



SARATOGA HOSPITAL

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An affiliate of  ALBANY MED

**Community Health Needs  
Assessment Implementation  
Strategy  
Fiscal Years 2019 - 2021**

**October 24, 2019**

## Table of Contents

Introduction .....	3
Saratoga Hospital’s Mission, Vision, and Values.....	4
Saratoga Hospital Service Area.....	6
Impact of 2016 Community Health Needs Assessment.....	8
Health Needs of the Community .....	8
Selection of Priorities .....	9
Why Obesity was Chosen .....	11
Why Substance Use was Chosen .....	13
Needs not addressed in the Saratoga Hospital Plan.....	15
Hospital Implementation Strategy .....	15
Approval.....	16
Exhibit 1: Saratoga Hospital Community Health Improvement Programs 2019 – 2021.....	17

## Introduction

Saratoga Hospital, located in the city of Saratoga Springs, is an acute-care hospital licensed for 171 beds, including 115 medical/surgical, 19 intensive care/coronary care, 7 pediatric, 14 maternity and 16 psychiatry beds. Saratoga Hospital also provides emergency medical and ambulatory surgery services, as well as a full range of other outpatient services. With more than 450 physicians and other medical professionals on staff, Saratoga Hospital offers care in a broad range of medical specialties. For more than a century, we have been the Saratoga region's hospital.

A group of prominent women who were determined to meet their community's desperate need for medical care founded Saratoga Hospital in the late 19<sup>th</sup> century. Back then, despite its popularity as a “water cure” destination, Saratoga Springs had no hospital. Instead, injuries and other emergencies were treated in a room in police headquarters.

Records indicate that this “police hospital” was used every few months in 1890 and 1891 and that at least one man died there. At about the same time, the group of women began meeting to plan a more fitting replacement for the inadequate facility. On December 11, 1891, five of them signed the certificate of incorporation for Saratoga Emergency Hospital, the organization that ultimately would become Saratoga County's leading healthcare provider.

During the more than 120 years since, Saratoga Hospital has remained true to the vision of its founders, keeping pace with the changing needs of the community to ensure its continued good health and exceptional quality of life.

Since January 2017, Saratoga Hospital has been affiliated with Albany Medical Center and Columbia Memorial Health to offer a regionally integrated, locally governed health system. These three organizations are partnered to achieve the mutual goals of improving healthcare throughout Northeastern New York.

Saratoga Hospital operates hospital-based extension clinics as well as Saratoga Surgery Center, a free-standing ambulatory surgery center. The outpatient facilities, listed below, offer an array of convenient, accessible diagnostic and treatment programs, including outpatient medical imaging, occupational health, urgent care, and rehabilitation.

- Galway Family Health Center
- Malta Medical Arts
- Milton Health Center
- Regional Therapy Center at Malta
- Regional Therapy Center at the Springs
- Regional Therapy Center of Saratoga Hospital
- Saratoga Community Health Center
- Saratoga Family Health Center

- Saratoga Hospital Outpatient Center at Care Lane (6 Care Lane)
- Saratoga Hospital Physician Offices at Malta Medical Park
- Saratoga Medical Oncology/Hematology
- Saratoga Outpatient Center (254 Church Street)
- Saratoga Outpatient Center at 19 West Avenue
- Saratoga Outpatient Center at One West
- Saratoga Outpatient Center at 8 Medical Park Drive
- Saratoga Surgery Center
- Schuylerville Family Health Center
- Scotia-Glenville Family Medicine
- Wilton Medical Arts
- Saratoga Midwifery and Women’s Primary Care

## **Saratoga Hospital’s Mission, Vision, and Values**

### Mission

To serve the people of the Saratoga region by providing them access to excellence in healthcare in a supportive and caring environment.

### Vision

Saratoga Hospital will be the preeminent provider of the highest quality healthcare for Saratoga region residents.

We will be a regional provider for certain service lines and, as an organization, will occupy a niche between traditional community hospitals and tertiary medical centers.

We will be both a high-quality and high-service provider and will be known for our timely acquisition of cutting-edge technology.

We will increase inpatient capacity to keep pace with our growing region. Eventually, all inpatient rooms will be private to help provide the privacy and dignity that all patients deserve.

We will develop, over time, the Saratoga Medical Park at Malta into an integrated healthcare campus to serve the growing needs of the Saratoga region.

We will continue to expand outpatient services, choosing the most convenient locations possible. Our goal is for the majority of Saratoga residents to be within 10 minutes of a Saratoga Hospital-affiliated facility.

We will recruit and retain highly skilled physicians. We will build relationships with physicians and other providers to help ensure their long-term commitment to the Saratoga region.

We will be recognized as a community leader. Employees will be encouraged to assume leadership roles in community-based organizations. The Hospital will partner with other worthy organizations whose goals are to improve the communities we serve.

We will be known as an innovative organization—one that is always looking for a better way to provide a service or meet a community need.

We will generate sufficient operating margin to allow Saratoga Hospital to meet community needs.

### Values

#### **QUALITY:**

Saratoga Hospital continuously evaluates and monitors our quality against performance benchmarks from regional and national organizations.

Saratoga Hospital continuously cultivates a culture of quality whereby every employee is always focused on the delivery of high-quality care and encouraged to make suggestions when improvements are possible.

#### **SERVICE:**

Saratoga Hospital places the highest priority on providing outstanding customer service to our patients, physicians, and visitors. Service excellence is part of the culture at Saratoga Hospital, and the organization is committed to constantly enhancing the patient experience.

#### **PEOPLE:**

Saratoga Hospital understands that people are our most valued resource and, as such, every employee, physician, and volunteer deserves respect.

Saratoga Hospital offers a caring and supportive environment for its employees and one that cultivates leadership development.

#### **GROWTH:**

Saratoga Hospital remains ready to meet the needs of a growing Saratoga region, through expansion of existing services or the development of new services and sites when justified.

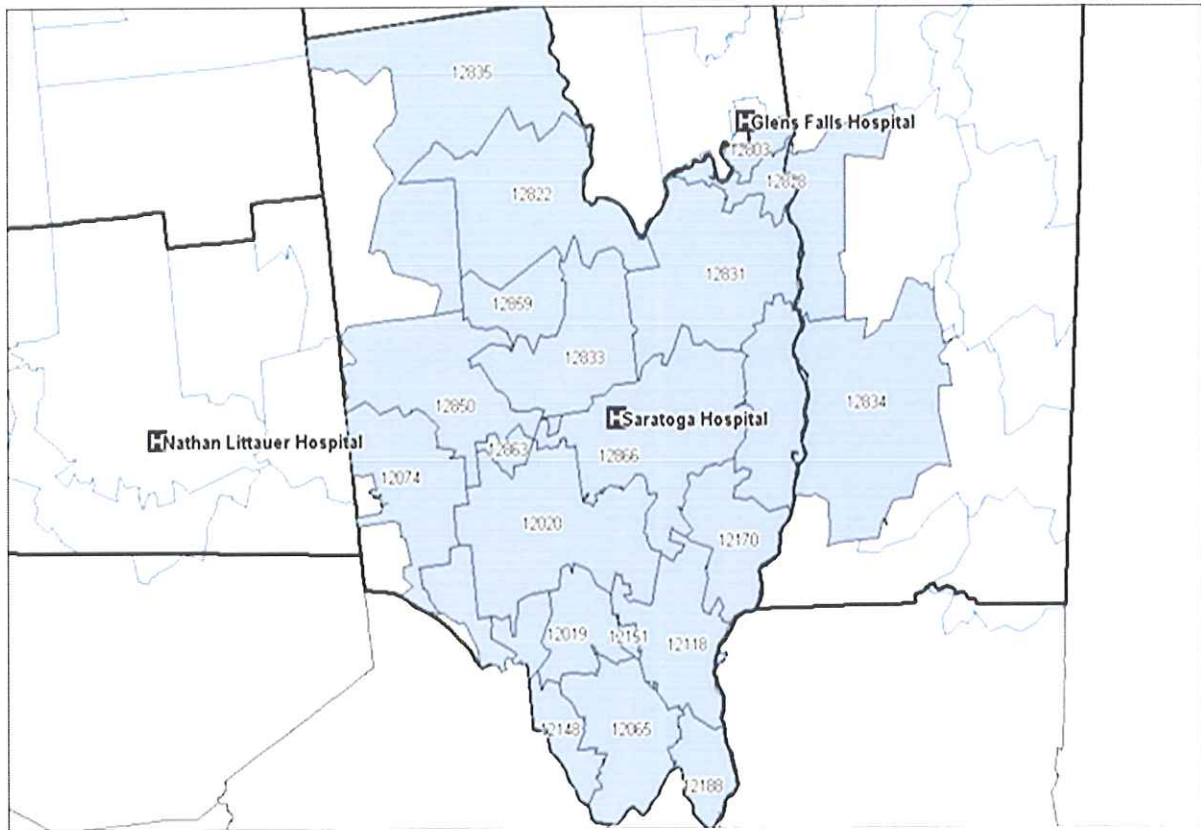
#### **FINANCE:**

Saratoga Hospital maintains financial strength in order to provide resources for a growing Saratoga region.

