

ALBANY COUNTY

2019 – 2021

COMMUNITY HEALTH IMPROVEMENT PLAN



DECEMBER 31, 2016

ALBANY COUNTY 2019-2021 COMMUNITY HEALTH IMPROVEMENT PLAN

COVER PAGE

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INTRODUCTION

MISSION

The Albany County Department of Health strives to protect and improve the health of individuals, families, and communities, utilizing strategies that reduce health disparities and promote health equity.

We collaborate with community partners and offer a variety of high quality programs and services to accomplish the following:

- Prevent communicable and chronic diseases, injuries, and disabilities;
- Protect against environmental hazards that threaten health and safety;
- Promote the health and wellness of our citizens and our communities; and
- Prepare for and respond to public health emergencies.

VISION

The Albany County Department of Health will be recognized as the County's Chief Health Strategist working to ensure that every person in Albany County has the opportunity to achieve optimal health. The *Public Health Foundation* defines Chief Health Strategist as an "engaged change leader who builds community coalitions that investigate and take action to make meaningful progress on a community health issue." Albany County Department of Health seeks to be a leader in facilitating multi-sector initiatives to ensure the health of County residents.

VALUES

- Compassion
- Excellence
- Respect
- Transparency
- Innovation
- Accountability

EXECUTIVE SUMMARY

Albany County Department of Health has a progressive history of collaborating with community partners to improve the health of Albany County residents. Albany County Department of Health and local hospital systems including Albany Medical Center and St. Peter's Health Partners (Albany Memorial Hospital, St. Peter's Hospital) have cooperated to develop the *Albany County 2019-2021 Community Health Improvement Plan*. This unique effort demonstrates inclusive community health improvement planning and assures complementary, non-duplicative efforts to advanced population health.

I. Prevention Agenda Priorities

Working collaboratively through the Healthy Capital District Initiative Albany-Rensselaer Public Health Priority Workgroup (inclusive of local health department, hospitals, and community partners) the following priority areas are selected from the Prevention Agenda for the 2019-2021 period:

A. Prevent Chronic Disease: Obesity (and comorbidities)

- 1) *Reduce obesity and the risk of chronic diseases.*
- 2) *In the community setting, improve self-management skills for individuals with chronic diseases, including cardiovascular disease, diabetes and prediabetes and obesity.*

B. Prevent Chronic Disease: Asthma

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

C. Promote Well-Being and Prevent Mental and Substance Use Disorders

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

Disparity exists for the incidence of asthma based on geography and race/ethnicity. Accordingly, asthma-related interventions will focus particular attention on communities with the high incidence of asthma in the City of Albany.

II. Emerging Issues and Continuing Projects

The *Albany County 2019-2021 Community Health Improvement Plan* continues to focus on reducing obesity in children and adults and reducing the prevalence of asthma, (priorities previously identified in the *Albany County 2016 - 2018 Community Health Improvement Plan*).

The following health needs are not included in the *Albany County 2019 - 2021 Community Health Improvement Plan*; however, they are being addressed independently by Albany County Department of Health and other organizations: adverse birth outcomes, non-medical use of prescription pain medication, sexually transmitted diseases, suicide prevention and tick borne diseases.

III. Data Review in the Community Health Needs Assessment

The *Albany County 2019-2021 Community Health Improvement Plan* is based on the collaborative *2019 Capital Region Community Health Needs Assessment* developed by the Healthy Capital District Initiative in collaboration with local health departments, hospitals, community based organizations, businesses, consumers, schools, academics, and content area experts. Health indicators selected for the *2019 Capital Region Community Health Needs Assessment* were based on a review of available public health data including hospitalizations, emergency room visits, Behavioral Risk Factor Surveillance System, Prevention Quality Indicators, and other sources. Siena College Research Institute conducted a Community Health Survey in 2018. Albany and Rensselaer counties conducted Community Health Prioritization Meetings in March 2019. Data and related discussion confirmed a focus on specific health priorities.

IV. Partnerships

Coordinated by the Healthy Capital District Initiative, *2019 Capital Region Community Health Needs Assessment* and *Albany County 2019-2021 Community Health Improvement Plan* involved the active collaboration of local health departments (Albany County Department of Health, Rensselaer County Department of Health) hospital systems (Albany Medical Center, St. Peter's Health Partners), and community partners (e.g. behavioral health providers, community based organizations, schools, worksites, insurance companies). In general, public health will address environmental interventions and hospitals will address health systems interventions.

