

New York State 2016 Community Health Needs Assessment and Improvement Plan and Community Service Plan for Schenectady County



SCHENECTADY COUNTY PUBLIC HEALTH SERVICES



ST PETER'S HEALTH PARTNERS



Schenectady Coalition for a Healthy Community

Submitted in fulfillment of the requirements of the New York State Department of Health Prevention Agenda by Schenectady County Public Health Services, Ellis Hospital (d/b/a Ellis Medicine), and Sunnyview Rehabilitation Hospital.

Submitted in fulfillment of the requirements of the Internal Revenue Service (pursuant to the Patient Protection and Affordable Care Act of 2010) by Ellis Hospital (d/b/a Ellis Medicine). CHNA and Implementation Strategy adopted by vote of the Ellis Hospital Board of Trustees on October 4, 2016.

Submitted October 17, 2016

To comment on this document pursuant to the Patient Protection and Affordable Care Act of 2010 please contact
Ellis Hospital at
<https://www.ellismedicine.org/pages/contact.aspx>
or by writing to Ellis Hospital Public Relations, 1101 Nott
Street, Schenectady, New York 12308

New York State 2016 Community Health Needs Assessment and Improvement Plan and Community Service Plan

Cover Page

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Schenectady County

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Prioritization and Plan – Schenectady Coalition for a Healthy
Community (SCHC)

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F = Required by federal IRS/PPACA

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Executive Summary

1. What are the Prevention Agenda priorities and the disparity you are working on with your community partners including the local health department and hospitals for the 2016-2018 period?

(Refer to Section 5) The Schenectady Coalition for a Healthy Community (SCHC), which includes representation from Schenectady County Public Health Services, Ellis Hospital (d/b/a Ellis Medicine), Sunnyview Rehabilitation Hospital, and numerous local government agencies, health care and community service providers, and academic experts on health care, selected two Prevention Agenda priorities, which are consistent with DSRIP goals and at least one of which is a health disparity, to address. These are:

- **Priority Area:** Prevent Chronic Disease
 - **Focus Area:** Reduce Obesity and Diabetes in Children and Adults
 - **Health Disparities:** 1) Higher Likelihood of Food Insecurity related to Income/Education/Age; 2) High Rate of Diabetes Among West Indian Population
- **Priority Area:** Promote Mental Health and Prevent Substance Abuse
 - **Focus Area:** Prevent Substance Abuse and other Mental, Emotional, and Behavioral Disease

2. What has changed, if anything, with regard to the priorities you selected since 2013 including any emerging issues identified or being watched?

(Refer to Section 5 and Appendix 3) SCHC concluded that the 15 community health needs which had been identified in 2013 (two of which were selected as the top two priorities for 2016) remain valid, and hence must be addressed by the Ellis Hospital Implementation Strategy. Priorities have been modified, and are likely to continue to be modified based on the existence of new information and new resources. An example is the expanded attention to Food Insecurity. The 15 community health needs are:

- Asthma
- Arthritis and Disability
- Community and Coalition Building
- Community Health Improvement
- Dental Health
- Emergency Department Inappropriate Utilization

- Falls
- Food Insecurity
- Health Professions Education
- Mental Health and Substance Abuse
- Neighborhood Safety
- Obesity and Diabetes
- Programs for Youth and Adolescents
- Subsidized and Free Health Services
- Teen Pregnancy

3. What data did you review to identify and confirm existing priorities or select new ones?

(Refer to Section 4) Schenectady County Public Health Services, Ellis Hospital, and Sunnyview Rehabilitation Hospital joined with the other public health departments and hospitals in the six-county Capital Region to commission a full Community Health Needs Assessment prepared by the Healthy Capital District Initiative (HCDI), which conducted such community needs assessments since 1997, including a 2014 DSRIP community needs assessment conducted collaboratively for the two regional Performing Provider Systems. Information from this comprehensive compilation of public health data was used to identify the leading health issues for Schenectady based on the extent to which metrics showed Schenectady's status to be negative, i.e., worse than average or trending in a negative direction. Those needs which status indicators placed Schenectady in the bottom two quartiles for the State were selected as candidates for consideration as potential Community Health Needs. This analysis produced the following potential needs, which were then considered, along with the 2013 needs, by SCHC:

- Adverse Birth Outcomes
- Alcohol
- Asthma
- Cancer
- Cardiovascular
- Childhood Lead Poisoning
- Colorectal
- Diabetes
- Falls

- Female Breast Cancer
- HIV/AIDS
- Mental Health
- Obesity
- Prenatal Care
- Respiratory
- STDs
- Substance Abuse

4. Which partners are you working with and what are their roles in the assessment and implementation processes?

(Refer to Sections 5, 7, and Appendix 1) The Schenectady Coalition for a Healthy Community (SCHC) is comprised of representatives from over 60 local government, provider, community service, and academic organizations. SCHC members will formally partner with SCPHS and the hospitals through two designated work groups – Obesity/Diabetes and Mental Health/Substance Abuse – which will meet regularly and report at each meeting of the Coalition. Each work group is chaired or co-chaired by a representative from one of the hospitals or the County, and includes representation from organizations active in solving the identified problems. The Obesity/Diabetes group is co-chaired by an expert in nutrition and a clinician with expertise in treating diabetes, with initial membership from hospitals, the County, community service organizations, and the Cooperative Extension. The Mental Health/Substance Abuse group is chaired by a substance abuse expert from a County agency, with initial members from community service organizations and MEB clinical providers. In addition, Schenectady providers actively participate in the DSRIP PPS: The Alliance for Better Health Care, LLC.

5. How are you engaging the broad community in these efforts?

(Refer to Sections 5, 7, and Appendices 1 and 2) The broad community will be engaged in three ways: 1) through participation in the CHNA as part of the Siena Research Institute survey of the opinions and health needs of over 2,400 individuals region wide (over 400 in Schenectady), 2) as clients and constituents of the 60 member organizations of SCHC and as patients served by providers in the DSRIP PPS, and 3) through the opportunity to review and comment on the CHNA/CSP/CHIP and Implementation Plan as these are publicly posted and made widely available throughout the community.

6. What specific evidence-based interventions/strategies/activities are being implemented to address the specific priorities and the health disparity and how were they selected?

(Refer to Section 6) For the top two priorities, evidence-based interventions and strategies have been selected from the options available on the New York State Department of Health's Prevention Agenda website. These are:

- **Focus Area:** Reduce Obesity and Diabetes in Children and Adults
 - **Interventions:** 1) Increase retail availability of affordable healthy foods, especially for those with limited access (including availability of healthy foods for emergency food providers), 2) Offer the Diabetes Prevention Program (DPP) and Diabetes Self-Management Education (DSME) in the community.
- **Focus Area:** Prevent Substance Abuse and other Mental, Emotional, and Behavioral Disease
 - **Interventions:** 1) Collaborate to increase knowledge among the general public, health care providers and school personnel of the warning signs for suicide and how to connect individuals to assistance and care, 2) Collaborate with State and local government agencies, health care insurers, clinicians, businesses and educational institutions to integrate, implement, and coordinate suicide prevention initiatives, 3) Identify key leaders among State agencies, municipalities and community organizations to form an interdisciplinary implementation team whose responsibilities are to prioritize needs related to data, training, technical assistance, and evidence-based practices that are necessary to promote MEB health and prevent MEB disorders, e.g., expand or start SAMHSA programs in schools and the community, 4) Identify model prevention interventions and lessons in integrating prevention and treatment, e.g., a media campaign to reduce the stigma associated with MEB which is age-specific and uses social media.

7. How are progress and improvement being tracked to evaluate impact? What process measures are being used?

(Refer to Section 6) Relevant community health metrics will be measured over the three-year period, with specific goals for reducing obesity, suicide mortality, and related emergency department visits (also a DSRIP metric). The process measures are primarily related to numbers of meetings and attendance, although the process measures for the diabetes programs (DPP and DSME) and Mental Health First Aid training include numbers of patients/providers attending and completing the training programs.

Report

1. Description of Community Served

Schenectady County

Schenectady County (2015 population: 154,604) is, geographically, the second smallest county in upstate New York. It consists of five towns, two primarily rural and three primarily suburban, surrounding the centrally-located City of Schenectady (2015 population: 65,305). The county is located immediately west of the State Capital of Albany and many of its residents commute to jobs in Albany and the other counties comprising New York’s Capital Region.



Schenectady County Public Health Services (SCPHS), a unit of county government, is responsible for all public health and environmental health activities and enforcement throughout the city and county. The county contains a single non-profit acute care hospital – Ellis Hospital (also known by the trade name Ellis Medicine), and a single federally qualified health center (FQHC) – Hometown Health Center. There is also a non-profit specialty hospital (Sunnyview Rehabilitation Hospital) which is a member of the Albany-based St. Peter’s Health Partners system. There is one Medically Underserved Population; the homebound population of Schenectady County (ID #06211). The entire City of Schenectady is designated a Health Professions Shortage Area (HPSA) for the Medicaid population for Mental Health and Dental Health. In addition, eight Census Tracts in the Hamilton Hill/Mont Pleasant neighborhoods, which are immediately adjacent to the Ellis McClellan Street Health Center, are designated Health Professions Shortage Areas for the Medicaid population for Primary Care. Hometown Health Center, the Ellis Dental Health Center, and the Ellis Outpatient Mental Health Clinic have been designated by HRSA as National Health Service Corps practice sites.

Schenectady County is directly served by one DSRIP Performing Provider System (PPS), the Alliance for Better Health Care (AFBHC), and is adjacent to the service area of the Albany Medical Center PPS.

	Schenectady County	City of Schenectady	New York State
Population	154,604 (2015)	65,305 (2015)	19,795,791 (2015)
Persons per square mile	756.6 (2010)	6,135.5 (2010)	411.2 (2010)
Persons under 18 years	21.7% (2015)	24.4% (2010)	21.3% (2015)
Persons 65 years and over	16.0% (2015)	11.4% (2010)	15.0% (2015)
White alone	79.6% (2015)	61.4% (2010)	70.1% (2015)
Black or African American alone	11.4% (2015)	20.2% (2010)	17.6% (2015)
Bachelor’s degree or higher (age 25+)	29.8% (2010-14)	20.1% (2010-14)	33.75% (2010-14)
Median value, owner-occupied housing	\$166,900 (2010-14)	\$116,700 (2010-14)	\$283,700 (2010-14)
Median household income	\$57,025 (2010-14)	\$38,916 (2010-14)	\$58,687 (2010-14)
Persons in poverty	13.2% (2014)	23.8% (2014)	15.9% (2014)

Figure 1: Schenectady County, City, and State Demographics (also see data in Section 4 of this report)

Source: US Census Bureau, State and County QuickFacts, as accessed June 28, 2016

Residents of the City of Schenectady are generally less affluent and less healthy than residents of the surrounding towns, while residents of the County as a whole are less affluent than the State as a whole, however the County’s poverty rate is below that of the State (see Figure 1). For example, the median household income for the City, at \$38,916, is only about two-thirds that of the County as a whole (\$57,025), which is below that of the State (\$58,687). The poverty rate in the City (23.8%) is nearly double that of the County as a whole (13.2%). State Health Department data (2008-09) show that hospitalizations for conditions which could have been treated in the community (“prevention quality indicators”) range as high as 202% of the expected rate in certain City neighborhoods, but are as low as 49% of the expected rate in the rural towns. In one dramatic disparity, hospitalizations for conditions related to diabetes range from 604/100,000 in the City’s Hamilton Hill neighborhood (12307) to 62/100,000 in the nearby suburb of Niskayuna (12309).

A significant minority population in the City of Schenectady is comprised of Guyanese of West Indian descent. The result of secondary migration from New York City promoted by a previous Mayor along with primary migration from Guyana, the influx is credited with reversing years of population decline in the City. Schenectady County Public Health Services led multiple initiatives to identify and address health disparities relating to the West Indian population. Research conducted by physicians at Ellis Medicine revealed specific health issues regarding the West Indian population. In particular, the unexpected prevalence of diabetes among non-obese Guyanese males is the subject of journal articles (see for example: Hosler, Pratt, Sen, Buckenmeyer, Simao, Back, Savadatti, Kahn, Hunt, “High Prevalence of Diabetes Among Indo-Guyanese Adults, Schenectady, New York,” Preventing Chronic Disease 2013; 10:120211) and helped lead to awarding of a federal Racial and Ethnic Approaches to Community Health (REACH) grant to SCPHS in 2010. The initial planning stage of the REACH grant funded an extensive community survey of diabetes prevalence, pilot training of a dozen indigenous diabetes health promoters, an elementary school diabetes prevention education program, and a diabetes health screening program for at-risk West Indian residents. The West Indian Diabetes Action Coalition utilized a MAPP process to develop a Community Action Plan (CAP). Unfortunately, shifting priorities at the Centers for Disease Control (CDC) ended funding for the project before its implementation phase. In 2014, SCPHS was awarded a “Partnerships to Improve Community Health” (PICH) grant, funded by the CDC. One of the goals of this grant is to increase screening rates for type-2 diabetes in the West Indian population that are seen at Ellis Family Health Center, an Ellis Medicine Primary Care site.

Figure 2: Schenectady County and State Health Insurance and Access Measures

	Schenectady County	New York State
Adults 18-64 without any health insurance (2009-13)	8.4%	11.1%
Adults with regular health care provider (age-adjusted, 2013-14)	79.8%	84.6% (excl. NYC)
Adults who visited doctor for routine check-up w/in 1 year (age-adjusted, 2013-14)	68.7%	72.3%
Adult dental visit w/in past year (2013-14)	70.0%	70.9% (excl. NYC)

Source: HCDI, 2016 Community Health Profile

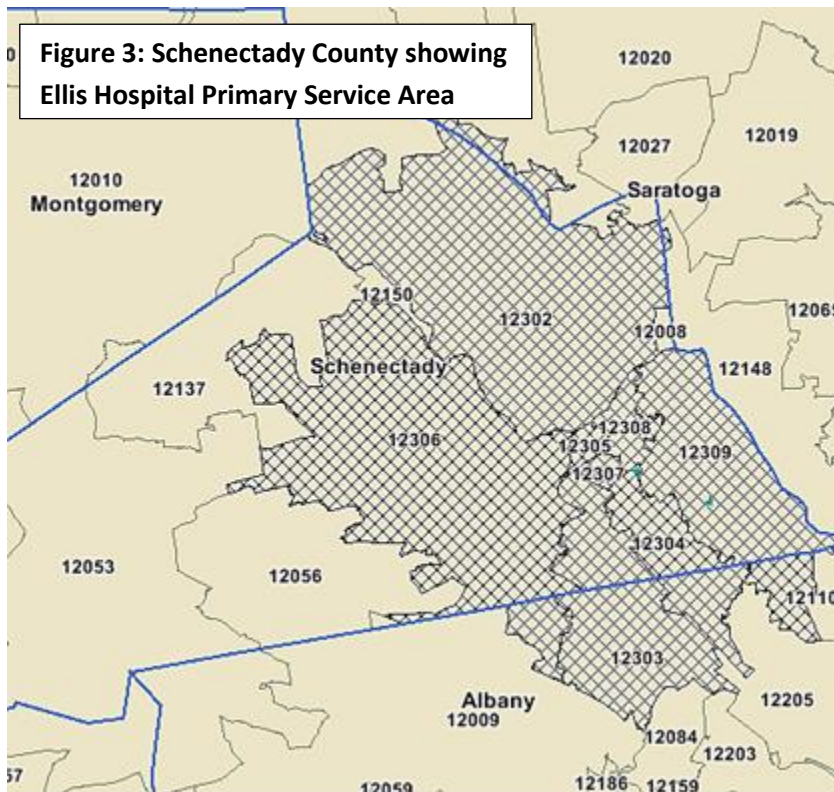
Overall, however, Schenectady County residents are more likely than the average New York State resident to have health insurance (see Figure 2). The vast majority of primary medical care and dental

care for low-income residents is provided by the Hometown Health FQHC and the community practices of the Ellis Medical Group. Both have achieved recognition by the National Committee for Quality Assurance (NCQA) as Patient-Centered Medical Homes (PCMH).