Saratoga Hospital recognizes the important role that our community plays in philanthropic support. We nurture the partnership between Saratoga Hospital and the community to meet the growing healthcare needs of the Saratoga region.

## Saratoga Hospital Service Area

Saratoga Hospital's service area encompasses all of the ZIP codes in Saratoga County plus two ZIP codes in contiguous Washington County along the Saratoga County border. The demographic characteristics of these two Washington County ZIP codes closely resemble those of Saratoga County; therefore in determining the health needs of the community, Saratoga Hospital concluded the identified needs would adequately address prevalent concerns in both counties.



The following is a profile of the demographics for this community.

DEMOGRAPHIC CHARACTERISTICS						
	Service Area		USA			
2010 Total Population	230,948		308,745,538			
2018 Total Population	239,675		326,533,070			
2023 Total Population	244,916		337,947,861			
% Change 2016 - 2021	2.2%		3.5%			
Average Household Income	\$101,568		\$86,178			
	2018	2023	% Change			
Total Male Population	118,426	120,969	2.1%			
Total Female Population	121,249	123,947	2.2%			
Females, Child Bearing Age (15-44)	42,727	42,706	0.0%			
POPULATION DISTRIBUTION						
	Age Distribution					
Age Group	2018	% of Total	2023	% of Total	USA %	
0-14	39,664	16.5%	38,247	15.6%	19.0%	
15-17	9,055	3.8%	9,114	3.7%	4.0%	
18-24	20,748	8.7%	21,755	8.9%	9.8%	
25-34	27,648	11.5%	27,831	11.4%	13.3%	
35-54	65,226	27.2%	61,202	25.0%	26.0%	
55-64	35,151	14.7%	37,382	15.3%	12.8%	
65+	42,183	17.6%	49,385	20.2%	15.1%	
<b>Total</b>	<b>239,675</b>	<b>100.0%</b>	<b>244,916</b>	<b>100.0%</b>	<b>100.0%</b>	
HOUSEHOLD INCOME DISTRIBUTION						
	Income Distribution					
2018 Household Income	HH Count		% of Total		USA %	
<\$15K	4,890		5.0%		10.9%	
\$15-25K	6,564		6.7%		9.5%	
\$25-50K	16,195		16.6%		22.1%	
\$50-75K	17,158		17.5%		17.1%	
\$75-100K	14,728		15.1%		12.3%	
Over \$100K	38,312		39.2%		28.2%	
<b>Total</b>	<b>97,847</b>		<b>100.0%</b>		<b>100.0%</b>	
EDUCATION LEVEL						
	Education Level Distribution					
2018 Adult Education Level	Pop Age 25+		% of Total		USA %	
Less than High School	2,469		1.5%		5.6%	
Some High School	7,265		4.3%		7.4%	
High School Degree	46,861		27.5%		27.6%	
Some College/Assoc. Degree	47,576		28.0%		29.1%	
Bachelor's Degree or Greater	66,037		38.8%		30.3%	
<b>Total</b>	<b>170,208</b>		<b>100.0%</b>		<b>100.0%</b>	
RACE/ETHNICITY						
	Race/Ethnicity Distribution					
Race/Ethnicity	2018 Pop		% of Total		USA %	
White Non-Hispanic	216,143		90.2%		60.4%	
Black Non-Hispanic	3,989		1.7%		12.4%	
Hispanic	8,258		3.4%		18.2%	
Asian & Pacific Is. Non-Hispanic	6,604		2.8%		5.8%	
All Others	4,681		2.0%		3.2%	
<b>Total</b>	<b>239,675</b>		<b>100.0%</b>		<b>100.0%</b>	

## **Impact of 2016 Community Health Needs Assessment**

### **Preventing Chronic Disease**

Chronic disease has had a powerful impact on the physical, emotional, social, and economic health of individuals, their families, and our community. Despite its enviable ranking as one of New York State's healthiest counties, Saratoga County fared worse than the state as a whole in areas including prevalence of adult asthma, lung cancer incidence and mortality, stroke mortality, colorectal cancer incidence, and late-stage incidence, and mortality for breast cancer.

In response to the findings in the 2016 Community Health Needs Assessment, Saratoga Hospital has been working to address these and other challenges through a combination of:

- Increasing access to care, especially for underserved populations.
- Emphasizing prevention, education, early diagnosis, and disease management.
- Recruiting providers in high-demand specialties, through the Saratoga Hospital Medical Group.
- Adding specialty programs and services not typically available through a community hospital.
- Continually collaborating with community partners, including providing facilitation and support for the Saratoga Community Health Council.

### **Promoting Mental Health and Preventing Substance Abuse**

The Community Health Needs Assessment conducted in 2016 showed that the community fared worse than New York State as a whole on many mental health measures. To address these needs, Saratoga Hospital worked to:

- Expand and improve access to mental health services
- Adopt a multi-disciplinary approach to focus on addiction prevention, and pain management.
- Increase treatment options

## **Health Needs of the Community**

The Healthy Capital District Initiative (HCDI) conducted a Community Health Needs Assessment (CHNA) in 2019, in collaboration with our regional partners at community-based organizations, area hospitals and local health departments. Engaging the community in the health needs assessment process was a priority of HCDI and its stakeholders. Broad community engagement began with participation in the community health survey which included multiple choice and open-ended questions to learn about residents' health needs, health behaviors and barriers to care. Demographic information collected by the survey allowed review of information by age, gender, race/ethnicity and income.

Members of the Saratoga County Community Health Council incorporated survey results into the examination of health needs. The Council (whose members come from a variety of local organizations, including consumers, advocacy groups, employers, public health departments, providers, health



insurers, and community-based organization that serve low-income residents and the homeless) was encouraged to share data, as well, in order to advocate for the needs of their constituents, which includes the medically underserved populations.

## Selection of Priorities

Selection of the top health priorities for Saratoga County was based on a multi-year process building on existing knowledge from present Community Health Improvement Plan/Community Service Plan implementation efforts, as well as the 2015 Medicaid Delivery System Reform Incentive Payment (DSRIP) Needs Assessment. Saratoga Hospital and Saratoga County Public Health collaborated to guide the 2019 Public Health Prioritization process and plan development.

With participation from HCDI, the Saratoga Community Health Council gathered for four special meetings during winter 2018/spring 2019. Council members examined a variety of data and discussed it as a group, which resulted in consensus regarding the most pressing health needs for the Saratoga community. Saratoga Hospital, Saratoga County Public Health Services and other community-based organizations will focus their efforts over the next three years on addressing those identified needs.

## 2019 Plan Development Timeline Community Health Improvement Planning



The Council gathered at Saratoga Hospital for all four meetings. Below is the schedule and a brief description of each meeting.

• **Wednesday, January 23, 2019**                      **2:00 p.m. – 4:00 p.m.**    **Goal: Data Analysis**

In lieu of the first quarterly meeting in 2019, the Council devoted time to in-depth examination of all the relevant health indicator data compiled by HCDI. The goal of this meeting was to do a “first cut” on the copious, varied data. The group determined what to present to the larger group in order to inform and stimulate discussions at future meetings.

The group analyzed ninety (90) health indicators across the five Prevention Agenda Priority Areas. Available data on prevalence, emergency department visits, hospitalizations, mortality and trends was included for each indicator. Equity data for gender, age, race/ethnicity, and neighborhood groupings was presented as available. Data was available to Capital Region partners via the HCDI website (<http://hcdiny.org/>) after the presentation.