Community Health Improvement Plan implementation will be monitored through existing subject area partnerships (e.g. Albany-Rensselaer Obesity Task Force, Albany-Rensselaer Asthma / Tobacco Coalition, Albany County Strategic Alliance for Health, Albany County Department of Mental Health Providers).

V. Community Engagement

Broad community engagement in the *Albany County 2019-2021 Community Health Improvement Plan* began with public participation in a community health survey. Survey results were incorporated into the examination of health needs by the members of the Albany-Rensselaer Public Health Prioritization Workgroup. The Workgroup included community voices through representatives from consumers, community based organizations that serve low-income residents, the homeless, advocacy groups, employers, public health departments, providers and health insurers.

VI. Planned Interventions and Strategies and Evaluation

All implementation strategies, interventions, and process measures are detailed in the *Albany County 2019-2021 Community Health Improvement Plan*. Interventions selected are evidenced-based and most strategies are provided per the Prevention Agenda 2019-2024 Action Plans ([Prevention Agenda Action Plan](#)). In summary:

A. Prevent Chronic Disease: Obesity (and comorbidities)

Objective: By December 31, 2021, decrease the percentage of adults ages 18 years and older with obesity by 2%.

Objective: By December 31, 2021, decrease the decrease the percentage of children with obesity by 2%.

Objective: By December 31, 2021, increase the percentage of infants enrolled in WIC who are breastfed at 6 months by 2%.

B. Prevent Chronic Disease: Asthma

Objective: By December 31, 2021, decrease the asthma hospitalization rate per 10,000 for all age groups by 2%.

Objective: By December 31, 2021, decrease the asthma emergency department visit rate per 10,000 for all age groups by 2%.

C. Promote Well-Being

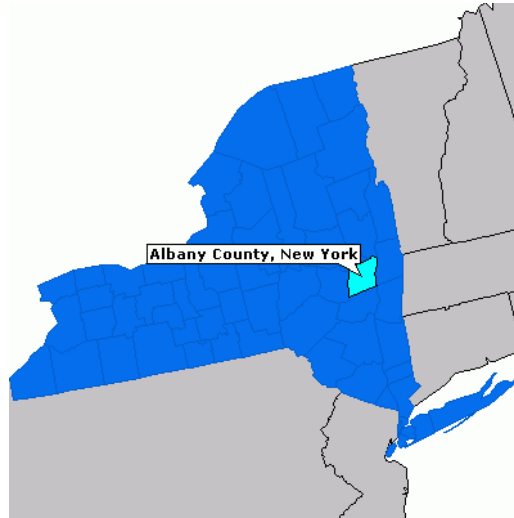
Objective: By December 31, 2021 increase Community Score by 2%.

Objective: By December 31, 2021 increase access to inpatient and outpatient services across the Behavioral Health spectrum for all ages.

Albany County will employ existing community coalitions to specifically track *Albany County 2019-2021 Community Health Improvement Plan* progress and make requisite mid-course corrections.

COMMUNITY HEALTH IMPROVEMENT PLAN

DESCRIPTION OF COMMUNITY



Albany County Department of Health defines its service areas as Albany County, New York.

Albany County is located in the east central part of New York State, extending southward and westward from the point where the Mohawk River joins the Hudson River. It covers a land area of 523.45 square miles, a water area of 9.76 square miles and includes the Helderberg and part of the Catskill Mountain ranges. The terrain of the county ranges from flat near the Hudson and Mohawk Rivers to high and hilly to the southwest, where the Catskills begin. Its urban center is the riverfront City of Albany surrounded by suburban municipalities extending to rural hilltowns. Albany County was founded in 1683 first becoming a mixture of Dutch and British people. Albany County is part of the Albany-Schenectady-Troy, New York Metropolitan Statistical Area.

More than ten colleges and universities offer undergraduate, graduate, medical, legal and other professional programs. Four (4) hospitals, including a Veterans' Administration Medical Center, provide services to residents of Albany County and the larger metropolitan region. As home of the state capital, much of Albany County's population is employed by government, law, health, finance, education, and business. Transportation infrastructure supports rail, roadway, water, and air travel.

Albany has a humid continental climate, with cold, snowy winters, and hot, wet summers. Snowfall is significant, with annually about 63 inches, but much less than the lake-effect areas to the north and west.

Albany County is governed by a County Executive and a 39-member County Legislature. The current County Executive is Daniel P. McCoy and the Chair of the Legislature is Andrew C. Joyce.

