



OSWEGO
HEALTH

right at home

COMMUNITY HEALTH NEEDS ASSESSMENT 2018 & IMPLEMENTATION STRATEGY



Table of Contents:

About Us — 3

Data Used for This Report — 4

The Community Served — 4

Key Demographic Findings and Statistics — 5

Strategies and Actions Taken Since the 2015 CHNA — 8

Survey Results — 13

Implementation Strategy — 16

Improving the Health of the Community — 18

Oswego Health Board Adoption — 20



About Us:

Oswego Health, which offers services throughout Oswego County, is a broad-based, not-for-profit healthcare system serving Oswego County residents. Oswego Health includes Oswego Hospital, the county's only hospital, which is a 164-bed community hospital providing acute medical, emergency, surgical, maternity and behavioral health care.

Oswego Health also operates outpatient centers located throughout the county, including the Fulton Medical Center, offering urgent care, lab, medical imaging, physical therapy and occupational health services; and the Central Square Medical Center, offering urgent care, lab, medical imaging and physical therapy services.

The health system further includes The Manor at Seneca Hill, a skilled nursing facility that provides complete rehabilitation services and an adult day health services program; Springside at Seneca Hill, an independent retirement community, and Oswego Health Home Care, the only hospital-based certified home health care agency in Oswego County.

In addition, Oswego Health includes the Oswego Health captive professional corporation, Physician Care P.C., providing physician services in bariatrics, cardiology, general surgery, primary care, orthopedics, and otolaryngology (ear, nose and throat).

*Oswego Hospital &
Oswego Health
Service Center*



*The Manor
at Seneca Hill*



*Springside
at Seneca Hill*



Data Used For This Report

In developing this Community Health Needs Assessment (CHNA) Oswego Health utilized data from HealtheConnections (and HealtheCNY), which compares the data between six Central New York counties, including Cayuga, Cortland, Madison, Oneida, Onondaga and Oswego counties. HealtheConnections is a not-for-profit corporation that supports the meaningful use of health information exchange and technology adoption, and the use of community health data and best practices, to enable Central New York stakeholders to transform and improve patient care, improve the health of populations and lower health care costs.

Assisting Oswego Health in its survey of the community and to conduct In-Depth Interviews (IDI) with key community members was Research & Marketing Strategies (RMS), based in Baldwinsville, N.Y. RMS conducts consulting, market research, and strategic planning activities across a wide spectrum of industry segments.

In addition, Oswego Health used data from the Central New York Care Collaborative (CNYCC). This organization is a partnership that connects more than 2,000 healthcare and community based service providers in six counties across Central New York -- Cayuga, Lewis, Madison, Oneida, Onondaga and Oswego. The primary goal of the collaborative is to serve the population by improving the coordination of healthcare services, enhancing the quality of performance outcomes, and creating an overall better system of care for patients.

This CHNA fulfills the requirements of statutes put in place by the Patient Protection and Affordable Care Act (PPACA) that requires non-profit hospitals to conduct CHNAs every three years to remain in compliance.

The objectives of this CHNA report:

- To identify the community served by Oswego Health
- Provide a demographic profile of the community served
- Describe the healthcare needs of the community
- Outline strategies and actions taken since the last CHNA was conducted in 2015
- Provide survey results from a broad range of residents through an on-line surveys and interviews with key community members
- With the provided information, outline an implementation strategy for continued work on the identified health priorities

Communities Served by Oswego Health

Oswego Health is the healthcare leader in Oswego County, providing care to the majority of its nearly 120,000 residents. Within the boundaries of Oswego County are the cities of Fulton and Oswego, as well as several towns and villages, including Central Square, Mexico, Parish and Phoenix.

The specific zip codes in Oswego Health’s Primary Service Area include: Fulton, 13069; Hannibal, 13074; Lycoming, 13093; Mexico, 13114; Minetto, 13115; New Haven, 13121; Oswego, 13126; Pennellville, 13132; Phoenix, 13135; Pulaski, 13142 and Sterling, 13156.

Secondary Service Area: Central Square, 13036; Hastings, 13076; Maple View, 13107; Parish, 13131; and West Monroe, 13111.

Key Demographic Findings:

Many of these statistics for this CHNA were provided by HealthConnections, which uses a variety of sources for its data, including state and national sources, such as the National Cancer Institute, the Centers for Disease Control, the American Community Survey and many state-specific sources. Most of the data are reported on an annual basis. Most the data listed in this report was found on the HealthConnections website in April 2018, with updates done in November.

