



ALBANY MED Health System

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## ALBANY MEDICAL CENTER

### *OUR INDIVIDUAL COMMUNITY SERVICE REPORT:* **Health Improvement Plan 2025-2027**

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#### **Counties covered**

Albany, NY  
Rensselaer, NY

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# Albany Medical Center Hospital Executive Summary:

## 2025-2027 Community Health Needs Assessment and Community Service Plan

Coordinated through the Healthy Capital District (HCD), a non-profit public health collaborative in New York's Capital Region, 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, four significant health priorities for Albany and Rensselaer Counties were identified as focus areas for collective efforts. These priorities align with and support the newly released New York State Department of Health Prevention Agenda 2025-2030, and fall within three of the Prevention Agenda priority areas.

## Prevention Agenda Priorities

The priorities below were selected from the Prevention Agenda for the 2025-2027 period as significant health needs. Each lead partner is addressing one or more of these priorities, and there is some variation among the goals. In general, local health departments will address environmental interventions and hospitals will address health interventions.

### Domain: Economic Stability

- Priority: Nutrition Security

### Domain: Social and Community Context

- Priority: Suicide
- Priority: Primary prevention, substance misuse and overdose prevention

### Domain: Health Care Access and Quality

- Priority: Preventive services for chronic disease prevention and control

## Data Reviewed

Albany Medical Center Hospital's *2025-2027 Community Service Plan* is based on the collaborative [\*2025 Capital Region Community Health Needs Assessment \(CHNA\)\*](#), developed by the Healthy Capital District 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 myriad additional data sources, such as Prevention Agenda Tracking Indicators, Vital Statistics, Behavioral Risk Factor Surveillance System, County Opioid Quarterly Reports, RWJ County Health Rankings, Bureau of Census, etc.

As part of the CHNA, a Capital Region health survey sought input of the community regarding the region's health needs and challenges. Albany and Rensselaer Counties then conducted two Community Health Prioritization Meetings between April and May 2025. These meetings, through a review of data and subsequent discussions, resulted in the selection of specific health priorities.

## Partnerships

Coordinated by the Healthy Capital District, the [\*2025 Capital Region Community Health Needs Assessment\*](#) and Albany Medical Center Hospital's *2025-2027 Community Service Plan*, involved the active collaboration of local health departments (Albany County Department of Health, Rensselaer County Department of Health), hospital systems (Albany Med Health System, St. Peter's Health Partners), and a vast range of community partners, health providers and public service organizations such as behavioral health providers, community-based organizations, businesses, and insurance companies, who collectively developed a plan to address the community's health needs and health disparities. The *2025-2027 Community Service Plan*'s implementation will be monitored through existing regional partnerships; for example, through existing task forces as well as other collaborative efforts. These include representation from many of the region's constituent organizations who participated in the CHNA process.

Albany Medical Center Hospital acknowledges that there are several neighborhoods that are considered high disparity communities and 2025-2027 Community Health Improvement Plan strategies will require multiple methods of implementation to best serve the diverse population within the Capital Region.

## Evidence-based Interventions, Strategies, Activities

Objectives, interventions, strategies, and activities are detailed in *Albany Medical Center Hospital's 2025-2027 Community Health Improvement Plan*. Interventions selected are evidence-based and most strategies are provided per the New York State Prevention Agenda 2025-2030. Lead partners of the Albany-Rensselaer Prevention Agenda Workgroup are addressing some of part of the selected Prevention Agenda health priorities; however, some interventions vary among us. In summary, for Albany Medical Center Hospital:

### Domain: Economic Stability

- **Priority: Nutrition Security**

- Intervention: Conduct standardized screening of unmet nutrition security needs and provide referrals to state, local and federal benefit programs and community-based, health-related social needs providers to address unmet needs.

### **Domain: Social and Community Context**

- **Priority: Primary Prevention, Substance Misuse and Overdose Prevention**
  - Intervention: Provide or expand FDA-approved medications for OUD, such as buprenorphine and methadone, to reduce overdose fatalities, while encouraging institutions and community partners to initiate treatment and ensure continuity of care.
  - Intervention: Implement suicide safer care services and protocols in health care settings to effectively identify, engage, treat, and follow up with individuals at elevated suicide risk.

The contributions of our partner organizations in the Albany-Rensselaer Prevention Agenda Prioritization Workgroup, in collaboration with Albany Medical Center Hospital, are outlined in the *Appendix* starting on page 46, describing each partners' goals and interventions.

## **Process Measures**

Process measures are detailed in Albany Medical Center Hospital's *2025-2027 Community Health Improvement Plan*.

Albany Medical Center Hospital and each of our coalition partners have selected measures that support SMART objectives, and evidence-based and/or best practice interventions as guided by the Prevention Agenda 2025-2030. As with prior community service planning cycles, Albany Med is a lead participant in existing task forces that track progress to evaluate impact and identify successes and challenges throughout the 3-year cycle. Similar to past cycles, the task forces will discuss successes and challenges, and evaluate whether corrections or changes should be made during the course of the 2025-2027 Plan. This process supports a more successful health improvement plan for our region.

## **Albany Med Health System's regional priorities**

Albany Med Health System, which includes Albany Medical Center Hospital, Columbia Memorial Health, Glens Falls Hospital, and Saratoga Hospital, while focusing on health priorities in their immediate regions, are collectively addressing health needs across the entire Capital Region.

The Healthy Capital District Initiative (HCD) conducted a 6-county needs assessment, in which Albany Medical Center, Columbia Memorial Hospital and Saratoga Hospital participated. The 6 counties were segmented into regions to address health priorities at a local level.

- Albany Medical Center Hospital is addressing jointly selected health priorities that impact residents of Albany and Rensselaer Counties, with St. Peter's Health Partners and Albany and Rensselaer Counties' Departments of Health.
- Similarly, Columbia Memorial Hospital is addressing jointly selected health priorities that impact residents of Columbia and Greene Counties, with Columbia and Greene Counties' Departments of Health.
- Saratoga Hospital is addressing health priorities that impact residents of Saratoga County with Saratoga County Department of Health.

Glens Falls Hospital participated in a Community Health Needs Assessment with the Adirondack Health Institute – targeting the needs of residents of Warren and Washington Counties. Accordingly, they will address jointly selected health priorities with the local health departments of Warren and Washington counties.



## Community Health Needs Assessment and Community Service Plan: 2025-2027

### 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 500 doctors. Albany Med works with dozens of community partners to improve the region's health and quality of life.

Albany Med is the lead entity of the Albany Med Health System, and with partner hospitals Columbia Memorial Health, Glens Falls Hospital, and Saratoga Hospital, and the Albany Med Visiting Nurses, provide the largest locally governed health system in the region. Combined, the Albany Med Health System offers a broad range of patient care and community service throughout the Capital Region.