Albany County demographics are as follows:

SELECT DEMOGRAPHICS	ALBANY COUNTY
Population	308,583
Median Age	37.8 years
Gender	
Female	159,296 (51.6%)
Male	149,287 (48.4%)
Race	
White Alone	234,602 (76.0%)
Black or African American Alone	37,937 (12.3%)
Asian Alone	19,797 (6.4%)
Median Household Income	\$ 62,293
Persons Living Below Poverty Level	12.4%
Persons age 25 years + with less than high school education	7.4%
Home Ownership	56.8%
Employment	65.3% in labor force (age 16 years +)
Health Insurance Coverage*	304,767
Age-adjusted percentage of adults who have a regular health care provider - Aged 18+ years, 2016**	84.8%
Disabled***	7.8% (persons under age 65 years)

Source: [2013-2017 American Community Survey \(5 year estimates\)](#)

Notes:

- * Applicable to civilian noninstitutionalized population
- ** Source: [New York State Prevention Agenda Dashboard](#)
- *** Source: [U.S. Census Bureau, QuickFacts, Albany County, New York](#)

SUMMARY OF 2016 COMMUNITY HEALTH NEEDS ASSESSMENT

Key findings of the *2016 Community Health Needs Assessment* included issues pertaining to chronic disease and behavioral health. Obesity and asthma were the specific health conditions within chronic disease that were selected to be addressed. Asthma in particular was selected due to the significant disparities evident among sub-populations.

- Prevent Chronic Disease: Obesity / Diabetes - In the past three years, the Healthy Capital District Initiative Albany-Rensselaer Obesity/Diabetes Task Force coordinated strategies to reduce obesity in children and adults including implementation of nutrition and beverage standards; promotion of physical activity; and participation of adults in self-management programs. 2018 Albany County Department of Health obesity/diabetes activities included:

- Facilitated 186 residents' participation in chronic disease programs including the National Diabetes Prevention Program and YMCA Blood Pressure Self-Monitoring Program.
 - Established designated lactation rooms at two (2) worksites for employees, clients, and visitors.
 - Continued implementation of strategies to improve management of hypertension and prevent type 2 diabetes in Albany County primary care medical practices.
 - Used Hixny (Health Information Exchange of New York) aggregate population-based data on hypertension and prediabetes to support chronic disease prevention activities.
 - Collaborated with community partners and municipalities to implement four (4) *Complete Streets* demonstrations.
 - Employed Community Health Workers to address lifestyle changes and promote increased self-management of cardiovascular disease for Medicaid and uninsured patients.
 - Sponsored a prediabetes awareness campaign targeting neighborhoods most at risk for developing diabetes.
 - Participated as an active member of the New York State Action to Improve Control of Hypertension and Type 2 Diabetes: Health Systems Learning Collaborative to prevent and control hypertension and diabetes in high-risk populations.
 - Collaborated with federally qualified health center and Capital District YMCA to implement Million Hearts® Multi-Sector Collaborative Partnership to Advance Self-Measured Blood Pressure (SMBP) Monitoring.
- Prevent Chronic Disease: Asthma - In the past three years, Albany County Department of Health, local hospitals, community based organizations, and philanthropies have implemented strategies to reduce the prevalence of uncontrolled asthma (with particular attention to high risk neighborhoods in the City of Albany) including use of evidence based medicine guidelines for asthma management and expansion of asthma home-based self-management programs. 2018 Albany County Department of Health asthma and tobacco control activities included:
 - Conducted 830 visits linking residents to hazard reduction resources including homebased interventions.
 - Provided 150 in-home certified asthma education visits.
 - Actively participated in Green & Healthy Homes Initiative® for the Grater Capital Region coordinating interventions to make homes healthy, safe, and sustainable.
 - Albany County banned the sale of tobacco and other nicotine products in pharmacies.
 - Albany County partners facilitated implementation of smoke-free policies at 4 housing locations, 14 outdoor recreation areas, and 3 large multi-tenant buildings.
- Promote Mental Health and Prevent Substance Abuse - In the past three years, the Healthy Capital District Initiative Albany-Rensselaer Behavioral Health Task Force coordinated strategies to reduce the non-medical use of prescription pain medication by youth and adults (e.g. opiates) including provider education of addiction and pain management; promotion of safe storage and

disposal of unused prescription medications; provision of New York State Opioid Overdose Prevention training; and development of ambulatory withdrawal management programs.

2018 Albany County Opioid Task Force activities included:

- Received New York State Department of Health *Overdose Data to Action* funding to address the opioid crisis by obtaining high quality and timely data; supporting medical providers; and improving linkages to care.
- Participated in development of Prescription for Progress Coalition Action Agenda.
- Encouraged safe disposal of prescription and non-prescription medications by promoting local collection events and providing public information.
 - Implemented *Project Orange*, an initiative to increase the awareness of the importance of safe storage and disposal of unused opioids.
 - Promoted Prescription Drug Take Back Day at 10 temporary locations.
 - Established eight (8) Albany County locations as permanent sites for prescription medication collection.
- Trained 1,123 individuals in the administration of naloxone to prevent overdosing.
- Improved local availability of Medication Assisted Treatment (MAT).

