OUR COMMUNITY SERVICE REPORT:

Health Improvement Plan 2019-2021

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Rensselaer, NY

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Albany Medical Center Executive Summary: 2019-2021 Community Health Needs Assessment and Community Service Plan

Coordinated through the Healthy Capital District Initiative (HCDI), Albany and Rensselaer Counties implemented a joint project to engage health providers and community members in a regional health assessment and prioritization process. The work of hospitals, local health departments and partners throughout our community sought to collaboratively identify the most pressing health challenges. As a result of these community health planning efforts, three significant health priorities for the Albany and Rensselaer Counties were identified as focus areas for collective efforts: preventing and reducing the burdens of diabetes, asthma, and mental health disease/substance abuse. These support health priorities outlined in New York State Department of Health's Prevention Agenda 2019-2024.

Prevention Agenda Priorities

The priorities below were selected from the Prevention Agenda for the 2019-2021 period as significant health needs. While each lead partner is addressing these priorities, there is some variation among the goals. In general, public health will address environmental interventions and hospitals will address health systems interventions.

Prevent Chronic Disease – Obesity (and comorbidities)

- Reduce obesity and the risk of chronic diseases.
- In the community setting, improve self-management skills for individuals with chronic diseases, including diabetes and prediabetes, and obesity.
- Promote evidence-based care to promote evidence-based care to prevent and manage chronic diseases including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity.

Prevent Chronic Disease – Asthma (and promote tobacco/vaping cessation)

- In the community setting, improve self-management skills for individuals with chronic diseases, including asthma.
- Promote tobacco use cessation.

Promote Well-Being and Prevent Mental Health and Substance Use Disorders

- Facilitate supportive environments that promote respect and dignity for people of all ages.
- Strengthen opportunities to build well-being and resilience across the lifespan.

Albany Med also chose to include our work toward the prevention of opioid use and related deaths, through initiatives supporting the Prevention Agenda goal: *Prevent opioid and other substance misuse and deaths.*

Data Reviewed

Albany Medical Center's *2019-2021 Community Service Plan* is based on the collaborative *2019 Capital Region Community Health Needs Assessment (CHNA),* developed by the Healthy Capital District Initiative in conjunction with local health departments, hospitals, community-based organizations, businesses, consumers, schools, and subject matter experts.

The health indicators selected for this report were based on a review of available public health data as well as additional data sources, such as Prevention Agenda Tracking Indicators, Vital Statistics, Behavioral Risk Factor Surveillance System, County Opioid Quarterly Reports, Bureau of Census, etc.

As part of the CHNA, Siena College Research Institute conducted a Community Health Survey in 2018 to seek input of the community regarding the region's health needs and challenges. Albany and Rensselaer Counties then conducted two Community Health Prioritization Meetings in March 2019. These meetings, through a review of data and subsequent discussions, resulted in the selection of specific health priorities.

A draft CHNA was sent to local subject matter experts for review by local health departments and hospitals. It was also placed on the HCDI website for public review and comment. Comments were addressed and changes were incorporated into the final document.

Partnerships

Coordinated by the Healthy Capital District Initiative, the *2019 Capital Region Community Health Needs Assessment* and Albany Med's *2019-2021 Community Health Improvement Plan* involved the active collaboration of local health departments (Albany County Department of Health, Rensselaer County Department of Health) hospital systems (Albany Medical Center, St. Peter's Health Partners), and community partners, health providers and public service organizations such as behavioral health providers, community based organizations, DSRIP coalitions, local school/colleges, worksites, and insurance companies. Community Health Improvement Plan implementation will be monitored through existing regional partnerships, for example through task forces (Albany-Rensselaer Obesity Task Force, and the Albany-Rensselaer Asthma / Tobacco Coalition), as well as other collaborative efforts. These include representation from many of the region's constituent organizations who participated in the CHNA process.

Evidence-based Interventions, Strategies, Activities

Objectives, interventions, strategies and activities are detailed in Albany Medical Center's *2019-2021 Community Health Improvement Plan*. Interventions selected are evidenced-based and most strategies are provided per the Prevention Agenda 2019-2024 Action Plan. Each lead partner is addressing the following Prevention Agenda priorities; however, some interventions vary among us. In summary, for Albany Medical Center:

Prevent Chronic Disease: Obesity (and comorbidities)

- Implement a combination of worksite-based physical activity policies, programs, or best practices through physical activity and/or nutrition programs.
- Promote evidence-based medical management in accordance with national guidelines.

Prevent Chronic Disease: Asthma and Tobacco Cessation

- Assist medial and behavioral health care organizations and provider groups in establishing policies, procedures, and workflows to facilitate the delivery of tobacco dependence treatment, consistent with the Public Health Service Clinical Practice Guideline, with a focus on FHQHCs, community health centers, and behavioral health providers.
- Promote evidence-based medical management in accordance with national guidelines.

Promote Well-Being and Prevent Mental and Substance Use Disorders

- Continue efforts to expand access and integrate behavioral health with providers.
- Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine.
- Provide resources and education to patients and providers.
- Identify and support at-risk patients through PHQ-2 and PHQ-9 screenings

Process Measures

Process measures are detailed in Albany Med's *2019-2021 Community Health Improvement Plan*. Albany Med and each of our coalition partners have selected measures that support evidence-based and/or best practice interventions. As with prior community health improvement planning cycles, Albany Med is a lead participant in existing task forces that track progress to evaluate impact and identify both successes and challenges throughout the 3-year cycle. Similar to past cycles, the task forces discuss successes and challenges, and evaluate whether corrections or changes should be made during the course of the 2019-2021 Plan. This process supports a more successful health improvement plan for our region.

Community Health Needs Assessment and Community Service Plan 2019-2021

Introduction

Albany Med is northeastern New York's only academic health sciences center. It incorporates the 766-bed Albany Medical Center Hospital, which offers the widest range of medical and surgical services in the region, and the Albany Medical College, which trains the next generation of doctors, scientists and other healthcare professionals, and which also includes a biomedical research enterprise and the region's largest physicians practice with more than 450 doctors. Albany Med works with dozens of community partners to improve the region's health and quality of life.

Albany Med is affiliated with Columbia Memorial Health and Saratoga Hospital to provide the largest locally governed health system in the region. Combined, these three hospitals offer a broad range of patient care and community service throughout the Capital Region.

Albany Medical Center's unique tri-partite mission of medical education, biomedical research, and patient care is also our defining role as a community health provider, ensuring access to medical and technological innovations that are traditionally found in academic medical centers - for residents of our region and beyond.

Because of our unwavering commitment, assessing the health care needs of our community is an ongoing process. We are engaged in myriad affiliations and collaborations throughout our service area, with one common goal: improving our region's health.

- Community service and community partnerships are an integral part of our institutional strategic planning.
- We actively promote public health, health education and conducting various health screenings, often in collaboration and partnership with organizations throughout our service area.
- Physicians, nurses, medical students and residents, and many of the staff of Albany Medical Center volunteer their time and talents to the Capital Region community – through their involvement in community organizations, community action groups, and healthcare organizations.
- Our missions of medical education and biomedical research improve our community's health through:

    - education, training, recruitment and retention of physicians and health professionals for our community
    - advancement of new discoveries through medical science
- As the only academic medical center within nearly 150 miles, we provide a host of unique and/or highly specialized services to our community and to hospitals in our region – including a Level I Trauma Center and largest Emergency Department, a Level IV NICU, the only Children's Hospital in the region, the major resource for the Medicaid population, and a provider of high-end surgical services and medical care for the acutely ill.

The following plan is not a comprehensive report of the many aforementioned programs and services offered to our community at a free or reduced-fee basis, often in partnership with other organizations.