The results from this meeting were based on the quantitative analysis for the various indicators, which showed the following health needs merited further examination by the full Council:

- Obesity
- Breast Cancer
- Mental Health
- Drug Use
- Suicide/Self-inflicted injuries
- Alcohol Use

• **Tuesday, February 26, 2019**                      **9:00 a.m. -12:00 p.m.**    **Goal: Group Discussion**

This meeting included an overview of the data summary from the January meeting, which was followed by a facilitated discussion of those findings. The goal was to give context and qualitative meaning to the quantitative results. This meeting concluded with the identification of the following six community health needs to consider at future meetings:

- Obesity
- Smoking
- Breast Cancer
- Suicide and Self Inflicted Injury
- Drug Use
- Alcohol Use

• **Tuesday, March 26, 2019**                      **9:00 a.m. – 12:00 p.m.**    **Goal: Identification of Priorities**

This final meeting was devoted to finishing the discussion of both qualitative and quantitative issues regarding the health needs of the community. Participants reached a consensus on what the top health needs were, and how to prioritize them: Obesity and Substance Use will be the focus for Saratoga County for the next three years.

## Why Obesity was Chosen

Obesity affects a large portion of the population. There are approximately 45,277 obese adults and 5,107 obese children and adolescents in Saratoga County.

	Saratoga County	New York State
% of obese adults (BMI of 30+)	25.7% <sup>1</sup> (2016)	25.5% <sup>1</sup> (2016)
% of obese children and adolescents	14.0% <sup>1</sup> (2015-16)	N/A

Particularly worrisome are obesity levels among very young children and especially children living in households with low incomes.

	Saratoga County	Capital Region	New York State
Obese children aged 2-4 years in WIC	17.0% <sup>2</sup> (2017)	15.2% <sup>2</sup> (2017)	11.9% <sup>2</sup> (2017)

Very young children in Saratoga County have higher obesity rates than the rest of New York State or neighboring counties.<sup>3</sup>

	Saratoga County	New York State	Schenectady County	Warren County
Children aged 2-4 years, overweight	18.7% (2017) NYS Rank: 46 <sup>th</sup> out of 62 counties	15.7% (2017)	15.5% (2017)	18.4% (2017)
Children aged 2-4 years, obese	17.0% (2017) NYS Rank: 48 <sup>th</sup> out of 62 counties	13.9% (2017)	15.6% (2017)	14.7% (2017)
Children aged <5 years, obese	13.0% (2017) NYS Rank: 50 <sup>th</sup> out of 62 counties	10.4% (2017)	14.8% (2017)	11.6% (2017)

<sup>1</sup> NYS Expanded Behavioral Risk Factor Surveillance System, data as of January 2019

<sup>2</sup> NYS Pediatric Nutrition Surveillance System, Data as of May, 2018

<sup>3</sup> Source: NYS 2017 PedNSS Annual Report (01/01/17 – 12/31/17)



Obesity is an underlying factor in numerous other health conditions affecting our community, including high blood pressure, Type 2 diabetes, coronary heart disease, stroke, and others.

Obesity increases the risk of maternal pregnancy complications and negative infant birth outcomes, including low birth weight, preterm births and some birth defects.

	Saratoga County	Capital Region	New York State
% of pregnant women in WIC who were pre-pregnancy overweight but not obese (BMI 25-<30)	24.7% <sup>4</sup> (2010-12) Saratoga falls in the bottom <b>50%</b> of the Capital Region	24.8 <sup>4</sup> (2010-12)	26.6 <sup>4</sup> (2010-12)
% of pregnant women in WIC who were pre-pregnancy obese (BMI 30+)	<b>34.5%</b> <sup>4</sup> (2010-12) Saratoga falls in the bottom <b>25%</b> of the Capital Region	29.7 <sup>4</sup> (2010-12)	24.2 <sup>4</sup> (2010-12)
% of pregnant women in WIC with gestational weight gain greater than ideal.	<b>54.8%</b> <sup>5</sup> (2009-11) Saratoga falls in the bottom <b>25%</b> of the Capital Region	48.2 <sup>5</sup> (2009-11)	41.7 <sup>5</sup> (2009-11)

Obesity was identified by third parties as a cause for concern in our community. CDPHP, a primary insurer of community residents under both private and Medicaid plans, has identified obesity as the top health concern affecting its members residing in the community. The 2019 County Health Rankings<sup>6</sup> highlighted adult obesity as an area in which Saratoga County is particularly weak. The Health Rankings also noted that, compared to other top U.S. performers, the percentage of Saratoga County’s low income population that does not live close enough to a grocery store was rather high (4% vs, 2%).

<sup>4</sup> Source: 2010-12 NYS Pregnancy Nutrition Surveillance System 0 WIC Program Data as of July 2013

<sup>5</sup> Source: 2009-11 NYS Pregnancy Nutrition Surveillance System 0 WIC Program Data as of July 2015

<sup>6</sup> The County Health Rankings & Roadmaps program is a collaboration between the [Robert Wood Johnson Foundation](#) and the [University of Wisconsin Population Health Institute](#).

	Saratoga County	Upstate New York State (excl. NYC)
% of population who did not have access to a reliable source of food during the past year (food insecurity)	8.8% <sup>7</sup> (2015)	12.6% <sup>6</sup> (2015)
% of households receiving food stamps /SNAP benefits in the past 12 months	7.9% <sup>8</sup> (2012-16)	15.4% <sup>7</sup> (2012-16)
% of population with low income and low access to a supermarket or large grocery store	4.0% <sup>9</sup> (2015) Prevention Agenda Rating: <b>Worsened</b>	N/A

## Why Substance Use was Chosen

In this case, “Substance Use” refers primarily to opioid misuse, but the Council recognizes the role that alcohol, other illegal drugs, and tobacco play in leading to addictive behaviors with adverse health impacts.

Council partners are particularly concerned about the continuing penetration of the fentanyl into the community, a highly lethal synthetic opioid tied to an increase in opioid-related deaths. Specifically, they fear their collective ability to manage the opioid crisis will be compromised if we do not put more effort into containing it now.

The consequences of opioid misuse are serious, including spread of infectious disease (HIV, Hepatitis C), neonatal abstinence syndrome in newborns, increased crime and strain on law enforcement, increased medical costs and use of emergency medical services, job loss and poverty, children placed in protective custody, and overdose death (DHHS, ). That said, misuse is treatable and preventable.

Saratoga County resident drug and opioid statistics:

- **1,574** drug abuse Emergency Department (ED) visits in 2016 (age adjusted rate per 10,000: for 2014-16: 60.9)
- **690** drug abuse hospitalizations in 2016 (age adjusted rate per 10,000 for 2014-16: 21.2)
- **93** opiate overdose ED visits for 2015-17 (rate per 100,000 is 40.8). This number has been increasing since 2011.

<sup>7</sup> Source: 2015 Map the Meal Gap Data as of June 2018

<sup>8</sup> Source: 2012-16 U.S. Census American Community Survey Data as of June 2018