Significant resources are in place and currently committed to addressing opioid use disorder. Accordingly, for purposes of *Albany County 2019-2021 Community Health Improvement Plan*, the prevention of substance use disorder is not identified as a priority.

Poor mental health is a cause of adverse physical health outcomes, academic under-achievement, homelessness, unemployment and isolation. Accordingly, for purposes of *Albany County 2019-2021 Community Health Improvement Plan*, the promotion of well-being is identified as a priority.

SUMMARY OF HEALTH DATA

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

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

Additional data was examined from a wide variety of sources:

- Prevention Agenda 2013-18 Dashboard of Tracking Indicators (2016)
- Community Health Indicator Reports Dashboard (2014-2016)
- County Health Indicators by Race/Ethnicity (2014-2016)
- County Perinatal Profiles (2012-2014; 2014-2016)
- Behavioral Risk Factor Surveillance System (BRFSS) and Expanded BRFSS (2016)
- Cancer Registry, New York State (2011-2015)
- Prevention Quality Indicators (2014-2016)
- Communicable Disease Annual Reports (2013-2017)
- The Pediatric Nutrition Surveillance System (PedNSS) (2014-2016)
- Student Weight Status Category Reporting System (2014-2016)
- County Opioid Quarterly Reports (April 2017 - October 2018)
- New York State Opioid Data Dashboard (2016-2017)
- New York State Child Health Lead Poisoning Prevention Program (2013 birth cohort; 2014-2016)
- New York State Kids' Well-being Indicator Clearinghouse (KWIC) (2012-14, 2017)
- County Health Rankings (2019)
- American Fact Finder (factfinder2.census.gov) (2017)
- Bureau of Census, American Community Survey (2012-2016)

These data sources were supplemented by a Siena College Research Institute Community Health Survey. The 2018 Community Health Survey was conducted in December 2018 by the Siena College Research Institute. The survey was a representative sample of adult (18+ years) residents of the Capital Region. The survey included 1,204 (MOE +/- 3.4%) total interviews made up of a phone sample, oversample of low income residents, and a small online sample for each of the six counties (n= 400 per county; 2,400 for Capital Region). Cell phones and landlines were utilized for the survey. This consumer survey was conducted to learn about the health needs, barriers and concerns of residents in the Capital Region. The *2019 Capital Region Community Health Needs Assessment Appendix* (2018 Capital Region Community Health Survey) contains a detailed summary of the findings, as well as the questionnaire used.

Local data were compiled from these data sources and draft reports were prepared by health condition for inclusion in this community health needs assessment. Drafts were reviewed for accuracy and thoroughness by two staff with specialized health knowledge: Michael Medvesky, M.P.H., Director, Health Analytics, Healthy Capital District Initiative (HCDI), and John Lake, M.S., Public Health Data Analyst, HCDI. The *2019 Capital Region Community Health Needs Assessment DRAFT* was sent to local subject matter experts for review in the health departments of Albany, Rensselaer, Schenectady, Saratoga, Columbia and Greene counties and in St. Peter's Health Partners, Albany Medical Center, Ellis Hospital, Saratoga Hospital and Columbia Memorial Hospital, as well as being placed on the HCDI website for public review and comment. Comments were addressed and changes were incorporated into the final document.

2019 Capital Region Community Health Needs Assessment, prepared by the Healthy Capital District Initiative (HCDI), of which the Albany County Department of Health is a member, provides more detailed information and data regarding health issues of concern in Albany County [2019 Capital Region Community Health Needs Assessment](#)

SELECTION OF PREVENTION AGENDA PRIORITIES

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

- Size relative to New York State excluding New York City;
- Impact on quality of life;
- Trend from 2013-2015 or a comparable timeframe;
- Disparity (Index of Disparity using race/ethnicity); and
- Absolute number of individuals affected.

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

A Prevention Agenda Work Group, with participation from local health departments of Albany, Columbia, Greene, Rensselaer, Saratoga and Schenectady counties, St. Peter’s Health Partners, Ellis Medicine, Albany Medical Center, Saratoga Hospital, and Columbia Memorial Hospital, met in the winter of 2018 to review the Ranking Methodology and provide oversight and guidance in the prioritization process. Using the quantitative rankings provided by the tool, as well as consideration of the availability of quality data, adequacy of current efforts, organizational capacity, upstream vs. downstream factors, and potential for evidence-based interventions, Prevention Agenda Work Group participants selected 12-15 Public Health Issues for more comprehensive review by the local Prevention Agenda Prioritization Work Groups.