HealthConnections compared Oswego County in most of its reported data with five other counties that make up its Central New York region. These counties include Cayuga, Cortland, Onondaga, Oneida and Madison.

Oswego County’s total population is 117,888, and has experienced a 3.46 percent reduction since 2008.

The population is:

Males, 50 percent, Female 50 percent
White, 95.14%; Black, 1.15%; and Asian, .82%

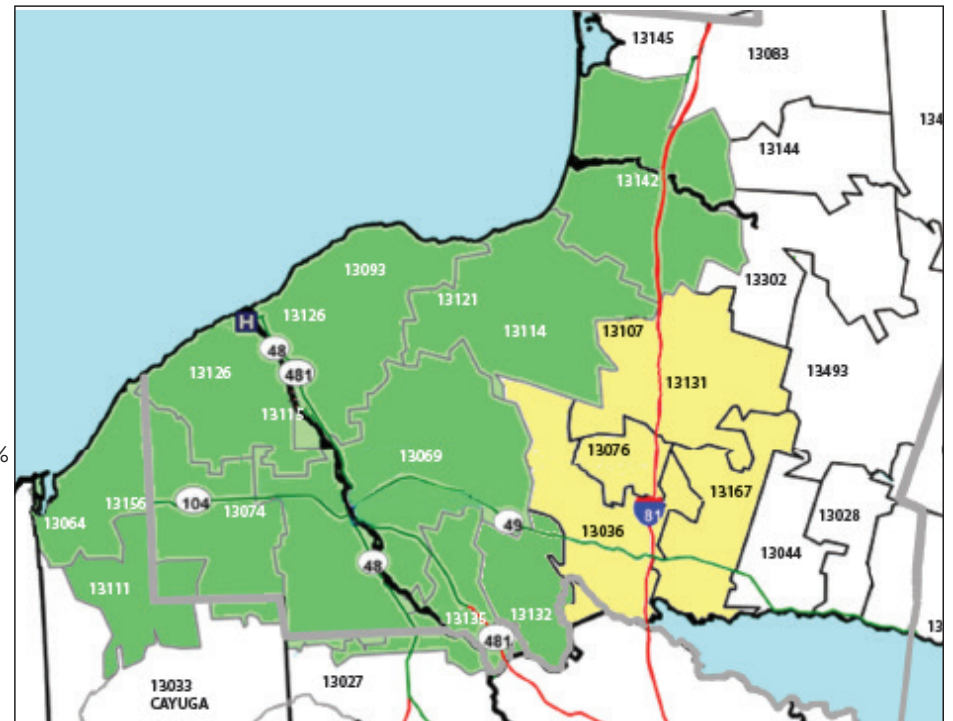
The population is mostly aging with the most predominate age groups being:

- 55 to 64, 14.60%
- 45 to 54, 13.72%
- 25 to 34, 12.17%
- 35 to 44, 10.83%

Median household income: \$49,571
Average Family Size, 2.49
Families Living Below Poverty, 3,787 or 12.49%
Families Living Below Poverty Rate with Children, 3,037 or 10%

Highest Grade Achieved by Residents:

High School graduate, 39.96%
Associates Degree, 12.79%
Bachelor’s Degree, 10.25%



Other statistics of note:

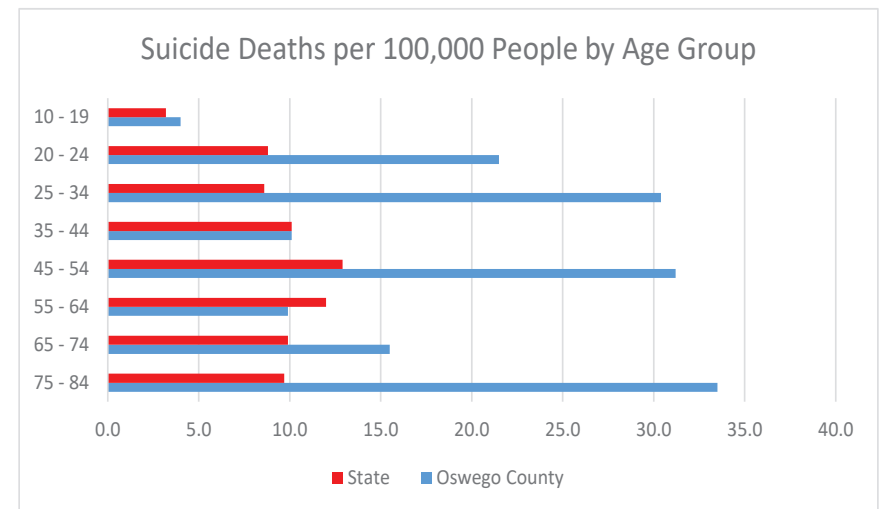
Current unemployment rate: 9.33%, up from 6% reported in 2015.