Rather, the process and resulting efforts described in this Community Service Plan are focused on several pressing health issues of our local community, and identify how Albany Medical Center Hospital – with partner organizations – is working to:

- Execute a community health improvement plan
- Reduce duplication of services and costs
- Assist each other for improved efficiency and efficacy
- Collaborate to maximize available resources and assets

The information in the Healthy Capital District Initiative's *2019 Capital Region Community Health Needs Assessment.* is integral to this document and is hereby incorporated by reference.

Mission, Vision and Values

Albany Med is like no other health care provider in our region, providing our community with the highest level of patient care across disciplines, while receiving regional, national and international recognition for high standards in patient care, education and biomedical research.

Mission: We are committed to improving health by attaining the highest standard of quality in care delivery, education, and research initiatives.

Vision: As an academic medical system, we will deliver the best possible experience for all patient wherever we interact with them. We will foster teaching, learning and discovery, fiscal responsibility, and adaptability to change.

Values:

- Excellence and continuous improvement
- Integrity in every decision we make
- Compassion and respect for the dignity of every person
- A diversity, inclusive and welcoming environment
- Collaboration throughout our organization
- Responsiveness to the people of our communities

Summary of Previous CHNA

Key findings of the 2016 CHNA included issues pertaining to behavioral health and chronic disease in Albany and Rensselaer Counties.

Behavioral health, particularly opiate abuse – was selected as a significant health priority in our region. Accordingly, asthma and diabetes were significant conditions within chronic disease that were selected to be addressed.

Coordinated through the Healthy Capital District Initiative (HCDI), Albany and Rensselaer Counties implemented a joint project to engage health providers and community members in a regional health assessment and prioritization process. The overarching goals of this project is to 1) improve the health of New Yorkers, 2) reduce health disparities and 3) become incorporated in Albany Med's Strategic Plan.

As a result of these community health planning efforts, three priorities for the Albany and Rensselaer Counties were identified as focus areas for collective efforts: preventing and reducing the burdens of diabetes, asthma (being addressed by the two local DSRIP systems, including Better Health for Northeastern New York), and mental health disease/substance abuse. These supported the New York State Department of Health's Prevention Agenda and its priorities.

In our ongoing commitment to address these priorities Albany Medical Center and our partners saw the following results:

Prevention Agenda Priority Area – Prevent Chronic Disease

Reduce prevalence of diabetes (linked to reducing obesity in children and adults)

The prevalence of adults with diabetes in the Capital District region is increasing as rates exceed statewide averages. Albany Medical Center and a broad range of local partners collaborated to reduce the prevalence of Type II diabetes among the residents of Albany and Rensselaer Counties.

Measures: With our partners, we established a strategy to increase engagement in the prevention and self-management of diabetes and related co-morbidities. Goals included increasing pre-diabetes screening, promoting diabetes self-management education, and promoting health food & beverage choices and physical education. By 2018, we had over 5,000 patients visits with Albany Med's Certified Diabetes Educators; over 3,000 Albany Med employees participated in our "Move, Learn, Health, and Eat" wellness initiatives; we participated in more than 30 clinical trials with innovative diabetes medications; and had over 700 Albany Med employees attend our Annual Employee Wellness Fair.

Disparities: In these initiatives, we focused on addressing populations of income and socioeconomic status disparity by targeting efforts where prevalence is higher.

Engagement: Albany Medical Center and our collaborators remained engaged in the coordination of diabetes education and self-management by contributing staff time, allowing for clear progress on the initiative and offering intervention activities to identified target populations.

Successes: Successes experienced during the implementation of diabetes interventions: clear identification of the problem; defining the target population; identifying process and outcome measures

to monitor progress towards reaching our goals; developing data collection methods reviewing and monitoring progress with our partners.

Challenges: Challenges included developing new and creative ways to increase participation in wellness initiatives and physical fitness activities, competition for funding, and engaging community leaders to assist in addressing the problem.

Related Initiatives:

Diabetes prevention and education

Our Division of Endocrinology has become a leading national force in diabetes drug research and has contributed to studies worldwide. During the period of this Plan, the director and sub-investigators of The Endocrinology Research Unit of Albany Med participated in 30+ clinical trials with innovative diabetes medications, including 4 PIONEER studies that examine the safety and efficacy of a pill, taken once daily, that have been shown to lower blood sugar levels and weight gain in type 2 diabetes patients.

Our providers have hosted several Continuing Medical Education conferences which cover topics related chronic disease, including diabetes. For example, in 2018 Albany Medical Center hosted a Continuing Medical Education conference, "The Rise of Chronic Disease," and offered breakout sessions related to diabetes care and management to a group of more than 30 health care providers.

Albany Med provides unique diabetes support and services to our patients. In 2018 we had over 5,000 patient visits with our Certified Diabetes Educates (CDE) for nutrition education, lifestyle change, and physical fitness prescriptions. All newly diagnosed diabetes patients are referred to a CDE and together they work together to make health-related decisions. We also have a behavioral health therapist available to the Albany Med Endocrinology sites for patients seeking behavioral counseling for emotional care and support with adherence to diabetes regimen.

Albany Med's wellness programs

Albany Med's workplace health and wellness programs continues to grow in both size and scope. In 2018, over 700 employees attended the Annual Wellness fair and enrolled in "Life Points," a wellness incentive program. Our Wellness Committee also promotes physical activity – more than 1,600 employees are members of our Fitness Center and hundreds more participate in physical activity offerings made available to staff, such as Zumba, Pilates, meditation, walking routes, bootcamps, etc. We have also installed bike racks to promote biking to work and encourage employee participation in CDPHP's bike sharing program.

Maintained commitment to provide healthier cafeteria options

In 2014, the Albany County Department of Health administered a grant to reduce sodium in our cafeteria and improve nutrition signage and food placement. Every day, our cafeteria is utilized by over 3,000 employees, patients, and visitors. We reduced the sodium in soups by 15%, offer low-sodium deli meats, and have made healthy "on-the-go" bagged lunches and salads readily available. If an item has more than 900mg of sodium per sodium, it will be excluded from the menu. Healthy options, such as fresh fruits, are available at the checkouts and throughout the cafeteria calorie and nutrition information is made available for offerings. Preparation practices, purchasing practices and portion sizes were changed to encourage healthier eating habits to cafeteria visitors.

Prevention Agenda Priority Area – Promote Mental Health and Prevent Substance Abuse
Reduce non-medical use of prescription pain medication

To address the ongoing opioid crisis, more hospitals are proactively attempting to reduce the non-medical use of prescription pain medication. Mortality rates related to opioid pain relievers are high in comparison to other counties in the Capital Region, and Emergency Department visit rate due to opioids are some of the highest in New York State.

Measures: Albany Medical Center contributed to the reduction of the non-medical use of prescription pain medication through community education and outreach, as well as physician/provider education and participation in wide-spread initiatives. In 2018, Albany Med Emergency Medicine physicians provided care to 450 patients at our suboxone clinic in Rensselaer County. We have co-hosted several public opioid education forums in Albany and Saratoga Counties and ensured the completion of prescriber education training to our 500 physician providers.

Disparities: In these initiatives, we focused on addressing populations where prevalence is higher.

Engagement: Albany Medical Center has stayed highly engaged in addressing the opioid epidemic through community and provider education, as well as participating in initiatives that further develop strategies and advocacies.

Successes: Successes experienced during the implementation of interventions related to the reduction of non-medical use of prescription pain medication: Clear identification of the problem; defining the target population; identifying process and outcome measures to monitor progress towards reaching our goals; developing data collection methods reviewing and monitoring progress with our partners.

Challenges: Challenges faced with this priority include improving access for opioid-addicted patients as there are a lack of providers who can prescribe suboxone.

Related Initiatives:

Community Education and Research

Albany Medical Center co-hosted several public opioid education forums with Albany and Saratoga County sheriff departments. These forums were targeted at local school districts, as well as community, labor and medical organizations. We have also continued participation in the advisory panel to the NYSDOH on Law Enforcement Naloxone, which trains law enforcement officers on the administration of Naloxone.