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

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

Upon completion of the data summaries, Prevention Agenda Prioritization Work Groups members were given an opportunity to advocate for the priorities they believed were most meritorious and the group voted on the top two Prevention Agenda categories. Mental health/behavioral health, and chronic disease categories received the greatest amount of votes by far, because they impacted the largest number of people in the most significant ways, both directly and indirectly, through their influence on other health conditions. They also contributed most significantly to the cost of health care. A summary of Prevention Agenda Prioritization Work Group is as follows:

Albany-Rensselaer Prevention Agenda Prioritization Work Group

The Albany-Rensselaer Prevention Agenda Prioritization Work Group was led by the Albany County Department of Health, the Rensselaer County Department of Health, Albany Medical Center, and St. Peters Health Partners. Because the hospitals' catchment areas cover both counties, it was felt a joint-county Albany-Rensselaer Prevention Agenda Prioritization Work Group was appropriate. Meetings were held on March 1, 2019 and March 21, 2019 at which HCDI presented health indicators selected by the Albany-Rensselaer Prevention Agenda Prioritization Work Group, and facilitated discussions. The Power Point data presentations used during these meetings were made available to the Albany-Rensselaer Prevention Agenda Prioritization Work Group members and the public on the HCDI website (<http://hcdiny.org/>). The Albany-Rensselaer Prevention Agenda Prioritization Work Group choose their priorities at the second work group meeting. Organizations participating in the Albany-Rensselaer Prevention Agenda Prioritization Work Group included:

- Albany County Department for Aging
- Albany County Department of Health
- Albany County Department of Mental Health
- Albany Medical Center
- Alliance for Better Health
- Alliance for Positive Health
- AVillage, Inc.
- Better Health for Northeast New York
- BlueShield of Northeastern New York, Inc.
- Boys & Girls Clubs of the Capital Area
- Burdett Birth Center
- Capital District Tobacco-Free Communities
- Capital Roots
- Cornell Cooperative Extension

- Healthy Capital District Initiative
- Hudson Valley Community College
- Independent Living Center of the Hudson Valley
- MVP Health Care, Inc.
- Promesa/Camino Nuevo
- Rensselaer County Department of Health
- Rensselaer County Department of Mental Health
- St. Peter's Health Partners
- The Baby Institute
- The Food Pantries for the Capital District
- United Way of the Greater Capital Region
- Upper Hudson Planned Parenthood
- Whitney M. Young Jr. Health Services

Albany and Rensselaer counties completed the Community Health Prioritization Meetings in March 2019. Attendance during the two prioritization consisted of 89 participants representing healthcare, community based and public service providers. Participants were engaged in the data presentations, raised many questions, and offered a service provider's perspective.

PREVENTION AGENDA 2016 - 2018 PRIORITIES

Albany County Department of Health, along with our hospital and community partners, will focus on developing and implementing initiatives to address the following *Prevention Agenda 2019 - 2021* health priorities:

I. FOCUS AREA: PREVENT CHRONIC DISEASE IN ALBANY COUNTY

- Reduce obesity in children and adults (prevent related comorbidities) inclusive of risk factors and promotion of evidenced-based interventions.
- Reduce the prevalence of uncontrolled asthma in Albany County (with particular attention to communities with the high incidence of asthma in the City of Albany).

II. FOCUS AREA: PROMOTE WELL-BEING IN ALBANY COUNTY

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

The rationale for focusing on these select health priorities is as follows:

PREVENT CHRONIC DISEASE IN ALBANY COUNTY

OBESITY (and comorbidities)

- Approximately 57,000 Albany County adult (age adjusted) residents (25.3%) and 7,200 children and adolescents (16.0%) for the 2016-2018 period were considered obese;
- Albany County's adult diabetes prevalence rate of 9.0% was higher than New York State excluding New York City (8.5%) in 2016;
- Albany County's diabetes short-term complication hospitalization rate (4.5/10,000) was higher than New York State excluding New York City (4.1) and increased 18% from 2008-10 to 2012-14;
- South End/Downtown neighborhood (City of Albany) had 5.8 times the diabetes emergency department rates, and 3.3 times the diabetes hospitalization rates compared to New York State excluding New York City (2012-2016);
- Albany County had a higher rate of adults with hypertension (36.0%) compared to New York State excluding New York City (33.0%) in 2016; and
- Albany County's age adjusted congestive heart failure mortality rate (19.7/100,000) was higher than New York State excluding New York City (18.6/100,000) in 2016.

