawrence Hospital Center's outpatient nutrition counseling program was launched in 2009. In 2012, it became a full-time program that offers individual counseling and group weight loss classes. Further, because of the concerns about childhood obesity, Lawrence is offering pediatric counseling services.

Thus far in 2013, the dietitian in the outpatient nutrition program has seen more than 392 patients – 52 of which were adults who needed weight loss counseling. The dietitian has also counseled 9 pediatric patients with concerns about obesity. According to the program's manager, the numbers of patients are on par to match or slightly exceed last year's figures. Going forward, Lawrence will make a concerted effort to further market these services with the launch of a new section on the hospital's website and with content on the hospital's Facebook page.

To help get the senior population moving, certified physical therapists from Lawrence's Physical Medicine and Rehabilitation Department are now teaching exercise classes to seniors at three senior facilities in the county. Since 2009, between the months of September to July, each week physical therapists lead classes at the Lake Isle Senior Center for a total of 32 sessions. The classes are one hour long and between 12 and 15 people attend each class. Additionally, therapists show seniors how to stay active at an assisted living facility in Tuckahoe. Approximately a dozen people attend a one hour class there each week for a total of 42 classes in 2012.

Also, Lawrence staffers provide exercise tips during a one hour class at the Garth Road Senior Center where about a dozen people meet each week. Given that these are fairly static populations, anticipated growth in attendance for these offerings from 2012 to 2013 is expected to be minimal.

Prevent Chronic Diseases – Reducing Premature Deaths among African Americans and Hispanics

In terms of new interventions we plan to launch concerning preventing chronic diseases and more specifically identifying ways to make a dent in the number of premature deaths amongst the African American and Hispanic communities, Lawrence Hospital Center will focus its initial efforts on educating children about healthy eating and the importance of exercise in nearby Mount Vernon, NY. To do so, the hospital plans to enter into a two year partnership with Project Fit America (PFA) that involves sponsoring a local school and providing important health information to students, faculty and families. According to its website, PFA says:

- Over twenty million children are overweight by an average of 8.3 pounds
- Childhood obesity has tripled since 1980
- Forty percent of American children aged 5-8 years show one or more risk factors of heart disease including: high blood pressure, high cholesterol, and low cardiovascular endurance

Given our Prevention Agenda priority, we feel this program will squarely address precursors to chronic disease at an early and influential stage in human development at a school with a largely African American and Hispanic population. Lawrence Hospital Center intends to launch Project Fit America at an elementary school in Mount Vernon during the fall semester of 2014. We are also open to plans to extend the program beyond the initial two year commitment and/or choose another school that is equally in need of these services.

The goal of Project Fit America is to create sustainable fitness in education wherein children do not just become smarter as a result of going to school, but fit and healthy too. This is accomplished through educational programs and equipment that allows the school to successfully teach fitness education year after year. PFA provides and implements the following eight (8) components to schools:

1) State-of-the-art outdoor, above ground fitness equipment.

UCLA specifically designed the equipment to address all the deficit areas where children fail fitness tests. The equipment becomes the permanent property of the school. Shipping to the school site is also provided.

2) Indoor Mobile Fitness Equipment.

Our Indoor fitness equipment is mobile as indoor facilities vary from school to school. This allows for program adaptation to each school's unique teaching environment. 1,000 Fitness Cups. These fitness cups help kids with explosive cardio, teamwork challenges and cooperation. A squad set of 5 Sports Hoops. The hoops are 3 pounds in weight and great for sustaining upper body strength, cardio and abdominal training and development.

3) Curriculum.

The curriculum does not replace any existing curriculum. Our lesson plans are used as a vehicle for goal attainment for existing curriculum already in place. There is an Elementary School Core and a Middle School Core. The Curriculum was created by former Project Fit America PE Teacher grant recipients for future Project Fit America PE Teacher grant recipients. The Core curriculum addresses all aspects of developing a thriving, broad based physical activity environment to impact every student. Adapted lessons are also included for students with special needs. We also provide a "beyond" Phys Ed Core. This book includes health, nutrition, written extra credit and a myriad of activities for classroom teachers, parents and adult volunteers. *NASPE* standards for each lesson are clearly identified. This curriculum has also been approved by the Science Committee of the Alliance for a Healthier Generation, a partnership between the American Heart Association and the William J. Clinton Foundation.

4) Curriculum Lesson Plan Support Materials.