Approximately 93.8% of Oswego County’s population of has some form of insurance coverage, (private or governmental sponsored), which is up slight from 92% when compared to the 2015 CHNA report.

It should note that the NYS and US Values used to compared against Oswego County’s health data are the statewide and national values for an indicator.

Health Factors of Concern In Oswego County:

- Oswego County’s Health Behaviors ranking for 2018 is 60/62 counties, up from 59 the previous year. It should be noted that in 2016 Oswego County was ranked 54.
- The age-adjusted rate for adults who are obese is 33.8%. The rate was 32% in 2009 and is the second highest among the six Central New York counties.
 - NYS 24.6; US 29.6; Prevention Agenda 23% and Healthy People 2020 30.5
- The rate of elementary students who are obese is 38.7%. This rate has improved from 41.4% in 2010-12.
 - NYS 32.2%
- The rate of smoking in 2014 was 26.3%, an increase from 24.7% in 2009
 - NYS 15%; US 18.1%; Healthy People 2020 12%
- In a related statistic, the rate for adults with an income of less than \$25,000 who smoke is 45.7%.
 - NYS 29.3%; Prevention Agenda, 20%
- The prevalence of high cholesterol is 34.2% 2014.* No previous data is available.
 - NYS 34.5%, US 36.3%, Healthy People 2020 13.5%
- The prevalence of high blood pressure is 30.3% 2014.* The rate in 2009 was 28.4%.
 - NYS 27.3%; US 30.9%, Healthy People 2020 26.9%
- The rate of alcohol-impaired driving deaths is 37.6% (2011-15) and has steadily increased from 28.2% (2009-13).
 - NYS 22.2%; US 29%.
- Meanwhile, the age-adjusted rate of adults who binge drink is 25%
 - NYS, 17.7; US, 16%, Prevention Agenda, 18.4%
- Age-adjusted death rate due to influenza/pneumonia is 23.5/100,000, up from 16.5 in 2008-2010.
 - NYS 19.3; US 14.6



- Age-adjusted poor mental health days in 2014 was 13.4, up from 12.7 in 2009.
 - NYS 11.1%; Prevention Agenda 10.1%

Suicide Related Statistics:

- The county's age adjusted suicide death rate is 15.6/100,000, an increase from 10.6 in 2008-2010.
 - NYS 8.0; US 13.2; Prevention Agenda 5.9 and Healthy People 2020 10.2.
- Age-adjusted Emergency Room rate due to adolescent suicide and intentional self-inflicted (age 12 to17) is 121.2 per 10,000.
 - NYS 48.2
- To compare, this rate is 17.7/10,000 for those aged 18 and older.
 - NYS 18.8
- The age adjusted hospitalization rate due to suicide and intentional self-inflicted injury for adolescents is 15.8 per 10,000. This rate was 9% in 2014 and is obviously trending up.
 - NYS 23.7 per 10,000.
- The age adjusted hospitalization rate due to suicide and intentional self-inflicted injury (age 18 and older) is 37.3/10,000 2014 - 2016. This is an increase from 22.2/10,000 in 2013-15.
 - NYS 25.5 per 10,000.
- A more recent health concern is heroin. The age adjusted death rate is 4.5/100,000, up from 1.2/100,000 2009-2013. It should be noted, while this has increased significantly, when compared to three of the six neighboring counties included in the HealthConnections rankings, Oswego County ranked the lowest.
 - NYS 4.2/100,000
- ED admissions due to opioids in 2014 was 200.6/100,000, up from 109.7 in 2010. The hospital admission rate due to opioids in 2014 was 311.2, up from 205.6/100,000 in 2011.
 - No other data available
- Lung and bronchus cancer incidence rate is 94.9/100,000, 2010-14. This has been trending down since 2014, but was 92.1/100,000 in 2008-12. It is, however, the highest rate of the six-county area.
 - NY 60.2; US 60.2
- Access to Exercise Opportunities was 60.5% in 2016 or the second lowest of the six counties that make up CNY.
 - NYS 93.3%; US 83.1%

Health Factors That Have Improved in Oswego County:

- Oswego County's Clinical Care Ranking improved to 26 in 2018 from 36 the previous year. It should be noted that it was also 26 in 2016. This ranking is based on a summary composite score calculated from the following measures: uninsured, primary care physicians, mental health providers, dentists, preventable hospital stays, diabetic monitoring, and mammography screening.