Ellis Hospital Primary Service Area and Community Served

For the purposes of determining community needs pursuant to the requirements of the Patient Protection and Affordable Care Act of 2010, Ellis Hospital defines the “community” it serves as consisting of Schenectady County, including the City of Schenectady and the Towns of Duaneburg, Glenville, Princetown, Niskayuna, and Rotterdam. There are several reasons for this definition:

- The geography of Schenectady County is very similar to the Primary Service Area (PSA) of the hospital. Ellis uses an industry-standard definition (the contiguous ZIP codes in which the first 60% of the hospital’s inpatients live) to determine its PSA. Ellis’ PSA consists of the entire range of 123nn ZIP codes (12302, 12303, 12304, 12305, 12306, 12307, 12308, and 12309), which constitutes all of the City of Schenectady and most of the population of the rest of Schenectady County. (The design of the ZIP code system is not aligned with county or other political boundaries. The rural westernmost portion of Schenectady County is not included in the ZIP code-defined PSA due to low population, while certain areas of Albany and Saratoga Counties do



fall within the Schenectady ZIP codes.) Although Ellis actively serves people within its Secondary Service Area (SSA), the geographic boundaries of those additional ZIP codes (the additional contiguous ZIP codes in which the next 20% of inpatients live, for an approximate total of 80% of inpatient volume) stretch across five counties and include portions of the service areas of at least six other hospitals. Retaining a focus on the

Schenectady community will permit development of an actionable implementation plan which can target cohesive populations.

- Population and health data are commonly available by county. The New York State Department of Health and other State government agencies maintain data by county, the Healthy Capital District Initiative provides comparison data by county within the region, and data collected by the United States Census are frequently at the county and city level. Although convenience is not in and of itself a reason to define “community,” the availability of solid data, including baseline and comparison data, will provide a better basis for planning, and an externally-verifiable source for outcome measures.
- Ellis has established strong partnerships with other healthcare and community service organizations which are located in and serve Schenectady County. The “Medical Home Group,” a loose affiliation of community organizations created at the time of the three-hospital consolidation in 2008, has evolved into the Schenectady Coalition for a Healthy Community; 60 community groups including businesses, local government agencies, healthcare and social services providers and community agencies, faith-based organizations, and advocacy groups whose leaders meet quarterly at Ellis. (See Appendix 1, page 54) By focusing “community” on a population well-served by a coordinated array of physical health, behavioral health, and community service organizations in coordination with strong local government agencies, a community-wide action plan can leverage the hospital’s implementation plan through the efficient and effective use of multiple resources.
- Selection of Schenectady County as the “community” is consistent with regulatory requirements to assure inclusion of “medically underserved, low-income, or minority populations” (sec. 1.501(r)-3(b)(3)), as these populations represent a greater share of the population in Schenectady County than they would if diffused among the five counties of the Secondary Service Area.

2. Mission, Vision, and Services Provided

Schenectady County Public Health Services

The mission of Schenectady County Public Health Services (SCPHS) is to support, sustain, and improve the well-being of people in Schenectady County, New York.

Schenectady County Public Health Services (SCPHS) was officially organized as a full-service County health department in January 1991. Until that time, there had been a Health Department of the City of Schenectady. The City department was incorporated into SCPHS and virtually the entire City staff joined the new organization and formed the core of a County-wide health department.

SCPHS is organized into four main service units: Prevention and Patient Care Services, Environmental Health, Children with Special Needs, and an Administrative Unit that provides overall administrative oversight and financial management.

As a full service public health department, SCPHS is engaged in a broad range of public health services. The largest unit of the department is Prevention and Patient Care Services. The primary focus of this unit has been programs and services for children and families. Services provided include maternal and child health services provided by public health nurses through home visiting to high risk mothers and infants and lead poisoning screening. TB screenings are offered through the SCPHS clinic and services are provided at Ellis Family Health Center by SCPHS nurses. STD services are subcontracted to Hometown Health Center and completed in their clinic. Additionally, SCPHS operates a nationally credentialed Healthy Families America model program called Healthy Schenectady Families. The communicable disease team manages outbreaks as part of routine department activities. The department is a subcontractor for Cornell Cooperative Extension, Schenectady County for the WIC program (Special Supplemental Food and Nutrition Education Program for Women, Infants, and Children). Also, a school based dental outreach program is subcontracted to the local FQHC and provides dental screening, cleaning, and sealant application.

The Children with Special Needs unit administers the Early Intervention program serving children ages 0 to 3, the pre-school education program that serves children ages 3 to 5, the Physically Handicapped Children's Program, and the Children with Special Health Care Needs program. The Environmental Health Unit conducts multiple programs including regulatory activities related to restaurant inspections, lead safe housing, water safety and sanitation, rabies, and indoor air quality.

Ellis Medicine/Ellis Hospital

The mission of Ellis Medicine (the trade name for Ellis Hospital) is: "To meet the health and wellness needs of our community with excellence." (Emphasis added.) Prior to 2012, the Mission Statement had been: "To meet the healthcare needs of our community with excellence."

Ellis provides a full array of acute and long-term physical and mental health services to people throughout the region, participating fully in Medicare, Medicaid, commercial, and Exchange insurances

and providing Financial Assistance for uninsured, low income individuals. Eligible Ellis locations have been designated as National Health Service Corps practice sites.

Ellis participates with other non-profit partners (including St. Peter's Health Partners, St. Mary's Healthcare Amsterdam, Hometown Health Center (FQHC), and Whitney M. Young Jr. Health Center (FQHC)) in the Innovative Health Alliance of New York State (IHANYS) a Medicare Shared Savings Program Accountable Care Organization (MSSP ACO) and the Alliance for Better Health Care (AFBHC) a Medicaid Delivery System Reform Incentive Program Performing Provider System (DSRIP PPS).

Ellis is comprised of four health care campuses (Ellis Hospital (general hospital and 24/7 Emergency Department), Ellis McClellan Street Health Center (primary care and outpatient services), Bellevue Woman's Care Center (women's specialty care including maternity and Special Care Nursery), and Medical Center of Clifton Park (24/7 urgent care and outpatient services)); eight primary care practices (Schenectady (4, including pediatric), Glenville, Ballston Spa, Clifton Park, and Malta); an 82-bed skilled nursing facility; a dental practice including dental surgery; outpatient and inpatient mental health services for adults, children, and adolescents; two Residencies (Family Medicine and General Dental); the Belanger School of Nursing; and several specialized services including specialty practices and blood draw stations. Ellis is the sole corporate member of the Visiting Nurse Service of Northeastern New York (VNS NENY), a Certified Home Health Agency which provides acute and long-term in-home care.

Sunnyview Rehabilitation Hospital

The mission of Sunnyview Rehabilitation Hospital is "To improve the lives of persons with disabilities and the lives of their families."

Sunnyview provides physical medicine and rehabilitation services to individuals throughout the State and beyond, participating fully in Medicare, Medicaid, commercial, and Exchange insurances. Sunnyview offers scholarships to offset the cost of its wellness programs.

Sunnyview is comprised of one main campus (inpatient and outpatient services) and three satellite outpatient therapy locations. Rehabilitation services are provided to all ages. Sunnyview has a wellness center which is open to the public and offers discounted memberships to those in need. Sunnyview also offers multiple community programs including adaptive sports clinics and support groups for persons with disabilities. Sunnyview is a member of St. Peter's Health Partners who provide a full continuum of care across multiple counties in upstate New York.

3. Summary of Results and Comments from Prior (2013) CHNA

Summary of Results and Actions Taken

Schenectady's 2013 Community Health Needs Assessment identified fifteen health needs. During 2014 through 2016 Ellis Hospital, Schenectady County Public Health Services, and their community partners took actions to address such needs, commensurate with the priority of each need and the availability of resources. Actions included the following:

- Asthma and Smoking:
 - Schenectady County Public Health Services, Ellis, and other community organizations applied for and received a grant from New York State Health Foundation to support a "Schenectady Asthma Support Collaborative" (SASC). A required local cash match was obtained from The Schenectady Foundation, the GE Foundation, and MVP Healthcare. Services of a collaborative model combining care management, patient education, and in-home nursing services began in late 2014, with the grant period ending in December 2015.
 - SASC created a seamless three-tiered care model (centralized care coordination, home visits/assessments, and asthma education). Over the course of the project, 68 patients consented to participate in care coordination. While 57 (84%) of these remained engaged after two months, only 13 (19%) completed both the home visits and asthma education components. The project's final report concluded that cultural dynamics ("fatalism") and structural barriers (issues of trust) may have prevented individuals from accessing optimal care.
 - Although the project clearly demonstrated the challenges of engaging patients, the clinical aspects of the three-tiered model remain valid. The design of the Schenectady model was used to inform development of asthma projects across the six-county service area of the regional DSRIP partnership, the Alliance for Better Health Care.
 - Ellis and the Schenectady City School District (SCSD) participated in the "School-based Asthma Management Program," which for the 2015-16 school year enrolled 84 of the 1,137 diagnosed asthmatics in SCSD. This enrollment tripled that of the 2014-15 school year. The program administered 347 albuterol treatments, enabling students to return to class 96% of the time. (In 12 cases the student was sent home to recover, and there was only one instance when the student went to the Emergency Department.) In addition to the in-school component, nearly a third of the students and their parents attended outpatient Asthma Self-Management Training sessions through Ellis Asthma Care.
 - The Ellis Asthma Education program found that "graduates" achieve a 60-70% reduction in Emergency Department visits over 12 months post-discharge.

- A Care Manager from the Ellis-sponsored Health Home completed a two-day asthma training course.
- Ellis continued its strong asthma education program, and continued to collaborate with the Capital District Tobacco Free Coalition. Informal “suasion” within the community encouraged various smoke-free initiatives; a newly-constructed affordable housing project on Albany Street in Schenectady will be smoke-free, and the Union College campus will be entirely smoke-free by the end of 2016. In August 2016, the Schenectady County Legislature adopted a local law raising the legal age for the sale of tobacco products to 21.
- Diabetes and Obesity:
 - Ellis embarked on a two-pronged approach to issues of diabetes and obesity: 1) specific diabetes education programs were developed and delivered in the community and 2) weight loss and physical exercise programs were implemented for varying target groups.
 - Ellis and partners piloted the “Learn to Live Well” diabetes program for parishioners and community members at the Zion Lutheran Church; the four-session curriculum included a presentation by Ellis certified diabetes educators.
 - Ellis staff met with representatives from the City Mission and the local Hindu Temple to explore diabetes programming through their organizations.
 - In 2014, Schenectady County Public Health Services received a “Partnerships to Improve Community Health” (PICH) grant which supported increased screening for diabetes in high risk populations.
 - The PICH grant also supported training of Ellis Diabetes Care staff as Lifestyle Coaches for the National Diabetes Prevention Program (DPP), which is offered at Ellis Medicine locations starting in October 2016.
 - An embedded Diabetes Care Manager was placed at Ellis Family Health Center as part of the PICH grant to work on policies and systems related to diabetes management in a primary care setting, including referrals to the Diabetes Self-Management Education program.
 - With assistance from Ellis Medicine IT staff, a registry of patients with diabetes was developed for Ellis Family Health Center to facilitate improved care.
 - Ellis staff and local college students met with neighborhood associations to conduct a community asset mapping; this inventory is to be used to assess the viability of a city-wide physical activity program.
 - Ellis held a physical activity Field Day for local youth in partnership with Union College.

- Ellis engaged its own employees in competitive walking events and other weight-loss activity; participation counts toward reductions in health insurance premiums.
- Inappropriate Emergency Department Utilization:
 - Ellis led creation of two region-wide health innovations collaborations – a Medicare MSSP ACO (“Innovative Health Alliance of New York” (IHANY)) and a Medicaid DSRIP PPS (“Alliance for Better Health Care” (AFBHC)) – both with goals of reducing inappropriate hospital utilization.
 - Both collaborations were approved for inauguration in 2015 – the ACO on January 1 and the PPS on April 1.
 - IHANY adopted the goal of reducing inappropriate hospital Emergency Department utilization as part of a comprehensive program intending to reduce costs and produce shared savings. AFBHC is required by the State to reduce inappropriate hospital utilization (both Emergency Department and inpatient) by 25% over a five year period. IHANY was successful in reducing Emergency Department use by its attributed patients during its first year of operations.
 - Leveraging data mining of patients’ intake registration forms, Ellis created a computer application that identifies all Emergency Department patients who present without a primary care provider listed on their registration form. This information is then sorted and given to Central Scheduling. During the patient’s time in the Emergency Department, they receive educational information about the different settings for care and tips on how to pick the most appropriate setting – Emergency Department, Urgent Care, or primary care. Then, within 24 hours after the patient has left the Emergency Department, Central Scheduling calls them to follow up and offers an appointment with a primary care physician so that they can get established as a patient of a primary care practice.
- Mental Health and Substance Abuse:
 - The Schenectady County Office of Community Services and Ellis undertook a collaboration to form work groups evaluating mental health needs.
 - In collaboration with researchers from the Schenectady County Public Health Services and students at Union College, a project to focus on the CHNA-identified excess number of drug-addicted newborns in Schenectady received Ellis IRB approval to conduct chart reviews of newborns with positive drug screen.
 - The study evaluated the most commonly abused drugs and demographics of the newborns’ mothers. Because of the small sample size, no final conclusions were reached.