Physician/Provider Education

The 500 providers with DEA registration numbers at Albany Medical Center have been trained on mandatory prescriber education in pain management, palliative care, and addiction. These providers care for hundreds of thousands of patients annually, all of whom receive education and support related to prescription pain medication.

SBIRT Training

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice used by our providers to identify alcohol and illicit drug use. We are one of three beneficiaries of a 3-year grant through SBIRT to implement training in identification and intervention strategies for substance abuse disorders. The program development has been shared among Sage College’s nurse practitioner program

and Albany College of Pharmacy's pharmacy program. Using motivational techniques, providers screen for substance abuse habits, discuss the medical and social risks, and perform an intervention to help patients take steps to reduce risks of substance abuse.

Enhanced Recovery After Surgery (ERAS) Initiative
Albany Medical Center adopted the ERAS initiative to de-emphasize the use of opioids to treat pain after surgery. This initiative places the focus on patient education, a more targeted approach to anesthetics, and frequent visits from members of a patient's surgical team, who monitor progress and encourage movements and helpful exercises during recovery.

Opioid Alternative Project
Albany Medical Center is one of 15 hospitals developing opioid reduction strategies in Emergency Departments. Started in the late 2018, and in collaboration with the Iroquois Healthcare Association and 14 additional IHA member hospitals, we are developing strategies to reduce opioid and addiction and unnecessary death. These strategies can then serve as a model for broader training of emergency physicians to utilize opioid alternatives when clinically appropriate.

2019-2021 Community Health Needs Assessment

Community Served

The service area defined was chosen by the Healthy Capital District Initiative (HCDI), an independent, non-profit organization intended to improve health care in the Capital Region through collaborative means.

As adopted by members of the Healthy Capital District Initiative, the communities assessed in the *2019 Capital Region Community Health Needs Assessment* are the 6 counties of Albany, Rensselaer, Schenectady, Saratoga, Columbia and Greene. They form the common service area covered by the local health departments in Albany, Rensselaer, Schenectady, Saratoga, Columbia and Greene Counties and the primary patient population served by Albany Medical Center Hospital, partner hospitals Saratoga Hospital and Columbia Memorial Hospital, and Ellis Hospital, and St Peter's Health Partners, all of which are located within the six counties.

This 6-county region is also referred to as the Capital Region.

Demographic information on the population in the Capital Region is available from the 2012-2016 U.S. Census's American Community Survey (ACS). The combined population in the Capital Region is 957,553 individuals. About 28.4% were 0-19 years of age, while 16.0% were 65 years of age or older. Approximately 11.1% were living in poverty. The race/ethnicity distribution was 83.6% White, 7.7% Black, 4.1% Asian/Pacific Islander, and 4.6% other races; 4.9% were Hispanic/Latino (any race).

Additional demographic details for the Capital Region are provided in Section III of the CHNA (*2019 Capital Region Community Health Needs Assessment)*.

Service Areas/Regional Workgroups

HCDI partners formed regional work groups to target and address health priorities specific to particular regions in the defined community. For example, four health priority work groups were established: Albany-Rensselaer, Columbia-Greene, Saratoga, and Schenectady. Albany Med Health System partner Saratoga Hospital serves as a lead entity on the Saratoga Work Group, and partner Columbia Memorial Hospital serves as a lead entity on the Columbia-Greene Work Group.

Albany Medical Center Hospital participated in the Albany-Rensselaer Work Group. Representatives, including Albany Medical Center Hospital, combined efforts to continue work on a cooperative health improvement plan for residents of these two counties.

Albany Medical Center Hospital did not define the community it serves to exclude areas from which it draws patients or that otherwise should be included based on the method it used to define its community.

Albany Medical Center Hospital's service area was not defined to exclude medically underserved, low-income or minority populations.

Albany Medical Center Hospital provides care to all patients, regardless of their ability to pay, how much they or their insurers pay, or whether they are eligible for assistance under our Hospital's financial assistance policy.

Demographics of the population served

Albany County has the largest population in the Capital Region with over 300,000 residents and is the 2nd most urban county. It has the region's lowest median age of 37.8 years. Albany County has the region's largest non-White population (23.4%) and the 2nd largest Hispanic population (5.6%). Albany's South End neighborhood has the largest non-White population (76.8%), while the West End has the largest Hispanic population (13.3%). Albany County's poverty rate of 12.9% is lower than that of NYS's 15.5%. Within Albany County, the South End/Downtown neighborhood and West End neighborhood has the highest neighborhood poverty rates at 49.6% and 35.4%.

Rensselaer County has a population of nearly 160,000 and is the 3rd most rural county in the Capital Region. This county has the 3rd lowest median age in the region at 39.9 years. 17% of the population is 14 years of age or younger, while 15% is 65+ years of age. About 13.1% of Rensselaer County's population is non-White and 4.5% is Hispanic. The Troy/Lansingburgh neighborhood has the largest non-White population of 22.0% as well as the county's largest Hispanic population of 7.3%. Rensselaer County's poverty rate of 12.4% was lower than that of NYS's 15.5%. The Troy/Lansingburgh neighborhood has the highest neighborhood poverty rate in the county at 19.9%.

Health status of the population

Albany County:

- Albany County's adult current asthma prevalence, asthma emergency department visit rate, and asthma hospitalization rates were higher than NYS excl. NYC
- Albany County's South End neighborhood had 5.6 times the asthma ED rates and 6.1 times the asthma hospitalization rates of NYS excl. NYC
- Albany County's lung cancer incidence, lung cancer mortality, and CLRD mortality rates were higher than NYS excl. NYC
- Albany County's South End neighborhood had 4.5 times the CLRD ED visit rates and 4.6 times the CLRD hospitalization rates of NYS excl. NYC
- Approximately 57,000 Albany County adult residents and 7,200 children and adolescents are considered obese
- Albany County's adult diabetes prevalence rate is higher than NYS excl. NYC
- Albany County's short-term diabetes hospitalization rate was higher than NYS excl. NYC and has increased over time
- Albany County's South End/Downtown neighborhood had greater diabetes ED rates and diabetes hopsitalization rates than NYS excl. NYC
- Albany County had a higher rate of adults with hypertention than NYS excl. NYC
- Albany County's congestive heart failure mortality rate was higher than NYS excl. NYC
- Albany County's incidence rate of elevated blood lead levels in children under 6 years of age was more than twice as high as NYS excl. NYC stage incidence, and mortality rates were also greater than NYS excl. NYC
- Albany County's elderly fall hospitalization rate was greater than NYS excl. NYC

- Albany County's North Albany/Menands neighborhood had a greater elderly fall ED visit rate, while the South End neighborhood had a greater fall hospitalization rate compared to NYS excl. NYC
- Albany County had a higher assualt ED visit and hospitalization rate compared to NYS excl. NYC
- Albany County's teen (15-17 years) pregnancy rate was higher than NYS excl. NYC
- Albany County's rate of early prenatal care was lower than NYS excl. NYC
- Albany County's late or no prenatal care was higher than NYS excl. NYC
- Albany County's South End/Downtown neighborhood had a rate of late or no prenatal care that is 3.5 times the rate of NYS excl. NYC
- Albany County's infant mortality rate was higher than NYS excl. NYC
- Albany County's rate of low birthweight was higher than NYS excl. NYC
- Albany County's Center Square neighborhood had a higher premature birthweight rate than NYS excl. NYC
- Albany County's gonorrhea case rates in the 15-44 year population for females and males was higher than NYS excl. NYC
- Albany County's chlamydia case rate for women 15-44 was higher than NYS excl. NYC
- Albany County's AIDS mortality rate was significantly higher than NYS excl. NYC
- Albany County's Lyme Diseease case rate was higher than NYS excl. NYC
- The self-inflicted injury ED visit rate for Albany County residents 15+ years of age was higher than NYS excl. NYC
- Albany County's New Scotland Ave neighborhood's self-inflicted injury ED visit rate was 9.2 times higher than NYS excl. NYC, while the South End/Downtown hospitalization rate was 3.5 times higher
- Albany County had a higher mental disease and disorder ED visit rate than NYS excl. NYC
- Albany County's South End/Downtown neighborhood had a 9.2 times higher mental disease and disorder ED visit rate and 3.5 times higher hospitalization rate than NYS excl. NYC
- Albany County's opioid overdose ED visit rate increased by 94% and mortality rate increased 71% from 2013 to 2017
- Albany County's South End neighborhood had an opioid overdose ED visit rate 1.7 times greater than NYS excl. NYC, while the West End neighborhood had a hopsitalization rate that was 1.3 times greater than NYS excl. NYC