- Age-adjusted death rate due to coronary heart disease is 112.3/100,000 (2014-16.) It has been trending down, from 2008-10 when it was 148.4/100,000.
 - NYS 123.2; US 96.8; Healthy People 2020 103.4
- The age adjusted death rate due to chronic lower respiratory disease is 51.9/100,000. In 2010-12 this was 57/100,000
 - NY 29.1 US 40.9
- The age adjusted death rate due to cerebrovascular disease (stroke) is 35/100,000. This has been slowly trending down since 2008, when it was 38.8.
 - NYS 25.9; US 37.2
- The age-adjusted death rate due to diabetes has reduced to 22.5/100,000 from 24.5 in 2013-15. Despite this improvement though, it remains the highest in the six counties that comprise Central New York.
 - NYS 17.1; US 21.1
- The age-adjusted death rate due to lung cancer is 65/100,000. This has mostly trended down since 2004-08 when it was 71.3 in 2014, but is the highest rate in the six-county area.
 - NYS 40; US 44.7
- Infants exclusive breastfeed in the hospital was 50.6% in 2015. In 2012 the rate was 56.7% and it has steadily declined.
 - NYS 44.3; Prevention Agenda, 48.1
- Infants feeding using any breast milk in the hospital, 69.9% (2013-15.) While it is the lowest rate in the six county area of CNY, it has steadily increased from 2010 was 62.2.
 - NYS 85.2

**There has been a change in the methodology and this is considered a baseline measure.*

Management of Chronic Health Conditions

Strategies outlined in Oswego Health's 2016 CHNA Implementation Plan and Resulting Achievement

Objective 1: *Implement a Chronic Disease Self-Management (CDSM) Program, in partnership with the Oswego County Health Department.*

GOAL: *By December 31, 2018, increase by at least five percent the number of adults with arthritis, asthma, cardiovascular disease or diabetes who have completed a CDSM program.*

Strategy: In its efforts to reduce the incidents of diabetes, heart failure and COPD, Oswego Health will continue to partner with the Oswego County Health Department to offer Chronic Disease Self-Management (CDSM) classes. These healthcare partners utilize the CDSM program developed by Stanford University's Patient Education Research Center to achieve this goal.

Oswego Health employees trained in the program will offer at least two CDSM classes each year of the plan. The health system will target those individuals in rural areas and senior citizens, the county’s most fragile groups from a health status standpoint. The anticipated results include: empowering community members to improve their own health by providing them with education and tools; and, reduce the hospital admission rates for those enrolled in the program.

Measurements of Effectiveness

- Staff will routinely track and evaluate the health status of participants.
- Measure the number of active sites providing CDSM programs in Oswego County.
- Measure the number of enrolled adults who have successfully completed the CDSM program.

Objective Achievements Since 2015 Report

- Oswego Health has offered at least two Chronic Disease Self-Management (CDSM) classes each year since 2015. Complementing the CDSM classes is the addition of two other classes that target those with diabetes. Oswego Health offered the Diabetes Self-Management and the National Diabetes Prevention Program in 2017 and 2018.
- In offering the diabetes classes, it was discovered that they were more popular with community members and had a higher participant completion rate than the CDSM classes. As a result of this, Oswego Health in 2018 changed the name of its CDSM in an attempt to attract more participants. The class was renamed, “Living Healthy With Chronic Conditions.”

| Chronic Disease Self-Management | | | | |
|--|-------------|-------------|------|------|
| | 2015 | 2016 | 2017 | 2018 |
| Number of offered Classes | 3 | 6 | 4 | 2 |
| Number of Participants | 35 | 49 | 31 | 8 |
| Number completers | 22 | 26 | 24 | 2 |
| | | | | |
| DSMP Diabetes Self-Management | | | | |
| Number of offered Classes | not offered | not offered | 2 | 4 |
| Number of Participants | | | 20 | 33 |
| Number completers | | | 16 | 25 |
| | | | | |
| National Diabetes Prevention Program* | | | | |
| Number of offered Classes | not offered | not offered | 2 | 1 |
| Number of Participants | | | 18 | 7 |
| Number completers | | | 16 | 4 |

**This is a year-long program*



Challenges Impacting This Achievement

- Unlike previous years, Oswego Health was the only provider of the CDSM classes. The County Health Dept. was informed by the NYS Health Department that it would not reimburse the county for the classes.
- The NYS Department of Health requirement that each CDSM class must have ten participants in order to be offered, proved challenging. Class organizers would secure seven participants and not be able to offer the class.
- The CDSM class had a lower participant completion rate, 56% when compared to the Diabetes Self-Management Class, 77%.