Albany Med'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 conduct 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 Med 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 Level I adult and pediatric Trauma Centers, largest Emergency Department, only pediatric Emergency Department, a Level IV NICU, the only Children's Hospital in the region, serve as 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 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
- Promote health equity in all populations, especially those experiencing disparities
- 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's [2025 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:** To best serve the needs of our communities, the Albany Med Health System will deliver its Mission by means of a structure that will be, and remain, autonomous and self-governing.

### Values:

- Excellence and continuous improvement
- Integrity in every decision we make
- Compassion and respect for the dignity of every person
- A diverse, equitable, inclusive and welcoming System
- Collaboration throughout our System
- Responsiveness to the people of our communities
- Fiscal accountability

## Summary of Previous Community Health Needs Assessment (CHNA)

The 2022 Community Health Needs Assessment (CHNA) identified behavioral health and chronic disease as key challenges affecting Albany and Rensselaer Counties. The assessment highlighted persistent health inequities, rising chronic disease burden, and the ongoing impacts of the Covid-19 pandemic.

Coordinated through the Healthy Capital District Initiative (HCD), Albany and Rensselaer Counties conducted a joint, regional assessment to engage healthcare providers and community members in a comprehensive health needs and prioritization process. The goals of this effort were to improve the health of New Yorkers, reduce health disparities, and align community health planning with Albany Medical Center Hospital's strategic plan.

As a result of this process, three priority focus areas were identified for collective action across both counties: preventing and reducing the burdens of diabetes, asthma, and mental health disorders/substance abuse. Five priority areas that align with the New York State Department of Health's Prevention Agenda, emerged as the drivers of health needs across both counties: chronic disease prevention, mental health and substance use, Covid-19 recovery, access to healthy lifestyles, and social determinants of health.

In collaboration with county health departments and community partners, Albany Medical Center Hospital implemented initiatives aligned with these priorities.

### **Prevention Agenda Priority Area – Prevent Chronic Disease**

#### ***Chronic Disease Prevention Care and Management, Healthy Eating and Food Security, and Physical Activity***

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The prevalence of diabetes among adults in the Capital District continues to increase, with rates exceeding New York State averages. In response, Albany Medical Center Hospital, in collaboration with local partners, implemented coordinated strategies to reduce the prevalence and impact of Type II Diabetes among residents of Albany and Rensselaer Counties.

**Measures:** In partnership with community organizations and healthcare providers, Albany Medical Center Hospital advanced a comprehensive approach focused on obesity reduction and diabetes prevention, early intervention, and self-management. Key strategies included increasing pre-diabetes screening, promoting diabetes self-management education, supporting breastfeeding, and encouraging health nutrition and physical activity.

Key outcomes included:

- Over 5,000 annual patient visits with Certified Diabetes Educators for lifestyle modification, the goal of which is to:
  - Manage glucose control
  - Reduce need for medications
  - Manage weight
  - Lower the risk of complications associated with diabetes
  - Improve quality of life
- Participation of more than 3,000 Albany Med employees in a vast range of workplace wellness initiatives, known as “Move, Learn, Heal, Eat” programs focused on the wellbeing of staff:
  - Educational
  - Fitness
  - Nutrition
  - Emotional, behavioral, spiritual
  - Financial
- Educating more than 3,300 mothers through our lactation consultants – to empower mothers with knowledge and skills:
  - Leading to healthier babies
  - Improving maternal well-being
  - Creating a positive breastfeeding experience

**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 Hospital 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 maintaining participation in wellness initiatives and physical fitness activities during the Covid-19 pandemic recovery period. Competition for funding and engaging community leaders to assist in addressing the problems posed challenges as the top priority was the pandemic.

## Related Initiatives:

### **Diabetes prevention and education**

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

### **Albany Medical Center Hospital's wellness programs**

Albany Medical Center Hospital's workplace health and wellness programs continue to grow in both size and scope. Our Wellbeing Committee promotes physical activity through free access to our on-site fitness center and other offerings made available to staff, such as meditation, HIIT and spin classes, walking routes, etc. We also promote biking to work and encourage employee participation in CDPHP's bike sharing program.

### **Maintained commitment to provide healthier cafeteria options**

The hospital cafeteria serves more than 3,000 employees, patients, and visitors daily and maintains a strong commitment to healthy food options. Efforts include reduced-sodium soups, low-sodium deli meats, healthy grab-and-go meals, visible nutrition labeling, and removal of items exceeding sodium thresholds. Additional nutrition education resources are available through the employee intranet.

## **Prevention Agenda Priority Area – Prevent Chronic Disease**

### ***Tobacco Prevention***

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Rates of adult asthma continue to rise across the Capital District, while adult smoking prevalence exceeds New York State averages. In response, Albany Medical Center Hospital, in collaboration with a broad network of local partners, implemented targeted strategies to reduce asthma-related morbidity and tobacco use among residents of Albany and Rensselaer Counties.

**Measures:** Albany Medical Center Hospital supported tobacco prevention and asthma management through inpatient counseling, community education, and efforts to reduce asthma-related Emergency Department utilization. By 2024, more than 2,500 inpatients received smoking and vaping cessation counseling. In addition, the Cardiorespiratory Services Team hosted two community education events focused on smoking cessation, reaching more than 625 community members.

**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 Hospital and our collaborators remained engaged in the coordination of asthma 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 asthma and smoking cessation 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 limited ability to conduct in-person community education during the Covid-19 recovery period, as well as reduced access to inpatient counseling during periods of resource conservation. Competition for funding and reduced availability of community leadership capacity during the public health emergency further constrained implementation efforts.

#### **Related Initiatives:**

##### **The Albany Children’s Environmental Health Center**

In collaboration with regional partners, the Albany Children’s Environmental Health Center focuses on asthma care and environmental risk reduction to improve health outcomes for children with asthma. The Center also provides training to healthcare professionals to integrate environmental health considerations into clinical care.

##### **Community Education**

Albany Medical Center Hospital’s Cardiorespiratory Services Team frequently attends community events (athletic events, fundraisers, religious events) with smoking cessation information and connects those in need of support with relevant services.

#### **Prevention Agenda Priority Area – Promote Well-Being and Prevent Mental and Substance Use Disorders**

##### ***Substance Use Disorders Prevention***

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To address the ongoing opioid epidemic, hospitals are increasingly implementing strategies to reduce the non-medical use of prescription pain medications. In the Capital Region, opioid-related mortality rates remain high relative to peer counties, and Emergency Department visit rates associated with opioid use are among the highest in New York State.