Rensselaer County:

- Rensselaer County's adult current asthma prevalence and asthma ED visit rate were higher than NYS excl. NYC
- Rensselaer County's Troy/Lansingburgh neighborhood had an asthma ED visit rate that was 2.5 greater than NYS excl. NYC
- Rensselaer County's Troy/Lansingburgh neighborhood had an asthma hospitalization rate 1.8 times greater than NYS excl. NYC
- Rensselaer County's adult smoking rate was higher than NYS excl. NYC

- Rensselaer County's lung cancer incidence, lung cancer mortality, and CLRD mortality rates were higher than NYS excl. NYC
- Rensselaer County's Troy/Lansingburgh neighborhood had 2.4 times the CLRD ED visit rate and 1.9 times the CLRD hospitalization rate when compared to NYS excl. NYC
- Rensselaer County's adult obesity rate and child and adolescent obesity rates were higher than NYS excl. NYC
- Rensselaer's diabetes mortality rate was higher than NYS excl. NYC
- Rensselaer County's diabetes short-term complication hospitalization rate was higher than NYS excl. NYC rate
- Rensselaer County's Troy/Lansingburgh neighborhood had a diabetes ED rate 2.3 times that of NYS excl. NYC, while North West had 1.6 times the diabetes hospitalization rates compared to NYS excl. NYC
- Rensselaer County's heart attack mortality rate and congestive heart failure mortality rate was higher than NYS excl. NYC
- Rensselaer County's colorectal cancer incidence rate and mortality rate were both higher than NYS excl. NYC
- Rensselaer's mammography screening rates were lower than NYS excl. NYC for women 50-74 years of age
- Rensselaer County's incidence rate of elevated blood lead levels (10+ug/dl) in children under 6 years of age was twice as high as NYS excl. NYC
- Rensselaer County's elderly fall hospitalization rate was higher than NYS excl. NYC
- Rensselaer County's pediatric fall emergency department visit rate was higher than NYS excl. NYC
- Rensselaer County's East Greenbush neighborhood had 2 times the elderly fall ED visit rate, while the Troy/Lansingburgh neighborhood had 1.6 times the pediatric fall ED visit rate compared to NYS excl. NYC
- Rensselaer County's teen pregnancy rate was higher than NYS excl. NYC
- Rensselaer County's Troy/Lansingburgh neighborhood had a teen pregnancy rate that was 1.5 times higher than NYS excl. NYC
- Rensselaer County's rate of premature births (< 37 weeks gest.) was higher than NYS excl. NYC
- Rensselaer County's rate of low birthweight (< 2.5 kg.) was higher than NYS excl. NYC
- Rensselaer County's infant mortality rate for live births was higher than NYS excl. NYC
- Rensselaer County's gonorrhea rate in women aged 15-44 years was higher than NYS excl. NYC
- Rensselaer County's chlamydia case rate for women 15-44 years was higher than NYS excl. NYC
- Rensselaer County's gonorrhea rate increased 175% and the chlamydia rate 25% from 2013 to 2017
- Rensselaer County's Lyme disease case rate was higher than NYS excl. NYC, and the 3rd highest rate of all NYS counties
- Rensselaer's suicide mortality rate was higher than NYS excl. NYC
- Rensselaer County's East neighborhood had 2.2 times the suicide mortality rate of NYS excl. NYC
- Rensselaer County had a higher mental disease and disorder ED visit than NYS excl. NYC

- Rensselaer County's Troy/Lansingburgh neighborhood had 2 times the mental disease and disorder ED visit rates and 2 times the mental disease and disorder hospitalization rate of NYS excl. NYC
- Rensselaer County residents had a higher rate of opioid burden and opioid overdose hospitalizations than NYS excl. NYC
- Rensselaer County's opioid overdose ED visit rate increased 40% and mortality rate increased 62% from 2013 to 2017
- Rensselaer County's Central neighborhood had 1.5 times the opiate-related ED visit rate than NYS excl. NYC
- Rensselaer's adult binge drinking rate was higher than NYS excl. NYC
- Rensselaer County's cirrhosis mortality rate was higher than NYS excl. NYC

Additional detail regarding the demographics and health status of the Albany-Rensselaer Counties region can be found in the HCDI *2019 Capital Region Community Health Needs Assessment.*

Process and methods used to conduct CHNA

The 2019 Capital Region Community Health Needs Assessment and its full report follow the 2016 Capital Region Community Health Profile as the sixth data analysis of health needs in the region.

The structure of this report is based upon the 2019-2024 Prevention Agenda of New York State. Utilizing the Prevention Agenda framework for examining public health data, aligns our analysis with that of the New York State Department of Health, creating opportunities to compare the Capital Region to other Upstate counties and New York State goals.

The health indicators selected for this report were based on a review of available public health data and New York State priorities promulgated through the Prevention Agenda for a Healthier New York. Upon examination of these key resources, identification of additional indicators of importance with data available, and discussion with public health as well as health care professionals in the Capital Region, it was decided that building upon the recent 2013-2018, and new 2019-2024 Prevention Agenda would provide the most comprehensive analysis of available public health needs and behaviors for the Region. The collection and management of these data has been supported by the state for an extended period and are very likely to continue to be supported. This provides reliable and comparable data over time and across the state. While the 2019-2024 Prevention Agenda objectives and indicators have been developed, the present Prevention Agenda Dashboard still contains 2013-2018 indicators with corresponding data (as of May 2019). These measures, when complemented by the recent Expanded Behavioral Risk Factor Surveillance System and Prevention Quality Indicators, provide health indicators that can be potentially impacted in the short-term.

The Common Ground Health provided SPARCS (hospitalizations and ED visits) and Vital Statistics Data Portals that were utilized to generate county and ZIP code level analyses of mortality, hospitalizations, and emergency room utilization, for all residents, by gender, race and ethnicity. The time frames used for the ZIP code analyses were 2012-2016 Vital Statistics and 2012-2016 Statewide Planning and Research Cooperative System (SPARCS) data. The 5-year period establishes more reliable rates when looking at small geographic areas or minority populations.

Additional data was examined from a wide variety of sources, which can be found on page 8 of the *2019 Capital Region Community Health Needs Assessment*.

These data sources were supplemented by a Siena College Research Institute Community Health Survey. The 2018 Community Health Survey was conducted in December 2018 by the Siena College Research Institute. The survey was a representative sample of adult (18+ years) residents of the Capital Region. The survey included 1,204 (MOE +/- 3.4%) total interviews made up of a phone sample, oversample of low income residents, and a small online sample. This consumer survey was conducted to learn about the health needs, barriers and concerns of residents in the Capital Region. The Appendix (2018 Capital Region Community Health Survey) contains a detailed summary of the findings, as well as the questionnaire used.