ASTHMA

- Albany County's adult current asthma prevalence (13.3%), asthma emergency department visit rate (55.0/10,000) were higher than New York State excluding New York City (10.4% and 41.1/10,000) in 2016;
- Albany County's asthma emergency department visit rate decreased 18%, and the asthma hospitalization rate 27% between 2010 and 2014;
- South End neighborhood (City of Albany) had 5.6 times the asthma emergency department rates and 6.1 times the asthma hospitalization rates than New York State excluding New York City (2012-2016); and
- In 2016, 16.4% of Albany County adults (age-adjusted) currently smoked and 28.1% of Albany County adults (age-adjusted) with incomes under \$ 25,000 currently smoked.

PROMOTE WELL-BEING IN ALBANY COUNTY

- In 2016, 10.6% of Albany County adults (age adjusted) reported 14 or more poor mental health days in the past month.
- For the 2012-2016 period, Albany County had a higher mental disease and disorder emergency department visit (152.9/10,000) than New York State excluding New York City (147.8), but a lower hospitalization rate (59.6 vs 64.1); and
- South End/Downtown neighborhood (City of Albany) had a 9.2 times higher mental disease and disorder emergency department visit rate, and 3.5 times higher hospitalization rate than New York State excluding New York City

COMMUNITY HEALTH IMPROVEMENT PLAN

Prevent Chronic Disease(s): Obesity Albany County

Goal 1: Reduce obesity and the risk of chronic diseases

Target Population: Adults and Children

Objective(s): By December 31, 2021, decrease the percentage of adults ages 18 years and older with obesity by 2% (from 25.0% in 2016 to 24.5% by 2021).

By December 31, 2021, decrease the decrease the percentage of children with obesity by 2% (from 16.0% in 2016-2018 to 15.7% by 2021 among public school students).

By December 31, 2021, increase the percentage of infants enrolled in WIC who are breastfed at 6 months by 2% from 27.8% (2014-2016) to 28.4% among all WIC infants.

Address Disparity: No

Intervention/ Strategies, Activities	Partner Resources	Partner Roles	Measures
<p>Improve health behaviors and results through worksite nutrition and physical activity programs.</p>	<p>Albany County Department of Health</p> <ul style="list-style-type: none"> Albany County Strategic Alliance for Health specifically targets poor nutrition, lack of physical activity, and tobacco use the underlying risk factors for a variety of chronic diseases (including diabetes, obesity, and cardiovascular disease). <p>Albany Medical Center: Hospital(s) with primary care, outpatient nutrition counseling, and certified diabetes education services.</p> <p>St. Peter’s Health Partners: Hospital(s) with primary care, outpatient nutrition counseling, and certified diabetes education services.</p> <p>American Heart Association, Capital District YMCA: Non-profit and community based organizations with health and wellness expertise.</p>	<p>Albany County Department of Health: Provide technical assistance to worksite environments that implement nutrition / beverage standards and/or increase physical activity.</p> <p>Albany Medical Center: Promote healthy living and wellness through Albany Medical Center’s 4-pronged wellness program including healthy nutrition education, physical and emotional wellness, and employee education activities.</p> <p>St. Peter’s Health Partners: Promote worksite wellness programs via Employee Wellness Committee.</p> <p>American Heart Association, Capital District YMCA: Provide technical assistance to worksites.</p>	<ul style="list-style-type: none"> Number of worksites that improve nutrition, physical activity policies and practices (including number of persons impacted by standards and improvements in worksite wellness). To the extent possible, pre- and post-implementation of <i>CDC Worksite Health Scorecard</i> (or comparable resource) demonstrated for at least one (1) worksite.