Pacer Cadence CD. This activity provides outstanding cardiovascular conditioning and training as kids shuttle run from 42-60 feet to a "beeped cadence" trying to get from one end of the measured run to the next before the beep goes off. The beeps progressively become faster and kids earn rewards for the number of laps they can do. Even students, who hate to run, love this cardio challenging activity. The school gets:

6 sets Laminated Skeleton Bones

\$250.00 in Play Money

PE Music CD

Starter Kit Word Wall. Includes each letter of the alphabet and 3 "starter" words for each letter. Important part of teaching physical literacy. Starter Kit for Chart and Challenge. Hallway displays of student accomplishments and fitness goals achieved.

Certificates & Ribbons. We provide these reward and incentives to each PE Teacher so they can create motivating wall charts and hallway displays that get the kids super excited to participate in activities and have their name featured for all to see!

5) Teacher training at the school site with a PFA PE Mentor Teacher.

This will be an all-day-eight hour session to commence the program in year one and a second all day booster session in year two. We will tour and demo the curriculum lessons in conjunction with the equipment as well as create a "fitness prescription" for program use and roll out. If needed, a substitute teacher fee is paid to the school to aid support to the PE teacher(s) on the day of the in-service. The Mentor Teacher stays in contact with the school for the full two-year sponsorship period.

6) Outcome Testing and Evaluation.

The results of the program will be measured and evaluated through pre and post testing of the students. Skill sets to be measured are as follows:

Mile Run or/ 15 Meter PACER (measuring cardiovascular endurance)

Flexed Arm Hang (measuring upper body strength)

Standard Pull Up (measuring upper body strength)

Sit-Ups (measuring abdominal strength)

These tests will be administered to the children at the beginning of the semester, prior to implementing Project Fit America and at the end of semester after using the program. We will identify benchmark grade levels for testing, then track and survey these students for a two year period. The fitness data is compiled by *Sonoma State University, Department of Mathematics and Statistical Consulting*. Each school and sponsor will receive a report of outcomes. In addition, each school completes a yearend teacher evaluation of the program that addresses all areas of equipment usage, inservice and curriculum components as well as a free-form narrative of up to three

pages. If Lawrence wants to add other outcome measurements, PFA will facilitate this as well.

7) Custom Grant Program for each Sponsor's service area for school site selection.

Unless Lawrence Hospital Center has an existing relationship with a school partner(s), PFA conducts a custom grant program for school site selection. Lawrence will give us the geographic area where they want this program implemented and we will invite all schools, grades K-8, to apply to be the school(s) selected as your exemplary partner and model for fitness in education. This is a competitive process that creates a level playing field and allows for each school to share their story. Each applicant will create an academic plan for incorporation for fitness in education, assure teacher buy in and school wide commitment to creating sustainable programming as the need to get kids fit is omnipresent each and every school year.

8) Community Outreach.

PFA will work with Lawrence Hospital Center's sponsored school to create events and activities, which will engage the parents and community to focus on their own personal health and that of their children. These events and activities will include and highlight Lawrence's relevant services. PFA will host a community wide, opening day kick off and ribbon ceremony to dedicate the program and have the students provide a demonstration of their newly found fitness skills and talents. Parents, teachers, civic and state leaders along with the media will take part in this host event.

In conjunction with Project Fit America, registered dietitians from Lawrence's Food and Nutrition Services Department will provide yearlong educational programs about eating healthy and the benefits of exercise to the students and if possible to their parents and caregivers. We will also track the students (and parents/caregivers, if possible) annually to determine the program's success by utilizing measurements such as BMI and weight.

Promoting Healthy Women, Infants and Children – Increasing Breastfeeding

The second priority that Lawrence Hospital Center, the Westchester County Health Department and many of our collaborators have selected, is increasing the number of mothers who breastfeed their children.

At Lawrence, we're proud to announce that in October of this year, the Commissioner of the New York State Department of Health informed our hospital's CEO that Lawrence has successfully written a breastfeeding policy that includes all 28 of the

required components under the New York Codes, Rules and Regulations Title 10, 405.21 – Perinatal Services and New York Public Health Law, Article 25, Title 1, § 2505-a-Breastfeeding Mothers' Bill of Rights.

Lawrence Hospital Center has a full-time lactation consultant who provides breastfeeding education to women and their partners before and after birth. She assists moms on the post-partum unit who need help breastfeeding and she teaches an evening breastfeeding preparation class once a month for expectant moms and their partners. Additionally, the lactation consultant leads a free breastfeeding support group that meets once a month and is available to any new mom regardless of where she gave birth.

