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Evaluation Plan for Northwell Health's - Food as Health Program

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Abstract

For populations lacking in protective factors, household food insecurity increases the risk of chronic disease diagnoses, prolonged hospital stays and inflated healthcare costs. With 37.2 million Americans affected by food insecurity, there has been a rise in health systems investing in initiatives aimed at addressing the underlying, nonclinical factors. Northwell Health's Food as Health program is currently implemented within two of the network's twenty-three hospitals, with intentions to continue expansion. The goal of Food as Health is to improve food security so patients can manage their health conditions better. An implementation and outcomes evaluation will be conducted to determine if program activities are taking place as intended and to assess the impact on the target population. A complete timeline of participation includes: completion of the baseline Hunger Vital Sign survey, eligible patients' responses to the health screener information and answers to the follow-up survey questions administered via phone interview at 3 and 6 months. A posttest design will be used for the evaluation. Quantitative data will be obtained from the existing measurement tools that are used to continuously collect patient information. New qualitative measures include: semi-structured interviews with the former and current registered dieticians from Long Island Jewish Valley Stream and the program manager. Results will be disseminated to stakeholders so that recommendations can be made to allow for a more seamless implementation of Food as Health program activities.

Achieving Financial Independence at an Older Age (AFI): A Program Plan

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Abstract

People are currently living longer than they have in any other point in history. This increased life expectancy is challenging previously held traditions of working until you are eligible to retire, retiring, and living off of money accumulated during the years worked. An increased number of older adults are working beyond retirement age for various reasons including desiring to maintain social connections, supporting loved ones and for financial reasons. Due to negative stereotypes held by society and employers the unemployment rates in this population remains high. To combat the challenges faced by this population the Achieving Financial Independence at an Older Age (AFI) program was developed. The mission of AFI is to support the financial stability and security of workers who are approaching or surpassed retirement age using evidence-based career development techniques and activities. The goals of this program are: 1) To provide tools that will allow participants to gain and maintain employment, 2) To increase the number of employed older adults in both the public and private sectors; 3) To increase the economic self-sufficiency of low-income older adults. AFI hopes to extend the reach of the current SCSEP program and other similar programs by exposing program participants to more specialized training, in-depth career development, and access to diversified job placement. Through AFI, participants will have the opportunity to gain training in current technology, update their resumes, improve interview skills, and gain an income while being trained on site in sectors in which they hope to gain employment.

Combating Disparities in Maternal Mortality through Comprehensive Policy Reform including the Extension and Expansion of Postpartum Medicaid Coverage: A Policy Brief

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Executive Summary

Although maternal mortality decreased globally from 1990-2015, it nearly doubled in the US during that time. Most recent data shows that the maternal mortality ratio is 17.4, placing the US last among wealthy nations and 55th globally. In addition, the US also has high disparities among mortality rates, with the maternal mortality of Black non-Hispanic women being three times higher than their White non-Hispanic counterparts and almost 4 times higher than their Hispanic counterparts. The disparity in maternal mortality is the main driver of the overall increased maternal mortality in the US in comparison to other affluent nations. The increased MMR in Black women was initially attributed to socio-economic status, susceptibility to illness, and behavior– but is now believed to be influenced by systemic racism and unconscious bias. Elevated MMR in Black women persists, even when controlling for education, income, or other socio-economic factors.

The goal of this policy brief was to find and encourage a legislative and policy solution to maternal mortality and the disparities within this problem. Since over half of births in the US are financed by Medicaid this seemed like the place to start looking for solutions. Medicaid eligibility was broadened by the Affordable Care Act in 2014 to include women with family incomes at or below 138% FPL to cover pregnancy-related services up to 60 days postpartum.

This policy brief's recommendations begin with the implementation of Medicaid expansion and extension. As over half of pregnancy related deaths occur in the postpartum period and many women find themselves under- or uncovered by insurance in the postpartum period, it is essential that Medicaid is extended and expanded appropriately to ensure adequate access for women in this vulnerable period. Medicaid extension and expansion will decrease uninsured numbers and maternal mortality rates, have a large impact on adequately caring for women's mental health, chronic conditions, and other conditions such as addiction, and address racial disparities in maternal health.

These recommendations also recognize and address the major political, economic, and social barriers to the passage of Medicaid reform and the need for the improvement of the quality of care provided to women, not just the quantity. In order to optimize postpartum maternal outcomes, women must not only have access to care (through Medicaid extension and expansion) but have access to care that is accessible and utilitarian. A solution to these barriers would be to compose nonpartisan stakeholder coalitions to advance targeted policy solutions. In the absence of, and until there is, widespread comprehensive quality coverage including Medicaid extension and expansion, states should implement additional policies to improve maternal health outcomes. Coverage should be expanded beyond traditional healthcare encounters to include centering models, home visits, and coverage for doulas/midwives/community health worker services. Also, there should be redesign of postpartum reimbursement to encourage integrated care and bundling maternal and infant follow-up. Lastly there should be optimization of data collection via global standardization of data through Maternal Mortality Review Committees with appropriate compositional representation and funding.