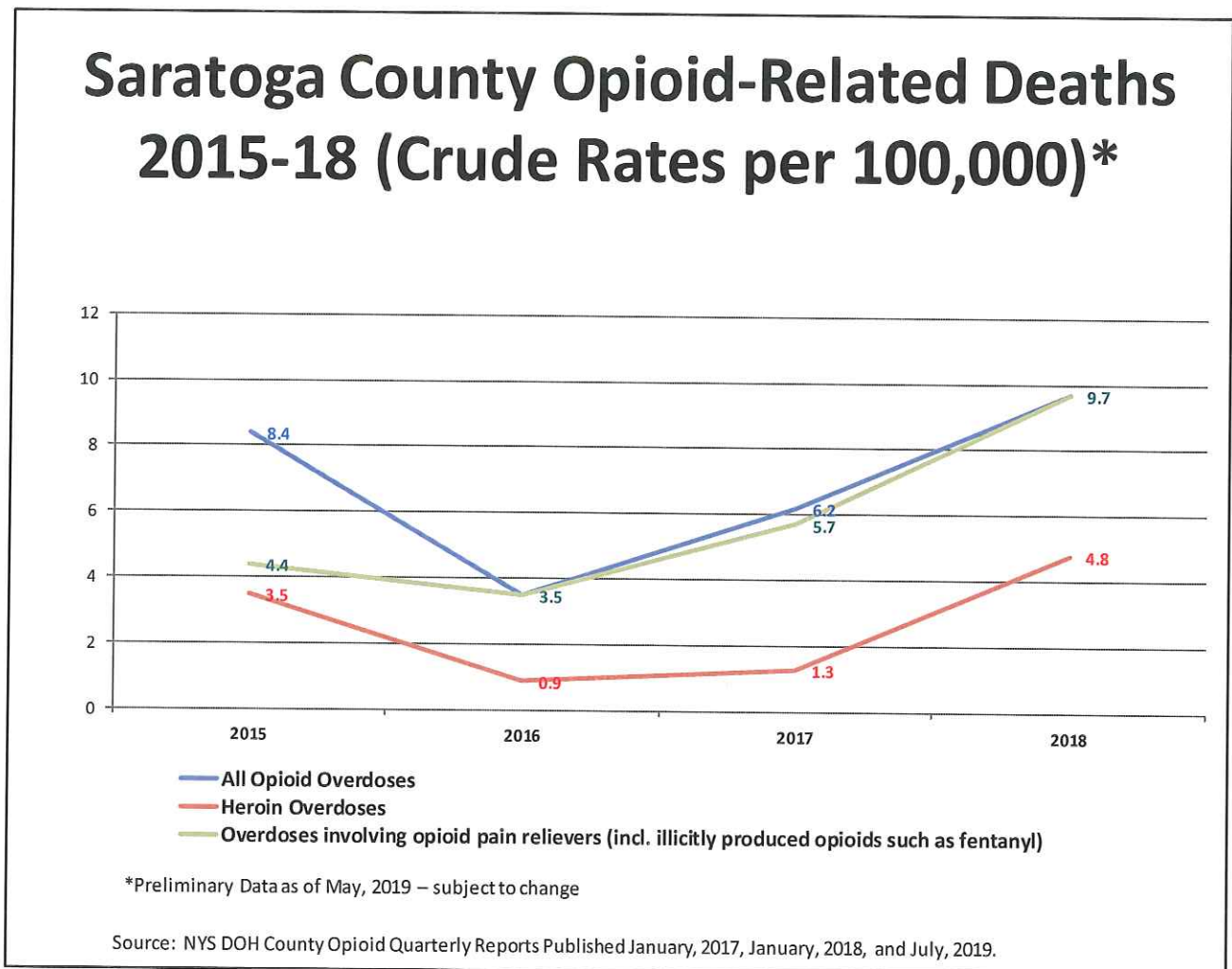
<sup>9</sup> Source: 2015 USDA Food Environment Atlas Data as of March 2018

- 14 opiate overdose hospitalizations for 2015-17 (rate per 100,000 : 6.1)
- 9 opioid overdose deaths for 2015-17 (mortality rate per 100,000: 4.0)
- 13 newborns with neonatal abstinence syndrome and/or affected by maternal use of drugs of addiction in 2016 (crude rate per 1,000 newborn discharges: 6.3)

About 50% of all adolescents will have tried an illegal drug or misused prescription medications or household substances by their senior year in high school. While the most common drug used by adolescents is marijuana, heroin use among the same age group has been steadily increasing statewide since 2003 (DHHS, 2019).

Those most at risk of opioid abuse are white males, particularly young adults living outside urban areas. According to a recent Head Start report, that organization encounters a significant number of pregnant parents with opioid addiction in Saratoga Springs and the northern part of the County. Based on those statistics, there is a demonstrated need to move resources outside of urban areas (where they currently are) and into rural areas (where the problem is).

The following chart shows that fentanyl is overtaking heroin as an opioid-related cause of death in Saratoga County and that opioid misuse in Saratoga County has become more of a health issue in recent years. Data for Upstate New York shows that opioid deaths have been decreasing regionally, but Saratoga County's opioid deaths are increasing.



## Needs not addressed in the Saratoga Hospital Plan

Saratoga Hospital acknowledges the wide range of priority health issues that emerged from the Community Health Needs Assessment process. The organization determined that it could effectively focus on only those health needs which deemed most pressing, under-addressed, and within its ability to influence. Saratoga Hospital will not take direct or new action on the following health needs:

- **Smoking** – The Council found that several member organizations offer various smoking cessation options to the public including a very active program available at Glens Falls Hospital<sup>10</sup>, located in neighboring Warren County. Additionally, there is a DSRIP project addressing this health need, in which Saratoga Hospital is already a partner.
- **Breast Cancer** – Uninsured residents of Saratoga County have access to free cancer screenings through the Cancer Services Program, which offers free cancer screening for uninsured men and women. Saratoga Hospital’s Center for Breast Care offers nurse navigators, radiologists, a fellowship trained breast surgeon, medical oncologists, radiation oncologists, plastic surgeons, physical therapists, an oncology social worker, and dietitians to assist cancer patients from diagnosis through survivorship.
- **Suicide and Self Inflicted Injury** - Saratoga County Public Health Services co-facilitates the Suicide Prevention Coalition of Saratoga County, along with the Saratoga County Department of Mental Health & Addiction Services. This group of local stakeholders meets regularly to discuss suicide rates within the County and across the country, while working to foster improvements within the mental health system to better assist those in need.

## Hospital Implementation Strategy

To address needs identified in the CHNA, Saratoga Hospital will engage key community partners in implementing evidence-based strategies across Saratoga County. Acknowledging that many organizations and resources are in place to address the health needs of our community, Saratoga Hospital has strategically reviewed both internal and external resources. This implementation strategy will explain how Saratoga Hospital will address health needs identified in the CHNA by continuing existing programs and services and by implementing new strategies.

The tables found in Exhibit 1 provide information about the programs Saratoga Hospital will offer to address the identified community health needs, Substance Use and Obesity, for the next three years.

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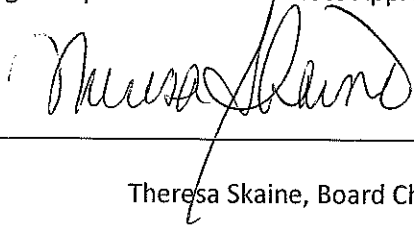
<sup>10</sup> The living Tobacco-Free initiative of Glens Falls Hospital works to prevent and reduce tobacco use by educating and engaging community members and organizations. Service Area: Saratoga, Warren and Washington Counties. Source:

[https://www.glensfallshospital.org/application/files/6014/8614/5329/GFH\\_HPC\\_TobaccoFree\\_Info\\_v2.pdf](https://www.glensfallshospital.org/application/files/6014/8614/5329/GFH_HPC_TobaccoFree_Info_v2.pdf).

## Approval

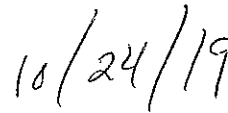
The Saratoga Hospital Board of Trustees (The Board) hereby approves the 2019 Capital Region Community Health Needs Assessment (CHNA) and adopts the Saratoga Hospital Community Health Needs Assessment Implementation Strategy for the years 2019 through 2021. Both documents were prepared in adherence with federal requirements for not-for-profit hospitals set forth in the Affordable Care Act by the Internal Revenue Service and in compliance with New York State Department of Health regulations.

Saratoga Hospital Board of Trustees Approval:



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Theresa Skaine, Board Chair



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Date



**Exhibit 1: Saratoga Hospital Community Health Improvement Programs 2019 – 2021**

# CHNA Implementation Strategy 2019-2024

<b>Agency</b>	Saratoga Hospital
<b>Priority</b>	Prevent Chronic Diseases (Obesity)
<b>Focus Area</b>	Chronic Disease Preventive Care and Management
<b>Brief Description</b>	Obesity affects a large portion of the population of the community. Approximately 45,277 obese adults and 5,107 children and adolescents in Saratoga County. Particularly worrisome are obesity levels among very young children and especially lower income children. Very young children in Saratoga County have higher obesity rates than the rest of NYS or neighboring counties. Obesity is an underlying factor in numerous other health conditions affecting our community, including the leading causes of death such as high blood pressure, Type 2 diabetes, coronary heart disease, stroke and others. Obesity increases the risk of maternal pregnancy complications and negative infant birth outcomes, including low birth weight, preterm births and some birth defects.
<b>Goals</b>	Promote evidence-based care to prevent and manage prediabetes and obesity
<b>Objectives</b>	Promote a team-based approach (which may include pharmacist, community health workers, registered dietitians and other health workers) to obesity care to improve health outcomes
<b>Disparities</b>	None
<b>Program Name</b>	<b>Bariatric Weight Loss Program</b>
<b>Year 1 (2019)</b>	Educate PCP's and Specialists on benefits of bariatric surgery and weight loss medications. Increase nutritional support and education. Increase nutritional group classes. Address weight regain in bariatric surgery patients. Continue collaborating with Orthopedic and Spine surgeons to address obesity prior to surgery. SECA body composition analysis scale pre and post operatively.
<b>Year 2 (2020)</b>	Continue to expand nutritional support for this population Expand access to outlying communities north to Plattsburgh. Continue to expand community partners. Expand SECA body composition analysis scale to other areas. Measure results
<b>Year 3 (2021)</b>	Reach out to underserved obese population areas via telehealth, and use of telepsych. Measure results. Continue to expand programs offered.
<b>Measures</b>	Decrease and/or eliminate obesity-related co-morbidities for the majority of patients. Number of people attending Informational sessions. Number of patients having bariatric surgery.
<b>Resources</b>	Additional SECA scale, staff time, materials
<b>Community Partner</b>	Saratoga Hospital