The Director of Maternal Child Health at Lawrence also plans to apply for designation as a "Baby Friendly" hospital. According to the program's website, "The work of Baby-Friendly USA, Inc. (BFUSA) and its implementation of the Baby-Friendly Hospital Initiative (BFHI) in the United States is predicated on the fact that human milk fed through the mother's own breast is the normal way for human infants to be nourished.

There is an abundance of scientific evidence that points to lower risks for certain diseases and improved health outcomes for both mothers and babies who breastfeed. Breastfeeding is the natural biological conclusion to pregnancy and an important mechanism for the continued normal development of the infant. With the correct information and the right supports in place, under normal circumstances, most women who choose to breastfeed are able to successfully achieve their goal."

Lawrence hopes to achieve "Baby Friendly Hospital" status within the next three years.

For more specific data about Lawrence Hospital Center's Breastfeeding initiatives, current and planned interventions, objectives and goals for 2013 to 2017 please see (Attachment G).

By continuing these programs and with the launch of others designed to address Prevention Agenda 2013-2017, Lawrence Hospital Center, the Westchester County Health Department and remaining members of the Westchester County Planning Team are confident we will see a healthier Westchester County in the years to come.

Dissemination of the Plan to the Public

As with last year's Community Service Plan, Lawrence Hospital Center will post the 2013 Community Service Plan on its website, www.lawrencehealth.org. Additionally, the hospital will tell the public about its Plan on Facebook and Twitter.

Also, Lawrence will provide a synopsis of the 2013 plan in its external quarterly newsletter, Lifeline. Lifeline is mailed to 33,500 people including patients, former patients, physicians, donors, politicians and local residents.

Local Partners' Engagement Plan

As part of its ongoing commitment to addressing the identified health priorities, the Westchester County Health Planning Team, led by the Westchester County Department of Health, intends to continue to meet regularly to review progress in implementing the improvement plans developed by each organization, to work together, when applicable, on planned activities, to discuss barriers to implementation and consider new strategies that could be adopted. The Team is also planning to regularly convene the attendees of the Health Summit so they too can provide input and support on project implementation.

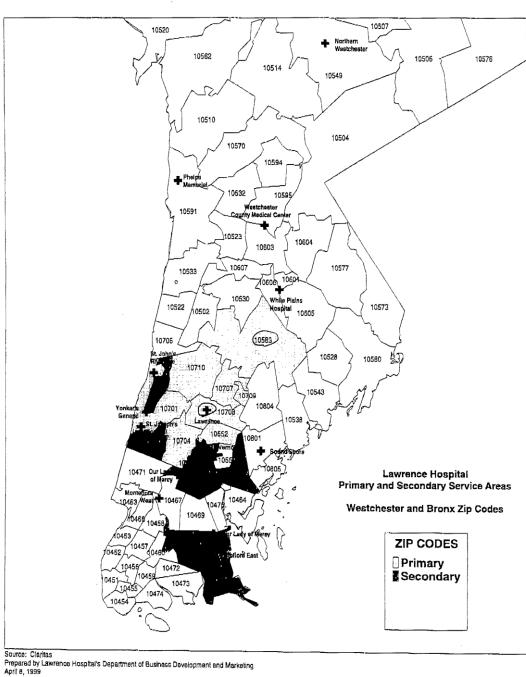
Attachments

Attachment A

SEP-08-2009 21:59

LAWRENCE HOSPITAL

P.01/01



TOTAL P.01

Attachment B

2013 MEETINGS	DATE
Health Planning with Hospitals	Thursday, January 31, 2013
Health Planning with Hospitals	Thursday, February 28, 2013
Health Planning with Hospitals	Thursday, March 28, 2013
Health Planning with Hospitals	Thursday, April 25, 2013
Health Planning with Hospitals	Thursday, May 23, 2013
Health Planning with Hospitals	Thursday, June 27, 2013
Health Planning Team Conference Call (re: August Health Summit)	Thursday, July 11, 2013
Health Planning with Hospitals	Thursday, July 25, 2013
Health Planning Summit	Thursday, August 15, 2013
Health Planning with Hospitals	Thursday, August 22, 2013
Health Planning with Hospitals	Thursday, September 26, 2013
Health Planning with Hospitals	Thursday, October 10, 2013