**Measures:** Albany Medical Center Hospital supported efforts to reduce non-medical prescription opioid use through community and provider education, clinical integration, and participation in regional and statewide initiatives. In 2024, Emergency Medicine physicians treated more than 1,500 patients through Albany Medical Center Hospital's Suboxone Clinics. In addition, multiple primary care and specialty practices integrated psychology and/or psychiatry services to support comprehensive care.

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

**Engagement:** Albany Medical Center Hospital 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:** Primary challenges include limited access to care for individuals with opioid use disorder, driven in part by a shortage of providers authorized to prescribe buprenorphine.

#### **Related Initiatives:**

##### **Physician/Provider Education**

The 500+ providers with DEA registration numbers at Albany Medical Center Hospital have been trained in 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.

##### **Community Education and Research**

Albany Medical Center Hospital assisted in training law enforcement personnel in administering Naloxone to decrease opioid overdose. Training included recognizing an opioid overdose, administering Naloxone, and providing time-sensitive medical interventions. Albany Medical Center Hospital and Albany Medical College collaborated on research finding that Naloxone products may be viable 30 years past their expiration date. These findings may reduce the financial burdens for law enforcement.

## **Enhanced Recovery after Surgery (ERAS) Initiative**

Albany Medical Center Hospital adopted the ERAS initiative to de-emphasize the use of opioids to treat pain after surgery. This initiative focuses 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. The patient-centered model coordinates a patient's care from the decision to undergo surgery through the discharge and follow-up services. The program has improved patient satisfaction, reduced complications, and lower lengths of hospital stay across many surgical specialties.

## **Prevention Agenda Priority Area – Prevent Communicable Diseases** ***Covid-19***

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Covid-19 recovery was selected due to its ongoing impact on health, wellbeing, and equity in Albany and Rensselaer Counties. NYS and the Capital Region experienced significant case surges, hospitalizations, and mortality, alongside economic and mental health effects. While overall vaccination rates in Albany and Rensselaer Counties ranked highest statewide, data revealed lower vaccination rates in rural and underserve communities.

**Measures:** Progress was measured by website traffic to the Capital Region vaccination website, which served as a centralized source of vaccine information and access during the Covid-19 response.

**Disparities:** No specific disparities were reported for this intervention during the reporting period; however, efforts were intended to connect with all communities, including those with a more limited access to information.

**Engagement:** Albany Medical Center Hospital partnered with community-based organizations to share vaccine information and connect residents to vaccination resources through the website.

**Successes:** The website successfully supported regional vaccine education and access during the peak of the pandemic by providing centralized information on vaccination locations and eligibility.

**Challenges:** As Covid-19 transitioned to an endemic phase, the need for a standalone vaccine website decreased and the website shutdown as there was a shift toward vaccine promotion through physician offices and pharmacies.

# 2025 Community Health Needs Assessment

## Community Served

The service area defined was selected by the Healthy Capital District Initiative (HCD), an independent, non-profit organization intended to improve health and reduce health disparities in the Capital Region through collaborative means.

As adopted by members of the Healthy Capital District Initiative, the communities assessed in the [2025 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 Medicine and St Peter's Health Partners, all of which are located within the six counties.

For purposes of the study and this report, this 6-county region is referred to as the Capital Region.

Demographic information on the population in the Capital Region is based on estimates from the U.S. Census American Community Survey (ACS) 1-year estimates from 2022 and 5-year estimates from 2019-2023. The combined population in the Capital Region was 981,192 individuals. About 19% were under 18 years of age, while 18.9% were 65 years of age or older. Approximately 10.5% were living in poverty. The Capital Region race/ethnicity distribution was 84.3% White, 10.3% Black, 6.2% Hispanic or Latino, 5.7% Asian, 1.1% Native American, and 5.7% as another race.

Additional demographic details for the Capital Region are provided in Section III of the CHNA ([2025 Capital Region Community Health Needs Assessment](#)).

## Service Areas/Regional Workgroups

HCD partners formed regional work groups to target and address health priorities specific to regions in the defined community. For example, three health priority work groups were established: Albany-Rensselaer, Columbia-Greene, and Schenectady. Albany Med Health System partner Columbia Memorial Hospital serves as a lead entity of the Columbia-Greene Work Group. Albany Med Health System partner Saratoga Hospital is taking the lead on aligning efforts around selected priority areas in Saratoga County.

Albany Medical Center Hospital participated as a lead entity 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 is the largest and most diverse county in the Capital Region, with about 315,000 residents in 2023, nearly one-third of the region's total population. The county has a relatively young age profile, with about 15% of residents under age 15 and 18% age 65 and older. Albany County is the most racially and ethnically diverse in the region, with roughly 23% of residents identifying as non-White, including Black or African American (16%), Hispanic (7%), and Asian (8%) populations. The county also faces socioeconomic challenges, including the highest poverty rate in the region (12.5%) and the largest share of residents who speak English less than very well (4.8%). While educational attainment is generally strong, housing affordability remains an issue, with more than one-third of renter households spending over 35% of their income on rent.

Rensselaer County had a population of about 160,000 in 2023. About 16% of residents under age 15 and 18% age 65 and older. The county is less diverse than Albany County but more diverse than some neighboring counties, with about 12% of residents identifying as non-White, including Black or African American (9.5%) and Hispanic (nearly 6%) populations. Rensselaer County experiences ongoing socioeconomic pressures, including an 11.5% poverty rate and a high housing cost burden, with nearly 38% of renter households spending more than 35% of income on rent. Educational attainment and employment are mixed across the county, with about 8% of adults lacking a high school diploma, roughly 3.6% unemployed, and nearly one-third of housing units built before 1940, all of which contribute to ongoing affordability and housing quality challenges.

## Health status of the population

### Albany County:

#### **Sociodemographic**

- Albany had the highest county-level poverty rate in 2022, at 12.5% (U. S. Census)
- Albany County also contained the two Capital Region ZIP codes with the highest rates of poverty in 2022, 12207 (41.3%) and 12206 (40.6%) (U. S. Census)
- Albany County had the highest percentage in the Capital Region in 2023 for residents who speak English less than very well, with almost half of the Capital Region residents who speak English less than very well (U. S. Census)

#### **General Health Status**

- Albany County had the highest rate in the Capital Region of adults who did not receive medical care due to cost in 2021, although the rate ranked in the top half of NYS counties and was lower than NYS, excluding NYC rate (BRFSS)

#### **Chronic Disease**

- Albany County had the highest prevalence in the Capital Region of chronic obstructive pulmonary disease in 2021, at 6% (BRFSS)
- Albany County had the highest rate in the Capital Region in 2022 for age-adjusted asthma hospitalization and ranked in the worst half of NYS counties with available data (NYS SPARCS)
- Albany County had a relatively high rate of asthma emergency department visits in 2022 among those aged 17 years or younger (NYS SPARCS)
- Albany County's 2020-2022 rate of diabetes hospitalizations was 3.9 times higher among Black non-Hispanic residents than White non-Hispanic residents (NYS CHIRE)
- Albany County had one of the highest stroke hospitalization rates in the Capital Region in 2022 (NYS SPARCS)
- Albany County had a lower breast cancer screening rate than NYS, excluding NYC, in 2021 (NYS Cancer Registry)