Objective 2: *Increase access to and participation in diabetes self-management education and programs.*

GOAL: *By December 31, 2018, increase by at least five percent the number of individuals receiving outpatient diabetic education and attend diabetes support groups.*

Strategy: To complement the CDSM classes, Oswego Health's Certified Diabetes Educator will provide diabetes counseling to hospital patients and outpatients. In addition, the Educator will offer two free monthly diabetes support groups.

Measurements of Effectiveness

- Staff will routinely track and evaluate the health status of participants.
- Measure the number of CDSM enrolled adults who have successfully completed the CDSM program, received outpatient diabetic education or attended a support group.

Objective Achievements Since 2015 Report

- The two diabetes programs offered by Oswego Health have been successful as far as securing attendees and having a good participant completion rate.
- To be more convenient for residents who work, Oswego Health's Certified Diabetes Educator(CDE) has added evening hours.

Challenges Impacting This Achievement

- Attendance at the diabetes support group has declined. Some of this can be attributed to regular participants who have restrictive health conditions that prevent them from attending the group. To attract new members, in late 2018 Oswego Health launched a publicity campaign, using local newspapers and social media to bring more awareness to the diabetes support groups.

| Participation in Diabetes Programs | | | |
|---|------|------|-------|
| <i>Program</i> | 2016 | 2017 | 2018* |
| Outpatient Visits By CDE | 256 | 319 | 306 |
| Inpatient Visits CDE | 146 | 112 | 125 |
| Support Group Attendance | 156 | 110 | 114 |
| * <i>Annualized</i> | | | |
| | | | |



Promote Mental Health and Prevent Substance Abuse

Strategies outlined in Oswego Health’s 2016 CHNA Implementation Plan and Resulting Achievement

Objective 1: *Reduce the occurrence of suicide in Oswego County among both adults and youth.*

GOAL: *By December 31, 2018, reduce the age-adjusted suicide mortality rate by 10 percent.*

Strategy: To reduce suicide rates, Oswego Health has implemented the Columbia-Suicide Severity Rating Scale (C-SSRS), an evidenced based practice, developed by Columbia University Medical Center. The Columbia-Suicide Severity Rating Scale (C-SSRS) is a screening tool which has demonstrated the ability to predict suicide attempts in suicidal and non-suicidal individuals. The C-SSRS has been implemented through the Oswego Health system, including the outpatient clinics, inpatient unit, Assertive Community Treatment (ACT) Team and in the hospital’s emergency department.

Measurement of Effectiveness

- Monitor the number locations using C-SSRS.
- Solicit input from staff on C-SSRS program effectiveness.

Objective 2: *Increase suicide prevention activities and mental health services among youth in Oswego County.*

Objective Achievements Since 2015 Report

- Since our last CHNA, Oswego Health is using the C-SSRS tool on all patients including those who seek behavioral health services programming, including the Assertive Community Treatment or ACT program, Family Services, Child and Family Services, School-Based Services and those offered at Oswego Health.

- Staff members using the C-SSRS tool report that it assists them in identifying patients at high-risk for suicide who are then placed on a high-risk log and are followed more closely.
- Oswego Health is working with other community health partners and local EMS to monitor and share data on suicide attempts and prevention efforts.
- Oswego Health is among the Oswego County Suicide Prevention Coalition partners that has identified groups at higher risk for suicide or suicide attempts. The Coalition has targeted adolescents, males, ages 45 to 65 and the elderly as more at risk for suicide than other groups. In addition, the Coalition developed a work plan describing the risk factors, as well as the available community resources and services. Working with area school districts, the Coalition has further developed a curriculum for students who have been screened and found to be at risk for suicide. These students are then offering counseling and therapy.
- The Coalition maintains an active website and Facebook account that not only bring awareness to the issue locally, but also provides suicide education and resources.
- In recent years several educational sessions have been held to train professionals in suicide awareness and prevention skills. Among the individuals taking part in the SafeTALK and ASST training were Oswego Health BHS staff members.

Challenges Impacting These Achievements

- Data collection has been challenging at times. However, an Oswego Health Meditech upgrade implemented late 2018 will allow for much improved staff documentation and access to BHS related data.

GOAL: By December 31, 2018, increase by at least five percent the number of children receiving school-based mental health clinic services.

Strategy: Complementing the suicide rating scale implementation, Oswego Hospital will collaborate with the Oswego County Department of Social Services to expand the School-Based Mental Health Services.