- In 2015, Ellis and SCPHS worked with HCDI which is compiling mental health and substance abuse data from such standardized survey tools as BRFSS and School Climate Survey to analyze among the Capital Region counties. The survey information continues to flag the newborn drug-related diagnosis rate in Schenectady County as a critical issue compared with the region, although the single year rate did dip slightly (6.3%) between 2012 and 2013. Other indicators for which Schenectady County exceeds the regional rate are Post Traumatic Stress Disorder (3.8% vs. 3.1%) and Substance Abuse-other (9.3% vs. 7.7%). Specific Schenectady neighborhoods, however, greatly exceed regional rates on multiple indicators; for example the Schenectady Stockade rates exceed regional rates on 14 of 18 indicators, while the dementia rate in Scotia/Glenville is 83% above the regional rate.
- Adolescent (Teen) Pregnancy:
 - Ellis, the Schenectady City School District, Planned Parenthood Mohawk Hudson, the AIDS Council, and the Schenectady Teen and Adult Coalition (STAC) worked to consider causes and solutions to the consistently high rates of adolescent pregnancy in certain neighborhoods.
 - The project engaged adolescents/teenagers in focus group and multiple meetings. A gap in health education at local schools was identified. After most health education teachers had been laid off due to budget cuts, students are receiving no health education classes between 6th grade and 10th grade. Planned Parenthood is leading a 9th grade student assembly in November 2016, and is seeking to reintroduce middle school health classes.
 - The Schenectady Foundation's "Call to Action for Schenectady's Youth" grant program is providing funding for the "Cradle Project," a multimedia project that is focusing a lens on Schenectady's high rate of teenage pregnancy – the highest in the Capital Region – and its toll on the community. Dozens of local youth are involved in writing original music and dialog, performing and producing "Cradle," a documentary film about teen pregnancy expected to debut in 2017. The Cradle Project will also include music videos and forums about sexual health and professional development.
- Arthritis and Disability:
 - As this need was not categorized among the top priorities in the development of the CHNA, resources were devoted to other higher priority projects during the first two years.
- Dental Health:
 - In 2015, Ellis received the final payment of a \$250,000 "Member Item" grant from State Senator Hugh T. Farley which was used to acquire equipment for the pediatric dental

program. Ellis Dental Care now provides expanded services to low-income patients; including the new facilities for pediatric dental surgery and a program for parents and families of pediatric dental patients.

- Falls:
 - The CHNA identified particularly high falls mortality in the community, and a high number of falls in one neighborhood. Data analysis and “drilling down” identified a large senior housing facility in this neighborhood as the falls “hot spot.”
 - Ellis staff met with administrators at the facility on several occasions. Union College students were engaged to assist the facility staff to track indicators and trends.
 - Having identified the issue at one senior housing facility, ambulance call data were obtained from the local ambulance company in an effort to analyze the prevalence of falls at other senior facilities.
 - Schenectady County Public Health Services and Schenectady County Senior and Long Term Care Services partnered to offer Tai Chi for arthritis classes in the community to help prevent falls in older adults.
 - As part of the work of the Schenectady Coalition for a Healthy Community, the Schenectady County League of Women Voters has undertaken lead activities for a “Falls Prevention Work Group.” The Work Group meets regularly and has engaged experts from the State Department of Health, senior citizen organizations, rehabilitation facilities, and local government agencies.
- Food Insecurity:
 - The focus on Food Insecurity came from a 2013 U Matter Schenectady survey finding that the majority of residents in three Schenectady neighborhoods (Hamilton Hill, Eastern Avenue, and Central State) had run out of food at least once in the past year. Interestingly, this finding correlated with the prevalence of severe obesity (BMI >35) which is more than double for people who run out of food every month or nearly every month than for those who never run out of food.
 - A partnership including Schenectady Community Action Program, City Mission of Schenectady, Ellis Hospital, and The Schenectady Foundation obtained a grant from the Robert Wood Johnson Foundation to support a “Community Coach” from the University of Wisconsin Population Health Institute. The “Coach” convened a series of telephone conferences and an on-site visit to help focus community resources and thinking.
 - As a result of the coaching, the partnership developed a community plan including asset mapping and a root cause analysis, and developed collaboration with the Schenectady County Food Providers Group. No clear, single, cause was found, although there was

some evidence that some service gaps (e.g., few food pantries are open on weekends) and inefficiencies in the distribution system may be contributors.

- During 2015, Ellis, SCPHS, and their partners worked with two grants (a Robert Wood Johnson Foundation Roadmaps to Health Action Award and Partnerships to Improve Community Health) to improve access to healthy foods. These efforts resulted in development of a Schenectady Food Resource map (<http://sicmfood.com/>), an online tool accessible from portable devices such as smartphones, which shows the locations of such resources as soup kitchens, food pantries, and stores which accept electronic benefit cards. The resource map has also been developed into a mobile phone application, called “Food 4 Schdy.” The app allows users to view the resource map using their smartphone’s location and get directions to the resources.
- The PICH grant also supports policy, systems, and environmental improvements at food pantries within the county to increase access to healthy foods. This grant supported the opening of a new food pantry in the 12308 ZIP code (Northside neighborhood), which is an underserved area of the county.
- As part of the PICH grant, a community wide food plan was developed with goals, strategies and evidence based activities to address food insecurity in the community.
- Physicians at the Ellis Family Health Center continue to promote fresh fruit and vegetable consumption among patients.
- Neighborhood Safety:
 - Ellis and the City of Schenectady participated on several initiatives to stabilize the Northside/Goose Hill neighborhood where the Nott Street campus is located. These include a “Walk to Work” initiative and a program to promote home ownership. In addition, construction at the Nott Street campus included new sidewalks and improved street lighting, both issues of neighborhood safety which had been identified in the CHNA.
 - Ellis was invited by the New York State Health Foundation to apply for a community-wide “Healthy Neighborhoods Fund” grant. The application was submitted but not funded.
- Programs for Youth and Adolescents:
 - In December 2014, The Schenectady Foundation hosted a conference entitled “Bridges to Youths” to better understand the needs of Schenectady’s youth.
 - The conference led to the “Call to Action for Schenectady’s Youth.” Since its launch in the summer of 2015, The Schenectady Foundation has so far invested \$770,000 in eight programs with the potential to bring powerful and positive change to Schenectady’s

youth. Call to Action for Youth is a three-year, \$2 million community-wide effort to empower children and teens that face significant barriers to success. Grants include support of scholarships, job training, and sports programs for youth.

- Community and Coalition Building:
 - Ellis and SCPHS continue to lead and participate in numerous community coalitions. These include the Schenectady Coalition for a Healthy Community, the Schenectady Strategic Alliance for Health, and the Healthy Capital District Initiative.
 - In addition, during 2014 Ellis undertook two major business initiatives promoting broad coalitions of healthcare providers. A Medicare Shared Savings Program Accountable Care Organization (MSSP ACO) partnered three hospital systems, an FQHC, and several community medical practices. A New York State Medicaid Delivery System Reform Incentive Payment program Performing Provider System (DSRIP PPS) partnered the same three hospital systems, two FQHCs, and two large community medical practices, along with more than 50 community agencies. Both were approved by their respective regulators to start operations in 2015.
 - The MSSP ACO (Innovative Health Alliance of New York, or IHANY) was approved to start operations on January 1, 2015, and the DSRIP PPS (Alliance for Better Health Care, or AFBHC) to begin on April 1, 2015. Each was established as a separate limited liability company (LLC) and each undertook to adopt an Operating Agreement and seat a Board of Directors. The two entities share facilities and some staff, with other staff dedicated to one or the other. During 2015, both were largely engaged in organizational activities and in building baseline data. The DSRIP PPS received scheduled funding from the New York State Department of Health. The MSSP ACO was funded by capital contributions from the two Members of the LLC (Ellis and St. Peter's Health Partners), and did not achieve "shared savings" during its first year of operation.
- Community Health Improvement:
 - Ellis continued programs of community and patient education and support.
- Health Professions Education:
 - Ellis, the only hospital in the region to sponsor both physician education and nursing education, continued to provide a broad variety of health professions education programs including the Belanger School of Nursing, the Family Medicine Residency, the General Dental Residency, Grand Rounds and other continuing professional education programs. Ellis also serves as a training and preceptorship site for numerous community-based health professions education programs.

- Subsidized and Free Health Services:
 - Ellis continued to participate in government insurance programs including Medicare and Medicaid, while providing reduced rates and charity care for self-pay patients, as detailed in IRS form 990, Schedule H. Medicare, Medicaid, and Financial Assistance (Charity Care) covered nearly two-thirds of inpatient discharges during 2015.

Comments Received on 2013 CHNA and Implementation Strategy

As required, Ellis posted the 2013 CHNA and Implementation Strategy on its public website (<http://www.ellismedicine.org/pages/community-report.aspx>). In addition, the Implementation Strategy was included in the IRS forms 990 Schedule H also posted on the website. Ellis solicits public comments via the website itself (<https://www.ellismedicine.org/pages/contact.aspx>), Facebook (<https://www.facebook.com/EllisMedicineNY>) and Twitter (<https://twitter.com/ellismedicine>) with all accounts actively monitored by staff from the Public Relations office. Ellis also solicited public comments through the regular meetings of the Schenectady Coalition for a Healthy Community (SCHC).

No written comments were received between the website posting of the 2013 CHNA and Implementation Strategy in November 2013 and the preparation of this report in September 2016. Comments were received, however, during meetings of SCHC and were used to modify and make mid-course corrections to the overall identification, evaluation, and prioritization of health needs.

The most significant comments related to priority modifications so as to be able to take advantage of opportunities which occurred after adoption of the 2013 document. This particularly involved elevation of the priority of Food Insecurity (initially listed as Tier B) as several funding opportunities became available. Greater knowledge of the impact of Food Insecurity on the overall well-being of individuals and families in Schenectady then led to its inclusion as a component in the Obesity/Diabetes initiative for 2016.

Given this experience, Ellis expects to more aggressively encourage written comments on the 2016 CHNA and Implementation Strategy. This will include specific outreach to community organizations with the request that the document be made available to their clients and members. If technically possible, a potential option would be to add a direct email link to the website page.

4. Summary of Health and Other Data

Regional Community Health Needs Assessment

Capital Region hospitals and public health departments have been engaging in joint regional health assessments and prioritization projects since 1997. This year's (2016) Community Health Needs Assessment (CHNA) conducted by the Healthy Capital District Initiative (HCDI) is the fifth analysis of the health needs. The complete CHNA document (as Volume 2 of this presentation) is available here: http://www.hcdiny.org/redir.php?url=content%2Fsites%2Fhcdi%2F2016_chna%2F2016_HCDI_Community_Health_Needs_Assesment.pdf

In 2014, HCDI also completed a comprehensive multi-county Medicaid Community Health Needs Assessment (available here: <http://allianceforbetterhealthcare.com/about/community-needs-assessment/>) on behalf of the two local DSRIP Performing Provider Systems (Alliance for Better Health Care PPS and Albany Medical Center PPS) as required by the New York State Department of Health.

Participating hospitals and public health departments who are members of HCDI are: Albany County Department of Health, Rensselaer County Department of Health, Schenectady County Public Health Services, Albany Medical Center (including Columbia Memorial Hospital and Saratoga Hospital), Ellis Hospital, and St. Peter's Health Partners (including St. Peter's Hospital, Albany Memorial Hospital, Samaritan Hospital, Seton Health/St. Mary's Hospital, and Sunnyview Rehabilitation Hospital). The CHNA also contains data for Saratoga, Columbia, and Greene Counties as the result of their inclusion in the State's Population Health Improvement Project (PHIP) service region.

Schenectady County Data

Overall, the CHNA identified the following significant sociodemographic and health care information about Schenectady County in comparison to the overall Capital Region and/or to New York State outside of New York City ("Rest of State"):

Sociodemographic

- Schenectady had a population of 154,821 and was the Capital Region's most urban county (758.5 pop. /sq. mile);
- Schenectady had the 2nd lowest median age (39.9 years) in the Capital Region;
- Schenectady had the largest percentage of population 14 years of age or younger at 18.5%, while 15% of its population was 65+ years of age;
- Schenectady had the 2nd largest non-White population at 20.2%, and the largest Hispanic population at 6.0% in the Capital Region;
- Hamilton Hill neighborhood had the largest non-White population (67.0%) as well as the largest Hispanic population (18.3%);

- Schenectady's poverty rate of 12.7% was lower than that of NYS (15.3%);
- Hamilton Hill neighborhood had the highest neighborhood poverty rate (30.4%).

Chronic Disease

- Schenectady's asthma emergency department visit rate (69.9/10,000) was significantly higher than Rest of State (47.6);
- Hamilton Hill had 6.2 times the asthma ED visit rate and 2.1 times the asthma hospitalization rate as Rest of State;
- Schenectady's adult smoking rate of 20.3% was higher than Rest of State (18.0%) and increased 19% from its rate in 2008-09 (17.0%);
- The County's CLRD ED visit rate (134.7/10,000) and CLRD mortality (42.7/100,000) rate were higher than Rest of State (73.3 and 36.8);
- Hamilton Hill had 6.7 times the CLRD ED visit rate and 2.6 times the CLRD hospitalization rate compared to Rest of State;
- Schenectady's diabetes mortality rate of 19.2/100,000 was significantly higher than Rest of State (15.6);
- The County's diabetes short-term complication hospitalization rate (8.5/10,000) was significantly higher than Rest of State (5.8) and increased 70% from 2009 to 2013;
- Hamilton Hill neighborhood had 6.9 times the diabetes ED rates and 3.2 times the diabetes hospitalization rates compared to Rest of State;
- Schenectady's heart attack hospitalization rate of 19.2/10,000 was significantly higher than Rest of State (15.7);
- The County's congestive heart failure hospitalization (25.5/10,000) and mortality (18.1/100,000) rates were significantly higher than Rest of State (23.4 and 16.1);
- Schenectady's stroke hospitalization (24.1/10,000) and mortality (33.3/100,000) rates were higher than Rest of State (23.6 and 29.8);
- Hamilton Hill neighborhood had 1.6 times the heart disease hospitalization rate, 2.3 times the congestive heart failure hospitalization rate, and 2 times the stroke hospitalization rate compared to Rest of State;
- Schenectady's colorectal screening rate of 65.9% was lower than Rest of State (70.0%), while the county's colorectal cancer mortality rate (15.4/100,000) was higher than Rest of State (13.9);

- Schenectady's mammography screening rates were lower than Rest of State for women 40 years of age and older (73.9% vs. 77.8%) with a decrease in the rate of 11% from 2008-09 to 2013-14;
- The County's adult obesity rate of 32.8% and childhood obesity rate of 18.0% were both higher than Rest of State (27.0% and 17.3%).

Healthy and Safe Environment

- Schenectady's incidence rate of elevated blood lead levels (10+ug/dl) in children under 6 years of age of 13.1/1,000 was significantly higher than Rest of State (8.8) and increased 132% from 2009 to 2013;
- The County's lead screening rates for children 9-17 months (58.3%) was higher than Rest of State (53.5%), but 2 screens by 36 months (37.8%) was lower (42.1%);
- Schenectady's elderly (65+ years) fall hospitalization rate of 197.1/10,000 was higher than Rest of State (193.8) but decreased 6% from 2009 to 2013;
- The County's pediatric (1-4 years) fall emergency department visit rate of 583.5/10,000 was significantly higher than Rest of State (462.1) but decreased 4% from 2009 to 2013.
- Upper State Street (Woodlawn) neighborhood had 3.1 times the elderly fall ED visit rate and 2 times the fall hospitalization rate compared to Rest of State.

Healthy Women, Infants, and Children

- Schenectady's teen (15-17 years) pregnancy rate of 29.8/1,000 was significantly higher than Rest of State (13.0), but decreased 7% from 2009 to 2013;
- Hamilton Hill neighborhood's teen pregnancy rate (15-19 years) was 3 times higher than Rest of State;
- The County's rate of low birth weight (< 2.5 kg.) of 8.3% was higher than Rest of State (7.6%), but decreased 25% from 2009 to 2013;
- Hamilton Hill and Stockade neighborhoods had 1.2 times the rate of premature births compared to Rest of State.