#### **Healthy and Safe Environment**

- Albany County had the highest motor vehicle injury hospitalization rate in the Capital Region in 2023 (NYS SPARCS)
- Albany County had the highest falls hospitalization rate in the Capital Region among older adults aged 65+ in 2021-2023 and the highest falls hospitalization rate in the Capital Region among older adults aged 75-84 in 2020-2022 (NYS SPARCS)

- Albany County had the highest assault emergency department visit rate in the Capital Region in 2023 (NYS SPARCS)
- Albany County had the highest firearm assault-related hospitalization rate in the Capital Region in 2023 (NYS SPARCS)
- More than one in three economically disadvantaged students in grades one through eight in Albany County were chronically absent in 2024 (NYS Education Department)
- Albany County had only about 1 in 7 residents receiving optimally fluoridated water in 2023 (NYS Safe Drinking Water Information System), although this rate is expected to increase significantly by the end of 2025 after the City of Albany decided in 2024 to add fluoride to its public water supply

### **Infant and Maternal Health**

- Albany County had the largest disparities in the Capital Region for percent of births with adequate prenatal care in 2020-2022, when comparing Black, and White, non-Hispanic residents (NYS CHIRE)
- Albany County had the second highest rate in the Capital Region in 2022 for premature births (NYS Vital Records)
- Albany County had the highest rate of low birthweight births among Hispanic residents in the Capital Region in 2020-2022 (NYS CHIRE)
- Albany County had four (4) maternal deaths from 2020 to 2022 (NYS Vital Records)

### **Mental Health and Substance Use Disorder**

- Albany County had the second highest rates in the Capital Region for intentional self-harm ED visits and intentional self-harm hospitalizations in 2023 (NYS SPARCS)
- Albany County had the second highest opioid overdose mortality rate in the Capital Region in 2022 (NYS Vital Statistics)
- Albany County had the second lowest buprenorphine prescribing rate in the Capital Region in 2022 (Prescription Monitoring Program Registry)
- Albany County had the highest rate in the Capital Region of emergency department visits involving any opioid overdose in 2022 (NYS SPARCS)

### **Infectious Disease**

- Albany County had the highest newly diagnosed HIV case rate in the Capital Region in 2022 (NYS STI Surveillance System)
- Albany County had the second highest rate in the Capital Region for gonorrhea diagnoses in 2022 (NYS STI Surveillance System)

- Albany County had the second highest rate in the Capital Region for chlamydia diagnoses in 2022 (NYS STI Surveillance System)
- Albany County had the highest rate in the Capital Region for early syphilis diagnoses in 2022 (NYS STI Surveillance System)

## Rensselaer County:

### **Sociodemographic**

- High rates of poverty (greater than 15%) were observed in ZIP codes in and around the city of Troy in 2022 (U.S. Census)
- Rensselaer County had the highest rate of unemployment in the Capital Region in 2023, at 3.6%, but this rate was still low when compared to all NYS counties (U. S. Census)
- Close to one-third of rental units in Rensselaer County had a gross rent of at least 35% of household income in 2022 (U. S. Census)

### **General Health Status**

- Rensselaer County had the highest difference in percent of death that were premature, when comparing Black and White non-Hispanic residents, in 2022 (NYS CHIRE)

### **Chronic Disease**

- Rensselaer County childhood obesity rates have risen significantly over the last 5 years of available data, increasing by roughly 50%, and in 2021-2023 the county had the highest rates of childhood obesity in the Capital Region (Student Weight Status Category Reporting System)
- Rensselaer County had the highest rate of COPD mortality in the Capital Region in 2022. The county's 2022 COPD mortality rate ranked 56th out of 62 NYS counties (NYS Vital Statistics)

Rensselaer County had the region's highest coronary heart disease hospitalization rate in 2022 (NYS SPARCS)

- Rensselaer County had one of the highest stroke hospitalization rates in the Capital Region in 2022 (NYS SPARCS)
- In Rensselaer County, the cerebrovascular disease (stroke) mortality among Black non-Hispanic residents in 2020-2022 was the highest in the Capital Region and 2.5 times higher than the rate for White non-Hispanic residents (NYS CHIRE)
- Rensselaer County had the highest rates in the region for overall breast cancer incidence in 2021 and late-stage breast cancer incidence in 2019-2021, and ranked among the bottom 10 NYS counties for both measures (NYS Cancer Registry)

- Rensselaer and Greene counties had the 5th highest lung cancer incidence rate in NYS in 2019-2021 (NYS Cancer Registry)

### **Healthy and Safe Environment**

- Rensselaer County had the highest rate of falls hospitalizations among children aged under 10 years in the Capital Region in 2020-2022 (NYS SPARCS)
- Rensselaer County had the highest homicide mortality rate in the Capital Region in 2020-2022, among counties with reportable data (Vital Statistics)
- Rensselaer County had the highest ratio in the Capital Region of assault hospitalization rates in 2020, when comparing Black non-Hispanic residents and White non-Hispanic residents (NYS SPARCS)
- Rensselaer County had the second highest rate in the Capital Region of reports indicating child abuse or maltreatment in 2022 (National Child Abuse and Neglect Data System)
- Rensselaer County had the second highest rate of chronic absenteeism in the Capital Region among students in first to eighth grade in 2024 (NYS Education Department)
- More than one in three economically disadvantaged students in grades one through eight in Rensselaer County was chronically absent in 2024 (NYS Education Department)
- Rensselaer County had the second lowest percentage in the Capital Region of high school students in the Class of 2023 who enrolled at a postsecondary institution within 16 months of their high school graduation (NYS Education Department)
- Less than one in two economically disadvantaged high school students in Rensselaer County in the Class of 2023 enrolled at a postsecondary institution within 16 months of their high school graduation, the lowest percentage in the Capital Region. (NYS Education Department)
- 0% of Rensselaer County residents live in a certified Climate Smart Community in 2023 (NYS Department of Environmental Conservation)

### **Infant and Maternal Health**

- Rensselaer County had the largest disparities in the Capital Region for percent of births with adequate prenatal care and early prenatal care in 2020-2022, when comparing Asian/Pacific Islander, and White, non-Hispanic residents (NYS CHIRE)
- Rensselaer County had the highest rates in the Capital Region of low birthweight births among White, and Black, non-Hispanic residents in 2020-2022 (NYS CHIRE)
- Rensselaer County had the highest disparities in the Capital Region for infant mortality when comparing 2020-2022 rates among Black non-Hispanic and Hispanic residents to White non-Hispanic residents
- Rensselaer County had 2 maternal deaths from 2020 to 2022 (NYS Vital Records)