Local data were compiled from these data sources and draft sections were prepared by health condition for inclusion in this community health needs assessment. Drafts were reviewed for accuracy and thoroughness by two staff with specialized health data knowledge: Michael Medvesky, M.P.H. Director, Health Analytics, Healthy Capital District Initiative (HCDI), and John Lake, M.S, Public Health Data

Analyst, HCDI. The 2019 Capital Region Community Health Needs Assessment Draft was sent to local subject matter experts for review in the health departments of Albany, Rensselaer, Schenectady, Saratoga, Columbia and Greene Counties and in St. Peter's Health Partners, Albany Medical Center and its health system partners Saratoga Hospital and Columbia Memorial, and Ellis Hospital, as well as being placed on the HCDI website for public review and comment. Comments were addressed and changes were incorporated into the final document.

Collaborative Partners, Community Input

Albany Medical Center Hospital's partnership with the Healthy Capital District Initiative (HCDI) has enabled us to track the public health issues of the residents of Albany and Rensselaer Counties, and to meet those needs in a collaborative manner. Other HCDI member organizations have been tracking and working together to address significant health priorities in the remaining Capital Region counties.

Engaging the community in the health needs assessment process was a priority of Albany Med, HCDI and all stakeholders. Broad community engagement began with participation in the community health survey (conducted by the Siena Research Institute). The survey offered multiple choice questions to learn about residents' health needs and priorities, health behaviors, barriers to care, and social determinants of health. Demographic information collected by the survey allowed review of information by age, gender, race/ethnicity and income.

Survey results regarding the public's experience with opioid abuse and opinions on the seriousness of public health issues were incorporated into the examination of health needs by the members of the four Capital Region Prevention Agenda Prioritization Work Groups (Albany-Rensselaer, Columbia-Greene, Saratoga and Schenectady). The Work Groups included community voices through representatives from community-based organizations that serve low-income residents, the homeless, and other vulnerable populations; federally qualified health centers; advocacy groups; employers; public health departments; providers; and health insurers. Participants were encouraged to share data of their own and to advocate for the needs of their constituents. HCDI and its stakeholders strategically invited partners with unique access to medically underserved populations.

The process took into account input from local health departments, hospitals, and scores of organizations across the Capital Region representing the interests and needs of the medically underserved, low-income and minority populations in the community. They assisted with:

- Identifying and prioritizing significant health needs
- Identifying resources potentially available to address those health needs

Other participants in the process comprised community voices through representatives of consumers; advocacy groups; employers; providers, hospitals; and health insurers.

Albany Medical Center Hospital (and partner HCDI members) received input from all required sources from which it requested feedback and insight. Participants were encouraged to share data of their own and to advocate for the needs of their constituents.

These representatives were actively engaged, and many participated in all the prioritization meetings. They provided comments, data, and helped identify critical health resources within the Capital Region.

Coordinated through the Healthy Capital District Initiative (HCDI), the counties of Albany and Rensselaer implemented a Prioritization Work Group, a joint project to engage health providers and community members in a regional health assessment and prioritization process.

Accordingly, Prioritization Work Groups were established for the Columbia-Greene, Saratoga, and Schenectady regions. Albany Med Health System partners Saratoga and Columbia Memorial Hospitals serve as lead entities for their region's work groups.

A summary of each Capital Region Prevention Agenda Prioritization Work Group and a list of partners organizations can be found in Section II of the *2019 Capital Region Community Health Needs Assessment*.

Health Priority Selection Process

The health indicators selected for this analysis were based on a review of available public health data and New York State priorities promulgated through the Prevention Agenda for a Healthier New York. Upon examination of these key resources, identification of additional indicators of importance with data available, and discussion with public health as well as health care professionals in the Capital Region, it was decided that building upon the 2019-2024 Prevention Agenda would provide the most comprehensive analysis of available public health needs and behaviors for the Region.

Albany Medical Center Hospital's partnership with Healthy Capital District Initiative (HCDI), St. Peter's Health Partners, Albany County Department of Health, and Rensselaer County Department of Health has enabled us to track the public health issues of the residents of Albany and Rensselaer Counties, and to meet those needs in a collaborative manner through the development of a Prevention Agenda Prioritization Workgroup. The CHNA document benefited from the review and input of the members of the Prevention Agenda Workgroup of the Healthy Capital District Initiative. These individuals are subject matter experts from county public health departments and each of the Albany and Rensselaer County hospitals.

Selection of the top health priorities for the Capital Region was facilitated by a new Public Health Issue Prioritization tool created by HCDI, based on feedback from the 2016-2018 Prioritization Cycle. In the fall of 2018, HCDI staff reviewed approximately 170 Public Health Indicators across the five Prevention Agenda priority areas and incorporated the key indicators into 30 Public Health Issues. Public Health Issues were identified by reviewing the present New York State Department of Health Prevention Agenda Focus Areas, as well as Public Health Issues incorporated in the last Prioritization Process in 2016. The 30 Public Health Issues were ranked for each of the six counties in the Capital Region. The ranking tool utilized a quantitative method, based on previous prioritization efforts (e.g. Hanlon Method), to assist the county selection process from 30 Public Health Issues to a shorter list of health issues for participating partners to examine and final selections. Each indicator was scored on five dimensions:

- Size (percent or rate) relative to NYS excluding, NYC;
- Impact on quality of life;
- Trends from 2013-2015 or a comparable timeframe;
- Disparity (Index of Disparity using race/ethnicity); and
- Absolute number of individuals affected

A comprehensive overview of the ranking methodology can be found on the HCDI website (http://hcdiny.org) by selecting "Explore by County" and locating "Public Health Issue Prioritization Methodology Review" in the "County Data and Resources" section.

A Prevention Agenda Work Group, with participation from local health departments of Albany, Columbia, Greene, Rensselaer, Saratoga and Schenectady counties, St. Peter's Health Partners, Ellis Medicine, Albany Medical Center, Saratoga Hospital, and Columbia Memorial Hospital, met in the winter of 2018 to review the Ranking Methodology and provide oversight and guidance in the prioritization

process. Using the quantitative rankings provided by the tool, as well as consideration of the availability of quality data, adequacy of current efforts, organizational capacity, upstream vs. downstream factors, and potential for evidence-based interventions, Prevention Agenda Work Group participants selected 12-15 Public Health Issues for more comprehensive review by the local Prevention Agenda Prioritization Work Groups.

The local Prevention Agenda Prioritization Work Groups were formed to review data analyses prepared by HCDI for the Public Health Issues identified by the Prevention Agenda Work Group and to select at least two priorities with one health disparity to be addressed. Available data on prevalence, emergency department visits, hospitalizations, mortality, and trends were included for each indicator. Equity data for gender, age, race/ethnicity, and neighborhood groupings were presented as available. Prior to the presentation, the full data set reviewed by the Prevention Agenda Work Group was made available to Capital Region partners on the HCDI website (http://hcdiny.org/). Presentations can be found by selecting "Explore by County" and opening the "2019 Prevention Agenda Prioritization Presentation" under the "County Data and Resources" section.

After the presentation of each set of health indicators, a discussion was held to answer any questions, and for individuals to share their experiences with the health condition in the population. Participants were encouraged to consider the importance of the condition in the community based on three qualitative dimensions: what the data and organizational experiences suggested; if there was community awareness and concern about the condition; and the opportunity to prevent or reduce the burden of this health issue on the community. Participants were provided with a Prioritization Tracking Tool to record their own comments and measure their thoughts on the local experience, community value, and potential opportunity regarding each health indicator.

Upon completion of the data summaries, Prevention Agenda Prioritization Work Groups members were given an opportunity to advocate for the priorities they believed were most meritorious and the group voted on the top two Prevention Agenda categories. Mental health, behavioral health, and chronic disease categories received the greatest amount of votes by far, because they impacted the largest number of people in the most significant ways, both directly and indirectly, through their influence on other health conditions. They also contributed most significantly to the cost of health care. A summary of each Capital Region Prevention Agenda Prioritization Work Group can be found in the *2019 Capital Region Community Health Needs Assessment*. A summary of the Albany-Rensselaer Prioritization Workgroup is outlined below.