Currently, the BHS Division oversees ten school-based satellite clinics, up from five locations at the end of 2014. At these clinics, a licensed social worker provides outpatient mental health services to students who have been identified by school staff. The school-based therapist provides assessment, therapy, and ensures the student is provided referrals for any other identified services.

These satellite clinics assist in assessing and identifying at-risk children and adolescents that may otherwise not seek out mental health services, thereby reducing suicide risk and substance abuse risk for these children.

| School | 2015-2016 | 2016-2017 | 2017-2018 |
|--------------------------------|-----------|-----------|-----------|
| Central Square High School | 12 | 25 | 14 |
| Fulton East Elem. Schools, two | 27 | 19 | 31 |
| Fulton West Elem. Schools, two | 18 | 21 | 31 |
| Fulton Jr High | 28 | 29 | 20 |
| Fulton High School | 28 | 26 | 32 |
| Hannibal Middle School | 26 | 11 | 27 |
| Hannibal High School | 7.5 | 11 | 13 |
| Oswego Elem. Fitzhugh Park | 15 | 17 | 29 |
| Total | 161.5 | 159 | 197 |

Measurement of Effectiveness

- Monitor the number of students participating in school based clinic services.

Objective Achievements Since 2015 Report

Oswego Health continues to maintain its School-Based Clinics in 10 Oswego County Schools, with the student census increasing from 161 in 2015-16 school year to 197 in 2017-18, resulting in an increase of approximately 22%. Providing these services are specially-trained BHS caseworkers.

What Our Community Residents Say About Local Healthcare Services

Oswego Health contacted with Research & Marketing Strategies, Inc., of Baldwinsville, NY to conduct its online and In-Depth Individual (IDI) surveys. Their primary research study consisted of an online, community-targeted survey, as well as IDIs that were administered to targeted stakeholders.

A total of 296 online survey responses as well as 12 IDI interviews were analyzed.

This Summary highlights the key findings from the Oswego Health healthcare needs and perception responses received from the fieldwork, covering the time period June 10th to July 10th, 2018.

Online Survey Respondent Demographics:

- A majority of online survey respondents (60%) are between 35 and 64 years old.
- Most online survey respondents (64%) are lifetime residents of the greater Oswego County area. Of those who live in Oswego County, more than two-thirds (70%) have lived here for ten years or more.
- Nearly three-fourths of online survey respondents (71%) are female.
- Close to half of online survey respondents (47%) are employed full-time, with (37%) being retired.

The responses from the ID Is included a broad spectrum of Oswego County residents. Among the IDIs was the leadership from key county healthcare, non-profit and financial organizations, as well as elected officials, and community members.






100%
of survey respondents are familiar with Oswego area healthcare & hospitals






47%
of survey respondents would rate healthcare services in the Oswego area as very good or excellent






TOP 3 SOURCES RESPONDENTS USE TO OBTAIN HEALTH-RELATED INFO

-  Doctor or Nurse (73%)
-  Internet (16%)
-  Friends or Family (6%)

TOP 3 MOST AVAILABLE HEALTH SERVICES IN THE OSWEGO AREA

-  **79%**
Urgent & emergency care
-  **75%**
Vaccinations for children
-  **62%**
Care for pregnant women

TOP 3 LEAST AVAILABLE HEALTH SERVICES IN THE OSWEGO AREA

-  **42%**
Treatment for mental health problems
-  **31%**
Treatment for drug & alcohol abuse
-  **30%**
Suicide prevention



Biggest health issue facing the Oswego community

LACK OF DOCTORS & SPECIALISTS



Greatest healthcare need in the Oswego community

MENTAL HEALTH




Healthcare services not readily available

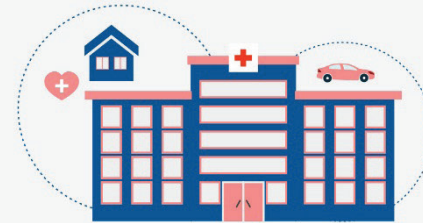
SPECIALISTS

MENTAL HEALTH

BEHAVIORAL HEALTH

98%
have a doctor who they or a member of the household see(s) regularly

-  **65%** of online survey respondents or household members see a specialist for ongoing care
-  **84%** of online survey respondents have gone to a doctor's or physician's office in the past year for an illness
-  **79%** travel outside their area for healthcare services



OSWEGO AREA RESIDENTS TRAVEL OUTSIDE THE AREA FOR:

- General specialists
 - Neurologists
 - Orthopedics
- Primary Care Physicians
 - Dermatologists