## **Mental Health and Substance Use Disorder**

- Rensselaer County had the highest rate of mental health hospitalizations in the Capital Region, in 2023, where a mental health condition was the primary diagnosis (NYS SPARCS)
- Rensselaer County had the third highest rate of mental health emergency department visits in the Capital Region, in 2023, where a mental health condition was the primary diagnosis (NYS SPARCS)
- Rensselaer County had the highest rates in the Capital Region of intentional self-harm ED visits and hospitalizations in 2023 (NYS SPARCS)
- Rensselaer County had the highest self-harm ED visit rate for Black non-Hispanic residents in 2023 (NYS SPARCS)
- Rensselaer County had the second highest rate in the Capital Region of binge drinking among adults in 2021 (BRFSS)
- Rensselaer County had the second highest drug overdose mortality rate in the region, in 2024, based on National Vital Statistics System data
- Rensselaer County had the third lowest buprenorphine prescribing rate in the Capital Region in 2022 (Prescription Monitoring Program Registry)

## **Infectious Disease**

- Rensselaer County had the third highest rate in the region for gonorrhea diagnoses in 2022 (NYS STI Surveillance System)

Additional details regarding the demographics and health status of the Albany-Rensselaer counties region can be found in the HCD [\*2025 Capital Region Community Health Needs Assessment\*](#).

## Process and methods used to conduct CHNA

The 2025 Capital Region Community Health Needs Assessment and its full report follow the 2022 Capital Region Community Health Profile as the seventh comprehensive data analysis of health needs in the region.

The structure of this report is based upon the 2025-2030 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 2025-2030 Prevention Agenda. The collection and management of these data has been supported by the state for an extended period and are likely to continue to be supported. This provides reliable and comparable data over time and across the state. These measures, when complemented by other data sources, such as the Behavioral Risk Factor Surveillance System and Prevention Quality Indicators, provide health indicators that can potentially be improved in the short-term.

The Common Ground Health provided Statewide Planning and Research Cooperative System (SPARCS, hospitalizations and emergency department visit) and Vital Statistics (mortality) data, as well as sociodemographic data, that were utilized to conduct county and ZIP code level analyses of mortality, hospitalizations, and emergency department visits for all residents, by gender, and race/ethnicity. The most recent SPARCS data available was from 2023, while the most recent Vital Statistics data available was from 2022. For some measures with small case counts, 3- or 5-year periods of aggregate data were used to establish more reliable rates, especially for less populous geographic areas or demographic groups.

Additional data was examined from a wide variety of sources, which can be found on page 8 of the [\*2025 Capital Region Community Health Needs Assessment\*](#).

These data sources were supplemented by the 2024 Capital Region Community Health Survey. The 2024 Capital Region Community Health Survey was conducted by Healthy Capital District in November and December of 2024, with the assistance of the Albany, Columbia, Greene, Rensselaer and Schenectady health departments, and Albany Med Health System hospitals, Ellis Hospital, and St. Peter's Health Partners hospitals. The survey was a convenience sample of adult residents of the Capital Region (aged 18 years and older). The survey received 5,415 total responses from Capital Region residents. This survey was conducted to learn about the health needs, barriers and concerns of residents in the Capital Region. Appendix N contains a detailed summary of survey findings, and Appendix O contains 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 of this report were prepared by Spencer Keable, Data Analyst for Healthy Capital District. Drafts were reviewed for

accuracy and thoroughness by Amanda Duff, Executive Director of Healthy Capital District. Drafts were then reviewed by the members of the Capital Region Prevention Agenda Work Group, local subject matter experts representing each of the participating health departments and hospitals in the Capital Region. Comments were addressed and changes were incorporated into the final report.



## Collaborative Partners, Community Input

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

The 2024 Capital Region Community Health Survey (survey) was conducted from November 6, 2024, to December 11, 2024, and was promoted by Healthy Capital District (HCD), as well as the local health departments of Albany, Columbia, Greene, Rensselaer and Schenectady counties, and the local hospitals of Albany Medical Center, Columbia Memorial Hospital, Ellis Hospital, and St. Peters Health Partners. The survey involved a convenience sample of adults aged 18 years and older who reside in a Capital Region county. The survey collected 5,415 total responses from Capital Region residents. The survey aimed to identify the major needs, gaps, and priorities facing Capital Region residents regarding their public health priorities, healthcare access and barriers, mental health, social determinants of health, and preferred methods of health communication.

The convenience sample underrepresented males, Saratoga County residents, adults under the age of 35, Asian and Black residents, residents with a household income at least four times the federal poverty line, and individuals with private or Medicaid health insurance. More information about the 2024 Capital Region Community Health Survey, including respondent sociodemographic distributions and results for each question – some with demographic group comparisons – can be found in Appendix N. Reports with detailed survey results for each Capital Region county can be found on the HCD website.

The process also considered 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 HCD 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 (HCD), 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 partner Columbia Memorial Hospital serves as a lead entity for its region's work group, as does Saratoga Hospital for Saratoga County's assessment.

A summary of each Capital Region Prevention Agenda Prioritization Work Group and a list of partner organizations can be found in Section II of the [2025 CHNA](#).

## 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 state's 2025-2030 Prevention Agenda.

Albany Medical Center Hospital's partnership with Healthy Capital District (HCD), St. Peter's Health Partners, Albany County Department of Health, and Rensselaer County Department of Health has enabled us to assess 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 HCD. These individuals are subject matter experts from county public health departments and each of the hospitals in Albany and Rensselaer Counties.

The Capital Region Prevention Agenda Work Group (PAWG), consisting of stakeholders from local health departments and hospitals and supported by Healthy Capital District (HCD), convened to identify local public health needs and find opportunities for regional alignment in health intervention planning. The PAWG began by engaging local residents with the 2024 Capital Region Health Needs Survey. The survey offered multiple choice and open-ended response options to learn about Capital Region residents' health needs and priorities, access or barriers to care, mental health, and social determinants of health. Demographic information collected by the survey allowed review of information by county, age, gender, race/ethnicity, income level, health insurance type, parental status, and sexual orientation or gender identity.