	<p>Healthy Capital District Initiative (HCDI): Provides health planning expertise and supports health prevention programs across the Capital Region; facilitates the Albany-Rensselaer Obesity Task Force.</p>	<p>HCDI: Convenes Albany-Rensselaer Obesity Task Force meetings to engage regional stakeholders, share best practices/resources and support collaboration.</p>	<ul style="list-style-type: none"> • Number of employees enrolled at Albany Medical Center's Fitness Center. • Number of Albany Medical Center's Wellness Fair attendees. • Number of participants in Albany Medical Center's "Move, Learn, Heal, Eat" initiatives.
<p>Increase support for breastfeeding</p>	<p>Albany County Department of Health</p> <ul style="list-style-type: none"> • Albany County Strategic Alliance for Health specifically targets poor nutrition, lack of physical activity, and tobacco use the underlying risk factors for a variety of chronic diseases (including diabetes, obesity, and cardiovascular disease). <p>Albany Medical Center: Hospital(s) with primary care services inclusive of nutrition counseling, breastfeeding support(s) and certified diabetes education.</p> <p>BrightSideUp: Provides resources to the community in order to improve the availability and quality of child care.</p> <p>St. Peter's Health Partners: Hospital(s) with primary care, outpatient nutrition counseling, and certified diabetes education services including <i>Creating Breastfeeding Friendly Communities</i> program.</p> <p>Whitney M. Young Jr. Health Services: federally qualified health center.</p> <p>Healthy Capital District Initiative (HCDI): Provides health planning expertise and supports health prevention programs across the Capital Region; facilitates the Albany-Rensselaer Obesity Task Force.</p>	<p>Albany County Department of Health: Coordinate breastfeeding partnership; increase number of worksites that provide breastfeeding accommodations.</p> <p>Albany Medical Center: Increase access to peer and professional breastfeeding support through Women, Infants, and Children Program (providing access to healthy foods for growth and development and promotes food nutrition through education) and lactation counseling.</p> <p>BrightSideUp: Promote breastfeeding friendly child care centers.</p> <p>St. Peter's Health Partners: Increase access to peer and professional breastfeeding support by creating drop-in centers in Albany County.</p> <p>Whitney M. Young Jr. Health Services: Women, Infants, and Children (WIC) Program provides access to healthy foods for growth and development and promotes food nutrition through education.</p> <p>HCDI: Convenes Albany-Rensselaer Obesity Task Force meetings to engage regional stakeholders, share best practices/resources and support collaboration.</p>	<ul style="list-style-type: none"> • Number and percentage of engaged worksites that improve their policies to support breastfeeding. • Number and percentage of engaged worksites that improve their practices to support breastfeeding. • Number of WIC mothers receiving breastfeeding counseling/education. • Number of mothers who opted to breastfeed in total or in part, who were counseled/trained by Albany Medical Center lactation consultants. • Number of Baby Café's (breastfeeding support drop in centers) established.

<p>Increase food security</p>	<p>Albany County Department of Health</p> <ul style="list-style-type: none"> Albany County Strategic Alliance for Health specifically targets poor nutrition, lack of physical activity, and tobacco use the underlying risk factors for a variety of chronic diseases (including diabetes, obesity, and cardiovascular disease). <p>Boys & Girls Clubs of the Capital Area: Community based organization providing after schools services for youth.</p> <p>St. Peter's Health Partners: Hospital(s) with primary care, outpatient nutrition counseling, and certified diabetes education services.</p> <p>Healthy Capital District Initiative (HCDDI): Provides health planning expertise and supports health prevention programs across the Capital Region; facilitates the Albany-Rensselaer Obesity Task Force.</p>	<p>Albany County Department of Health: Implement <i>Healthy Habits Program</i> (including facilitating screening and referral for food security; support enrolled families with self-management of disease and healthy food access).</p> <p>Boys & Girls Clubs of the Capital Area: Provide <i>Nutrition and Food Security Interventions for Children, Youth and Families</i>.</p> <p>St. Peter's Health Partners: Screen for food insecurity, facilitate and actively support closed loop food assistance referrals.</p> <p>HCDDI: Convenes Albany-Rensselaer Obesity Task Force meetings to engage regional stakeholders, share best practices/resources and support collaboration.</p>	<ul style="list-style-type: none"> Number of adults and children participating in <i>Healthy Habits Program</i>. Number and percentage of <i>Healthy Habits Program</i> participants screened for food insecurity. Number and percentage of <i>Healthy Habits Program</i> participants identified as food insecure. To the extent possible, Pre- and post-intervention measurement of food insecure <i>Healthy Habits Program</i> participants for referrals to resources. Number of (St. Peter's Health Partners') patients screened for food insecurity. Number of referrals to food assistance programs (St. Peter's Health Partners).
<p>Improve community environments that support active transportation and recreational physical activity for people of all ages and abilities.</p>	<p>Albany County Department of Health</p> <ul style="list-style-type: none"> Albany County Strategic Alliance for Health specifically targets poor nutrition, lack of physical activity, and tobacco use the underlying risk factors for a variety of chronic diseases (including diabetes, obesity, and cardiovascular disease). <p>St. Peter's Health Partners: Hospital(s) with primary care, outpatient nutrition counseling, and certified diabetes education services including <i>Creating Healthy Schools and Communities</i> program.</p>	<p>Albany County Department of Health:</p> <ul style="list-style-type: none"> Provide technical assistance in promoting physical activity in community venues. Implement new or improved pedestrian, bicycle, or transit transportation system components (i.e., activity-friendly routes) with new or improved land use or environmental design components. Member of select school district wellness committees. <p>St. Peter's Health Partners: Provide technical assistance in implementing local school district wellness policies; provide <i>Soccer for Success</i> program.</p>	<ul style="list-style-type: none"> Number of places that implement new, or improve existing, community planning and transportation interventions that support safe and accessible physical activity. Walk score improvement(s) for select communities.