Infectious Disease

- Schenectady's gonorrhea case rates in the 15-44 year population of 198.0/100,000 for females and 235.3 for males were significantly higher than Rest of State (149.3 and 129.7);
- Schenectady's chlamydia case rate for women 15-44 years of 1667.5/100,000 was higher than Rest of State (1220.3) with a 25% increase from 2009 to 2013;
- The County's HIV case rate of 9.1/100,000 was significantly higher than Rest of State (7.9);

- Schenectady's AIDS mortality rate of 5.1/100,000 was significantly higher than Rest of State (1.3);

Mental Health and Substance Abuse

- The National Survey of Drug Use and Health estimated 19% of Schenectady residents with a mental illness and 4% with a serious mental illness;
- Schenectady's mental disease and disorder ED visit rate (219.1/10,000) and hospitalization rate (104.7/10,000) were significantly higher than Rest of State (127.7 and 55.8);
- Schenectady's suicide mortality rate of 12.6/100,000 was significantly higher than Rest of State (9.6) and increased 70% between 2008-10 and 2011-13;
- The self-inflicted injury ED visit rate for Schenectady residents 15+ years of age of 12.6/10,000 and self-inflicted injury hospitalization rate of 12.9/10,000 were higher than Rest of State (8.5 and 7.0), Schenectady's hospitalization rate increased 37% from 2009 to 2013;
- Stockade and Hamilton Hill neighborhoods had 5 times the mental disease and disorder ED visit rates, and 6 times the mental disease and disorder hospitalization rates than Rest of State;
- The National Survey of Drug Use and Health estimated 3% of Schenectady residents with drug dependence/abuse, and 2% needing, but not receiving, drug treatment;
- Schenectady's newborn drug-related discharge rate of 222.2/10,000 discharges was significantly higher than Rest of State (123.4), and increased 29% from 2009 to 2013;
- Schenectady residents had significantly higher substance abuse (any diagnosis) ED visit rates (934.1/10,000), and hospitalization rates (232.2/10,000) than Rest of State (349.5 and 175.0), Schenectady's ED visit rate increased 24% from 2009 to 2014;
- Schenectady had a lower substance abuse mortality rate (5.6/100,000) than Rest of State (9.3), but the rate increased 10% from 2008-10 to 2011-13;
- Schenectady had an opiate-poisoning related ED visit (any diagnosis) rate of 18.7/10,000 that was higher than the Rest of State (15.2), and showed a 70% increase from 2008-10 to 2011-13;
- Hamilton Hill neighborhood had 11 times the substance abuse (any diagnosis) ED visit rate, 4.4 times the substance abuse hospitalization rate, 2.8 times the opiate-related ED visit rate and 3.1 times the opiate-related hospitalization rate than Rest of State;
- The National Survey of Drug Use and Health estimated 7% of Schenectady residents with alcohol dependence/abuse, and 7% needing, but not receiving, alcohol treatment;
- Schenectady's cirrhosis hospitalization rate (2.7/10,000) and mortality rate (7.8/100,000) were higher than Rest of State (2.2 and 7.2).

Data Related to Top Two Prevention Agenda Priorities

With this information in hand, HCDI identified 17 potential community health needs based on the extent to which metrics showed Schenectady County’s health status to be negative, i.e., worse than average or trending in a negative direction (see Figure 7, pages 33-34).

The data clearly suggest that attention should be devoted to the top two Prevention Agenda priorities as they were identified and selected, further described in Sections 5 and 6. Below (Figures 4 and 5) are selected charts and graphs from the CHNA.

Although all Capital Region counties fail the Prevention Agenda goal for Obesity (Age-Adjusted Percentage of Adults Who Are Obese) of 23.7%, Schenectady County at 32.8% is the worst in the region.

Similarly, Schenectady County has the highest rate of Diabetes Short-term Complication Hospitalizations in the region (8.5 per 10,000), well exceeding the Prevention Agenda goal of 4.9.

The issue of Food Insecurity was identified as a priority in the City of Schenectady in 2013, when the UMMatter survey found low access to supermarkets and high rates of “running out of food” among residents of lower-income neighborhoods. Further review found a correlation between these problems and obesity (intuitively, cheap food found at alternative sources such as drug stores – think ramen noodles or boxed macaroni and cheese – is not very healthy). The 2016 HCDI CHNA data confirm the earlier

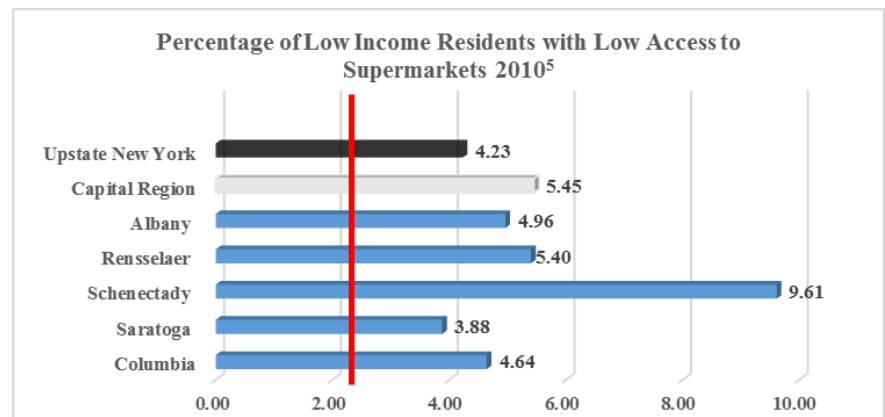
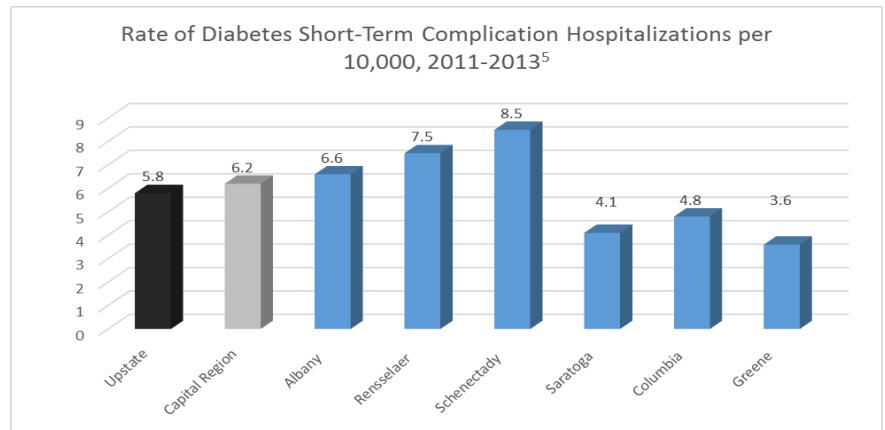
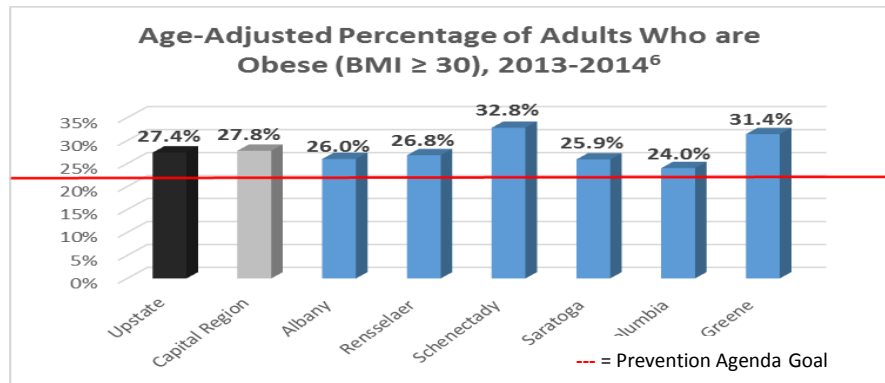


Figure 4: Diabetes/Obesity Data Points (Source: HCDI)

findings – Schenectady County’s “low access to supermarkets” percentage of 9.61 far exceeds the Prevention Agenda goal of 2.24, and is the worst in the region, nearly double the next worst rate. These issues are inter-related – Food Insecurity is likely to lead to Obesity which is likely to lead to Diabetes.

The second Prevention Agenda priority relates to Mental Health and Substance Abuse, with a simultaneous emphasis on suicide prevention and on broad support for Mental, Emotional, and Behavioral (MEB) health services.

Schenectady has the highest age-adjusted rate of ED visits and hospitalizations for mental disease and disorder in the region, both nearly twice the second ranked regional county. Age-adjusted suicide mortality is highest in the region for males, and second highest for females. The age-adjusted opiate poisoning ED visit rate in Schenectady was the highest in the region for both 2008-10 and 2011-13, exceeding the Rest of State average for both periods.

As further described in Sections 5 and 6, Schenectady has used information from the CHNA as one of the cornerstone elements for the selection of Prevention Agenda priorities and development of the Ellis Implementation Strategy.

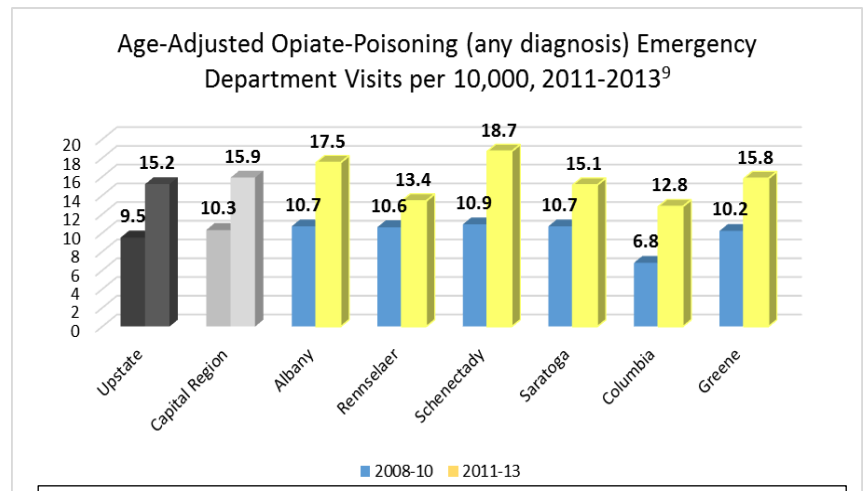
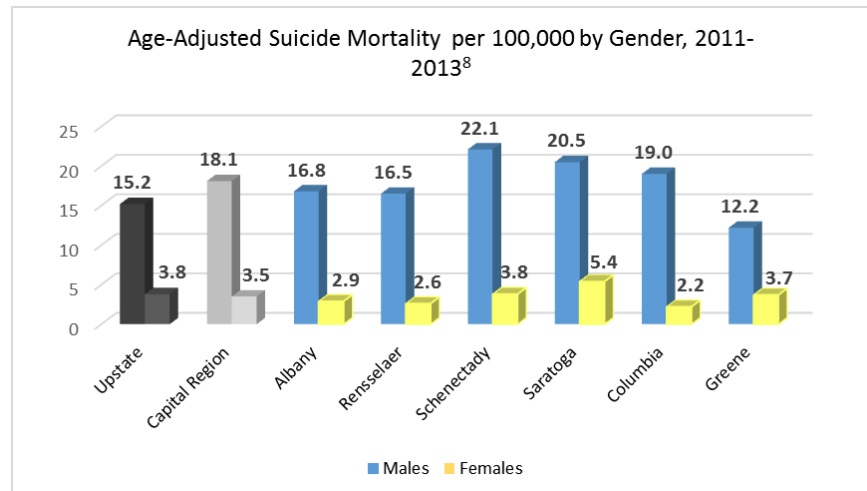
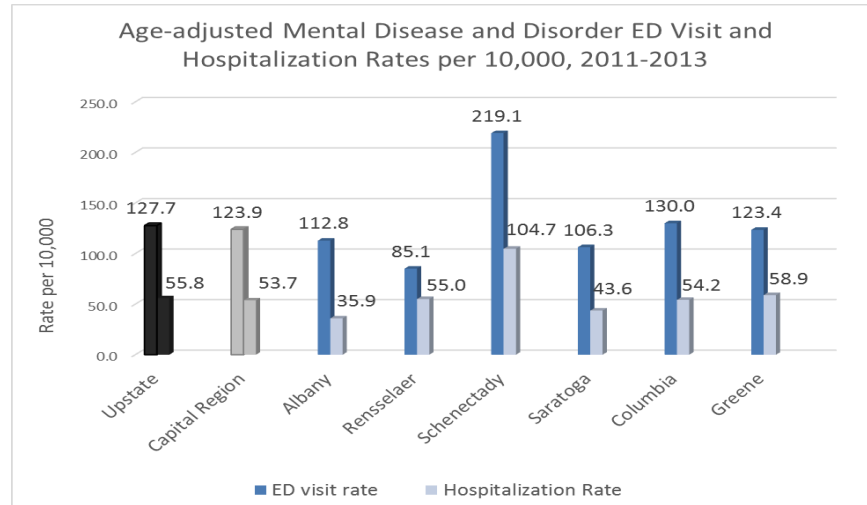


Figure 5: Mental Health/Substance Abuse Data Points (Source: HCDI)

5. Prevention Agenda Priorities and Health Disparity; Process and Methods Used to Select

Prevention Agenda Top Two Priorities

Through the process described below, the Schenectady Coalition for a Healthy Community (SCHC) selected two Prevention Agenda priorities, at least one of which is a health disparity, to address. These are:

- **Priority Area:** Prevent Chronic Disease
 - **Focus Area:** Reduce Obesity and Diabetes in Children and Adults
 - **Health Disparities:** 1) Higher Likelihood of Food Insecurity related to Income/Education/Age; 2) High Rate of Diabetes Among West Indian Population
- **Priority Area:** Promote Mental Health and Prevent Substance Abuse
 - **Focus Area:** Prevent Substance Abuse and other Mental, Emotional, and Behavioral Disease

Additional Community Health Needs

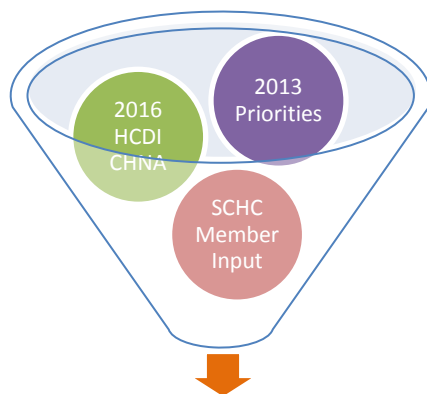
When SCHC met to select the top two Prevention Agenda priorities, the group concluded, based on the information discussed below, that the remaining 13 community health needs which had been identified in 2013 remain valid, and hence must be addressed by the Ellis Hospital Implementation Strategy. These are:

- Asthma
- Arthritis and Disability
- Falls
- Food Insecurity
- Neighborhood Safety
- Teen Pregnancy
- Programs for Youth and Adolescents
- Emergency Department Inappropriate Utilization
- Dental Health
- Community and Coalition Building
- Community Health Improvement
- Health Professions Education
- Subsidized and Free Health Services

Process and Methods Used to Select the Priorities

The community engagement process used to select the priorities was focused on regular meetings and discussions of SCHC, comprised of representatives from over 60 (see Appendix 1, page 54) health care and community service providers, community-based organizations, and local government agencies serving people in Schenectady County. This process was informed by an analysis of health care and

other community data, and by the results of a community survey commissioned specifically for this exercise.