Albany-Rensselaer Prevention Agenda Prioritization Workgroup

The Albany-Rensselaer Prevention Agenda Prioritization Work Group was led by the Albany County Department of Health, the Rensselaer County Department of Health, Albany Medical Center, and St. Peter's Health Partners. Because the hospitals' catchment areas cover both counties, it was felt a joint county Albany-Rensselaer Prevention Agenda Prioritization Work Group was appropriate. Meetings were held on March 1, 2019 and March 21, 2019 at which HCDI presented data for the heath indicators selected by the Prevention Agenda Work Group, and facilitated discussions. The Power Point data presentations used during these meetings were made available to the Albany-Rensselaer Prevention

Agenda Prioritization Work Group members and the public on the HCDI website (http://www.hcdiny.org/).

The Albany-Rensselaer Prevention Agenda Prioritization Work Group chose their priorities at the second work group meeting. Organizations participating in the Albany-Rensselaer Prevention Agenda Prioritization Work Group included 89 participants representing 30 organizations (list of participating organizations can be found on page 31 of the *2019 Capital Region Community Health Needs Assessment*. Participants were engaged in the data presentations, raised many questions, and offered a service provider's perspective.

With the assistance of these participating community-based organizations, businesses, consumers and schools, the following was completed:

- Identifying and prioritizing significant health needs
- Identifying resources potentially available to address those health needs

Over the course of two sessions, the health indicators identified, in order of priority include:

1. Obesity/Diabetes
2. Asthma/Tobacco
3. Mental Health
4. Substance Use
5. Sexually Transmitted Infections
6. Lyme Disease
7. Maternal/Infant Health

Significant Health Priorities Selected

Chronic disease and mental health initiatives received the greatest number of votes due to their impact on many people in the most significant ways, both directly and indirectly, and through their influence on other health conditions. They are also largely preventable and contribute most significantly to the cost of health care.

The group's priorities also reflect the participating entities' abilities to effectively align resources to make the most positive impact on the Albany-Rensselaer County community.

Albany and Rensselaer Counties selected the following significant, prioritized health needs:

Priority Area: Prevent Chronic Disease

- Reduce Obesity/Diabeties in Children and Adults
- Prevent/Control Asthma, Promote Tobacco Cessation

Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders

- Promote Well-Being / Prevent Mental Disorders
- Prevent Mental/Substance Use Disorders

Why were these health needs selected?

Chronic Disease

Diabetes/Obesity

- Albany County had one of the highest adult diabetes prevalence in the Capital Region and experienced an increase in the prevalence between 2013-2014 and 2016
- Rensselaer County had one of the highest diabetes mortality rates in the Capital Region
- Rensselaer County had one of the highest diabetes ED visit rates in the Capital Region
- Albany County had the highest diabetes-related hospitalization rates in the Capital Region
- Rensselaer County had one of the highest diabetes short-term complications hospitalization rates in the Capital Region
- Approximately 57,000 Albany County adult residents (25.3%) and 7,200 children and adolescents (16.0%) are considered obese
- Albany County's adult diabetes prevalence rate of 9.0% was higher than NYS excl. NYC (8.5%)
- Albany County's diabetes short-term complication hospitalization rate (4.5/10,000) was hgiher than NYS excl. NYS (4.1)
- Rensselaer County's adult obesity rate of 31.5% (36,000 adults), and child and adolescent obesity rate of 18.7% (4,500 children) were higher than NYS excl. NYC (27.5%, 17.3%)

- Rensselaer's diabetes mortality rate of 19.5/100,000 was higher than NYS excl. NYC (15.3)
- Rensselaer County's diabetes short-term complication hospitalization rate (6.0/10,000) was higher than NYS excl. NYC rate (4.1)

Asthma/Tobacco

- Albany County was the only Capital Region county with an increase in the percent of adults currently smoking between 2013-2014 and 2016
- Albany County had one of the highest adult asthma prevalence in the Capital Region
- Rensselaer County had the highest rate of asthma hospitalizations for all ages and for ages 0-17 in the Capital Region
- Rensselaer's adult current asthma prevalence (11.7%) and asthma emergency department visit rate (47.3/10,000) were higher than NYS excl. NYC
- Rensselaer County's adult smoking rate of 18.3% was higher than NYS excl. NYC (17.0%)

Mental Health and Substance Abuse

Promote Well-Being

- Rensselaer County's suicide mortality rate of 12.5/100,000 was higher than NYS excl. NYC (9.6);
- The self- inflicted injury ED visit rate for Albany County residents 15+ years of age of 12.1/10,000 was higher than NYS excl. NYC (7.1)
- In 2016, 10.6% of Albany County adults (age adjusted) reported 14 or more poor mental health days in the past month.
- For the 2012-2016 period, Albany County had a higher mental disease and disorder emergency department visit (152.9/10,000) than New York State excluding New York City (147.8), but a lower hospitalization rate (59.6 vs 64.1); and
- South End/Downtown neighborhood (City of Albany) had a 9.2 times higher mental disease and disorder emergency department visit rate, and 3.5 times higher hospitalization rate than New York State excluding New York City

Prevent Mental/Substance Use Disorders

- Rensselaer County's opioid overdose ED visit rate increased 40%, and mortality rate increased 62% from 2013 to 2017
- Rensselaer's adult binge drinking rate of 20.2% was higher than NYS excl. NYC (19.1%)
- Albany County's opioid overdose ED visit rate increased 94% and mortality rate increased 71% from 2013 to 2017

The significant community health needs identified by the Columbia-Greene, Saratoga, and Schenectady Work Groups can be found in the *2019 Capital Region Community Health Needs Assessment*.

Assets and Resources

A complete list of assets and resources were compiled by the Healthy Capital District Initiative, as organizations supporting the selected Prevention Agenda priorities in Albany and Rensselaer Counties.

The list can be found in the pages 273-295 of the *2019 Capital Region Community Health Needs Assessment.*

It should be noted that Albany Medical Center was erroneously excluded as a resource for Substance Abuse and Mental Health, and Tobacco Use and Asthma Services. Our Community Health Improvement Plan highlights our services that support these health priorities.

Community Health Implementation Plan

How needs are being addressed

Regional Health Improvement Task Forces have identified best known practices for intervention, and resources available in the community to address these concerns.

Albany Medical Center Hospital, a member of existing task forces, is engaged in many of the activities outlined by the task forces, which aim to collaboratively improve efforts related to disease prevention and management through a process that includes:

- An over-arching goal
- Measurable objectives
- Specific strategies
- Tactics and partnerships to support strategies

Existing task forces will have their scope modified or new task forces will be established to develop and implement Community Health Improvement Plan interventions for each of the priority areas selected. For example, the existing Obesity-Diabetes Task Force will review and revise their efforts to prevent obesity and type 2 diabetes, and help patients learn how to self-manage and live a healthy lifestyle. Asthma/Tobacco Prevention Strategies Task Force will work with existing efforts of Healthy Neighborhood Programs, Delivery System Reimbursement Incentive Payment Program (DSRIP) Performing Provider Systems (PPS), Green and Healthy Homes Initiative®, and, Capital District Tobacco-Free Communities, who currently partners with the Albany County Strategic Alliance for Health, as well as the Asthma Coalition of the Capital Region. Addressing mental health will require collaboration with both Albany and Rensselaer counties' Departments of Mental Health as well as local hospitals. Mental health interventions may also integrate DSRIP (Delivery System Reimbursement Incentive Payment Program), PPS and health home.

Selected Health Priorities: Albany-Rensselaer Counties

Albany Medical Center Hospital will provide the staff, facilities, resources and budget necessary to carry out our initiatives as outlined on the following pages.