HCD created several reports which visualized and described results from the 2024 Capital Region Health Needs Survey (see Appendix N). Reports were developed for Capital Region residents, overall, and for each county to compare results for their residents to other Capital Region residents. Results for key questions were further broken down for demographic groups of interest. The first question of the survey asked residents which public health issues were most important in their community. The public health priority results from this question were incorporated into the health issue prioritization process. Once survey reports were shared, and results reviewed with the Capital Region PAWG, the group members reconvened into four local Work Groups, each supported by HCD, to complete separate health issue prioritization processes, with the goal of returning to compare results and find regional alignment. Each local Work Group's health issue prioritization process 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; academic institutions; public health departments; providers; and health insurers. Participants were encouraged to share data and observations of their own, and to advocate for the needs of their constituents. HCD and its stakeholders strategically invited partners with access to medically underserved populations, as well as potential partner organizations who had traditionally not been involved in this process, to align with the updated New York State Prevention Agenda 2025-2030 priority areas.

Selection of the top health priorities for each local Work Group was facilitated by a Public Health Issue Scoring Sheet. The Public Health Issue Scoring Sheet was created by HCD in 2021 for the 2022 Capital Region Community Health Needs Assessment (CHNA) and local Community Health Improvement Plans (CHIPs). It was based on feedback from prior CHNA/CHIP processes that the health issue prioritization process was difficult due to the multitude of pertinent considerations relating to each health issue. The Public Health Issue Scoring Sheet essentially assigns a score to the most relevant considerations, allowing for the health issues to be ranked and informing decision making. The Public Health Issue Scoring Sheet method was adapted from a modified version of the Hanlon Method for Prioritizing Health Problems. The Public Health Issue Scoring Sheet quantified considerations regarding both the need to address each health issue and the opportunity to make a positive impact. Opportunity considerations were based on guidance documents from the American Hospital Association, the National Association of County and City Health Officials as well as other public health authority resources. Need considerations included those used in prior prioritization processes, as well as a community priority score derived directly from the contributions of over 5,000 residents in the 2024 Capital Region Community Health Survey. The Public Health Issue Scoring Sheet also included “other” considerations, for both need and opportunity, to address additional factors not included in the sheet and to capture the knowledge and experience of local community partners.

The PAWG met in the Fall of 2024 to review the Public Health Issue Scoring Sheet and provide oversight and guidance during the prioritization process, especially given the recent changes to the structure and focus of the NYS 2025-2030 Prevention Agenda. In the Winter of 2024, HCD staff consolidated the twenty-five (25) public health issues from the 2022 CHNA/CHIP process into 15 public health issues, based on the updated NYS 2025-2030 Prevention Agenda priority areas. HCD staff then conducted an internal review of the most recent and relevant available data regarding the 15 identified health issues. Using publicly available and internal data, HCD generated five ‘data’ scores for each of the health issues, based on the number of people affected, rates compared to NYS, excluding NYC, recent trends in rates, disparities between race/ethnicity groups, and the seriousness of health outcomes. HCD also created ‘survey’ scores based on results from the 2024 Capital Region Health Needs Survey. Data and survey scores were then visualized in public dashboards and reviewed with each sub-regional Work Group to review. The list of 15 health issues was then shortened based on input from Work Group participants to allow for a more focused discussion at subsequent public meetings. Local Prevention Agenda Prioritization Work Groups each held in-person or hybrid (virtual and in-person) public meetings to present progress to – and collect input from – local community-based organizations, academic researchers, and members of the public. At the meetings, the health issue scoring method, as well as the data and survey results related to each of the health issues, were reviewed with participants. Then, a discussion was held to answer questions, and individuals shared their understanding and recent observations of the current situation. Participants were provided with a method to vote on the need and opportunity to address each health issue, as a measurement of the discussion and their own experiences regarding each health issue. Group discussion often coalesced around mental health, food

insecurity, and chronic diseases as issues that particularly affect residents' livelihoods, are not fully addressed by existing resources, or are noticeably getting worse or affecting more people.

Scores for opportunity considerations were self-assessed by hospitals and health departments and were based on criteria including their ability to sustainably devote resources, garner support, and make a measurable impact.

### **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. Albany and Rensselaer counties created a joint Work Group, consistent with prior NYS Prevention Agenda cycles, as the hospitals' catchment areas cover both counties. An initial planning meeting was held on April 16, 2025, at which Healthy Capital District (HCD) presented data and survey results related to the fifteen health issues and facilitated discussions. The Albany-Rensselaer Prevention Agenda Prioritization Work Group then identified a shortlist of eleven health issues to present at the public prioritization meetings and combined the issues of food insecurity and obesity/diabetes, based on their intersectionality and potential for combined intervention planning. In the first public prioritization meeting, held on April 22, 2025, at the Samaritan Hospital Margaret W. Krause Center in Rensselaer County, HCD presented data and survey results related to the health issues, answered questions, and facilitated discussion. At the second public prioritization meeting, held on May 6, 2025, at the University at Albany ETEC Building in Albany County, HCD presented a brief review of the health issues and provided an overview of the NYS 2025-2030 Prevention Agenda and the Community Health Needs Assessment process. HCD also answered questions and facilitated an opportunity for attendees to advocate for a particular health issue. HCD then administered a hybrid voting session for participants to capture attendees' top public health issues based on the data reviewed, the short advocacy presentations, and participants' personal and professional experience.

Attendance during the public prioritization meetings consisted of more than 50 unique participants representing health care providers, academic institutions, and community-based and public service organizations. Participants were engaged in the data presentations, raised many questions, and offered their perspectives as service providers and researchers, including on the intersectionality of several issues and the underlying role that social factors play in the public health issues.

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

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

(Health Issue Prioritization materials presented at the public meetings are posted on the HCD website: <https://www.healthycapitaldistrict.org/content/sites/hcdi/CHNA2025/2025-Albany-and-Rensselaer-counties-Prioritization-Process-materials.pdf>).

## Significant Health Priorities Selected

Attendance during the public prioritization meetings consisted of more than 50 unique participants representing health care providers, academic institutions, and community-based and public service organizations. Participants were engaged in the data presentations, raised many questions, and offered their perspectives as service providers and researchers, including on the intersectionality of several issues and the underlying role that social factors play in the public health issues. The Health Issue Prioritization materials presented at the public meetings are posted on the HCD website.