# CHNA Implementation Strategy 2019-2024

**Community  
Partner**

YMCA

# CHNA Implementation Strategy 2019-2024

<b>Agency</b>	Saratoga Hospital
<b>Priority</b>	Prevent Chronic Diseases (Obesity)
<b>Focus Area</b>	Healthy Eating and Food Security
<b>Brief Description</b>	Obesity affects a large portion of the population of the community. Approximately 45,277 obese adults and 5,107 children and adolescents in Saratoga County. Particularly worrisome are obesity levels among very young children and especially lower income children. Very young children in Saratoga County have higher obesity rates than the rest of NYS or neighboring counties. Obesity is an underlying factor in numerous other health conditions affecting our community, including the leading causes of death such as high blood pressure, Type 2 diabetes, coronary heart disease, stroke and others. Obesity increases the risk of maternal pregnancy complications and negative infant birth outcomes, including low birth weight, preterm births and some birth defects.
<b>Goals</b>	Increase skills and knowledge to support healthy food and beverage choices
<b>Objectives</b>	Worksite nutrition and physical activity programs designed to improve health behaviors and results
<b>Disparities</b>	None
<b>Program Name</b>	<b>Healthy Food Choices in Saratoga Hospital's Cafeteria</b>
<b>Year 1 (2019)</b>	Healthy cafeteria menu options are designated as such on weekly menus. Healthy options are available in the cafeteria on a regular basis.
<b>Year 2 (2020)</b>	Healthy cafeteria menu options are designated as such on weekly menus. Healthy options are available in the cafeteria on a regular basis.
<b>Year 3 (2021)</b>	Healthy cafeteria menu options are designated as such on weekly menus. Healthy options are available in the cafeteria on a regular basis.
<b>Measures</b>	Explore tracking of healthy items purchased. Continue to offer healthy choices in the cafeteria on a regular basis.
<b>Resources</b>	Staff time
<b>Community Partner</b>	Not Applicable



# CHNA Implementation Strategy 2019-2024

<b>Agency</b>	Saratoga Hospital
<b>Priority</b>	Prevent Chronic Diseases (Obesity)
<b>Focus Area</b>	Healthy Eating and Food Security
<b>Brief Description</b>	Obesity affects a large portion of the population of the community. Approximately 45,277 obese adults and 5,107 children and adolescents in Saratoga County. Particularly worrisome are obesity levels among very young children and especially lower income children. Very young children in Saratoga County have higher obesity rates than the rest of NYS or neighboring counties. Obesity is an underlying factor in numerous other health conditions affecting our community, including the leading causes of death such as high blood pressure, Type 2 diabetes, coronary heart disease, stroke and others. Obesity increases the risk of maternal pregnancy complications and negative infant birth outcomes, including low birth weight, preterm births and some birth defects.
<b>Goals</b>	Increase skills and knowledge to support healthy food and beverage choices
<b>Objectives</b>	Worksite nutrition and physical activity programs designed to improve health behaviors and results
<b>Disparities</b>	None
<b>Program Name</b>	<b>Saratoga Hospital Employee Wellness Fair</b>
<b>Year 1 (2019)</b>	Offer an employee only fair, bringing in various vendors that promote wellness and healthy living. Also provide flu shots and Cholesterol checks to employees at fair for no cost.
<b>Year 2 (2020)</b>	Continue to offer fair while looking at new vendors to bring in
<b>Year 3 (2021)</b>	Continue to offer fair while looking at new vendors to bring in
<b>Measures</b>	Flu shots given and Cholesterol blood draws among employees
<b>Resources</b>	Staff time, Hospital resources
<b>Community Partner</b>	CDPHP
<b>Community Partner</b>	Cornell Cooperative Extension (CCE)
<b>Community Partner</b>	Wellness Fair Vendors/Presenters

# CHNA Implementation Strategy 2019-2024

**Community  
Partner**

YMCA

# CHNA Implementation Strategy 2019-2024

<b>Agency</b>	Saratoga Hospital
<b>Priority</b>	Prevent Chronic Diseases (Obesity)
<b>Focus Area</b>	Healthy Eating and Food Security
<b>Brief Description</b>	Obesity affects a large portion of the population of the community. Approximately 45,277 obese adults and 5,107 children and adolescents in Saratoga County. Particularly worrisome are obesity levels among very young children and especially lower income children. Very young children in Saratoga County have higher obesity rates than the rest of NYS or neighboring counties. Obesity is an underlying factor in numerous other health conditions affecting our community, including the leading causes of death such as high blood pressure, Type 2 diabetes, coronary heart disease, stroke and others. Obesity increases the risk of maternal pregnancy complications and negative infant birth outcomes, including low birth weight, preterm births and some birth defects.
<b>Goals</b>	Increase skills and knowledge to support healthy food and beverage choices
<b>Objectives</b>	Worksite nutrition and physical activity programs designed to improve health behaviors and results
<b>Disparities</b>	None
<b>Program Name</b>	<b>Saratoga Hospital Employee Wellness Weight loss Programs</b>
<b>Year 1 (2019)</b>	The biggest loser challenge and the Minutes in Motion encourage employees to exercise regularly and get motivated to lose weight.
<b>Year 2 (2020)</b>	Continue to promote new participants in the biggest loser and minutes in motion challenge. Partner with CDPHP to start a Healthy Weigh program that offers nutrition and weight loss tips.
<b>Year 3 (2021)</b>	Continue to work with CDPHP and promote free programs to employees that target healthy eating, exercising and weight loss
<b>Measures</b>	% weight loss tracked through weight loss programs. Time tracked through walking programs.
<b>Resources</b>	Staff time, Hospital conferece rooms used
<b>Community Partner</b>	CDPHP



# CHNA Implementation Strategy 2019-2024

<b>Agency</b>	Saratoga Hospital
<b>Priority</b>	Prevent Chronic Diseases (Obesity)
<b>Focus Area</b>	Chronic Disease Preventive Care and Management
<b>Brief Description</b>	Obesity affects a large portion of the population of the community. Approximately 45,277 obese adults and 5,107 children and adolescents in Saratoga County. Particularly worrisome are obesity levels among very young children and especially lower income children. Very young children in Saratoga County have higher obesity rates than the rest of NYS or neighboring counties. Obesity is an underlying factor in numerous other health condition affecting our community, including the leading causes of death such as high blood pressure, Type 2 diabetes, coronary hart disease, stroke and others. Obesity increases the risk of maternal pregnancy complications and negative infant birth outcomes, including low birth weight, preterm births and some birth defects.
<b>Goals</b>	Promote evidence-based care to prevent and manage prediabetes and obesity
<b>Objectives</b>	Promote a team-based approach (which may include pharmacist, community health worker, registered dietitian and other health workers) to obesity care to improve health outcomes
<b>Disparities</b>	None
<b>Program Name</b>	<b>Breastfeeding Program</b>
<b>Year 1 (2019)</b>	Increase the number of RN CLC's (Certify 5/year). Additional FTE created for full time (IBCLC) International Board Certified Lactation Counselor. IBCLC implemented the Breastfeeding Support Group in collaboration with Saratoga County WIC. IBCLC offering prenatal breastfeeding basics course. Heightened marketing supporting a greater number of outpatient lactation consults. IBCLC performing telephone call backs on all patients discharged from the hospital who were breastfeeding. Survey sent out at 6 months to identify continued breastfeeding post discharge from the hospital. IBCLC became an active member of Maternal Infant Child Health Coalition of Saratoga County. IBCLC implemented the annual breastfeeding skills fair for organizational staff and providers.
<b>Year 2 (2020)</b>	Increase the number of RN CLC's (5/year); Planning phase with Saratoga County WIC – ways to bring Breastfeeding Support Group to low socioeconomic patients Survey to be modified: to be sent out monthly (as a means to capture a greater response rate) to identify continued breastfeeding post discharge from the hospital. Community Outreach: educate outpatient sites (Pediatric and Primary Care offices.)
<b>Year 3 (2021)</b>	Increase the number of RN CLC's (Certify 5/year); Analyze postpartum breastfeeding data; Collaborate with Saratoga County WIC/Saratoga County Public Health to share data analysis and identify action plan. Host facility for CLC course