Attachment C

HEALTH PLANNING COMMITTEE

ORGANIZATION	ADDRESS	CITY, NY ZIP
Blythedale Children's Hospital	95 Bradhurst Avenue	Valhalla, NY 10595
Burke Rehabilitation Center	785 Mamaroneck Avenue	White Plains, NY 10605
Hudson Valley Hospital Center	1980 Crompond Road	Cortland Manor, NY 10567
Lawrence Hospital Center	55 Palmer Avenue	Bronxville, NY 10708
Mount Vernon Neighborhood Center	107 West 4 th Street	Mount Vernon, NY 10550
Northern Westchester Hospital	400 East Main Street	Mount Kisco, NY 10549
Open Door Family Medical Center	165 Main Street	Ossining, NY 10562
Phelps Memorial Hospital Center	701 North Broadway	Sleepy Hollow, NY 10591
Saint Joseph's Hospital	127 South Broadway	Yonkers, NY 10701
Sound Shore Medical Center	16 Guion Place	New Rochelle, NY 10802
St. John's Riverside Hospital	967 North Broadway	Yonkers, NY 10701
St. Vincent's Hospital Westchester	275 North Street	Harrison, NY 10528
Stellaris Health Network	135 Bedford Road	Armonk, NY 10504
Westchester Medical Center	95 Grasslands Road	Valhalla, NY 10595
White Plains Hospital	Davis Ave. @ E. Post Rd	White Plains, NY 10601
Westchester County Department of Health	25 Moore Street	Mount Kisco, NY 10549

Attachment D

Percentage of Infants Who Were Exclusively Breastfed in the Hospital after Birth by Region, Westchester County, 2008-2010*

	Breastfed exclusively in hospital
Total	54.2
Northwest	68.3
Cortlandt	64.1
Mount Pleasant	77.5
Ossining	77.9
Peekskill	51.5
Northeast	76.1
Bedford	75.3
Lewisboro	83.2
Mount Kisco	82.3
New Castle	81.9
North Castle	70.4
North Salem	80.0
Pound Ridge	81.0
Somers	76.3
Yorktown	70.2
West Central	64.0
Greenburgh	63.9
Scarsdale	68.5
White Plains	63.6
East Central	68.5
Harrison	61.4
Mamaroneck	66.8
Rye City	60.8
Rye Town	72.0
Southwest	34.6
Yonkers	34.6
Southeast	44.2
Eastchester	54.5
Mount Vernon	34.7
New Rochelle	48.9
Pelham	58.8

^{*} Excluding those with missing information on breastfeeding. Therefore the overall percentage (54.2%) for the county is higher than that reported by the NYS Prevention Agenda (48.9%).

WCDH Planning and Evaluation

Attachment D

Percentage of Premature Deaths by Region, Westchester County, 2008-2010

	Tota	White	Black		Hispanic
Total	20.	16.3	36.7	40.3	46.
Northwest	18.	16.5	35.3	40.4	42.
Cortlandt	16.	16.0	25.5	33.3	20.
Mount	8	17.1	35.0	32.0	5
Pleasant	18.	12.7	32.0	52.6	36.
Ossining	0	23.0	41.6	45.2	7
Northeast	16.	15.9	29.2	35.2	37.
Bedford	24.	23.4	28.6	42.9	50.
Lewisboro	1	26.4			0
Mount	26.	22.4	20.0	50.0	-
Kisco New	4	21.2		25.0	-
Castle	24. 3	17.4	50.0	57.1	75. 0
North	21.	8.8			-
Castle	1	13.8			-
North	20.	11.2	50.0		83.
Salem	1	14.2	38.5	28.6	3
West Central	17.	14.6	28.9	39.6	43.
Greenburgh	16.	13.5	27.7	36.8	41.
Scarsdale	2	13.3		38.9	3
White Plains	16.	16.8	30.0	43.8	-
East Central	16.	14.8	31.4	59.6	57.
Harrison	18.	17.9		62.5	63.
Mamarone	7	14.4			6
ck Rye	14.	8.8			-
City	7	15.7	31.7	64.9	-
Southwest	22.	18.2	45.5	44.0	49.
Yonkers	22.	18.2	45.5	44.0	49.
Southeast	22.	16.2	36.1	35.0	42.
Eastchester	16.	14.5	61.9	34.8	26.
Mount	5	19.4	38.5	38.1	1
Vernon New	30.	15.3	29.3	32.2	48.
Rochelle	3	17.5	20.0		4

 $Note: Some\ categories\ were\ not\ listed\ because\ there\ were\ less\ than\ 5\ total\ deaths\ in\ that\ racial/ethnic\ category\ in\ that\ region.$