2016 Prevention Agenda Priorities and Implementation Strategy

Figure 6: Information Which Informed Selection of Priorities

development of the 2016 Prevention Agenda priorities was heavily supported by experts from the Healthy Capital District Initiative (HCDCI), the regional Population Health Improvement Program (PHIP) contractor designated and funded by the New York State Department of Health (DOH).

The SCHC collaborative has met regularly since 2008, when it was created as the “Medical Home Group,” a loosely-knit group of community organizations which came together to ensure community involvement in the consolidation of Schenectady’s three hospitals, as then mandated by the New York State Commission on Hospital Facilities in the Twenty-First Century (the “Berger Commission”).

The Coalition held eight meetings between September 2015 and July 2016 (see Appendix 2, page 56) to develop the process, determine regional partnerships, understand and evaluate data, identify and prioritize community health needs, and determine specific target populations, goals, interventions, and objective outcomes.

At their September 10, 2015 meeting, the group determined **not** to conduct a door-to-door community survey in 2016, as had been done for the 2013 Community Health Needs Assessment exercise. The basis for that determination was that the survey results from three years ago remain valid today – as verified by various public health measures – and limited community resources should be devoted to meeting the existing needs. The group agreed to revisit the potential for another door-to-door survey at the next (2019) CHNA/CHIP/CSP cycle.

As part of that decision, the group decided that the needs and priorities identified during the 2013 exercise remain valid, absent clear indication that the need has been met or, conversely, that it would be impossible to meet the need. Hence, the initial need and priority selection process from 2013 (see Appendix 3, page 61), using an iterative process including a modified “Hanlon Methodology” final prioritization, formed the basis for initial review.

SCHC is comprised of community leaders, organizational representatives, health care experts including both students and academic experts from area colleges and universities, and community residents including program participants served by the community agencies. Although there is no formal leadership structure; meeting facilitation, setting of meeting agendas, and administrative

That 2013 selection process resulted in identification of 15 health needs sorted into three priority tiers. These constituted the initial universe of needs going into the 2016 needs identification and prioritization process. Then, the HCDI Community Health Needs Assessment for 2016 independently identified the leading health issues for Schenectady based on the extent to which metrics showed Schenectady’s status to be negative, i.e., worse than average or trending in a negative direction. Those needs which status indicators placed in the bottom two quartiles for the State were selected. This two-part independent process produced the following matrix representing a preliminary listing of potential Community Health Needs for 2016:

Figure 7: Matrix of Preliminary Listing of Potential Community Health Needs

Prevention Agenda Priority Area	Focus Area	2013 Priority Tier (if any)	2016 Status Indicators (if any)
Chronic Disease	Asthma	Tier A	ED visits, hospitalizations
	Respiratory		Smoking prevalence, CLRD visits, mortality
	Diabetes	Tier A	Mortality, hospitalizations
	Cardiovascular		Hospitalizations, mortality
	Colorectal Cancer		Screening, mortality
	Female Breast Cancer		Screening, incidence, mortality
	Obesity	Tier A	Childhood and adult prevalence
	Arthritis and Disability	Tier B	
Healthy and Safe Environment	Childhood Lead Poisoning		Screening, elevated blood levels
	Falls	Tier B	Hospitalizations 65+, pediatric ED visits
	Food Insecurity	Tier B	Access to supermarkets
	Neighborhood Safety	Tier B	
Healthy Women, Infants, and Children	Teen Pregnancy	Tier A	
	Prenatal Care		Late or no care
	Adverse Birth Outcomes		Prematurity, low birth weight, infant mortality
	Programs for Youth and Adolescents	Tier B	
Infectious Disease	STDs		Prevalence
	HIV/AIDS		Prevalence, mortality
Mental Health and Substance Abuse	Mental Health	Tier A	ED visits, hospitalizations, suicide mortality, self-inflicted injuries ED visits and mortality
	Substance Abuse	Tier A	Newborn drug-related discharges, substance abuse ED visits, opiate ED visits
	Alcohol		Cirrhosis hospitalizations and mortality
Not Prevention Agenda Priority	Emergency Department Inappropriate Utilization	Tier A	

	Dental Health	Tier B	
	Community and Coalition Building	Tier C	
	Community Health Improvement	Tier C	
	Health Professions Education	Tier C	
	Subsidized and Free Health Services	Tier C	

An iterative process informed both by the two-part process above and the professional knowledge and experience of the SCHC members was then used to select the top two Prevention Agenda priorities pursuant to the requirements of the New York State Department of Health. The members of the Coalition met three times (see Appendix 2, page 56) in February and March 2016 to first explore the details of the potential candidates and to then rank the priority order of the most significant.

During the first two meetings, staff from HCDI exhaustively described and discussed the initial universe of health needs which were derived from analysis of data from the 2016 Community Health Needs Assessment. These are discussed in Section 4 (Summary of Health and Other Data) of this document and summarized as “Status Indicators” in the chart above. They are described fully in the 2016 Community Health Needs Assessment document, which is available as described in Section 8 of this document. Copies of the presentation materials are available under “Prioritization Meeting Presentations” at the HCDI Schenectady County health care data website:

<http://www.hcdiny.org/index.php?module=Tiles&controller=index&action=display&alias=SchenectadyTileSet>

HCDI staff also described the results from a Siena Research Institute telephone survey of community members which had been commissioned specifically to inform this Community Health Needs Assessment and Implementation Strategy. The survey included 401 Schenectady County residents out of 2,408 region wide, for a county-specific margin of error of +/- 5.7%.

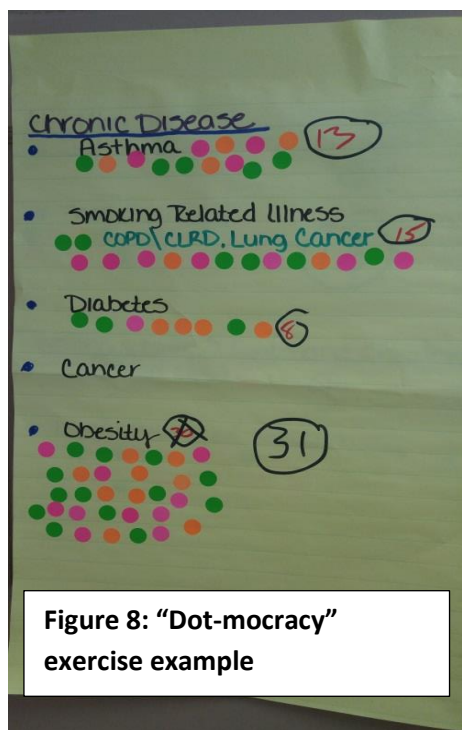


Figure 8: “Dot-mocracy” exercise example

Survey results show that Schenectady residents remain more food insecure than the overall Capital Region average – 17% (41% for those with incomes under \$25,000) have run out of food in the past 12 months, compared to 13% (32% from those with incomes under \$25,000) region wide.

When asked to choose from a menu of health-related issues to address, Schenectady residents about equally selected “Improving Substance Abuse Programs” (28%), “Reducing Obesity” (27%), and “Improving Preventive Care and Management for Chronic Diseases” (27%). Interestingly, lower income and urban residents were more interested in Substance Abuse (43% and 39% respectively), while higher income and

rural residents were more interested in Chronic Disease (28% and 38% respectively).

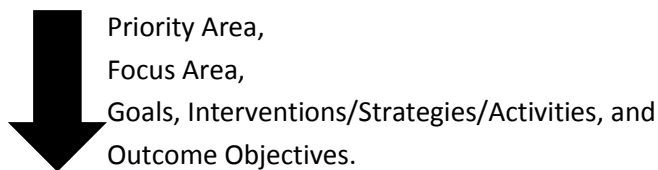
At the March 31st meeting, the participants engaged in an open discussion of the data, the community survey results, and their personal knowledge as leaders and active participants in community organizations and activities. They then engaged in a “dot-mocracy” exercise in which each participant was given three colored, adhesive-backed “dots” and used these to select their three top priorities from a high-level menu of community health needs by placing the dots on large paper sheets attached to the walls of the meeting room. Figure 8 shows an example of the results of the exercise.

The raw selection data for the “dot-mocracy” exercise were:

- Mental Health and Substance Abuse – 45
- Obesity – 31
- Food Security – 19
- Teen Pregnancy – 15
- Smoking-related Illness – 15
- Asthma – 13
- Diabetes – 8
- Falls – 8
- Childhood Lead Poisoning – 1

Further discussion of the interrelationships among obesity, food insecurity, and diabetes solidified that selection as one of the top two Prevention Agenda priorities.

Following this high level selection process, staff refined the broad health needs topics to more accurately reflect the Prevention Agenda’s hierarchy of:



This resulted in further refinement of the specific elements of the Implementation Plan into the format of New York State’s Community Service Plan/Community Health Improvement Plan (CSP/CHIP) initiative. Additional discussions took place in SCHC meetings during May, June, and July 2016. During the June meeting, participants broke into two working groups which enumerated available community resources and refined community goals in each of the two high-level priorities.

At the July meeting, a second round of “dot-mocracy” voting narrowed the high level priorities to the specific Prevention Agenda hierarchy items shown in Section 6. These were further refined by staff, and presented to SCHC for final review at the September 29, 2016 meeting. They were adopted as components of the Ellis Hospital Community Health Needs Assessment and Implementation Strategy by the Ellis Hospital Board of Trustees at their regular meeting on October 4, 2016.

6. Implementation: Goals and Objectives, Interventions, and Process Measures

The requirements of the New York State Department of Health (NYSDOH) and the Internal Revenue Service (IRS) vary somewhat regarding determination and implementation of interventions.

- NYSDOH requires identification of two Prevention Agenda priorities and one health disparity, with various components displayed in a specified “work plan chart” format (NYSDOH CHA/CHIP/CSP Guidance Letter, November 2015). These two priorities must be addressed mutually by Schenectady County Public Health Services and the hospitals (Ellis and Sunnyview) in the County.
- The IRS requires identification of all significant Community Health Needs within the hospital’s service area and a discussion of how the hospital intends to meet or not meet each need (see sec. 501(r)(3) IRC). These must be addressed by Ellis Hospital. Sunnyview has a separate report.

Hence, presentation in this section of the top two Prevention Agenda priorities will differ somewhat in format from presentation of the remaining 13 identified community health needs.

The process for identification and prioritization of community health needs was discussed at length in Section 5. The members of the Schenectady Coalition for a Healthy Community continue to collaborate with Schenectady County Public Health Services, Ellis Hospital, and Sunnyview Rehabilitation Hospital to formalize goals and objectives, interventions, and process measures. The New York State Prevention Agenda (PA) offers numerous resources to support community engagement in specific PA projects, including suggested interventions by sector. The initial Implementation Strategy shown here describes the roles of some partners; it is expected that additional community partners will be engaged over time.

Selection of the approaches to address the top-ranked Focus Area of “Reduce Obesity and Diabetes in Children and Adults” has been informed by the evidence base and activities in Schenectady over the past few years. This is a multi-faceted issue, with many different community activities already focused on specific elements. For example, Schenectady has an active community gardens program, an inclusive program of nutrition support for children and adolescents (including free school lunches and breakfasts for all students in the Schenectady City School District along with a summer lunch program delivered to every City neighborhood by mobile van), and highly innovative nutrition resources such as the “Food 4 Schy” app (see page 22). The U Matter survey found correlations between food insecurity, poor nutrition, and obesity leading to diabetes. One of the major goals during this cycle will be to seek to combine and coordinate the various groups working in the community; as a first step we hope to combine the designated Obesity/Diabetes Work Group with the County’s existing Strategic Alliance for Health Healthy Food Access Workgroup.

Similarly, one of the primary goals of the Focus Area of “Prevent Substance Abuse and other Mental, Emotional, and Behavioral Disease” is to support collaboration among the various providers and community groups. A cooperative approach united the community following the 2009 “Schenectady Suicide Cluster,” and could serve as a model for a more permanent collaboration.

This Implementation Strategy was adopted by the Ellis Hospital Board of Trustees on October 4, 2016.

- **1) Priority Area:** Prevent Chronic Disease
 - **Focus Area:** Reduce Obesity and Diabetes in Children and Adults

Goal	Outcome Objectives	Interventions, Strategies, Activities	Process Measures	Partner Role	Partner Resources	By When	Will Action Address Disparity?
<p>Prevention Agenda Goal # 1.1: Create community environments that promote and support healthy food and beverage choices and physical activity.</p>	<p>Prevention Agenda Overarching Objective 1.0.2: By December 31, 2018, reduce the percentage of adults ages 18 years and older who are obese by 5% from 32.8% (Schenectady County 2013-14) to 31.2% among all adults. (Data source: NYS Community Health Indicator Reports)</p>	<p>Increase retail availability of affordable healthy foods, especially for those with limited access (including availability of healthy foods for emergency food providers).</p>	<p>Number of meetings of the Healthy Food Access Work Group; and number of attendees.</p> <p>Number of food pantries in the county that increase availability of fruits and vegetables; currently there are 16 food pantries.</p>	<p>SCPHS: Assist in the coordination of meetings, coordinate community partnerships, support with funding as available.</p> <p>Ellis Hospital: Participate in workgroup meeting as applicable, provide referrals to food resources for patients, provide professional services of Registered Dieticians.</p> <p>Sunnyview Hospital and St. Peter's Health Partners: Participate in workgroup</p>	<p>SCPHS: Staff time to coordinate work groups and funding as available.</p> <p>Ellis Hospital: Staff time and expertise to participate in work groups and promote resources.</p> <p>Sunnyview Hospital and St. Peter's Health Partners: Wellness Center to promote physical activity; staff time to participate in work groups and promote resources; SPHP also uses</p>	<p>Review results of community work to date by late 2016</p> <p>Begin active coordination and meetings in early 2017</p> <p>Complete by December 2018</p>	<p>Yes - According to the HCDCI Community Needs Assessment community survey, "the odds of not having enough money to buy food increased with lower income, less than a bachelor's degree, and younger age."</p>

Goal	Outcome Objectives	Interventions, Strategies, Activities	Process Measures	Partner Role	Partner Resources	By When	Will Action Address Disparity?
				<p>meetings as applicable, provide referrals to nutritional services, regional food pantries, and food resources for patients; SPHP also to develop relationship with Schenectady City School District through “Creating Healthy Schools and Communities” grant.</p> <p>Other Partners:</p> <p><u>Cornell Cooperative Extension, Schenectady County:</u> Nutrition expertise.</p> <p><u>County Food Pantries:</u> Participate in workgroup meetings,</p>	<p>“Creating Healthy Schools and Communities” grant funds to work with Schenectady City School District.</p> <p>Other Partners:</p> <p><u>Cornell Cooperative Extension, Schenectady County:</u> Staff time with nutrition expertise.</p> <p><u>County Food Pantries:</u> Volunteer or paid staff time to participate in work groups or trainings as appropriate.</p> <p><u>Price Chopper & other retailers:</u> Staff time to</p>		