# CHNA Implementation Strategy 2019-2024

<b>Measures</b>	Total number of deliveries at Saratoga Hospital Total number of patients exclusively breastfeeding Total number of patients supplementing with formula Total number of inpatient lactation consults Total number of outpatient lactation consults Total number of patients breastfeeding at 6 months postpartum
<b>Resources</b>	Staff time, funding, physical space, teaching aids
<b>Community Partner</b>	Saratoga County Public Health
<b>Community Partner</b>	Saratoga County WIC

# CHNA Implementation Strategy 2019-2024

<b>Agency</b>	Saratoga Hospital
<b>Priority</b>	Prevent Chronic Diseases (Obesity)
<b>Focus Area</b>	Chronic Disease Preventive Care and Management
<b>Brief Description</b>	Obesity affects a large portion of the population of the community. Approximately 45,277 obese adults and 5,107 children and adolescents in Saratoga County. Particularly worrisome are obesity levels among very young children and especially lower income children. Very young children in Saratoga County have higher obesity rates than the rest of NYS or neighboring counties. Obesity is an underlying factor in numerous other health conditions affecting our community, including the leading causes of death such as high blood pressure, Type 2 diabetes, coronary heart disease, stroke and others. Obesity increases the risk of maternal pregnancy complications and negative infant birth outcomes, including low birth weight, preterm births and some birth defects.
<b>Goals</b>	Promote evidence-based care to prevent and manage prediabetes and obesity
<b>Objectives</b>	Promote evidence-based medical management in accordance with national guidelines.
<b>Disparities</b>	None
<b>Program Name</b>	<b>Diabetes Prevention Community Education</b>
<b>Year 1 (2019)</b>	Offer free community classes about diabetes prevention at least twice a year. Classes facilitated by Registered Dietitians and diabetes educators.
<b>Year 2 (2020)</b>	Continue free prevention classes, number will vary depending on attendance.
<b>Year 3 (2021)</b>	Continue free prevention classes, number will vary depending on attendance.
<b>Measures</b>	Number of classes offered each year, attendance figures.
<b>Resources</b>	Staff time, educational materials
<b>Community Partner</b>	Saratoga County Prediabetes Coalition

# CHNA Implementation Strategy 2019-2024

<b>Agency</b>	Saratoga Hospital
<b>Priority</b>	Prevent Chronic Diseases (Obesity)
<b>Focus Area</b>	Chronic Disease Preventive Care and Management
<b>Brief Description</b>	Obesity affects a large portion of the population of the community. Approximately 45,277 obese adults and 5,107 children and adolescents in Saratoga County. Particularly worrisome are obesity levels among very young children and especially lower income children. Very young children in Saratoga County have higher obesity rates than the rest of NYS or neighboring counties. Obesity is an underlying factor in numerous other health conditions affecting our community, including the leading causes of death such as high blood pressure, Type 2 diabetes, coronary heart disease, stroke and others. Obesity increases the risk of maternal pregnancy complications and negative infant birth outcomes, including low birth weight, preterm births and some birth defects.
<b>Goals</b>	In the community setting, improve self-management skills for individuals with obesity
<b>Objectives</b>	Expand Access to evidence-based self-management interventions for individuals with obesity
<b>Disparities</b>	None
<b>Program Name</b>	<b>Diabetes Self-Management Program</b>
<b>Year 1 (2019)</b>	Diabetes self-management education and support is offered in group and individual settings with a health care provider referral. Information is individualized to each person's unique needs and situation. Facilitated by experienced Registered Dietitians and diabetes educators.
<b>Year 2 (2020)</b>	Diabetes self-management education and support is offered in group and individual settings with a health care provider referral. Information is individualized to each person's unique needs and situation. Facilitated by experienced Registered Dietitians and diabetes educators.
<b>Year 3 (2021)</b>	Diabetes self-management education and support is offered in group and individual settings with a health care provider referral. Information is individualized to each person's unique needs and situation. Facilitated by experienced Registered Dietitians and diabetes educators.
<b>Measures</b>	Program volumes, clinical and behavioral outcomes related to weight management
<b>Resources</b>	Staff time, educational materials
<b>Community Partner</b>	Saratoga County Prediabetes Coalition



# CHNA Implementation Strategy 2019-2024

<b>Agency</b>	Saratoga Hospital
<b>Priority</b>	Prevent Chronic Diseases (Obesity)
<b>Focus Area</b>	Healthy Eating and Food Security
<b>Brief Description</b>	Obesity affects a large portion of the population of the community. Approximately 45,277 obese adults and 5,107 children and adolescents in Saratoga County. Particularly worrisome are obesity levels among very young children and especially lower income children. Very young children in Saratoga County have higher obesity rates than the rest of NYS or neighboring counties. Obesity is an underlying factor in numerous other health condition affecting our community, including the leading causes of death such as high blood pressure, Type 2 diabetes, coronary hart disease, stroke and others. Obesity increases the risk of maternal pregnancy complications and negative infant birth outcomes, including low birth weight, preterm births and some birth defects.
<b>Goals</b>	Increase food security
<b>Objectives</b>	Screen for food insecurity, facilitate and actively support referral
<b>Disparities</b>	
<b>Program Name</b>	<b>Healthy Education Food Pantry</b>
<b>Year 1 (2019)</b>	Continue to supply the healthy teaching food pantry at Saratoga Community Health Center with nutritious choices for individuals and families
<b>Year 2 (2020)</b>	Work with the nutrition team to create corresponding educational materials that are disease specific to support patient education.
<b>Year 3 (2021)</b>	Continue to work with the nutrition team to create corresponding educational materials that are disease specific to support patient education.
<b>Measures</b>	Local food pantry providers will develop a system to track the amount of donations offered to CHC for tracking purposes.
<b>Resources</b>	Staff time
<b>Community Partner</b>	Local whole food donors

# CHNA Implementation Strategy 2019-2024

<b>Agency</b>	Saratoga Hospital
<b>Priority</b>	Prevent Chronic Diseases (Obesity)
<b>Focus Area</b>	Chronic Disease Preventive Care and Management
<b>Brief Description</b>	Obesity affects a large portion of the population of the community. Approximately 45,277 obese adults and 5,107 children and adolescents in Saratoga County. Particularly worrisome are obesity levels among very young children and especially lower income children. Very young children in Saratoga County have higher obesity rates than the rest of NYS or neighboring counties. Obesity is an underlying factor in numerous other health conditions affecting our community, including the leading causes of death such as high blood pressure, Type 2 diabetes, coronary heart disease, stroke and others. Obesity increases the risk of maternal pregnancy complications and negative infant birth outcomes, including low birth weight, preterm births and some birth defects.
<b>Goals</b>	Promote evidence-based care to prevent and manage prediabetes and obesity
<b>Objectives</b>	Promote evidence-based medical management in accordance with national guidelines.
<b>Disparities</b>	None
<b>Program Name</b>	<b>Medical Nutrition Therapy</b>
<b>Year 1 (2019)</b>	Individualized and group nutrition counseling by Registered Dietitians for patients who are overweight or obese and referred by medical providers. Services provided at multiple primary and specialty care locations throughout the hospital system.
<b>Year 2 (2020)</b>	Individualized and group nutrition counseling by Registered Dietitians for patients who are overweight or obese and referred by medical providers. Services provided at multiple primary and specialty care locations throughout the hospital system.
<b>Year 3 (2021)</b>	Individualized and group nutrition counseling by Registered Dietitians for patients who are overweight or obese and referred by medical providers. Services provided at multiple primary and specialty care locations throughout the hospital system.
<b>Measures</b>	Explore tracking numbers of patients seen with obesity/overweight and other related conditions. Explore tracking clinical and behavioral outcomes for this same population.
<b>Resources</b>	Staff time, patient educational materials
<b>Community Partner</b>	Saratoga County Prediabetes Coalition