WCDH Planning and Evaluation Premature Death

Attachment D

Annual Average Number of Premature Deaths, 2008-2010

	Total	Male	Female	White	Black	Other	Hispanic
Total Death	6730	3172	3558	5584	827	316	397
Premature Death (<65)	1343	817	526	911	304	127	186
<1	56	29	27	30	16	10	19
1-17	23	14	8	14	4	5	5
18-29	81	62	18	52	18	10	22
30-49	309	198	111	195	74	40	57
50-64	875	513	362	620	191	63	83
% of Premature Death	20.0	25.8	14.8	16.3	36.7	40.3	46.9
Average Age of Death	77.2	73.7	80.3	79.1	69.1	65.9	62.6

Attachment E

Stakeholders/Summit Members

ORGANIZATION	ADDRESS	CITY, NY ZIP
Affinity Health Plan	2500 Halsey Street	Bronx, NY 10461
American Diabetes Assoc.	110 Corporate Park Dr.	White Plains, NY 10604
American Heart Association	3020 Westchester Ave.	Purchase, NY 10577
American Lung Assoc. POW'R Tobacco Cessation Center	237 Mamaroneck Ave.	White Plains, NY 10605
Hagan School of Business, Iona College	715 North Avenue	New Rochelle, NY 10801
Hudson Health Plan	303 South Broadway	Tarrytown, NY 10591
Lower Hudson Valley Perinatal Network Children's Health and Research Foundation, Inc.	Westchester Medical Center 100 Woods Road	Valhalla, NY 10595
March of Dime	1800 Mamaroneck Avenue	White Plains, NY 10605
New York Medical College School of Health Sciences and Practice	40 Sunshine Cottage Road	Valhalla, NY 10595
Pace University	1 Martine Avenue	White Plains, NY 10606
Planned Parenthood Hudson Picnic, Inc.	175 Tarrytown Road	Tarrytown, NY 10591
Power Against Tobacco	237 Mamaroneck Ave.	White Plains, NY 10605
Rye YMCA	21 Locust Avenue	Rye, NY 10580
St. Frances African Methodist Episcopal Zion Church	18 Smith Street	Port Chester, NY 10573
THINC	300 Westage Business Center Drive	Fishkill, NY 12524
United Way of Westchester and Putnam	366 Central Park Avenue	White Plains, NY 10606
Westchester County Department of Social Services	112 East Post Rd., 5th floor	White Plains, NY 10601
Westchester County Office of Women	112 East Post Road	White Plains, NY 10601
Westchester County Dept. of Senior Programs & Services	9 South First Avenue, 10th floor	Mount Vernon, NY 10550
Yonkers Public Schools	75 Riverdale Avenue	Yonkers, NY 10705

Attachment F

Westchester County Department of Health and Hospitals Health Planning Summit Thursday, August 15, 2013

Breakout Session #1:

Prevention Agenda Initiative: Decreasing premature deaths among blacks and Hispanics from heart related deaths.

Problem: what needs to be done to address this goal?
Discussion: barriers or gaps that may exist
Goal: to develop actions, exchange ideas, talk about best practices, and put together a cohesive plan we can track.

- Lack of access to care: how do we make the healthy choice an easy choice?
 Make health a priority. The discussion focused on ways to address an individual's basic needs and look at the context in which they live. Economics, employment and basic needs need to be addressed before health can become a priority.
- Health Literacy: our communities need to know what services we offer and take advantage of them. However, the healthcare system can seem overwhelming which may keep patients from engaging with us. Language and cultural barriers may also be an issue.
 - Example of how we can teach: WIC clinics and nutrition: they don't just throw pamphlets at people but give hands-on instruction and demonstrations. Step back and teach. In Hispanic communities, for example, there is a notion and belief that whole milk is the healthiest option and the fear of changing ingredients will change the taste of their foods and their family won't eat them. With hands-on demonstrations and explanations we can change this misconception.
- "It's my Healthcare". Need to teach the teacher as well. Go beyond the community and teach the doctors, nurses, techs, etc. to remember to fully explain care. Communicate with the patient not at them. Word to remember: EMPATHY.
- Data: we are lacking data for a base line. We have to build our own baselines for measurement.

How do we measure the outcomes? How can we tell if what we are planning, what we are doing or what we have done is/has made a difference?

• Provider report cards are a good resource.

- Documenting screenings/outcomes (general) at health fairs and events. This gives us a baseline to measure week to week, month to month and year to year.
 - We can create our own baseline / areas for improvement (measurement). For example, we could choose to improve a person's blood pressure screenings next year by 10% or lower the average reading by 5%... anything we can see/note.
- American Heart Association has great baselines/programs for measuring outcomes:
 - o Get with the Guidelines
 - o Check. Change Control.

