

# Hudson River HealthCare

PEEKSKILL, NEW YORK

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Hudson River HealthCare (HRHCare) is a Federally Qualified Health Center with a network of 18 sites that deliver comprehensive primary, preventive and behavioral healthcare throughout nine counties in New York State's Hudson Valley. The organization works “to increase access to comprehensive primary and preventive health care and to improve the health status of our community, especially for the underserved and vulnerable.” HRHCare’s efforts in leveraging the social determinants of health (SDH) frequently concentrate on helping clients modify lifestyle choices (nutrition and physical activity) and supporting youth development. SDH efforts to date include improving opportunities for physical exercise, such as creating a paved path for local children and providing donated bikes and helmets; offering WIC services; promoting childhood literacy through Reach Out and Read; addressing housing needs through assistance with home purchases and necessary home improvements; lobbying the county bus system to improve mobility; providing leadership and employment programs for teens; and promoting social inclusion among seniors by providing activities to remain active and mentor youth. The Health Unites Generations program in particular boasts a 50-60 percent retention rate among participating youth and seniors. HRHCare also took the lead in working with local Migrant Head Start programs to improve nutrition and collaborated with the New York State Migrant Program Parent Advisory Committee to successfully change the kind of milk that was served in Migrant Head Start centers across the state to be low-fat milk.

In the early 1970s a group of local residents and religious leaders came together to address the lack of appropriate health services in the Peekskill, NY community. In particular, a group of four African American women spearheaded the efforts and have remained committed to the organization since its inception. The Peekskill Area Ambulatory Health Center, as it was then named, officially opened its doors in 1975 in what was once an old department store in one of the region's poorest cities. Since then, the organization has grown into a Federally Qualified Health Center with a network of 18 sites serving 65,000 urban and rural community residents in 2010, including migrant farmworkers, residents of public housing, and homeless families. Hudson River HealthCare (HRHCare) predominantly serves Latinos but also provides services to many African-Americans and Caucasians. Approximately one-third of patients are uninsured, one-third are enrolled in Medicaid, and 14 percent have private insurance.

## HRHCare Efforts to Leverage the Social Determinants of Health

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The organization focuses on the well-being of the whole person with a commitment to high quality, affordable, accessible, professional, and compassionate care. Under the leadership of President and CEO Anne Kauffman Nolon, who has been with the health center since 1977, HRHCare has been providing innovative programs and services including activities that leverage the social determinants of health (SDH). One of HRHCare's longest-standing SDH efforts lies in addressing the housing needs of its clients. Many patients were struggling to manage their health as they faced problems with stable, safe, and adequate housing. In the late 1980s when no one else seemed able to step in, one of the co-founders of HRHCare took the initiative to create The Preservation Company, Inc., a housing and community development organization that works closely with the health center to organize housing fairs, workshops, and assistance with the purchase and mortgaging of a home; tenant services including mediation and referrals to organizations for rent assistance and security deposits; and assistance in necessary improvements for income-eligible homeowners and landlords.

In the early 1990s, HRHCare initiated its Exploring Careers in Health Occupations (E.C.H.O.) program, a summer leadership and employment program for teens interested in pursuing careers in health and related fields. In the mid-1990s, the health center took the initiative to increase safe opportunities for physical activity by building, and later expanding, a paved walkway on the property of a community organization caring for children from farmworker families. To this day the walkway is in use with donations from the community for bikes and helmets as well as maintenance of the walkway. Under the same grant, the health center also took the lead in working with local Migrant Head Start programs to make recipes healthier and collaborated with the New York State Migrant Program Parent Advisory Committee to successfully change the kind of milk that was served in centers across the state to be low-fat milk.

In 2000, HRHCare began an intergenerational program to provide meaningful opportunities for seniors and youth to engage with each other and their community. A description of the program follows.

### **Health Unites Generations (HUGS)**

HUGS was started in 1996 by a HRHCare social worker who was working with seniors living in subsidized apartment buildings as part of the health center's Wellness Information for Senior Empowerment program. In helping these seniors connect to care and resources, she noticed that many of them were eager for opportunities to engage and build relationships. She took the initiative to establish HUGS in collaboration with the health center's youth services program area to help Seniors living in public housing venture out, and remain active and intellectually stimulated.

HUGS started out by providing weekly opportunities for seniors and youth, especially middle school students, to meet in the community room of a senior housing project and get to know each other through activities such as Pictionary, Bingo and crafts and the sharing of stories and reminiscences. Its success

among the students has encouraged HUGS to grow into a key youth development activity of the health center. The program has expanded to alternate between youth development activities, senior mentoring sessions, and community service learning projects, including together supporting preparations for community celebrations and signing up alongside other community groups for Community Clean-up/Home Maintenance days sponsored by the Preservation Company. The year-long program culminates in a Senior Prom, a social celebration where the youth and seniors gather and share music, conversation, and their new relationships. The Senior Prom itself grew out of a HUGS activity in which the students discovered that many of the seniors had not finished high school or had school altered because of World War II and therefore missed out on attending one of the hallmarks of the high school experience. Upon request by the students, the program staff worked with them to develop the Senior Prom program component.