# CHNA Implementation Strategy 2019-2024

<b>Agency</b>	Saratoga Hospital
<b>Priority</b>	Prevent Chronic Diseases (Obesity)
<b>Focus Area</b>	Chronic Disease Preventive Care and Management
<b>Brief Description</b>	Obesity affects a large portion of the population of the community. Approximately 45,277 obese adults and 5,107 children and adolescents in Saratoga County. Particularly worrisome are obesity levels among very young children and especially lower income children. Very young children in Saratoga County have higher obesity rates than the rest of NYS or neighboring counties. Obesity is an underlying factor in numerous other health conditions affecting our community, including the leading causes of death such as high blood pressure, Type 2 diabetes, coronary heart disease, stroke and others. Obesity increases the risk of maternal pregnancy complications and negative infant birth outcomes, including low birth weight, preterm births and some birth defects.
<b>Goals</b>	Promote evidence-based care to prevent and manage prediabetes and obesity
<b>Objectives</b>	Promote evidence-based medical management in accordance with national guidelines.
<b>Disparities</b>	None
<b>Program Name</b>	<b>Nutrition Prescription Program</b>
<b>Year 1 (2019)</b>	Saratoga Community Health Center will continue to host the Nutrition Prescription program – this 16-week course provides nutritional guidance, education regarding the medicinal properties of fruits and vegetables as well as moral support to combat chronic diseases influenced by obesity. Class participants receive weekly boxes of local fresh produce free of charge to continue their healthy eating habits at home. This is a physician led, goal centered approach to combatting obesity related chronic diseases.
<b>Year 2 (2020)</b>	The class is offered annually
<b>Year 3 (2021)</b>	The class is offered annually
<b>Measures</b>	Patient vitals are recorded weekly and goal setting is tracked as well. Medical measures include lower A1C, reduced cholesterol and blood pressure as well as a reduction in overall weight. PHQ( screening tools for depression are part of the pre and post evaluation.
<b>Resources</b>	Hospital Nutrition staff time
<b>Community Partner</b>	Patroon Land Farm

# CHNA Implementation Strategy 2019-2024

**Community  
Partner**

United Way

# CHNA Implementation Strategy 2019-2024

<b>Agency</b>	Saratoga Hospital
<b>Priority</b>	Prevent Chronic Diseases (Obesity)
<b>Focus Area</b>	Healthy Eating and Food Security
<b>Brief Description</b>	Obesity affects a large portion of the population of the community. Approximately 45,277 obese adults and 5,107 children and adolescents in Saratoga County. Particularly worrisome are obesity levels among very young children and especially lower income children. Very young children in Saratoga County have higher obesity rates than the rest of NYS or neighboring counties. Obesity is an underlying factor in numerous other health conditions affecting our community, including the leading causes of death such as high blood pressure, Type 2 diabetes, coronary heart disease, stroke and others. Obesity increases the risk of maternal pregnancy complications and negative infant birth outcomes, including low birth weight, preterm births and some birth defects.
<b>Goals</b>	Increase access to healthy and affordable foods and beverages
<b>Objectives</b>	Increase the availability fruit and vegetable incentive programs
<b>Disparities</b>	None
<b>Program Name</b>	<b>Pitney Farms Program</b>
<b>Year 1 (2019)</b>	Through the donation of gardening education and garden plot, Pitney Farms will support patient volunteerism and education in regards to vegetable farming and harvesting.
<b>Year 2 (2020)</b>	Through the donation of gardening education and garden plot, Pitney Farms will support patient volunteerism and education in regards to vegetable farming and harvesting. Continue to support healthy eating habits through empowering patients to learn about healthy local food sources.
<b>Year 3 (2021)</b>	Through the donation of gardening education and garden plot, Pitney Farms will support patient volunteerism and education in regards to vegetable farming and harvesting. Continue to support healthy eating habits through empowering patients to learn about healthy local food sources.
<b>Measures</b>	The measures are the number of patients involved in the weekly garden program and the pre/post evaluation.
<b>Resources</b>	Staff time
<b>Community Partner</b>	Pitney Farms



# CHNA Implementation Strategy 2019-2024

<b>Agency</b>	Saratoga Hospital
<b>Priority</b>	Prevent Chronic Diseases (Obesity)
<b>Focus Area</b>	Chronic Disease Preventive Care and Management
<b>Brief Description</b>	Obesity affects a large portion of the population of the community. Approximately 45,277 obese adults and 5,107 children and adolescents in Saratoga County. Particularly worrisome are obesity levels among very young children and especially lower income children. Very young children in Saratoga County have higher obesity rates than the rest of NYS or neighboring counties. Obesity is an underlying factor in numerous other health conditions affecting our community, including the leading causes of death such as high blood pressure, Type 2 diabetes, coronary heart disease, stroke and others. Obesity increases the risk of maternal pregnancy complications and negative infant birth outcomes, including low birth weight, preterm births and some birth defects.
<b>Goals</b>	In the community setting, improve self-management skills for individuals with obesity
<b>Objectives</b>	Expand Access to evidence-based self-management interventions for individuals with obesity
<b>Disparities</b>	None
<b>Program Name</b>	<b>Saratoga County Pre Diabetes Coalition</b>
<b>Year 1 (2019)</b>	Distribute diabetes prevention booklets to community organizations throughout Saratoga County. Work with employers to provide diabetes risk assessment to employees electronically. Track number of booklets distributed and number of employees completing risk assessments through each employer. (Saratoga Hospital and Saratoga County Public Health Services have participated to date).
<b>Year 2 (2020)</b>	Awareness-raising efforts about diabetes risk and prevention will continue; specifics to be determined at the end of Year 1.
<b>Year 3 (2021)</b>	Awareness-raising efforts about diabetes risk and prevention will continue; specifics to be determined at the end of Year 2.
<b>Measures</b>	Track number of booklets distributed and number of employees of county employers who complete survey.
<b>Resources</b>	Staff time, printing of booklets
<b>Community Partner</b>	Cornell Cooperative Extension (CCE)
<b>Community Partner</b>	Franklin Community Center

# CHNA Implementation Strategy 2019-2024

<b>Community Partner</b>	Saratoga County Public Health
<b>Community Partner</b>	Southern Adirondack Library System
<b>Community Partner</b>	The Lions International Strides Club

# CHNA Implementation Strategy 2019-2024

<b>Agency</b>	Saratoga Hospital
<b>Priority</b>	Prevent Substance Use Disorders
<b>Focus Area</b>	Substance Use Disorders Prevention
<b>Brief Description</b>	<p>Community partners are particularly concerned about the continuing penetration of the highly lethal synthetic opioid, fentanyl, into the community. In particular, they fear that the ability to continue to manage the opioid crisis will be stretched to the breaking point if we do not put more effort into containing it now.</p> <p>Opioid misuse is treatable and preventable, and the consequences are serious: death, spread of infectious disease (HIV, Hepatitis C), neonatal abstinence syndrome in newborns, families that are torn apart with children placed in protective custody, increased crime and need for law enforcement resources, increased medical costs and use of emergency medical services, job loss and poverty (DHHS, 2018).</p>
<b>Goals</b>	Prevent opioid and other substance misuse and deaths
<b>Objectives</b>	Build support systems to care for opioid users or at risk of an overdose
<b>Disparities</b>	None
<b>Program Name</b>	<b>Opiate Initiatives of Saratoga Hospital/Community Health Center</b>
<b>Year 1 (2019)</b>	Develop ALTO pathways and educate ED providers and ED Nurses. Develop and implement MAT bridging and induction program. ED providers completed special education to apply to the DEA for X number to treat Opiate use disorder (i.e. Suboxone, Subutex)
<b>Year 2 (2020)</b>	Continue monitoring of Opiate prescribing. Monitor the effectiveness of ED MAT and measure the percentage of patients who follow up for treatment
<b>Year 3 (2021)</b>	Continue monitoring of Opiate prescribing. Monitor the effectiveness of ED MAT and measure the percentage of patients who follow up for treatment
<b>Measures</b>	Bi-monthly number and duration of Opiate prescriptions and bi-monthly review of all MAT patients either bridging or induction. Measure the number of ED providers who complete training and obtain X numbers from the DEA.
<b>Resources</b>	Training time for Physicians and APPs, SUD training Training RNs regarding the protocols on dispensing Narcan. Time to write protocols and monitor the use of Opiates
<b>Community Partner</b>	SUD and Mental Health Stakeholder Group