77%
ARE AWARE OF OSWEGO HEALTH

55%
RATE OSWEGO HEALTH'S QUALITY AS VERY GOOD OR EXCELLENT



OSWEGO HEALTH WAS THE MOST PREFERRED AREA HOSPITAL (32%)





AVAILABILITY OF HEALTHCARE SERVICES IN THE OSWEGO AREA:

7.7/10



HEALTHCARE SERVICES READILY AVAILABLE IN THE OSWEGO AREA

Emergency/Urgent Care & Primary Care



HEALTHCARE SERVICES THAT ARE LIMITED IN THE OSWEGO AREA:

Specialists, Behavioral Health & Mental Health

HEALTHCARE SERVICES PERCEIVED TO BE UNAVAILABLE IN THE OSWEGO AREA

**Specialists
Behavioral Health
Mental Health**

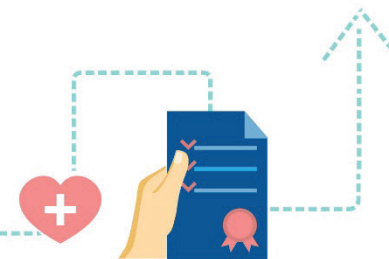


Oswego area residents travel outside the area for:
**Cardiologists
OB/GYN
Surgeries
Other Specialists**



Oswego area's availability of healthcare service offerings is **better (42%)** than other surrounding counties

All interviewees feel that healthcare service offerings for Oswego Health service area residents **has gotten better over the past 5 years**



2.75/10

AVERAGE RATING OF MENTAL HEALTH PREVENTION SERVICES IN OSWEGO COUNTY



2.8/10

AVERAGE RATING OF SUICIDE PREVENTION & TRAINING SERVICES IN OSWEGO COUNTY



3.3/10

AVERAGE RATING OF CHRONIC DISEASE PREVENTION SERVICES IN OSWEGO COUNTY

IMPLEMENTATION STRATEGIES



Oswego Health intends to continue to collaborate with its community partners to optimize healthcare delivery for Oswego County residents. Implementing effective goals and strategies to address the needs identified in the CHNA is a top priority for the organization.

Primary research (key stakeholders IDIs) conducted by RMS identify the need to provide ongoing management of health issues for residents with chronic disease and to also promote mental health and prevent substance abuse in the community.

Data from HealthConnections and NYS Department of Health also supports the continued support of these two objectives.

The needs identified for this implementation plan are also consistent with Oswego Health's Community Service updated plan developed and submitted to the New York State Department of Health in December 2017.

The needs identified in the CHNA, to be addressed by Oswego Health in this implementation plan are:

- Management of Chronic Health Conditions
- Promote Mental Health and Prevent Substance Abuse

To achieve further success in reaching its goals, Oswego Health will:

Management of Chronic Health Conditions

Objective 1: Oswego Health will work with the Oswego County Health Dept. and the nine Oswego County School Districts to implement a Healthy Highway Program in all 24 elementary schools in Oswego County.

GOAL: By December 31, 2021, Oswego County elementary school will become aware of the important role eating healthy foods and exercising have on maintaining a lifelong healthy lifestyle.

Strategies:

- As a means of reducing the high rate of obesity in Oswego County, Oswego Health and the Oswego County Health Department will provide nurse educators, public health educators and other staff to assist Oswego County's 24 elementary schools in their implementation of the Healthy Highway program. Each elementary school has named a staff member as a program champion to lead efforts in his/her school.

- Through the program, children learn that it is important to “fuel” their bodies with “green light” foods and to limit their “red light” food choices. The program is incorporated into a variety of activities to reinforce healthy choices, implemented throughout the school, including individual classrooms, the cafeteria and specialty areas, etc. The program also offers many activities to promote physical exercise.
- The program promotes behavior changes allowing the student to become aware of making healthy food choices. It is hoped that the students will carry this message home and as a result the family will embrace a healthier lifestyle.
- Supporting the program is a Shineman grant, which permitted the purchase of 1,000 student workbooks that include fun activities and exercises that promote healthy food choices and exercise. The students will be encouraged to use the book at home.

Measurement of Effectiveness

- Students will be tested on their knowledge of healthy food choices prior to the implementation of the program and then again at the end of each school year. Assisting with the goal measurement will be SUNY Oswego staff.

Objective 2: Increase access to and participation in diabetes self-management education and programs.

GOAL: By December 31, 2021, increase by at least five percent the number of individuals receiving outpatient diabetic education and attend diabetes support groups.