At first HUGS was funded primarily through the CHC operating budget and small grants from the Westchester Community Foundation. Since 2004, however, funds for adolescent pregnancy prevention from the New York State Department of Health have been funding the program, including yearly stipends for participating youth. In 2008, HRHCare received an additional \$10,000 grant from the Entergy Corporation for HUGS. The Center for Intergeneration Studies, affiliated with Temple University in Philadelphia, provided technical assistance to develop an intergenerational program curriculum for the program.

The HRHCare Director of Youth Development oversees the program with the help of a program assistant and at least one AmeriCorps staff member. A co-coordinator of the program is a social worker who works specifically with the senior population and has access to all of the seniors in the senior housing building through case management and other activities.

The program has been repeatedly at maximum enrollment thanks to referrals by word-of-mouth, participating grandparents, and encouragement from parents. About 20 youth participate each year (HRHCare is even considering a waiting list), and 50-60 percent of them return to the program in the following years. The Director of Youth Development credits the relationships formed among the participants for why so many of them remain committed to the program. One example is represented by its oldest member, who has been with HUGS for the past eight years in varying roles, starting out as a participant, remaining with the program as an AmeriCorps member for two years, and subsequently as a salaried staff person. Formal program evaluations have not yet been conducted, but the staff notes that HUGS provides youth with an opportunity to develop self-esteem, strengthen leadership and employability skills, connect with different cultures, and build relationships with adults, all of which are considered effective in providing healthy alternatives to risky and violent behaviors among youth. Furthermore, the HRHCare Youth Health Promoters program came about primarily because HUGS students were interested in taking on additional roles and responsibilities. The staff has also noted

reduced feelings of isolation and loneliness among seniors as well as lowered daily physical stress because of the concrete assistance provided by the students.

When HRHCare began in 2005 to offer an affordable weight-loss support program at its clinics, clients decided to create a flower garden that acts both as an opportunity for burning calories and as a thank you to the clinic for providing a free meeting space. Then in 2006, HRHCare initiated efforts to improve transportation and mobility in the community by lobbying the county bus system in collaboration with community members. However, the process was time intensive and kept getting stuck because of bureaucratic hurdles and the complexity of the change process. The effort was shelved when HRHCare determined that there was a greater demand for a local food pantry and assistance for local seniors with home maintenance. These types of activities were considered much more “doable” than community organizing, legislation, and dealing with public officials.

HRHCare established a childhood obesity prevention program in 2007 (Rx for Fitness) to guide children and their caregivers in how to promote nutrition and exercise in the home, and more recently in 2009 a violent incident in the community inspired the health center to create a summer program for local youth to promote cultural understanding and tolerance. A description of the program follows.

### **Culture Club**

In May 2010, four African American youth attacked a man of Ecuadorian descent in Peekskill, NY, which is a predominantly African American community with a growing population of Ecuadorian immigrants. The brutal assault was investigated as a potential hate crime but there was not enough evidence to pursue hate-crime charges against the attackers. The incident inspired HRHCare to co-sponsor a community forum that would open a dialogue for mutual understanding and provide an opportunity for healing. However, when it seemed that there would be no particular actions coming out of the forum to prevent future incidents of this nature, several health center staff members, including the CEO, Chief Administration, and the Community Initiatives department with assistance from a videographer employed by the health center, took the lead to come together and develop the HRHCare Culture Club. The Culture Club is an educational and experiential summer program for local youth to change the growing perception of an “us versus them” and celebrate cultural differences.

Under this program, about 20 youth meet twice a week for six weeks over the summer in a gallery near the Peekskill clinic site to learn about each other and other cultures through a variety of activities. Relying on the creativity of the program staff, program activities include creating meals together from cultures across the world, learning different types of dances, conducting small research projects with access to computers, learning to play music, and having student share with each other their own perspectives and diverse backgrounds through photos they’ve taken of their everyday lives.

The Culture Club is funded from the CHC operating budget and is run by five HRHCare staff members with the help of five older high school students or recent graduates who may volunteer to lead group activities. The effort has not been formally evaluated, but the staff has noted increased comfort in public performance and speaking as well as great enthusiasm among participating youth who have so far ranged in age from about eight to 15. Even though the Culture Club targets youth through word-of-mouth, the program extends its impacts to the rest of the community by providing these students with opportunities during National Health Center Week and other community events to share with others what they have learned.