Chronic Disease: Obesity/Diabetes

Goals:

- Promote evidence-based care to prevent and manage chronic diseases such as obesity, pre-diabetes and diabetes
- Promote school, childcare and worksite environments that increase physical activity
- Increasing breast feeding rates
- Reduce obesity and the risk of chronic diseases

Objectives:

- Decrease the percentage of adults in Albany and Rensselaer Counties with obesity by 2%
- Increase the percentage of WIC infants breastfed by 2% in Albany and Rensselaer Counties

- Decrease the percentage of adults with diabetes whose most recent HbA1c level indicated poor control (>9%)

Strategies	Process Measure	Albany Medical Center Role	Partner Role(s) and Resources
Implement a combination of worksite-based physical activity policies, programs, or best practices through physical activity and/or nutrition programs.	# of employees enrolled at Albany Med's Fitness Center	Promote healthy living and wellness through Albany Med's 4-pronged wellness program including healthy nutrition education, physical and emotional wellness, and employee education activities.	NA
Implement a combination of worksite-based physical activity policies, programs, or best practices through physical activity and/or nutrition programs.	# of Albany Med Wellness Fair attendees	Promote healthy living and wellness through Albany Med's 4-pronged wellness program including healthy nutrition education, physical and emotional wellness, and employee education activities.	Support, promote, and enhance Albany Med's worksite wellness intitatives and physical activity programs
Implement a combination of worksite-based physical activity policies, programs, or best practices through physical activity and/or nutrition programs.	# of participants in Albany Med's "Move, Learn, Heal, Eat" initiatives	Promote healthy living and wellness through Albany Med's 4-pronged wellness program including healthy nutrition education, physical and emotional wellness, and employee education activities.	CDPHP (LifePoints health assessment tracking module, bike sharing program); ARAMARK (healthy food policies in cafeterias); Fidelity Investments (financial planning); other

Increase access to professional support, peer support, and formal education to change behavior and outcomes.	# of WIC mothers receiving breastfeeding counseling/education	The Albany Med WIC Program has been recognized for exceptional breastfeeding services by USDA. Breastfeeding support by counselors plays a key role in empowering WIC mothers toward self-sufficiency.	Provides healthy foods for growth and development, encourages regular health care, and promotes food nutrition through education. WIC benefits for food are provided free of charge to pregnant, postartum or nursing women, infants and children.
Increase access to professional support, peer support, and formal education to change behavior and outcomes.	# of moms who opted to breastfeed in total or in part, who were counseled/trained by Albany Med's lactation consultants	Albany Med's lactation consultants provide trainings and classes to moms-to-be.	NA
Promote evidence-based medical management in accordance with national guidelines.	# of patient referrals to Albany Med's Certified Diabetes Educators	Albany Med employs six full-time Certified Diabetes Educators for our patients with diabetes and pre-diabetes.	Albany Med endocrinologists, obstetrics/gynecologists, and primary care physicians refer patients newly diagnosed with pre-diabetes or diabetes to our CDEs
Promote evidence-based medical management in accordance with national guidelines.	# of patients given a lifestyle prescription by Certified Diabetes Educators	Albany Med providers work with patients with diabetes to develop a self-care plan to meet each individual's needs.	NA

Chronic Disease: Asthma and Tobacco Cessation

Goals:

- Promote tobacco use cessation
- Promote evidence-based care to prevent and manage chronic diseases including asthma and other chronic diseases

Objectives:

- Decrease the prevalence of cigarette smoking by adults ages 18+ by 2% in Albany County and Rensselaer County
- Decrease the Asthma ED visit rate per 10,000 for those aged 0-4, 0-17, and all age groups

Strategies	Proccess Measure	Albany Medical Center Role	Partner Role(s) and Resources
Assist medical and behavioral health care organizations and provider groups in establishing policies, procedures and workflows to facilitate the delivery of tobacco dependence treatment, consistent with the Public Health Service Clinical Practice Guideline, with a focus on Federally Qualified Health Centers, Community Health Centers and behavioral health providers.	# community education sessions led or co-led by Albany Med's respiratory therapy team	Albany Med advocates for smoke-free environments by providing tobacco cessation services for patients and their families, and links individuals who desire to quit with local community resources.	Local organizations host tobacco and vaping cessation educational events for the community
Assist medical and behavioral health care organizations and provider groups in establishing policies, procedures and workflows to facilitate the delivery of tobacco dependence treatment, consistent with the Public Health Service Clinical Practice Guideline, with a focus on Federally Qualified Health Centers, Community Health	# of inpatients receiving smoking cessation or vaping counseling	Albany Med advocates for smoke-free environments by providing tobacco cessation services for patients and their families, and links individuals who desire to quit with local community resources.	Local resources provide guidance and assistance to smokers and vapers who are seeking cessation services

Centers and behavioral health providers.			
Promote evidence-based medical management in accordance with national guidelines.	# of Asthma-related visits to the Emergency Department	Albany Med provides a wide range of services to prevent/educate and care for persons with asthma. Examples include region's only comprehensive asthma, allergy & immunology center (adult & peds), certified asthma educators, asthma research, host of annual CME Asthma, Allergy & Immunology conference, asthma care transition plans prescribed in our ED, various asthma-related initiatives through BHNNY.	BHNNY funds a chronic disease community health worker to help patients manage chronic diseases, including asthma - working alongside a certfied asthma educator to provide evidence-based education and care. Albany Med providers have leadership roles in the Capital Region Environmental Health Center, which trains health care professionals to educate families about environmental health, including asthma triggers.

Promote Well-Being and Prevent Mental and Substance Use Disorders

Goals:

- Strengthen opportunities to build well-being and resilience across the lifespan
- Prevent suicides

Objectives:

- Increase access to inpatient and outpatient services across the Behavioral Health spectrum for all ages
- Reduce the age-adjusted suicide mortality rate by 2%

Strategies	Proccess Measure	Albany Medical Center Role	Partner Role(s) and Resources
Continue efforts to expand access to behavioral health providers.	# of pediatric and adult visits to the Albany Med's Psychiatry providers	Albany Med employs adult and pediatric behavioral health providers to provide mental health services and support to our patients.	Referrals to Albany Med's pediatric and adult behavioral health providers
Continue efforts to expand access and integrate behavioral health with providers.	# Albany Med sites with behavioral health services	Aside from its department of Psychiatry, Albany Med currently integrates behavioral health care into a number of its primary care and specialty sites to improve access for our patients.	NA

Identify and support at-risk patients through PHQ--2 and PHQ-9 screenings.	# of patients screened	Several Albany Med Faculty Practice physician office sites screen for depression using PHQ-2 screenings. If screening is deemed positive, the PHQ-9 suicide screening is rendered. Positive screenings are referred to treatment. Effective summaer 2019, our Emergency Department began to administer the ASQ EM suicide screening.	Identify at-risk patients for depression and suicide. Refer to treatment.

Promote Well-Being and Prevent Mental and Substance Use Disorders

Goal:

- Prevent opioid overdose deaths.

Objectives:

- Reduce opioid-related ED visits by 2%

Strategies	Proccess Measure	Albany Medical Center Role	Partner Role(s) and Resources
Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine.	# of visits to the part-time Albany Med Suboxone Clinic (Rensselaer County)	Care for opioid-addicted patients at part-time clinic in Rensselaer County by Albany Med providers trained in emergency medicine and medical toxicology, licensed to prescribe buprenorphine	Catholic Charities provides social services for patients, including counseling, harm reduction; Albany Med refers patients to St. Peter's SPARC who are in need of intensive therapy

Provide resources and education to patients and providers.	Provider and Community Education	Host and/or co-host of numerous public education forums re: opioid use disorder. Albany Med participants include emergency medicine physicians, one of whom also serves as the Regional EMS Medical Director.	New York State Department of Health - supplier of naloxone leave-behind kits; Regional Emergency Management Organization - partner in leave-behind efforts; Local Sheriffs - hosts and co-hosts of community education conferences; local governments and other local agencies: also co-hosts

A summary of each Capital Region Health Priority Work Group can be found in the *2019 Capital Region Community Health Needs Assessment* (http://www.hcdiny.org/content/sites/hcdi/2019_CHNA/2019_HCDI-Community-Health-Needs-Assessment.pdf).