Given the large role Medicaid plays in financing of maternity, Medicaid extension and expansion could fill gaps of coverage. Recognizing the political, economic and social barriers to Medicaid reform, it is imperative that states adopt additional comprehensive care reforms to improve maternal outcomes.

The combination of legislation and additional reforms will ultimately lead to decreases in maternal mortality and disparities in maternal outcomes.

Policy Brief: Mandating Comprehensive, Age Appropriate, and Medically Accurate Sexual Health Education in New York State

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Executive Summary

It is our responsibility as adults to ensure that our youth receive effective sexual education, arming them with the foundational skills and knowledge necessary to develop healthier relationships and make informed decisions about their sexual health. More needs to be done to accomplish this goal, as our nation currently has a tremendous burden of STD diagnoses and unplanned pregnancies among adolescents and young adults (CDC, 2019). Comprehensive sexual education, which includes a discussion of contraception and barrier protection against sexually transmitted diseases, is superior to abstinence based sexual education at mitigating these outcomes and reducing rates of high-risk sexual behavior overall (American College of Obstetricians and Gynecologists, 2018). However, in New York State, sexual education is not currently mandated, nor is required to be comprehensive or medically accurate (Santelli, 2008). This allows for biased, incomplete, or distorted information to be presented to students, depriving them of the information they need to make informed choices. New York lags behind the majority of states in the US in mandating sexual education, and all legislative efforts to reach this goal in NYS over the past ten years have failed to advance past the committee level, with not even a single bill making it onto the floor calendar for a vote (Guttmacher Institute, 2020).

Undoubtedly there are challenges to achieving the goal of mandating comprehensive, medically accurate and age appropriate sexual education in New York State. This policy brief aims discuss these challenges along with potential policy options that can be employed at federal, state, and local levels, and finally gives recommendations about how to best proceed to achieve this goal.

Expansion of federally funded programs to incentivize delivery of comprehensive, medically accurate and age appropriate sexual education programs would be ideal to provide widespread access to high quality sexual education. However, the federal government has historically provided funding for abstinence-based sexual education (Alemansour, Coe, Donohue, Shellum, & Thackray, 2019). Abstinence-based education funding decreased during the Obama administration, but has begun to climb again since 2016. Ideally, Congress would cease funding for abstinence only sexual education programs and enact a federal statute that states could only receive funding for sexual education programs only if those programs were shown to be comprehensive, medically accurate, evidence based, and age appropriate. However, a more feasible option would be to expand existing programs promoting more comprehensive sexual education which have proven to have bipartisan support.

Our federalist governmental structure allows for substantial autonomy at the state level, which can be used for innovation but can also permit disparities. Aspects of the sexual education programs in California and Colorado can serve as a template of the ideal in terms of sexual education reform. In California, school districts are required to provide comprehensive sexual and HIV education that is medically accurate, unbiased, and appropriate for the diverse student body (Alemansour et al., 2019). In Colorado, content is required to be evidence based and include a discussion around consent, and a program was recently implemented to provide low or no cost long acting reversible contraception to

women across the state (Guttmacher institute, 2020; Colorado Department of Public Health and Environment, 2017). Both of these programs, though distinct in their approaches, have been tremendously successfully in reducing rates of teenage pregnancy (Alemansour et al., 2019; Colorado Department of Public Health and Environment, 2017). Providing the necessary support so that New York could develop a program with comparable characteristics would be ideal to achieve similar improvements in outcomes at the state level.

Solutions at the local level have the benefit of allowing for the greatest individualization of curriculum based on the needs of school districts, but these programs would need to be pieced together to create a statewide solution. New York City is one local entity that can be analyzed, as they now require students in grades 6-12 have medically accurate, age-appropriate sexual education as part of their comprehensive health education lessons (New York City Department of Education, 2020). However, policies to support the enforcement of these requirements are lacking, limiting the effectiveness of this program. Creation of funding sources to incentivize local areas to create and implement sexual education programs that are comprehensive, medically accurate and age appropriate is a possible policy option, but substantial oversight of these programs would likely be needed to assure that they meet these standards despite their variations.

Based on the analysis of potential policy options at federal, state, and local levels, a state-level solution would be most feasible in order to accomplish the goal of mandating comprehensive, age appropriate and medically accurate sexual education. Bills introduced in New York State over the past ten years have had appropriate language to achieve this goal, but have failed to gain the support necessary to reach the floor for a vote. Therefore, utilization of strategies to gain support, such as recruitment of stakeholder input, should be explored and potentially employed in order for this legislation to pass. Primary stakeholders including students should be surveyed, and secondary stakeholders such as teachers, parents and local school boards should be involved early in the process. Next, key stakeholders such as the media could help to disseminate information and generate widespread support, and public/private partnerships and coalition building can allow for powerful advocacy to occur. Finally, education of policymakers could help to bridge the gap between evidence and policy, translating support from abstinence based sexual education to support for the far more effective comprehensive sexual education.