Following the public prioritization meetings, members of the Albany-Rensselaer Work Group responded to a survey to rate their organizational capacity to sustainably address each issue. Their responses were scored and incorporated in the Health Issue Scoring Sheet. Based on the results of the health issue scoring, including the data, survey, community partner, and organizational scoring results, the Albany-Rensselaer Work Group selected the following Prevention Agenda priorities:

### **DOMAIN: Economic Stability**

- Priority Area: Nutrition Security

### **DOMAIN: Social and Community Context**

- Priority Area: Primary Prevention, Substance Misuse, and Overdose Prevention
- Priority Area: Suicide

### **DOMAIN: Health Care Access and Quality**

- Priority Area: Preventive Services for Chronic Disease Prevention and Control

## Why these priorities were selected

### Nutrition Security

- Among a group of social determinants of health, food security – nutrition – is foundational to physical, mental and social well-being
- Public health data related to food insecurity, particularly at the state and county levels, is limited
- There continues to be a rise in need and dependence upon food banks
- In New York's Capital Region, food banks are reporting record numbers and sustained high demand
- Per the 2021 BRFSS, 21.3% of Albany County adults self-reported food insecurity, as did 17.3% of Rensselaer County adults. Within New York State, county-level percentages ranged from a low of 11.2% to a high of 39.0%, with a statewide average of 24.9%.
- Within the 2021 BRFSS survey, statewide, the prevalence of reported food insecurity was higher among Hispanic adults (44.0%), Black, non-Hispanic adults (33.1%), women (26.7%), adults with a household income less than \$25,000 (51.9%), those with less than a high school degree (49.7%), and those who were unemployed (46.5%). Disparities are also seen in many low-income neighborhoods, rural and remote areas, and urban communities, often due to a lack of full-service supermarkets and a pervasiveness of corner shops and convenience stores that offer higher prices and less variety, as well as fast food or fast casual eateries that sell food high in calories, fat, and sodium.

### Mental Health and Substance Use Disorders

- Mental health and substance use are foundational to overall health and directly influence physical health outcomes, healthcare utilization, and quality of life
- Rates of anxiety, depression, and substance use disorders have increased over the past several years, driven in part by social isolation, economic stress, and lingering impacts of the Covid-19 pandemic
- Emergency Department visits and hospitalizations related to mental health crises and substance use remain elevated across New York State and the Capital Region
- Access to timely, affordable behavioral health services remains a barrier
- There are barriers by race, ethnicity, income, geography, and age, with higher burden observed among low-income populations, young adults, and communities with limited behavioral health services

### Chronic disease (obesity/diabetes)

- Chronic diseases such as diabetes and obesity are among the leading drivers of preventable illness, disability, and healthcare costs
- Obesity is a major risk factor for diabetes, cardiovascular disease, hypertension, and certain cancers, and prevalence has increased over time
- Diabetes prevalence continues to rise across New York State, with particularly high burden in urban and rural communities facing socioeconomic challenges
- Lifestyle factors including poor nutrition, physical inactivity, stress, and limited access to preventive care contribute to disease
- Management of diabetes and obesity requires consistent access to primary care, specialty care, nutrition counseling, and chronic disease self-management support
- Public health data indicate higher rates of obesity and diabetes among adults with lower income, lower educational attainment, and limited access to healthy food and safe spaces for physical activity
- Disparities are also observed by race and ethnicity, where there are disproportionate rates of diabetes-related complications and hospitalizations

The significant community health needs identified by the Columbia-Greene, Saratoga and Schenectady Work Groups can be found in the [2025 CHNA](#).



## Assets and Resources

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

The list can be found on pages 229--260, “Albany and Rensselaer County Assets and Resources”, within the [2025 CHNA](#).

# 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 modify their scopes or establish new task forces to develop and implement Community Health Improvement Plan interventions for each of the priority areas selected. For example, addressing mental health will require collaboration with both Albany and Rensselaer Counties' Departments of Mental Health as well as local hospitals and community partners.

Addressing nutrition security will require cooperation and partnerships among the lead task force entities as well as a range of partners.

## 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.

### Priority: Nutrition Security

#### Intervention:

Conduct standardized screening of unmet Nutrition Security needs and provide referrals to state, local, and federal benefit programs and community-based, health-related social needs providers to address unmet needs.

#### SMART(IE) Objective:

Increase consistent household food security from 71.1% to 75.9%.

Strategies	Process Measure	Albany Medical Center Hospital Role	Partner Role(s) and Resources
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<p>Conduct standardized screening of unmet Nutrition Security needs and provide referrals to state, local, and federal benefit programs and community-based, health-related social needs providers to address unmet needs.</p>	<p># of inpatient screenings for Social Determinants of Health performed at Albany Medical Center.</p>	<p>Roles:</p> <ul style="list-style-type: none"> <li>• Healthy Alliance accepts referrals from Albany Medical Center when patients screen positive for food insecurity.</li> <li>• Albany Medical Center helps to connect patients with food insecurities to proper resources.</li> <li>• Serve as referral endpoints for individuals identified with unmet nutrition needs, providing access to food pantries, produce distribution, etc.</li> <li>• Coordinate benefit enrollment assistance, including SNAP, WIC, and other state/local programs that improve household food security.</li> </ul> <p>Resources:</p> <ul style="list-style-type: none"> <li>• Albany Medical Center has internal food pantries that are utilized during the initial encounter with a patient who screens positive for food insecurity.</li> </ul>	<p>Assist in the coordination of connecting patients screened positive to food assistance services.</p>
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		<ul style="list-style-type: none"> <li>• Unite Us software connects Albany Medical Center patients to resources in the community.</li> <li>• Physical service sites that serve as access points for referrals.</li> <li>• Existing community networks to engage populations at higher risk for food insecurity.</li> </ul>	
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### Priority: Primary Prevention, Substance Misuse, and Overdose Prevention

#### Interventions:

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

#### SMART(IE) Objective:

- Increase the crude rate of patients per 100,000 population who received at least one buprenorphine prescription for opioid use disorder from 446.0 to 490.
- Reduce the suicide mortality rate from 7.9% to 6.7%.

Strategies	Process Measure	Albany Medical Center Hospital Role	Partner Role(s) and Resources
Provide or expand access to Food and Drug Administration (FDA)-approved medications for opioid use disorder (OUD), such as buprenorphine and methadone, to reduce overdose fatalities, while encouraging institutions and	# of visits to Albany Medical Center's outpatient suboxone clinics.	Roles: External partners <ul style="list-style-type: none"> <li>• Catholic Charities provides social services for patients, including: counseling and harm reduction.</li> <li>• Albany Medical Center refers patients who are in need of intensive therapy to St. Peter's SPARC, as</li> </ul>	Referrals to Albany Med's suboxone clinic.

community partners to initiate treatment and ensure continuity of care.		<p>well as other organizations.</p> <p>Internal - AMC providers</p> <ul style="list-style-type: none"> <li>• Refer patients to behavioral health and suboxone clinic providers.</li> <li>• Identify patients who may benefit from FDA-approved medications for opioid use disorder.</li> <li>• Offer evidence-based medications, including buprenorphine, to patients with opioid use disorder.</li> </ul> <p>Resources:</p> <ul style="list-style-type: none"> <li>• Existing outpatient clinics, behavioral health services, emergency medicine, etc.</li> <li>• Albany Med licensed prescribing clinicians (offer OUD treatments).</li> </ul>	
Implement suicide safer care services and protocols in health care settings to effectively identify, engage, treat, and follow up with individuals at elevated suicide risk.	# of PQH-2 and PQH-9 depression screenings performed at Albany Medical Center (inpatient and outpatient).	<p>Roles:</p> <p>Screen for depression and suicide through PHQ-2 and PHQ-9 in inpatient, outpatient and emergency department settings.</p> <ul style="list-style-type: none"> <li>• Refer patients who screen positive to internal and external</li> </ul>	NA

		behavioral health services.  Resources: • Integrated EHR for referrals.	
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## Albany-Rensselaer Community Health Improvement Plan

For information related to how partner organizations in the Albany-Rensselaer Prevention Agenda Workgroup, with Albany Medical Center Hospital, will address each focus area, goal, and objective, please refer to the *Appendix* on page 46 of this report.