Strategies:

- Oswego Health’s Certified Diabetes Educator will continue to offer two monthly diabetes support groups and will also offer both inpatient and outpatient services to community members.
- As mentioned earlier in this report, Oswego Health has increased its publicity of classes and support groups to bring awareness to these programs. The health system has also changed the name of its CDSM class to make it more enticing an appropriate to residents.
- In addition over the next several years, Oswego Health will implement, evaluate, and adjust its strategies to obtain the best outcomes for its community.

Promote Mental Health and Prevent Substance Abuse

Objective 1: Reduce the occurrence of suicide in Oswego County among both adults and youth.

GOAL: By December 31, 2018, reduce the age-adjusted suicide mortality rate by 10 percent.

Strategy: Oswego Health intends to continue its utilization of the C-SSRS screening tool throughout the health system. In 2019, Oswego Health will begin construction of a state-of-the-art \$17 million BHS facility built specifically to offer mental health services. At this new facility, primary care and case management services will be integrated into BHS care. As part of this care, the C-SSRS tool will be used. This facility is expected to become a model for similar healthcare facilities across the country.

Objective 2: *Increase suicide prevention activities and mental health services among youth in Oswego County.*

GOAL: *By December 31, 2018,* increase by at least five percent the number of children receiving school-based mental health clinic services.

Strategy: Complementing the suicide rating scale implementation, Oswego Hospital will continue to collaborate with the Oswego County Department of Social Services, the school districts themselves and other healthcare partners to ensure appropriate School-Based Mental Health Services are provided.

Oswego Health BHS employees are part of the Oswego County Suicide Prevention Coalition, which also includes many community healthcare partners. The Coalition is actively working on programs and tools that reduce the county suicide rate.



The Coalition has developed two subcommittees; one that has targeted youth and students, with the second focusing on the remainder of the community, including veterans, elderly and the community in general.

Among the goals of the coalition is to promote suicide awareness and prevention through the schools, community events, trainings, etc. At the beginning of the year, the school handed out related brochures, pens and pencils and posters to the nine different school districts.

Oswego Health's Oswego Hospital Child and Family Services Program hosted a safeTALK Trainings, with a majority of staff attending. This training teaches participants to recognize and engage persons who might be having thoughts of suicide and connect them with community resources.

Improving the Health of our Community

Since its last submitted CHNA report, Oswego Health has implemented several new services to promote the health of community members.

Oswego Hospital was awarded the top letter grade of 'A' by the Leapfrog Group in the fall of 2018 for delivering safe hospital care. Only three percent of NYS hospitals earned an A.

A Centers for Medicaid and Medicare report released in 2018 declared that Oswego Hospital ranked third best among 25 Central New York hospitals for its treatment of sepsis infections. In fact, the healthcare facility ranked better for its sepsis prevention care than all three of the Syracuse hospitals.

Oswego Hospital's third and fourth floors will be renewed beginning in early 2019 to offer private rooms with their own bathrooms that offer a hotel-like feel. These comfortable and attractive private rooms will lead to safer, quicker healing. Plans include comfortable areas for families and loved ones.

In collaboration with Novelis, Oswego Health opened an Oswego Health PrimeCare office in 2018 onsite at the Oswego plant offering convenient care for its employees, their family members and retirees.

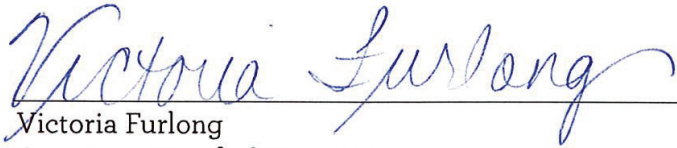
In 2017, the health system opened its Center for Wound Healing at Oswego Health. This collaboration with Healogics is assisting residents with hard-to-heal wound care. That same year, Oswego Health introduced a bariatrics program, The Center for Weight Loss and Surgery, which is providing residents with a healthy lifestyle change.

Oswego Health installed 3D mammography equipment at Oswego Hospital. The equipment is an advanced form of mammography that uses a low-dose x-ray system and computer reconstructions to create three-dimensional images of the breasts. The 3D technology improves the accuracy of mammography and clarifies areas of overlapping tissue. Also installed at the hospital was a 4K ultra high-definition system in its surgery center, allowing surgeons to view the entire surgical field in a higher resolution, better light and a wider color gamut.



Adoption by the Oswego Health Board of Directors

By resolution of the Board of directors of Oswego Health on this date, this Community Needs Assessment and Implementation Strategy was adopted by the Hospital and will serve as a guiding tool over the next three years to meet the needs of the community for whom it serves.



Victoria Furlong
Secretary, Board of Directors

November 26, 2018