Besides managing chronic diseases, how do we PREVENT them?

- Engage kids with technology, start early
- Prevention: Healthy from birth to life. Reducing obesity with early identification and resources. Consider a Youth Development Model
- Kiosks in low income/senior housing to put information in community on the social marketing/interactive health programs, nutrition tips etc.
- Need to make these health initiatives have a sense of urgency. There is no sense of urgency and that barrier is causing people to only pay attention during "dire" situations. The message needs to be clear, simple and urgent.

Next Steps – what can we do and what do we need?

- Agencies and Hospitals need to partner together to tackle the inpatient and outpatient communities and these health summits are a great place to start with making contact and developing collaborative partnerships. Meetings should be held quarterly to encourage follow up and discuss further opportunities.
- Since the areas and populations for Westchester County are so diverse, each hospital/agency will need to have its own specific plans. But, we can build off each other's best practices, programs and discussions.
- The lists of resources each agency is sharing will be of great benefit to all involved. The information allows for all of us to see what is being done in our communities, how we can work together, and what projects we can work on moving forward to address this priority.
- Data is an obstacle and we need to focus on small and measurable areas that we
 can impact. Documenting every blood pressure program, nutrition workshop and
 stroke lecture series will be important to lay the foundation for data collection in
 the early stages. As noted, this will not be an overnight success, much like our
 smoking initiatives, as we did not see immediate results but an eventual
 improvement on the community's health.

Best Practices and Examples:

- Start with small initiatives do not initially attempt to tackle a complex program, but begin small to get good numbers to work with and look for ways to grow.
- NYS Quit Line: Positive results.
- Interactive programs such as community gardens. Garden to the table programs teach recipients about fresh foods and cooking for wellness.
- Primary Care initiatives getting physicians together to discuss front line education and drilling down on what the community members are saying, what they need and how we can reach them in a more thoughtful and productive fashion.

Facilitated Breakout Session Goal 2- Increasing Breastfeeding Facilitator- Sabrina Nitkowski-Keever

Each person was asked to introduce themselves and talk about individual goals, problems, issues, policies, procedures that are currently in place to increase breastfeeding rates.

Sabrina Nitkowski-Keever, Director of Maternal/Child Health at Hudson Valley Hospital spoke about designation as a "Baby Friendly Hospital" certified by "Baby Friendly USA" with policies and procedures focused on breastfeeding.

Iris Rosario, WIC-SSMC, talked about a grant her agency received from the NYSDOH to promote breastfeeding. They have 3 peer counselors and lactation consultants on staff that are working to increase the exclusive breastfeeding rate and trying to increase the length of time mothers breastfeed.

Dr. Cheryl Archbald spoke of collaboration, a focus on prevention and making the healthy choice the easy choice. She asked the group, "Who do we need to convince about the importance of breastfeeding?" "And, how do we create an environment of comfort for women who want to breastfeed?"

Lucy Christianson, Planned Parenthood. Ms. Christianson said they have prenatal counselors and nutritionists who provide education to prenatal women on breastfeeding. One of their obstacles – keeping in touch with women after they give birth.

Judy McArdle, RN, Lactation Consultant, Lawrence Hospital Center discussed the importance of educating staff on the benefits of breastfeeding, beefing up their knowledge and comfort. Lawrence has a support group for breastfeeding mothers that meet twice a month.

Lisa Hanrahan, Director of Maternal Child Health at Lawrence Hospital Center. Ms. Hanrahan said it was most important to have an infrastructure in place for supporting all women to breastfeed. At Lawrence, she said an 18-hour NYS course for staff made a big difference as it gave all staff the same information on breastfeeding. She also said it was important to offer a repeated and consistent message to staff.

Robi Schlaff, Head of Westchester County Office for Women. Schlaff said we need to look at women holistically. Many women today who are giving birth were not breastfed. Also, she stated there are too many barriers for these women. They need to go back to work, may not be in healthy relationships and they need to be told about the benefits of breastfeeding.

Marla Piers, March of Dimes. Ms. Piers says the March of Dimes hasn't been doing much around breastfeeding. The biggest barriers she sees, a women's belief in the process. She's seen moms worried they cannot produce enough milk; and hospitals pushing formula.

Lindsey Farrell, Open Door. Farrell said her organization has the #1 breastfeeding rate in NYS. She also talked about the "Centering Breastfeeding Model" ... which in part recognizes that as soon as we know women are pregnant we need to support them at this very vulnerable time. Farrell noted that domestic violence is higher during pregnancy. Said we need to empower women to have tools they need to be wonderful moms.