# CHNA Implementation Strategy 2019-2024

<b>Agency</b>	Saratoga Hospital
<b>Priority</b>	Prevent Substance Use Disorders
<b>Focus Area</b>	Substance Use Disorders Prevention
<b>Brief Description</b>	<p>Community partners are particularly concerned about the continuing penetration of the highly lethal synthetic opioid, fentanyl, into the community. In particular, they fear that the ability to continue to manage the opioid crisis will be stretched to the breaking point if we do not put more effort into containing it now.</p> <p>Opioid misuse is treatable and preventable, and the consequences are serious: death, spread of infectious disease (HIV, Hepatitis C), neonatal abstinence syndrome in newborns, families that are torn apart with children placed in protective custody, increased crime and need for law enforcement resources, increased medical costs and use of emergency medical services, job loss and poverty (DHHS, 2018).</p>
<b>Goals</b>	Prevent opioid and other substance misuse and deaths
<b>Objectives</b>	Build support systems to care for opioid users or at risk of an overdose
<b>Disparities</b>	None
<b>Program Name</b>	<b>Community Health Center Addiction Medicine Program</b>
<b>Year 1 (2019)</b>	<p>Annually, the CHC Addiction Medicine Program offers four community education forums on a variety of addiction issues such as the disease of addiction, treatment options and the disease of alcohol abuse. We continue to host weekly groups where patients can come to learn more of their addiction, build skills to support their recovery, build on new skills and relationships and provide support to other patients struggling with addiction. Participation in the monthly regional Substance use disorder coalition provides staff with extensive supportive resources for patients, as well as a forum to explore new programming in the field of addiction medicine. Annually there is a Nutrition Prescription program and a horticultural therapy program provided for patients who want to explore wellness and holistic approaches to self-care for mental wellness. Narcan trainings for the community are offered for free quarterly or upon identified need. During the summer months, hikes of the Adirondack high peaks are offered to all patients in support of the program and its participants.</p>
<b>Year 2 (2020)</b>	Continue the program
<b>Year 3 (2021)</b>	Continue the program
<b>Measures</b>	Numbers of participants in groups and community forums, independent feedback and successful patient engagement.
<b>Resources</b>	Staff time, medications, materials

# CHNA Implementation Strategy 2019-2024

**Community  
Partner**

Adirondack Trust

**Community  
Partner**

Healing Springs

**Community  
Partner**

Pitney Farms

**Community  
Partner**

Regional substance use disorder treatment centers



# CHNA Implementation Strategy 2019-2024

<b>Agency</b>	Saratoga Hospital
<b>Priority</b>	Prevent Substance Use Disorders
<b>Focus Area</b>	Substance Use Disorders Prevention
<b>Brief Description</b>	<p>Community partners are particularly concerned about the continuing penetration of the highly lethal synthetic opioid, fentanyl, into the community. In particular, they fear that the ability to continue to manage the opioid crisis will be stretched to the breaking point if we do not put more effort into containing it now.</p> <p>Opioid misuse is treatable and preventable, and the consequences are serious: death, spread of infectious disease (HIV, Hepatitis C), neonatal abstinence syndrome in newborns, families that are torn apart with children placed in protective custody, increased crime and need for law enforcement resources, increased medical costs and use of emergency medical services, job loss and poverty (DHHS, 2018).</p>
<b>Goals</b>	Prevent opioid and other substance misuse and deaths
<b>Objectives</b>	Build support systems to care for opioid users or at risk of an overdose
<b>Disparities</b>	
<b>Program Name</b>	<b>Eat, Sleep Console Program (Neonates born to Opiate-addicted Mothers)</b>
<b>Year 1 (2019)</b>	<p>Transitioned from Finnegan Neonatal Abstinence Scoring to Eat, Sleep, Console. Objectives: transition to a functional based assessment, assess the ability of a substance-exposed newborn to effectively eat, sleep, and console, team based approach for management with family support included, minimize pharmacological management, minimize maternal-newborn separation secondary to newborn transfer to tertiary care center. Implemented staff and provider education: in-person sessions, virtual via Healthstream, reference guides available on unit. Physician leader, Dr. Leonard, presented Opiate Use Disorder in Pregnancy Seminar on site. Dr. Lefner, Chief of neonatology, began offering antenatal consultation for OUD. Review of Care Tool. Collaboration with Care Management.</p>
<b>Year 2 (2020)</b>	<p>Continued use of ESC methodology. Physician leader OUD presentations to be delivered during Ob/Gyn Department Meeting. Review options for standardized maternal risk assessment tool for OUD. To be integrated into prenatal care. Standing order for maternal toxicology based on risk factors.</p>
<b>Year 3 (2021)</b>	<p>Continued use of ESC methodology. Standardized maternal risk assessment tool for OUD integrated into PNC. Standing order for maternal toxicology based on risk factors.</p>
<b>Measures</b>	<ol style="list-style-type: none"> <li>1. Number of NAS newborns</li> <li>2. ESC methodology implemented</li> <li>3. Number of NAS transfers to tertiary care</li> <li>4. Number of NAS newborns received pharmacological treatment</li> </ol>

# CHNA Implementation Strategy 2019-2024

- 5. Number of maternal patients who had an OUD risk assessment completed
- 6. Toxicology screen completion based on maternal risk factors

<b>Resources</b>	Staff time, medications, materials
<b>Community Partner</b>	Saratoga County Public Health



# CHNA Implementation Strategy 2019-2024

<b>Agency</b>	Saratoga Hospital
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<b>Focus Area</b>	Substance Use Disorders Prevention
<b>Brief Description</b>	<p>Community partners are particularly concerned about the continuing penetration of the highly lethal synthetic opioid, fentanyl, into the community. In particular, they fear that the ability to continue to manage the opioid crisis will be stretched to the breaking point if we do not put more effort into containing it now.</p> <p>Opioid misuse is treatable and preventable, and the consequences are serious: death, spread of infectious disease (HIV, Hepatitis C), neonatal abstinence syndrome in newborns, families that are torn apart with children placed in protective custody, increased crime and need for law enforcement resources, increased medical costs and use of emergency medical services, job loss and poverty (DHHS, 2018).</p>
<b>Goals</b>	Prevent opioid and other substance misuse and deaths
<b>Objectives</b>	Build support systems to care for opioid users or at risk of an overdose
<b>Disparities</b>	None
<b>Program Name</b>	<b>Substance Use Disorder and Medication Assisted Treatment (MAT) Hospital-based Expansion Program</b>
<b>Year 1 (2019)</b>	<ul style="list-style-type: none"> <li>• Hire an Addictions Psychiatric Liaison Service Coordinator</li> <li>• Establish referral processes and workflows to provide MAT in the Saratoga Hospital Emergency Department with referral to community based MAT services.</li> <li>• Establish referral processes to Addictions Liaison from medical floors for substance use disorder evaluation, brief intervention and family counseling, and connection to appropriate level of care.</li> <li>• Begin coordinating referrals to MAT program.</li> <li>• Implement processes and begin to evaluate and intervene with patients in the Emergency Department and medical floors.</li> </ul>
<b>Year 2 (2020)</b>	<ul style="list-style-type: none"> <li>• Complete 16 Substance Use Disorder (SUD) evaluations in the Emergency Department per month. @200 annually</li> <li>• Insure patients are referred to behavioral health services within 7 days.</li> <li>• Complete and average of 35 SUD evaluations on medical floors per month. @420 annually</li> <li>• Complete 80 follow up visits (including family visits) monthly.</li> <li>• Coordinate referrals and warm hand-offs to MATS and SUD treatment</li> <li>• Decrease percentage of patients re-referred within 30 days.</li> </ul>
<b>Year 3 (2021)</b>	<ul style="list-style-type: none"> <li>• Complete 16 Substance Use Disorder (SUD) evaluations in the Emergency Department per month. @200 annually</li> <li>• Insure patients are referred to behavioral health services within 7 days.</li> <li>• Complete and average of 35 SUD evaluations on medical floors per month. @420 annually</li> <li>• Complete 80 follow up visits (including family visits) monthly.</li> </ul>



# CHNA Implementation Strategy 2019-2024

@800 annually

- Coordinate referrals and warm hand-offs to MATS and SUD treatment
- Decrease percentage of patients re-referred within 30 days.

## Measures

- Percent of patients who are offered an initial appointment within 7 days.
- Aggregate number of patients referred for SUD evaluation
- Aggregate number of patients referred to MATS services
- Aggregate number of SUD follow up visits on medical floors

## Resources

Hire licensed social worker, provide clinical supervision, office equipment.

## Community Partner

Healing Springs