Other Health Needs

While not addressed through existing Regional Health Task Forces, below are examples of Albany Medical Center Hospitals' programs and initiatives to address other health needs for residents of the Albany-Rensselaer County region.

STDs/HIV: Albany County fell to the 4th risk quartile for all STD indicators, and Rensselaer County fell to the 4th risk quartile for gonorrhea and syphilis indicators, and the 3rd risk quartile for chlamydia.

It is well documented that people who contract an STD often also have HIV or are more likely to become HIV-infected.

- We are the region's only designated AIDS Treatment Center, which allows for increased services, coordinated care, and a wider range of programs for patients.
    - We provide a wide range of services on a 24-hour basis for people with HIV infection and AIDS and our case managers will help patients identify resources available to help pay bills if needed. We strive to provide the most comprehensive services, including medical, social, nutritional, psychological, educational and clinical research services to both hospitalized patients and outpatients regardless of their location or ability to pay.
    - Our goal is to offer accessible, quality health care to those residents of our service area who become HIV-infected. We help coordinate support services for patients seeking care by working with community organizations. Our expert staff, health care providers, and community members receive continued education about HIV infection and provide compassionate and appropriate care to patients.

  - We provide confidential HIV testing at no charge.
  - We provide targeted, multi-disciplinary education and training to healthcare professionals service the HIV population.
- The Specialized Care Center for Adolescents and Young Adults at the Bernard & Millie Duker Children's Hospital at Albany Medical Center Hospital provides services to youth ages 13-24, including prevention and management of HIV infection.
- The Maternal Child Coordinated Care Program offers medical follow up for HIV exposed infants and children living with HIV up to age 12.
- Our HIV program offers prevention services or youth for pre-exposure prevention to HIV through our PrEP program (pre-exposure prophylaxis).

Lyme disease: Rensselaer County's Lyme disease case rate of 395.5/100,000 was higher than ROS and the 3rd highest rate of all NYS counties. Albany County's Lyme disease case rate of 148.6/100,000 was also higher than ROS.

- Our division of infectious disease works closely with each patient to provide infection surveillance, exposure and outbreak investigations, education and if applicable, infection control consultation.
- Our pediatric infectious disease division provides outpatient and inpatient care for the evaluation and management of children and adolescents with conditions including Lyme disease, Albany Med's subspecialty board certified pediatric infectious disease specialists are the only pediatric infectious disease specialists in the 22 counties of northeastern New York.
- Albany Medical College's Microbial and Immunology Research Program brings together a diverse group of scientists and investigators. The research and training effort concentrate on exploring, in an integrated fashion, host-pathogen interactions during infections with various microbes, including HIV-1, Lyme disease, MRSA, and pneumococcal infections.

Maternal and Infant Health: Both Albany and Rensselaer Counties and higher teen (15-17 years) pregnancy rates than the ROS. Albany County had a lower rate of prenatal care than the ROS and the late- to no prenatal care was higher than the ROS. Rensselaer County's rate of premature births (<37 weeks gestation) of 9.7% was higher than ROS.

- Our Maternal and Fetal Medicine providers offer a range of services for high-risk moms-to-be, as well as prenatal screening and testing services.
- Our Regional Perinatal Center provides transport and consultation services to all birthing hospitals in a 25-county region of northeastern New York. Our obstetrical and neonatal staff are highly trained to assist women experiencing high-risk or complicated pregnancies, and infants requiring specialized care.
- Albany Med's WIC Program provides health foods for growth and development, encourages regular health care, and promotes food nutrition through education. WIC benefits for food are provided free of charge to pregnant, postpartum or nursing women, infants and children less than five years old.

Regional health needs identified in the 2016 CHNA that will **not** be addressed in Albany Medical Center Hospital's Implementation Strategy

During the prioritization process, many health needs were selected by the Prioritization Workgroups as important to address. While there was commonality among many of the pressing health needs, there were also some regional differences.

These health priorities of Columbia, Greene, Saratoga, and Schenectady Counties are being addressed largely by hospitals, local health departments, and other organizations in their communities.

Columbia and Greene Counties
Albany Med Health System partner Columbia Memorial Hospital, with Greene County Public Health and Columbia County Department of Health is taking the lead on aligning efforts around mutually-selected priority areas.

When feasible, Albany Medical Center Hospital will assist with the implementation of the Workgroup's initiatives.

Saratoga County
Albany Med Health System partner Saratoga Hospital, with Saratoga County Department of Health is taking the lead on aligning efforts around mutually-selected priority areas.

When feasible, Albany Medical Center Hospital will assist with the implementation of the Workgroup's initiatives.

Schenectady County
Schenectady County Public Health Services, Ellis Medicine and Sunnyview Rehabilitation Hospital are taking the lead to address the priority areas selected for this region. They have also been working closely with other Schenectady Partners through the Schenectady Coalition for Healthy Communities (SCHC).

When feasible, Albany Medical Center Hospital will assist with the implementation of the Workgroup's initiatives.

Evaluation of impact of actions taken since preceding CHNA

Throughout 2016-2018, the time period of the previous CHNA and related community service plans, quarterly task force meetings, coordinated by the Health Capital District Initiative (HCDI) assessed the progress of strategies and tactics for the selected behavioral health and chronic disease goals.

The Prevention Agenda Work Group Committee of the Healthy Capital District Initiative, in which Albany Medical Center Hospital participates, also served as an oversight group to determine successes and challenges related to the implementation of the community health strategies.

It was determined that while many tactics were successful, others were difficult to execute due to resources, funding, etc. Other goals were determined to be too broad or too vague to implement. The impact was evaluated by which tactics were executed, and if the deliverables were met.

In addition, other than County Health Rankings, current public health data is not available to allow for a full evaluation of the tactics of the task forces. Most of the public health data available is historical.

The task forces, using the results of the 2019 CHNA to confirm pressing health priorities, agreed that the work of the Obesity/Diabetes would continue; an Asthma/Tobacco Cessation task force would replace efforts executed by the former Capital Region Asthma Coalition. The 2016-2018 Behavioral Health Task Force had focused solely on opioid use disorder. With additional behavioral health priorities ranking as significant health needs in Albany and Rensselaer Counties, efforts have been expanded to include well-being and suicide prevention. Various entities, including Albany Medical Center, St. Peter's Health Partners, Albany County Department of Health, and Rensselaer County Department of Health, will provide regular updates to the Healthy Capital District Initiative as a means to evaluate progress of these behavioral health initiatives.

Task forces will continue to meet regularly to monitor development and modify work plans, if needed.

Approvals

Adoption of Community Health Needs Assessment and Community Service Plan

On October 22, 2019 the Hospital Affairs Committee approved and recommended to the Albany Medical Center Hospital Board the approval of Albany Medical Center Hospital's Community Health Needs Assessment ("CHNA"), Implementation Strategy and Community Service Plan ("CSP"). On November 6, 2019 the Board approved the CHNA and CSP.

Making CSP widely available to the public

As in past years, Albany Medical Center Hospital's Community Service Plan will be publicized through various outlets.

These include:

- Our website (www.amc.edu)
    - Our CHNA will remain posted on our site for 2 subsequent CHNA cycles
- "Albany Med Today" newsletter (for staff and for public)
- "Board of Directors" newsletter (for Albany Medical Center's governance)
- Printed copies will also be made available upon request.

Additionally:

- Active engagement in a broad range of community organizations provides a platform for sharing information about our Community Service Plan and our health promotion priorities
- Information about all of our community health initiatives is made widely available through targeted brochures, select advertisements (such as announcement of free screenings and seminars), and maximum use of free media to promote these services

Community Health Needs Assessment

A complete report of the *2019 Capital Region Community Health Needs Assessment* can be found by accessing this link: *2019 Capital Region Community Health Needs Assessment*.