Carrie Aaron-Young, WIC. Ms. Aaron-Young shared that at WIC, they have certified lactation consultants and peer counselor programs. Plus, WIC moms work with other WIC moms for strategies and support. They also have breastfeeding classes. Breastfeeding and pre-natal moms are encouraged to attend so they can help facilitate conversations about breastfeeding. They are also working to raise the rate of exclusive breastfeeding. They also issue breast pumps to help moms who want to still breastfeed after going back to school or work.

Caren Halbfinger. She says some hospitals are inept concerning breastfeeding. She insists we have a golden opportunity during prenatal care and the issue cuts across the socioeconomic spectrum. OB/GYNs and pediatricians should be talking about breastfeeding and promoting it to their patients. Since a number of women go back to work at 6 weeks so we need to involve businesses in the discussion as they can help by providing women with clean and comfortable places to breastfeed or pump at work.

Sheila McGlone, Hudson Health Plan – she oversees its Maternal/Child Health "Mommy and Me" program. She says Hudson has revamped its work flow to identify all pregnant members who are screened by the customer care department including asking the question – "Are you planning to breastfeed?" This can start the education process about breastfeeding. They have 2 RNs in the "Mommy and Me" program which is an integrated program that not only helps coordinate care but also looks at psychosocial and behavioral issues. Nurses works with moms with babies in NICU,

(they also provide education on circumcisions). Hudson Health Plan now has a designated room for breastfeeding employees, which is a quiet space with a refrigerator. "Mommy and Me" also sees mothers who need assistance beyond the postpartum period and are encouraged to stay with program until it is no longer needed. They also they provide face to face assessment home visits.

Marilyn Wolfe-Diamond, LHVPN. Ms. Wolfe-Diamond offered resources on breastfeeding to anyone interested. Specifically, she said she had information on a Mother's Right to Breastfeed. She invited attendees to contact her directly for her resources.

Marilyn from Affinity Health Plan said at the bedside is a short window of time to support women with breastfeeding (assisting them with latching on, bonding, etc. The "Nurse Family Partnership" is an opportunity to spend time on education and support. Telephone calls are used to capture expectant women during pregnancy so they can ask them about breastfeeding and whether they can send them information. They also refer patients to the La Leche League, so the League can help familiarize women about breastfeeding prior to birth. She added that not all hospitals have breastfeeding support programs. She says we need to encourage women to start thinking about breastfeeding before pregnancy.

Yeva Posner, Phelps Memorial Hospital. She says she thought Phelps was always breastfeeding friendly. However, by the time the babies are discharged the breastfeeding exclusivity drops. Posner also says Phelps is working towards "Baby Friendly" designation. They are currently writing policies and reviewing staff and prenatal education. Additionally, they hope to provide more information to OB/GYNs and clinics to better reach the prenatal population to talk to them about breastfeeding. Phelps offers offer breastfeeding classes, breastfeeding for multiples, refresher classes for moms – especially if they have had previous difficulty breastfeeding. They also provide discharge education and a lactation consultant who can visit moms after discharge. Calls to new moms include questions about breastfeeding. Lastly, family practice residents will attend Phelps' 1st ever class on breastfeeding this month.

Victoria Hoffman, Hudson Valley Hospital Center. Ms. Hoffman says workplace issue is the #1 issue for working moms to continue to breastfeed after going back to work (an example of one problem – having to pump breast milk in bathroom stalls). She made a point of noting that there were no men in this breakout session. Hoffman says society doesn't recognize importance of breastfeeding.

Rosemary James, P&E. James talked about the importance of focusing on measurement so we can see if any steps we're taking are bringing about change.

Discussion on Barriers/Successes for Breastfeeding:

- Health care providers giving medications to moms and not knowing if they interfere with breastfeeding so they choose to advise moms to discontinue breastfeeding
- Hospitals providing formula and keeping babies in the nursery
- Several issues on multiple levels including family support, spouse/significant other, prenatal education
- Cultural issues data shows certain groups historically inclined to breastfeed, but more and more mothers are not breastfeeding for the long haul. There are barriers that keep them from continuing.
- WIC moms are concerned they will get cut back on services "will get gipped", since formula is very valuable. They should be told that there is a preferable package for breastfeeding moms. We need to make them see the value.
- Fathers and grandparents or whoever may be discouraging breastfeeding needs
- OB/GYNs are essential in influencing moms & partners.
- Need to look at group approach- mothers need support/friends at this vulnerable time.
- Look at social media- women connecting with other women
- Community based organizations look at connecting vulnerable and professional women. We should consider creating community connections.
- Religious organizations Churches/Synagogues, etc. should be engaged. How
 breastfeeding-friendly are they? Do they have designated areas to breastfeed?
 Reach out to faith based groups to talk about breastfeeding. Ask them to help
 spread the message.
- The need for a **clear and consistent message** across the board at the prenatal stage, in the hospital and in breastfeeding classes
- Need for support groups after discharge. Lawrence Hospital Center offers breastfeeding and beyond group which has created its own online Facebook page. They meet, encourage and support each other all under the watchful eye of the hospital's lactation consultant.