## Other Health Needs

While not addressed through existing Regional Health Task Forces, below are examples of Albany Medical Center Hospital's programs and initiatives that address two of the prioritized health needs for residents of the Albany-Rensselaer County region, as identified through the 2025 CHNA.

**Heart Disease:** The leading cause of death in the U.S. and NYS, heart disease outpaces other causes such as cancer and accidents. Albany and Rensselaer counties' age-adjusted heart attack hospitalization rates were higher than the 10.7 NYS average (excluding NYC), at 11.6 and 14.6, respectively.

- Albany Medical Center Hospital provides a wide range of excellent care for adult and pediatric patients with conditions affecting the heart and vascular system, such as coronary artery disease, congenital heart disease, occluded heart vessels, and valvular heart disease.
- Albany Medical Center Hospital's cardiac team works across disciplines to ensure patients receive the newest and most advanced cardiac services and treatments.
- Interventional procedures often eliminate the need for surgery while providing better results than medication alone. Our team of interventional cardiologists and staff educate patients and their families about each procedure and why it makes sense in a particular patient's case.
- When necessary, our cardiac experts use the latest leading-edge surgical procedures to address routine and complex medical issues.
- Albany Medical Center Hospital has approximately one dozen locations to improve access to cardiac care for our patients.

**Stroke:** The fifth leading cause of death in the U.S., stroke is a major cause of adult disability. In the U.S., someone has a stroke every forty seconds and dies from a stroke every four minutes. Schenectady, Albany and Rensselaer counties had the highest stroke hospitalization age-adjusted rates in the Capital

Region. In Rensselaer County, stroke mortality among Black non-Hispanic residents was the highest in the Capital Region, and 2.5 times higher than the rate for White non-Hispanics (2020-2022).

- Albany Medical Center Hospital, a designated comprehensive stroke center, provides the highest level of competence for treatment of serious stroke events.
- Additionally, Albany Med is a New York State-designated Comprehensive Stroke Center, indicating our hospital provides consultation and works closely with all hospitals throughout upstate New York and western New England to facilitate rapid transfer of patients for treatment of stroke, especially for high level care.
- A wide range of the latest treatment options and devices are available to patients, including clot-busting medications, mechanical thrombectomy, intracranial balloon angioplasty, endovascular coiling of aneurysms, and AI-based rapid stroke triage system.
- The neuro-intensive care unit, the only one of its kind in the region, is designed specifically to serve patients with severe neurological conditions, including stroke.

## Regional health needs identified in the 2025 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. Prevention Agenda priorities selected:

- Nutrition Security
- Tobacco/e-cigarette use
- Suicide

When feasible, Albany Medical Center Hospital will assist with the implementation of the Columbia-Greene 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. Saratoga Hospital and Saratoga County Department of Health conducted a community health needs assessment independent of the study by Healthy Capital District Initiative and will jointly be addressing priorities, in partnership, at the county level. Prevention Agenda priorities selected:

- Nutrition Security

When feasible, Albany Medical Center Hospital will assist with the implementation of Saratoga County's selected 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 Healthcare Access (SCHA).

Prevention Agenda priorities include:

- Nutrition Security
- Adverse Childhood Experiences
- Preventive Services for Chronic Disease Prevention and Control



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

### **Albany Med Health System**

Albany Med Health System, which includes Albany Medical Center, Columbia Memorial, Glens Falls, and Saratoga Hospitals, while focusing on health priorities in their immediate regions, are collectively addressing health needs across the entire Capital Region.

Glens Falls Hospital's geographic region extended beyond the needs assessment conducted by HCD. Accordingly, they participated in a Community Health Needs Assessment with the Adirondack Health Institute – targeting the needs of residents of Warren and Washington Counties.

Glens Falls Hospital will be addressing the following Prevention Agenda priorities in Warren and Washington Counties, in collaboration with the Adirondack Health Institute:

- Tobacco / e-cigarette use
- Preventive Services for Chronic Disease and Control
- Healthy Children Preventative Services
- Health and Wellness Promoting Schools

When feasible, Albany Medical Center Hospital will assist with the implementation of the selected initiatives for Warren and Washington Counties.

## Evaluation of impact of actions taken since preceding CHNA

Throughout 2022-2024, the time period of the previous CHNA and related Community Service Plan, regular task force (workgroup) meetings, coordinated by Health Capital District (HCD) 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 administer or continue.

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 2025 CHNA to confirm pressing health priorities, will continue work on the selected health priorities through the existing Prevention Agenda Work Group, and as needed – focused task forces. These groups include Albany Medical Center Hospital, St. Peter's Health Partners, Albany County Department of Health, and Rensselaer County Department of Health, and a range of community partners – and will provide regular updates to the Healthy Capital District to evaluate progress of initiatives.

Health Capital District will coordinate regularly scheduled meetings to monitor development and modify work plans, if needed.

# Approvals

## **Adoption of Community Health Needs Assessment and Community Service Plan**

On November 19, 2025 the Albany Medical Center Hospital Affairs Committee approved and recommended approval of Albany Medical Center Hospital's Community Health Needs Assessment ("CHNA"), Implementation Strategy and Community Service Plan (CSP). The CSP and CHNA were approved on December 3, 2025, by the Albany Med Board of Governors and on December 10, 2025, by the Albany Med Health System Board of Directors.

## 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 (<https://www.albanymed.org/>)
  - Our CHNA will remain posted on our site for 2 subsequent CHNA cycles
- "The Story", Albany Med Health System's quarterly newsletter (for staff and for public)
- "Board of Directors" newsletter (for Albany Med Health System'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.
- We maximize the use of free media to promote information about our community health initiatives (such as free screenings, classes, seminars, etc.) through social media platforms and, on occasion, through print media.

# Community Health Needs Assessment

A complete report of the Health Needs Assessment can be found [here](#).

# **Appendix**

## Community Health Improvement Plan

### Albany & Rensselaer Counties

Access to the Albany-Rensselaer Community Health Improvement Plan can be found here:



Partner  
Workplans.pdf