Goal	Outcome Objectives	Interventions, Strategies, Activities	Process Measures	Partner Role	Partner Resources	By When	Will Action Address Disparity?
				<p>participate in interventions as applicable, share resources with the community.</p> <p><u>Price Chopper & other retailers:</u> Promote in-store nutrition education and support.</p> <p><u>United Way of the Greater Capital Region:</u> Provide information referrals through the “211” helpline.</p>	<p>participate in work groups and nutrition expertise.</p> <p><u>United Way of the Greater Capital Region:</u> Staff time to participate in work groups, funding as available to assist with community projects.</p>		

Goal	Outcome Objectives	Interventions, Strategies, Activities	Process Measures	Partner Role	Partner Resources	By When	Will Action Address Disparity?
<p>Prevention Agenda Goal # 1.3: Expand the role of health care and health service providers and insurers in obesity prevention.</p>	<p>Local Outcome Objective 1: By December 31, 2018, reduce the rate of age-adjusted diabetes (primary diagnosis) emergency department visits by 5% from 23.1 per 10,000 (Schenectady County 2011-13) to 22.0. (Data source: SPARCS)</p> <p>Local Outcome Objective 2: By December 31, 2018, reduce the rate of age-adjusted diabetes in adults by 5% from 7.8% (Schenectady County 2013-14) to 7.4%. (Data source: NYS EBRFSS 2013-14)</p>	<p>Offer Diabetes Prevention Programs (DPP) in the community.</p> <p>Offer Diabetes Self-Management Education (DSME) programs in the community.</p>	<p>Number of referrals to DPP programs.</p> <p>Number of DPP classes started.</p> <p>Number of patients attending DPP program; number completing.</p> <p>Number of patients who complete one DSME class.</p> <p>Number of patients who complete the DSME program.</p>	<p>SCPHS: Assist in promotion of DPP programs in the community.</p> <p>Ellis Hospital: Host and staff DPP programs, promote DPP programs, provide professional services of Registered Dieticians, provide DSME classes.</p> <p>Sunnyview Hospital: Provide referrals to DPP for patients, promote DPP programs.</p> <p>Other Partners:</p> <p>Bethesda House: Promote DPP to clients.</p> <p>YMCA: Potential to offer YDPP classes, and</p>	<p>SCPHS: Partnerships to Improve Community Health (PICH) grant, funded through CDC, will seek other funding as appropriate.</p> <p>Ellis Hospital: The Center for Diabetes Care employs Registered Dieticians and Lifestyle Coaches for the DPP and DSME, Ellis will provide space for the DPP and DSME classes.</p> <p>Sunnyview Hospital: Staff time to promote the program as appropriate.</p> <p>Other Partners:</p>	<p>Start offering DPP class in October 2016, continue through December 2018.</p>	<p>Yes- Schenectady County has a high prevalence of diabetes, especially within the West Indian minority population. (As an indicator of the disparity, the primarily minority Hamilton Hill neighborhood has 6.9 times the diabetes ED rates and 3.2 times the diabetes hospitalization rates of Rest of State.) By offering the Diabetes Prevention Program in the community it will help to address this issue and keep people from developing diabetes.</p>

Goal	Outcome Objectives	Interventions, Strategies, Activities	Process Measures	Partner Role	Partner Resources	By When	Will Action Address Disparity?
				<p>other evidence based programs in the community.</p> <p><u>CDPHP, MVP and other insurers:</u> May cover DPP for commercial members, and/or offer medical and behavioral counseling services for members.</p>	<p><u>Bethesda House:</u> Space to hold DPP classes in future.</p> <p><u>YMCA:</u> Staff time to offer other evidence based programs or the YDPP as appropriate.</p> <p><u>CDPHP, MVP, and other insurers:</u> Promote covered services and benefits to members.</p>		

- **2) Priority Area:** Promote Mental Health and Prevent Substance Abuse
 - **Focus Area:** Prevent Substance Abuse and other Mental, Emotional, and Behavioral Disease

Goal	Outcome Objectives	Interventions, Strategies, Activities	Process Measures	Partner Role	Partner Resources	By When	Will Action Address Disparity?
<p>Prevention Agenda Goal # 2.3: Prevent suicides among youth and adults.</p>	<p>Prevention Agenda Objective 2.3.2: By December 31, 2018, reduce the age-adjusted suicide mortality rate by 10% from 12.6 per 100,000 (Schenectady County 2011-13) to 11.3. (Data source: Vital Statistics of New York)</p> <p>Local Outcome Objective: By December 31, 2018, reduce the age-adjusted Self-inflicted Injury ED visit rate by 5% from 13.3 per 100,000</p>	<p>Collaborate to increase knowledge among the general public, health care providers and school personnel of the warning signs for suicide and how to connect individuals to assistance and care.</p> <p>Collaborate with State and local government agencies, health care insurers, clinicians, businesses and educational institutions to integrate, implement, and coordinate suicide prevention initiatives.</p>	<p>Number of meetings of Work Group, number of attendees.</p> <p>Number and types of new programs introduced in the community.</p> <p>Number of education sessions provided and the number of attendees (e.g., Mental Health First Aid (MHFA) Trainings).</p>	<p>Schenectady County Office of Community Services: Provide oversight of workgroup and host trainings and train staff as applicable.</p> <p>SCPHS: Promote trainings to community partners, train staff as appropriate.</p> <p>NYS Suicide Prevention Center: Provide resources to community /workgroup.</p> <p>Schenectady County Substance Abuse</p>	<p>Schenectady County Office of Community Services: Potential host for training; promote trainings to staff; staff time to compile county data.</p> <p>SCPHS: Personnel time to promote trainings, potential to host training for staff.</p> <p>NYS Suicide Prevention Center: Provide resources to community/workgroup, provide trained prevention and assessment experts and access to additional experts, provide access to effective materials and supports for program staff and community residents.</p> <p>Schenectady County Substance Abuse</p>	<p>Begin trainings no later than 2017</p> <p>Complete trainings by December 2018</p>	<p>Yes – The goal of preventing suicides among youth and adults will focus on individuals with MEB diseases. As an indicator, the Schenectady suicide mortality rate, mental disease ED visit rate, and mental disease hospitalization rate were all significantly higher than Rest of State.</p>

Goal	Outcome Objectives	Interventions, Strategies, Activities	Process Measures	Partner Role	Partner Resources	By When	Will Action Address Disparity?
	<p>(Schenectady County 2010-14) to 12.6. (Data source: SPARCS)</p>			<p><u>Prevention Coalition:</u> Provide resources to the community /workgroup and promote trainings as applicable.</p> <p><u>Ellis Hospital:</u> Promote MHFA trainings to community partners, train staff as appropriate.</p> <p><u>Sunnyview Hospital:</u> Promote MHFA trainings to community partners, train staff as appropriate.</p> <p><u>Other Community Providers:</u> Promote and support MHFA trainings.</p>	<p><u>Prevention Coalition:</u> Provide resources to the community/ workgroup and promote trainings as applicable.</p> <p><u>Ellis Hospital:</u> Potential host for MHFA training; promote trainings among administration, staff, and clients/patients available to participate in education sessions.</p> <p><u>Sunnyview Hospital:</u> Potential host for MHFA training; promote trainings.</p> <p><u>Other Community Providers:</u> Promote trainings, engage staff and clients.</p>		

Goal	Outcome Objectives	Interventions, Strategies, Activities	Process Measures	Partner Role	Partner Resources	By When	Will Action Address Disparity?
<p>Prevention Agenda Goal #3.1: Support collaboration among leaders, professionals and community members working in MEB health promotion, substance abuse and other MEB disorders and chronic disease prevention, treatment and recovery.</p>	<p>Prevention Agenda Objective 3.1.2: Identify and strengthen opportunities for implementing MEB health promotion and MEB disorder prevention with individuals</p> <p>Local Outcome Objective: Reduce age-adjusted Mental Disease and Disorder ED visit rates by 5% from 219.1 per 10,000 (Schenectady County 2011-13) to 208.1 (Data source: SPARCS)</p>	<p>Identify key leaders among State agencies, municipalities and community organizations to form an interdisciplinary implementation team whose responsibilities are to prioritize needs related to data, training, technical assistance, and evidence-based practices that are necessary to promote MEB health and prevent MEB disorders, e.g., expand or start SAMHSA programs in schools and the community.</p> <p>Identify model prevention interventions and lessons in integrating prevention and treatment, e.g., a media campaign to reduce the stigma associated with MEB which is age-specific and uses social media</p>	<p>Number of work group meetings, and number of attendees.</p> <p>Number of meetings or other collaboration activities involving community leaders and / or community members; number of attendees.</p> <p>Number of model interventions considered, tested, and / or implemented.</p>	<p>Schenectady County Office of Community Services: Provide oversight of work group, host meetings and events, help to identify best practices.</p> <p>SCPHS: Work with Office of Community Services to identify best practices and to promote meetings and model interventions trainings to community partners.</p> <p>Ellis Hospital: Work with Office of Community Services and SCPHS to identify best practices and to</p>	<p>Schenectady County Office of Community Services: Potential host for meetings and events, staff time to investigate best practices and compile county data.</p> <p>SCPHS: Personnel time to assist Office of Community Services and to provide outreach to community leaders and community members.</p> <p>Ellis Hospital: Personnel time to assist Office of Community Services and SCPHS, and to provide outreach and guidance to clinicians; possible site for implementation of model interventions and lessons.</p> <p>Sunnyview Hospital: Staff time coordinating with other partners.</p>	<p>Initial meetings in 2016-17</p> <p>Model interventions and lessons to be tested during 2017-18</p> <p>Final results by December 2018</p>	<p>Not necessarily; the impact of this goal is to be on overall community response to MEB health promotion. However, HCIDI did identify that, regionwide, black non-Hispanic individuals had nearly twice the mental disease and disorder ED visit and hospitalization rates compared to white non-Hispanic residents.</p>

Goal	Outcome Objectives	Interventions, Strategies, Activities	Process Measures	Partner Role	Partner Resources	By When	Will Action Address Disparity?
				<p>promote meetings and model interventions to clinicians and community partners.</p> <p><u>Sunnyview Hospital:</u> Help to identify leaders, professionals and community members.</p>			

Priority Areas 3 through 15 (arranged by Tier)

Tier	Community Health Need	Prevention Agenda Priority	Summary of Ellis Hospital Implementation Strategy including Action, Program, Resources, Collaboration, and Evaluation
A	Asthma	Chronic Disease Action Plan, Focus Area 1, Goal 3.2	<p>Ellis will continue to lead and participate in a number of initiatives intended to reduce the occurrence of asthma; these include DSRIP project 3.d.i. (Asthma Home-Based Self-Management), the Schenectady Healthy Neighborhoods program (with SCPHS), policies regarding tobacco-use reduction (with the Capital District Tobacco-Free Coalition and SCPHS), and specific employer-based smoking reduction programs (with the Seton Health “The Butt Stops Here” program). Ellis and SCPHS have pioneered a three-pronged asthma care model based on 1) care coordination, 2) environmental assessment, and 3) asthma education. Although originating as a grant-funded pilot in Schenectady, this model has informed development of the region-wide DSRIP asthma project. Under the model, patients who present at the Ellis Emergency Department with symptoms of asthma which could have been effectively managed in the community are offered the opportunity to enroll in a care management program through Care Central. Care managers with expertise in asthma help to ensure that the patients receive appropriate care in the community and have adequate access to medications such as controller and rescue inhalers. Patients then receive a home visit from a SCPHS public health nurse (RN) who can assess the home environment, identifying such asthma triggers as pet dander and mold. To the extent that triggers can be remediated, referrals are made (e.g., Schenectady Municipal Housing Authority for mold removal). Patients are also enrolled in the Ellis Asthma Education program where Respiratory Therapists who are Certified Asthma Educators provide a formal multi-session education program emphasizing self-management through avoidance of triggers and proper use of medications. Overall, patients who completed the full self-management course experienced a 60-70% reduction in asthma-related Emergency Department visits. Ellis and SCPHS are working with the State Department of Health’s Medicaid contractor CMA Consulting in development of additional enhancements to community-based asthma management; including “data mining” of Medicaid pharmacy claims to ensure that patients refill inhaler prescriptions and potential deployment of “smart inhalers” which provide care managers with real-time reports whenever a patient uses a rescue inhaler, helping to predict the need for interventions before an Emergency Department visit. Resources expended by Ellis include the dedicated care management and Asthma Education services. Metrics include measures of community, rather than ED or inpatient, management of asthma, as well as measures of reduced tobacco use and smoking.</p>

Tier	Community Health Need	Prevention Agenda Priority	Summary of Ellis Hospital Implementation Strategy including Action, Program, Resources, Collaboration, and Evaluation
A	Adolescent Pregnancy	Healthy Women et al Action Plan, Objectives 6-3 and 6-4	<p>Schenectady is the only county in the region which exceeds the Prevention Agenda objective for adolescent pregnancy rates, and has the highest rates for all race/ethnicity categories (Black, White, and Hispanic). This is largely driven by the rate in the Hamilton Hill (ZIP code 12307) neighborhood which is three times the Rest of State rate. Ellis will continue to offer high quality maternity care for high-risk adolescent pregnancies, both as a direct provider of care through the Family Health Center and as the county’s only maternity hospital; Bellevue Woman’s Center. Bellevue partners with other maternity providers including Hometown Health and Planned Parenthood Mohawk Hudson to offer seamless care from initial pre-natal care to birth and then follow-up. The Ellis Family Health Center and the Ellis Pediatric Care Center are located in the same building, allowing warm handoffs from the mother’s pre-natal care to the baby’s well care. In addition to direct clinical care for pregnant Medicaid beneficiaries and their babies, the Health Home provides care management and coordinates with the Schenectady County Public Health Service’s home visiting program. Resources expended by Ellis include the net unreimbursed cost of the various maternity care services; metrics include maternity outcomes data.</p>
A	Emergency Department Inappropriate Utilization	no	<p>Ellis is actively engaged in a number of internal and cooperative projects intended to reduce inappropriate Emergency Department utilization. Foremost among these is participation in the Alliance for Better Health Care (AFBHC) DSRIP PPS. One of the stated overarching goals of the DSRIP program is to reduce inappropriate hospital utilization by Medicaid patients by 25% over five years. To this end, Ellis is participating in such AFBHC projects as 2.b.iii. (ED Triage) which is intended to encourage Medicaid patients – following their required treatment in the Emergency Department – to develop a relationship with a community-based primary care provider. Ellis is also participating in DSRIP project 3.a.i. (Integrated Behavioral Health Care) which seeks to integrate behavioral health services and primary care services, improving both patient care and clinical efficiency. Ellis is also participating with partners in the Innovative Health Alliance of New York (IHANY) MSSP ACO which has included a 5% reduction in inappropriate Emergency Department utilization among its attributed Medicare beneficiaries as an explicit goal. Ellis also internally operates Care Central, a structured care management program supported as a Health Home for Medicaid beneficiaries and through contracts with certain commercial insurers. Finally, Ellis currently operates a 24/7 urgent care facility at the Medical Center of Clifton Park and anticipates opening an urgent care and/or open access primary care facility at the McClellan Street campus. Hospital resources used include the net unreimbursed costs (if any) of the various alternative programs, and the</p>