- Need for clear & consistent message from OB/GYNs
- Formula company reps get lots of access in Pediatric Offices
- Women get information from their mothers, sisters and friends. They need to be empowered to choose breastfeeding when it's not the norm.
- WIC- training. Make sure the first person who greets mom talks about breastfeeding and takes time for training and reinforcement.
- ER, Radiology every department in the hospital needs to be knowledgeable and be able to speak to the hospital's breastfeeding policy
- Where does breastfeeding work well and why in other countries? Are there models that work? Doulas, midwives, maternity/paternity leave?
- Entire families need to support breastfeeding grandparents, fathers and partners. Fathers can feel left out they need to be involved in the process. For example, when mom pumps, dad gives the bottle.
- Consider offering classes at hospitals for grandparents. Include all newborn information including breastfeeding and note new trends since much may have changed since they had babies. Grandmas shouldn't be made to feel guilty because they bottle fed.
- Providing evidence-based education to MDs, nurses etc. so they can all get on the same page to help increase the numbers.
- Physicians in the NICU are good advocates for breastfeeding since it helps build baby's immunity. Ask them to make referrals to lactation consultant.
- Milk Banking. Phelps Memorial Hospital collects milk from mother volunteers. The milk is tested and benefits amount to 60-70% after pasteurizing. The challenge is explaining to women why other mothers' milk is better than formula. To get this, mothers need a prescription. After discharge, it's expensive without a prescription, but a good option for supplementing.
- Lack of supply of electric breast pumps there seems to be a shortage and when you do find one, it's hard to get them paid for by managed care.
- Need to look at WIC model for women who are not eligible for WIC.

- Women need to get breastfeeding education instead of what is being marketed by big "pharma formula" companies.
- Need to start educating children about breastfeeding. School-based health centers can help. Education must begin at an early age and modeled by society.

Attachment G

Lawrence Hospital Center Breastfeeding Community Action Plan

	2010	2011	2012	Goal/Plan
% of patients	87%	87%	82%	Increase to 90%
receiving				
Breast milk				
% exclusive	30%	43%	44%	Increase to 60%
Breast milk				
% no Breast	13%	13%	18%	Decrease slightly, recognizing
milk				that patient preference and
				medical condition play a
				significant role
Breastfeed/skin	49%	80%	75%	Increase to 95% of patients
to skin contact				have skin to skin contact by
within 1 hour of				2015
vaginal delivery				
Breastfeed/skin	49%	26%	30%	Increase to 85% of non-
to skin contact				emergent C-sections skin to
within 2 hours				skin contact within 2 hours.
of C-section				
% patients	85%	71%	54%	Increase and begin quantifying
room in				that rooming in is offered to
				patient
# Deliveries	1619	1609	1622	

Actions in place/to be taken to improve breastfeeding:

Prenatal

Breastfeeding education classes monthly Childbirth education classes

Breastfeeding information provided on prenatal tours

Goal/Plan: Include breastfeeding information in pre-registration packet

Intra-partum

Breastfeeding bill of right provided and hanging in room

RN provides education to each patient

Lactation counselor visit

81% of all RN completed NYS 10 steps to successful breastfeeding (gold standard).

Removed Breast/bottle feeding as a feeding option in delivery room

Physician orders indicate breastfeeding as primary method for nutrition of infant

All NICU infants have lactation counselor consult

Goal Plan:

Improve success of patient education at the point of admission to delivery room regarding breastfeeding

Improve compliance with offering skin to skin contact within one hour for ALL deliveries

Increase % of patients rooming in between 18-24 hours

Post-partum

Lactation counselor discharge phone call Lactation warm line Breast feeding support group

Administratively

NYS approved Breastfeeding policy containing all 28 required criteria

Mother baby intent filed, next step file first step on pathway

Develop committee and system for processing breastfeeding metrics and policy/practice changes

Provide breast feeding support and signage to the DEM and other ambulatory care areas