## How HRHCare does it all

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HRHCare’s “infrastructure” for leveraging the SDH to improve the health and well-being of patients and communities can be described as follows:

***Developing SDH Programs*** – For developing programs that address upstream determinants of health, HRHCare maintains an open dialogue with its board of directors, community leaders, key stakeholders, businesses and community-based agencies, and conducts surveys of patients, staff, and community members. The health center also encourages cross-pollination among its program areas, and briefings from program area directors on happenings and trends in the community and the activities of other agencies and communities serve to prompt discussions among staff and leadership on how HRHCare may support these activities, including developing its own programs and pursuing partnership opportunities. The CHC may consult electronic health records and community surveys to confirm the need for a program, though this relatively formal evaluation is not necessarily applied in each case. For example, the idea for a childhood obesity prevention program was sparked by a HRHCare Pediatrician and Nutritionist but turned into reality once the health center confirmed that the community had one of the highest rates of childhood obesity in the state. When it came to the Senior Prom, however, the health center agreed to incorporate the idea into its HUGS program not necessarily because the need for it was reflected in community data but rather for the benefit of HUGS participants.

***SDH Program Management and Staff*** – Many of the programs noted above are managed by the HRHCare Department of Community Initiatives (e.g., Culture Club, ECHO), which is composed of about 50 full-time staff members, including a smaller set of directors with programmatic responsibilities. Some of the programs, i.e., the Walkway and the Rx for Fitness or programs with a clinical focus are managed by the Operations Department. The departments organize their thinking in terms of special populations (e.g., at risk youth, seniors, migrants) and align program priorities and needs accordingly. Grant proposals are managed by two staff members with support from program area directors, and a

videographer employed by the health center assists in documenting and promoting health center activities and successfully engaging community members.

The health center's activities related to housing needs are under the management of The Preservation Company, which is a separate 501(c)3 tax exempt, not-for-profit corporation that acts as a subsidiary of HRHCare, operates out of a separate building, and works closely with the Department of Community Initiatives. The Preservation Company shares facilities and staff with the health center but maintains its own Board of Directors and operates under separate funding streams, including conducting its own annual fundraising efforts. Some members of the Preservation Company board also participate in the board of the health center.

The Vice President of the Department of Community Initiatives consider the 14 full-time AmeriCorps staff members at HRHCare as critical for its SDH activities. For example, the health center was able to rely on its AmeriCorps staff to research existing options and develop a new curriculum for the intergenerational HUGS program in collaboration with Temple University and the staff member who prompted the program. This group of “wonderful, energetic, [and] passionate people” make it affordable for HRHCare to leverage the SDH and spend time to look for how to implement and sustain these types of efforts.

***SDH Program Funding and Sustainability*** – When staff or the Board identifies a critical need, HRHCare generally tries to begin a program even if external funding is not yet available. Doing so allows the health center to respond relatively quickly to the needs of the community and frame its grant proposals in terms of expanding and improving its efforts. Thus HRHCare may often draw on its operating budget to bridge the time between grants or to fund a program in its entirety to jump start or to sustain it. For this purpose, the health center pursues several strategies to raise additional funds. HRHCare receives donations from community organizations, such as a local art gallery owned by a community leader who has committed to donating 40 percent of proceeds to the health center. HRHCare also relies on several annual fundraising initiatives to expand its operating budget. Organized per target population (e.g., farmworker fund), these events raise \$10,000 to \$100,000. HRHCare may otherwise draw on corporate funding, and public and private grants to supports its SDH programs. For example, most of the health center's youth development programs are funded under an adolescent pregnancy prevention initiative of the State of New York. For housing-related work, The Preservation Company takes advantage of community block grant funding and community foundations. The organization also conducts its own successful fundraising efforts each year on Martin Luther King, Jr. Day.

***Partnerships and Networks*** – To pool resources, avoid redundancy, and maximize synergy, HRHCare joins existing partnerships or creates its own for its SDH activities. HRHCare already has ongoing partnerships and referral arrangements with many other health and social service providers in Hudson Valley, as well as with county health departments and public school districts. Staff members may also

draw on their own professional alumni networks and other connections formed through networking opportunities sponsored by funders. The city of Peekskill itself includes the Peekskill Agencies Together coalition, which has been in place for more than 10 years and covers all of the key stakeholders in the community. Its monthly meetings provide a space for new ideas, partners, and funding, and the coalition members also serve as an advisory board to many of HRHCare's grants and initiatives. The health center may also organize community coalitions around individual grants, and work with individual community resources such as a business improvement district and local chamber of commerce, and the Peekskill Area Pastors Association, which itself has historically played a significant role in issues of justice, diversity, and service in the area.