Tier	Community Health Need	Prevention Agenda Priority	Summary of Ellis Hospital Implementation Strategy including Action, Program, Resources, Collaboration, and Evaluation
			net revenue loss (if any) of reduced ED utilization. Evaluation will be through the various formal evaluations built into the DSRIP, MSSP/ACO, and Health Home programs.
B	Arthritis and Disability	no	Arthritis as a contributor to disability was identified as a Community Health Need by the 2013 UMMatter Survey which found that just under a third (29%) of the Schenectady residents surveyed report having arthritis, and most (68%) of these are limited in their usual activities because of joint pain. There is limited access to rheumatology specialists in Schenectady (only one directly affiliated with Ellis); there are however a number of specialists in the greater Capital Region. Ellis will continue to support patients with arthritis through its primary care practices, and will collaborate with other providers to encourage access to specialists. Resources expended may include uncompensated primary care services; metrics may include changes in clinical outcomes.
B	Dental Health	no	Ellis and Hometown Health (the local FQHC) operate the only significant dental facilities in Schenectady which accept Medicaid patients. For the important pediatric population, Ellis provides the only pediatric dental surgery program for Medicaid, while Hometown provides an in-school pediatric dental program. Ellis will continue to operate the Dental Health Center at the McClellan Street Health Center, which was designated a National Health Service Corps (NHSC) practice site in 2016. The resources expended reflect the net cost (if any) of operating the Dental Health Center after payor reimbursement. Metrics may include any overall impact on dental health, particularly among children. The Dental Health Center also serves as the practice site for the Ellis General Dental Residency; other metrics may relate to resident completion rates.
B	Falls	Healthy and Safe Environment Action Plan, Focus Area 4, Goal 1	Data continue to show falls among the elderly to be a major problem in Schenectady – the overall falls hospitalization rate among the elderly is higher than the Rest of State average, with the rate in the Woodlawn neighborhood twice the Rest of State. Careful evaluation of this phenomenon following the 2013 UMMatter Survey traced many of the falls to a large senior housing facility, but was not successful in further evaluation; for example, is there something specific to that facility or are the falls numbers high simply because the population is large, or are rates of falls similarly high in other senior housing complexes? Ellis will continue to work with other stakeholders including Mohawk Ambulance Service (paramedics can identify falls hazards in homes when responding to calls), Sunnyview Rehabilitation Hospital (which provides rehabilitation services for patients following falls), and various senior housing projects. Resources expended by Ellis may include staff time for data collection and

Tier	Community Health Need	Prevention Agenda Priority	Summary of Ellis Hospital Implementation Strategy including Action, Program, Resources, Collaboration, and Evaluation
			evaluation; measurement may involve possible new metrics tied to falls and specific environmental elements such as identified senior housing locations.
B	Food Insecurity	Chronic Disease Action Plan, Focus Area 1	Food Insecurity has been recognized as an integral component of the Obesity and Diabetes priority (Priority 1). It is expected that over the life of the 2016-18 Implementation Strategy this topic will be folded into the Obesity and Diabetes topic.
B	Neighborhood Safety	Healthy and Safe Environment Action Plan, Focus Area 4, Goal 2	As one of the largest employers and physical presence in the Schenectady Northside (Goose Hill) neighborhood, Ellis will continue to cooperate with the City of Schenectady, the Goose Hill Neighborhood Association, and other major neighbors including the Golub Corporation in projects and activities to enhance the safety of the community. This will continue to include participation in the Mayor’s “Northside Walk to Work Initiative” and support of other City projects and grant applications. Ellis will continue to enhance the safety of its immediate environment; during 2015 this included a new sidewalk the length of the Rosa Road side of the Nott Street campus, which was continued in 2016 as Sunnyview Rehabilitation Hospital installed a new sidewalk along the adjacent Rosa Road side of its property. Ellis also enhances neighborhood safety through the use of its own security force, now including a highly trained security dog used to defuse difficult situations. Collaborative efforts may be measured by meeting attendance, staff participation in City projects, and, potentially, an increased number of employees living in the neighborhood.
B	Programs for Youth and Adolescents	no	Ellis will serve as a resource to support community-based programs including those through schools, local governments, and neighborhood organizations. This may include offering meeting space, organizational expertise such as public relations, and/or clinical guidance (e.g., mental health, pediatrics). Collaborative efforts may be measured by attendance at meetings or development of new programs.
C	Community and Coalition Building	no	Ellis will continue to actively participate in community and regional coalitions including the Schenectady Coalition for a Healthy Community (SCHC), the Healthy Capital District Initiative (HCDI), the Alliance for Better Health Care DSRIP PPS, and <i>ad hoc</i> partnerships as may be created to pursue specific community goals. Hospital resources used include staff time for support and participation, in-kind support such as use of meeting rooms, and organization dues. These are reported on IRS 990 Schedule H.

Tier	Community Health Need	Prevention Agenda Priority	Summary of Ellis Hospital Implementation Strategy including Action, Program, Resources, Collaboration, and Evaluation
C	Community Health Improvement	no	Ellis will continue the hospital’s various Community Health Improvement and Community Benefit Operations as are reported on IRS 990 Schedule H. These include health fairs, community support groups, and community donations. In addition, Ellis will participate in community projects as organized by the DSRIP PPS (Alliance for Better Health Care) and Schenectady County Public Health Services (SCPHS). The costs of staff support for these services are reported on IRS 990 Schedule H.
C	Health Professions Education	no	Ellis will continue as a teaching hospital, with two Residencies (Family Medicine and General Dental), medical student training through arrangements with Albany Medical College and other medical schools, clinical preceptorships for mid-levels and other licensed/certified clinician training through arrangements with local academic institutions, nursing education leading to the RN degree through the Belanger School of Nursing, and clinical Grand Rounds and other CME programs open to community providers. Hospital resources used include the net costs of operating the formal education programs, plus the professional staff time when serving as preceptors. These are reported on IRS 990 Schedule H.
C	Subsidized and Free Health Services	no	Ellis will continue to participate in the Medicare and Medicaid programs and to provide subsidized and free health care services to underserved, low-income, and uninsured populations, offering a formal program of Financial Assistance consistent with the requirements of federal and State law. In addition, Ellis employs Certified Application Counselors and provides no-charge office space to federally-designated Health Insurance Navigators, in order to assist patients and community members to enroll through the Exchange. Hospital resources used include net losses from serving Medicare and Medicaid patients, the cost of Financial Assistance, and bad debts incurred by uninsured patients. These are reported on IRS 990 Schedule H.

7. Process to Maintain Partner Engagement

Engagement of local partners over the next three years will be accomplished through the regular meetings and activities of the Schenectady Coalition for a Health Community (SCHC) (see Appendix 1, page 54 for the list of member organizations) and its work groups, particularly those focused on the two selected Priority/Focus areas.

SCHC meets at least quarterly, and more often when pursuing a specific project (see Appendix 2, page 56 for information about meetings in fall 2015 and through 2016). Each meeting agenda includes reports from work groups assigned to study and implement a particular project or objective. Agendas are distributed prior to the meetings, and copies of presentations and/or notes are provided at or following each meeting.

The two designated work groups – Obesity/Diabetes and Mental Health/Substance Abuse – will formally report at each meeting of the Coalition. Each work group is chaired or co-chaired by a representative from one of the hospitals or the County, and includes representation from organizations active in solving the identified problems. The Obesity/Diabetes group is co-chaired by an expert in nutrition and a clinician with expertise in treating diabetes, with initial membership from hospitals, the County, community service organizations, and the cooperative extension. The Mental Health/Substance Abuse group is chaired by a substance abuse expert from a County agency, with initial members from community service organizations and MEB clinical providers.

These designated work groups will join several existing work groups which were formed to implement the 2013 Plan. These include:

- Asthma
- Diabetes (which may be folded into Obesity/Diabetes)
- Falls Prevention
- Food Insecurity (which may be folded into Obesity/Diabetes)
- Teen Pregnancy
- Tobacco

This process of actively including a broad variety of different public health issues into the regular activities of SCHC will maintain interest among the many partner organizations, and will help to maintain engagement.

The work groups may also engage jointly with their equivalents in the other five Capital Region counties. With significant overlap in the identified Community Health Needs, all six of the counties will be implementing strategies which will likely benefit from collaborative approaches. On August 3, 2016, HCDI sponsored a regional forum which featured speakers from counties which have successfully implemented intervention strategies.

Tracking of progress to enable mid-course corrections will be built upon these regular work group meetings and quarterly reports to the full Coalition. In addition, staff from Schenectady County Public

Health Services and Schenectady County Office of Community Services, HCDI, and the hospitals will track local metrics as they are available to measure progress for each of the goals and outcomes. These reports will serve as the basis for any recommendations of mid-course corrections.

8. Dissemination of CHNA and Executive Summary

The Executive Summary of this Community Health Needs Assessment and Improvement Plan and Community Service Plan will be disseminated to the public, and the full document, including 327-page multi-county Community Health Needs Assessment, will be made widely available to the public.

Electronic copies of the Executive Summary will be affirmatively distributed to all members of the Schenectady Coalition for a Healthy Community, who will be encouraged to further redistribute the information to their component organizations, if any, and to their staffs, volunteers, and program participants. Copies will also be affirmatively distributed to local elected officials and to State elected officials representing the Schenectady area.

The entire document, including the Community Health Needs Assessment, will be posted on the websites of Schenectady County Public Health Services, Ellis Hospital, and Sunnyview Rehabilitation Hospital. As required, the previous (2013) CHNA and Implementation Strategy will remain posted on the hospital websites. Website information is as follows:

- Schenectady County Public Health Services – <http://www.schenectadycounty.com/>
- Ellis Hospital - <http://www.ellismedicine.org/pages/community-report.aspx>
- Sunnyview Rehabilitation Hospital - [https://www.nehealth.com/About_Us/Community_Health_Needs_Assessment/Sunnyview - Community Health/](https://www.nehealth.com/About_Us/Community_Health_Needs_Assessment/Sunnyview_-_Community_Health/)

Paper copies will be available for inspection by the public at the main offices of Schenectady County Public Health Services, Ellis Hospital, and Sunnyview Rehabilitation Hospital, and at the Schenectady County Public Library. These entities may be contacted by writing or calling the addresses and telephone numbers shown on the Cover Page (page 3) of this document.

An electronic copy of the Community Health Needs Assessment, along with substantial background materials and copies of summary presentations, is available on the website of the Healthy Capital District Initiative (HCDI). This website provides detailed regional comparisons for each of the counties in the Capital Region:

- Healthy Capital District Initiative - <http://www.hcdiny.org/>

The local news media will be advised of the availability of these documents.

Appendices

1. Collaborative Partners: Participants in Schenectady Coalition for a Healthy Community (SCHC)

- Alliance for Better Health Care (AFBHC), the local DSRIP PPS
- American Cancer Society of Northeastern New York
- Asthma Coalition of the Capital Region
- Bethesda House
- Bigelow Corners Partnership
- BOCES Capital Region
- Boys and Girls Clubs of Schenectady
- Capital District Center for Independence
- Capital District Child Care Coordinating Council
- Capital District Physicians Health Plan
- Capital District Tobacco-Free Coalition
- Capital District Transportation Authority
- Catholic Charities
- City Mission of Schenectady
- City of Schenectady
- Community Fathers, Inc.
- Cornell Cooperative Extension, Schenectady County
- Ellis Medicine (the trade name for Ellis Hospital)
- Fidelis Care
- Girls Inc.
- Guyanese American Association of Schenectady
- Habitat for Humanity of Schenectady County, Inc.

- Healthy Capital District Initiative
- Hometown Health Centers (FQHC)
- League of Women Voters of Schenectady County
- Mohawk Ambulance Service
- MVP Health Care
- Northeast Parent and Child Society
- Optimum Health Chiropractic
- Parsons Child and Family Center
- Planned Parenthood Mohawk Hudson
- Price Chopper
- Rainbow Access Initiative
- Rehabilitation Support Services, Inc.
- SAFE, Inc.
- Schenectady ARC
- Schenectady City School District
- Schenectady Community Action Program
- Schenectady County Community College
- Schenectady County Department of Social Services
- Schenectady County Department of Probation
- Schenectady County Human Rights Commission
- Schenectady County Office of Community Services
- Schenectady County Public Health Services
- Schenectady County Public Library
- Schenectady County Senior and Long Term Care Services
- Schenectady Day Nursery

- Schenectady Inner City Ministry
- Schenectady Municipal Housing Authority
- Schenectady Stand Up Guys
- Schenectady United Neighborhoods
- Seton Health Center for Smoking Cessation
- Sunnyview Rehabilitation Hospital, St. Peter's Health Partners
- The Albany Damien Center
- The Chamber of Schenectady County, Capital Region Chamber of Commerce
- The Schenectady Foundation
- Union College
- Union Graduate College (Clarkson University)
- United Way of the Greater Capital Region
- University at Albany, School of Public Health
- Visiting Nurse Service of Northeastern New York, Inc.
- YMCA of the Capital District
- YWCA

2. SCHC Meetings Used to Identify Priorities

- **September 10, 2015**

Topics:

- Report on "UMatter 2" community survey proposal
- Update on Public Health Improvement Program (PHIP) grant
- Update on DSRIP grant
- Discussion of future SCHC structure
- Work groups update
- Information sharing

Attendees: Healthy Capital District Initiative, Mohawk Ambulance, League of Women Voters, Cornell Cooperative Extension, Schenectady County Public Health Services, Planned Parenthood Mohawk Hudson, Capital District Child Care Council, University at Albany School of Public Health, Ellis Medicine, Capital Region Chamber of Commerce, Schenectady County Public Library, Schenectady United Neighborhoods, Sunnyview Rehabilitation Hospital, Schenectady Community Action Program, Schenectady County Department of Social Services, Schenectady ARC, SPHP Center for Health Programs (tobacco cessation), Capital District Tobacco-Free Coalition, St. Peter's Health Partners, The Schenectady Foundation

- **November 5, 2015**

Topics:

- Schenectady County mental health and substance abuse data report
- Schenectady County Substance Abuse Prevention Partnership report
- Workgroup updates
- Coalition member updates

Attendees: Schenectady County Public Health Services, Schenectady County Office of Long Term Care and Senior Services, Capital District Child Care Coordinating Council, Substance Abuse Prevention Coalition, Planned Parenthood Mohawk-Hudson, League of Women Voters of Schenectady County, New York Council of Non-profits, Ellis Medicine, Mohawk Ambulance Service, Visiting Nurse Service/Care Central, Cornell Cooperative Extension, Schenectady Community Action Program, Schenectady ARC, Capital District Tobacco-Free Coalition, St. Peter's Health Partners

- **February 4, 2016**

Topics:

- Review 2013 Priorities Selected and Related Successes/Challenges
- Discuss Prevention Agenda Prioritization Process for 2016
- HCDI Presentation on County Priority Area Data
- Next Steps and Discussion
- Coalition Member Updates

Attendees: Healthy Capital District Initiative, Ellis Medicine, Schenectady County Public Library, Sunnyview Rehabilitation Hospital, Schenectady County Public Health Service, Cornell Cooperative Extension, St. Peter's Health Partners, Capital District Tobacco-Free Coalition, Alliance for Better Health Care, Schenectady League of Women Voters, Schenectady Inner City Ministry, Planned Parenthood Mohawk Hudson, Schenectady ARC, Capital District YMCA

- **February 19, 2016**

Topics:

- HCDI Presentation on County Priority Area Data
- Next Steps and Discussion

Attendees: Ellis Medicine, St. Peter's Health Partners, Planned Parenthood Mohawk Hudson, Sunnyview Rehabilitation Hospital, Schenectady County Public Health Service, Schenectady League of Women Voters, Healthy Capital District Initiative, Alliance for Better Health Care, Capital District Tobacco-Free Coalition, Capital District YMCA, Schenectady Inner City Ministry, Capital District Child Care Coordinating Council, Schenectady ARC

- **March 31, 2016**

Topics:

- HCDI Presentation on Community Telephone Survey Results
- Presentation Summarizing Source Documents
- Discussion of Prioritization Methodology
- Prioritization Exercise facilitated by HCDI
- Summary of Results
- Conclusion and Next Steps

Attendees: Schenectady Community Action Program, Center for Disability Services, Schenectady County Public Health Service, The Schenectady Foundation, New Choices Recovery Center, 820 River Street/Peter Young Housing, Ellis Medicine, Consumer Directed Choices, Boys and Girls Clubs of Schenectady, MVP Health Care, Schenectady ARC, Substance Abuse Prevention Coalition, University at Albany School of Public Health, Healthy Capital District Initiative, Schenectady County Community College, Schenectady County Office of Community Services, Catholic Charities, Kingsway Community, St. Peter's Health Partners, Sunnyview Rehabilitation Hospital, Capital District Physicians Health Plan, Capital Roots, Schenectady County Human Rights Commission, Schenectady County Public Library, Capital District Tobacco-Free Coalition, Planned Parenthood Mohawk-Hudson, Rehabilitation Support Services, Capital District YMCA, Catholic Charities Housing, Alliance for Better Health Care, Catholic Charities Care Coordination Services, Conifer Park, Schenectady Inner City Ministry, Capital District Child Care Coordinating Council

- **May 26, 2016**

Topics:

- Workgroup Updates
- Overview of Selected Priorities
- Discussion of Prevention Agenda Goals and Objectives
- DSRIP Project Funding Update
- Coalition Member Updates

Attendees: Substance Abuse Prevention Council, United Way of the Greater Capital Region, Healthy Capital District Initiative, Ellis Medicine, St. Peter's Health Partners, Capital District Child Care Coordinating Council, Sunnyview Rehabilitation Hospital, Schenectady County Public Health Service, Capital District Tobacco-Free Coalition, Schenectady Community Action Program, Catholic Charities, Planned Parenthood Mohawk Hudson, Schenectady ARC, Alliance for Better Health Care, Cornell Cooperative Extension, Capital District YMCA, The Schenectady Foundation, Bethesda House, Schenectady County Office of Community Services

- **June 30, 2016**

Topics:

- DSRIP Project Funding Update
- Completion and Availability of CHNA Document
- Workgroup Updates
- Implementation Strategies for Selected Priorities
- Coalition Member Updates

Attendees: Ellis Medicine, Schenectady Community Action Program, Catholic Charities, Capital District Physicians Health Plan, Sunnyview Rehabilitation Hospital, Schenectady County Office of Community Services, St. Peter's Health Partners, Healthy Capital District Initiative, Planned Parenthood Mohawk Hudson, Bethesda House, Conifer Park, United Way of the Greater Capital Region, Schenectady County Public Health Service, Capital District YMCA, Schenectady ARC, Capital District Tobacco-Free Coalition, Capital Region Chamber of Commerce

- **July 28, 2016**

Topics:

- Final Determination of Community Health Improvement Priorities
- Summary, Selection Exercise, Discussion of Measures and Partner Roles
- Membership and Leadership of Priority/Focus Area Work Groups
- Coalition Member Updates

Attendees: Ellis Medicine, United Way of the Greater Capital Region, Bethesda House, Schenectady County Public Health Service, Capital District Physicians Health Plan, Capital Region Chamber of Commerce, New Choices Recovery Center, Capital District Child Care Coordinating Council, Catholic Charities, St. Peter's Health Partners, Schenectady United Neighborhoods, Cornell Cooperative Extension, Schenectady Community Action Program, Substance Abuse Prevention Council, Conifer Park, Healthy Capital District Initiative, Sunnyview Rehabilitation Hospital, Schenectady County Senior and Long Term Care Services

- **September 21, 2016**

Obesity/Diabetes Work Group:

- Consolidation of Schenectady food security working groups
- Specific participation in CHIP/CSP projects
- Reports on projects and opportunities

Attendees: Ellis Medicine, Bethesda House, Schenectady Inner City Ministry, Visiting Nurse Service of Schenectady (Care Central), Schenectady County Public Health Services, United Way of the Greater Capital Region, Ellis Medicine Diabetes Education Program, Sunnyview Rehabilitation Hospital, St. Peter's Health Partners

- **September 29, 2016**

MEB (Mental Health and Substance Abuse) Work Group:

- Specific participation in CHIP/CSP projects
- Reports on projects and opportunities

Attendees: Catholic Charities Housing Office, New Choices Recovery Center, Conifer Park, Schenectady ARC, Schenectady County Public Health Services, United Way of the Greater Capital Region, Ellis Medicine, community member with suicide prevention expertise

- **September 29, 2016**

Topics:

- Status of Draft CHIP/CSP Document
- Reports from CHIP/CSP Work Groups
 - Obesity/Diabetes
 - MEB (Mental Health and Substance Abuse)
- Reports from other Work Groups
 - Asthma
 - Falls Prevention
 - Teen Pregnancy
 - Tobacco
- Report on PICH Food Forum
- Status of Schenectady DSRIP Projects
- Next steps/Schedule – Work Groups and full Coalition
- Member updates and information sharing

Attendees: Catholic Charities Housing Office, United Way of the Greater Capital Region, New Choices Recovery Center, Schenectady ARC, Conifer Park, Schenectady County Public Health Services, Schenectady County Public Library, Capital District Physicians Health Plan, Schenectady Community Action Program, Ellis Medicine, Capital District Child Care Council, Bethesda House, Capital District Tobacco-Free Community, Price Chopper, University at Albany School of Public Health, St. Peter's Health

Partners Creating Healthy Schools Program, Ellis Hospital Diabetes Education Program, League of Women Voters of Schenectady, Sunnyview Rehabilitation Hospital, Healthy Capital District Initiative

3. Need and Priority Selection Process from 2013

The priority selection process started with the integration of objective data taken from four sources:

- 1) A large (2,200 respondent) community survey conducted door-to-door by Community Health Workers and student volunteers throughout all ten City of Schenectady neighborhoods during spring 2013 (the “UMatter Schenectady” survey).
- 2) The Healthy Capital District Initiative’s 2013 Community Health Profile.
- 3) A focused MAPP process used by SCPHS and its associated detailed Community Action Plan (CAP) developed by the County to address diabetes in the West Indian immigrant population.
- 4) Certain focused primary data sources including neighborhood crime statistics compiled by the Schenectady Police Department and ambulance call data provided by Mohawk Ambulance Service.

1) **“UMatter Schenectady”** was a carefully designed, face-to-face city-wide survey of health concerns administered during spring 2013 by Ellis Medicine with direct assistance from The Schenectady Foundation and the Carlilian Foundation (which provided over \$100,000 in grant funding), the Schenectady Community Action Program (SCAP) (which recruited and coordinated Community Health Workers), several local colleges and universities (which provided student volunteers and faculty assistance), and SCPHS (which provided the services of its medical consultant to provide survey analysis and participate in writing of this document). Other local organizations facilitated data collection, including the Schenectady Municipal Housing Authority (which allowed use of its facilities) and the Mayor of the City of Schenectady, who personally accompanied the door-to-door surveyors on several occasions. The survey was designed by team of epidemiologists from Ellis and the University at Albany’s School of Public Health, working in consultation with a subcommittee of the Schenectady Coalition for a Healthy Community. Inspired by neighborhood-based health needs surveys conducted in Chicago for over a decade, the Schenectady project completed more than 2,200 surveys which, depending on branching from certain responses, covered as many as 283 questions. The sampling frames were designed to oversample the least affluent and most underserved neighborhoods and ZIP codes to assure that we heard the voices of those often missed in phone surveys. Responses were captured on iPads and directly loaded to a “cloud-based” database using the internet at the point of survey. Further data analysis was conducted using SPSS, a software package for statistical analysis marketed by IBM and widely used for academic and business purposes.

2) **The Healthy Capital District Initiative’s 2013 Community Health Profile** (published June 2013) is a report compiled from secondary data from the U.S. Census, the Behavioral Risk Factor Surveillance System (BRFSS), and the New York Statewide Planning and Research Cooperative System (SPARCS), displayed to show comparisons among the Capital Region counties and between the region and

State/national benchmarks. It also includes results from a survey of residents in the three Capital Region counties conducted largely through the local hospitals and healthcare providers.

3) **Schenectady County Public Health Services’ Community Action Plan (CAP)** is based on a focused MAPP process and surveys conducted as part of a CDC REACH (Racial and Ethnic Approaches to Community Health) grant addressing diabetes (type two) among Guyanese (West Indian) immigrants to the County.

The process of moving from raw data to determination first of what constitute Significant Community Health Needs, then to assigning the priority level of each, and finally to designing Implementation Strategies within the Action Plan has involved a multi-tiered, multi-participant, sequential journey. Figure 1 [now Figure 9] shows the process we used to move from the raw data to the Plan’s implementation targets.

Initially, the collected data were independently reviewed with care by three expert reviewers: the hospital’s epidemiologist (who previously served with SCPHS and participated in the REACH grant activities), a professor of epidemiology, and the SCPHS medical consultant (who is a physician with a Master’s degree in Public Health and the former County Commissioner of Public Health). The three reviewers looked at each of the sources. The common themes in the data were sought and the each was assessed to be certain that sources agreed on trends.

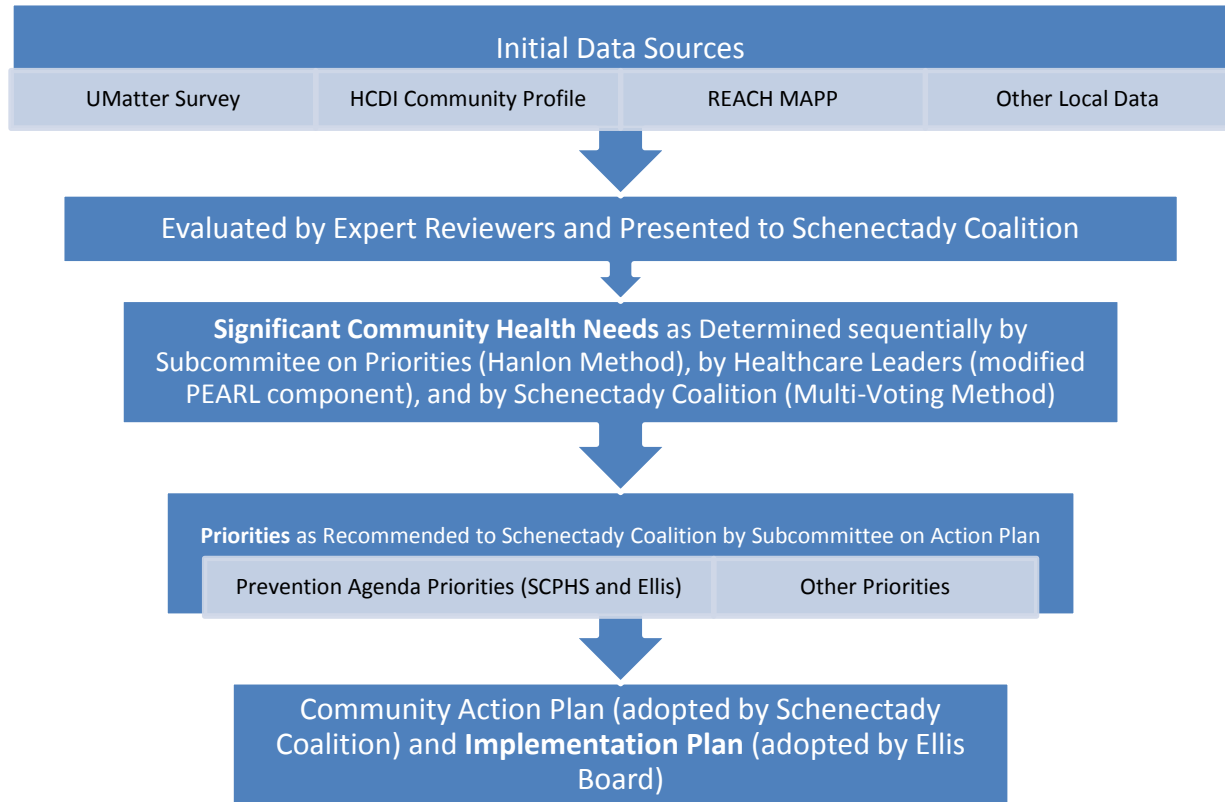


Figure 9: Schenectady Community 2013 Health Priorities and Plan Process Map

Once the major themes were culled from the data a presentation was made to the whole Schenectady Coalition. Next the data, with refinements, were taken to the Coalition's Subcommittee on Priorities. Using the Hanlon Method (see: <http://www.naccho.org/topics/infrastructure/CHAIP/upload/Final-Issue-Prioritization-Resource-Sheet.pdf>) of priority ranking as recommended by NYSDOH and the CDC the top priorities were identified.

Then, a small independent group of community health leaders including the County's Director of Public Health and the Ellis CEO utilized a modified PEARL (propriety, economic feasibility, acceptability, resource availability, legality) criteria (a component of the Hanlon Method) process to further refine relative ranking of the significance of the identified Community Health Needs. The subset of PEARL criteria consisted of:

- Economics: Does it make economic sense to address the problem?
- Acceptability: Will a solution be acceptable to the community?
- Resources: Are the resources available to address the problem?

The results of this combined ranking process were then returned to the full SCHC group, which used a Multi-Voting Methodology to make the final determination of priority, resulting in a grouping of the five highest ranking areas which were then presented to the Subcommittee on Action Planning for target setting.

NYSDOH regulations require that each county select at least two health needs priorities from among a list of Prevention Agenda priority areas. It was a fortuitous but not predetermined result of the selection process that four of the five highest ranking areas selected by the community also constitute NYSDOH priorities.

Health disparities were addressed in several ways. There are certain city ZIP codes and neighborhood areas known to have high unemployment and persistent poverty. Traditional surveys often under-sample these areas because of lack of phone landlines and the perception of safety concerns. In an effort to correct for these issues, community surveyors entered these areas several times to guarantee over-sampling. This allowed us to create a sharper picture of the health concerns shared by people living in difficult situations. Our data shows we were successful in collecting surveys from these areas. In the analysis we looked specifically for racial, geographic, and gender differences for many of our topics. The identified disparities were considered by the subcommittees.

All data collection has limitations since it is based on the assumption that the data collected faithfully represents the universe of all subjects under review. Samples never perfectly reflect the entire population for several of the following reasons: lack of interest in participation, fear of surveyors (e.g., regarding immigration status), reluctance to give personal information, travel out of town when the data was collected, misunderstanding of the questions (even though this concern was addressed in the surveyors' training and guidance), and language or literacy limitations (bi-lingual surveyors included Spanish and Arabic speakers). There may be potentially important confounding in use of the UMMatter survey data as it appears to have been significantly skewed toward the lowest income groups.