	<p>HCDI: Provides health planning expertise and supports health prevention programs across the Capital Region; facilitates the Albany-Rensselaer Obesity Task Force.</p>	<p>HCDI: Convenes Albany-Rensselaer Obesity Task Force meetings to engage regional stakeholders, share best practices/resources and support collaboration.</p>	<ul style="list-style-type: none"> • Number of school districts implementing components of Comprehensive School Physical Activity Programs (CSPAP) • Number of children participating in evidence based Soccer for Success program that promotes healthy lifestyle through physical activity, nutrition, mentorship, and family engagement
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Prevent Chronic Disease(s): Obesity Albany County

Goal 2: In the community setting, improve self-management skills for individuals with chronic diseases, including cardiovascular disease, diabetes and prediabetes and obesity

Target Population: Adults

Objective: By December 31, 2021, decrease the percentage of adults ages 18 years and older with obesity by 2% (from 25.0% in 2016 to 24.5% by 2021).

Address Disparity: No

Intervention Strategies, Activities	Partner Resources	Partner Roles	Measures
<p>Promote evidence-based medical management in accordance with national guidelines.</p>	<p>Albany Medical Center: Hospital(s) with primary care, with comprehensive endocrinology and certified diabetes education services.</p> <p>Healthy Capital District Initiative (HCDI): Provides health planning expertise and supports health prevention programs across the Capital Region; facilitates the Albany-Rensselaer Obesity Task Force.</p>	<p>Albany Medical Center:</p> <ul style="list-style-type: none"> • Albany Medical Center endocrinologists, obstetrics/gynecologists, and primary care physicians refer patients newly diagnosed with pre-diabetes or diabetes to certified diabetes education services. • Albany Medical Center providers work with patients with diabetes to develop a self-care plan to meet individual's needs. <p>HCDI: Convenes Albany-Rensselaer Obesity Task Force meetings to engage regional stakeholders, share best practices/resources and support collaboration.</p>	<ul style="list-style-type: none"> • Number of patient referrals to Albany Medical Center's Certified Diabetes Educator(s). • Number of Albany Medical Center patients given a lifestyle prescription.
<p>Expand access to the National Diabetes Prevention Program (NDPP)</p>	<p>Albany County Department of Health</p> <ul style="list-style-type: none"> • Albany County Strategic Alliance for Health specifically targets poor nutrition, lack of physical activity, and tobacco use the underlying risk factors for a variety of chronic diseases (including diabetes, obesity, and cardiovascular disease). <p>Albany Medical Center: Hospital(s) with primary care, endocrinology, outpatient nutrition counseling, and certified diabetes education services.</p> <p>St. Peter's Health Partners: Hospital(s) with primary care, endocrinology, outpatient nutrition counseling, and certified diabetes education services.</p>	<p>Albany County Department of Health</p> <ul style="list-style-type: none"> • Increase availability of NDPP. • Increase prediabetes awareness by community providers. • Promote prediabetes screening, testing, and referral. <p>Albany Medical Center:</p> <ul style="list-style-type: none"> • Increase prediabetes awareness by community providers. • Promote prediabetes screening, testing, and referral. 	<ul style="list-style-type: none"> • Number of participants enrolled in NDPP. • To the extent possible, number and percentage of NDPP participants that complete program (i.e. attend at least 9 out of 16 core classes).

	<p>Healthy Capital District Initiative (HCDI): Provides health planning expertise and supports health prevention programs across the Capital Region; facilitates the Albany-Rensselaer Obesity Task Force.</p>	<p>Capital District YMCA, St. Peter's Health Partners Medical Associates; other certified providers: Conduct NDPP classes.</p> <p>St. Peter's Health Partners:</p> <ul style="list-style-type: none"> • Increase prediabetes awareness by community providers. • Promote prediabetes screening, testing, and referral. <p>HCDI: Convenes Albany-Rensselaer Obesity Task Force meetings to engage regional stakeholders, share best practices/resources and support collaboration.</p>	<ul style="list-style-type: none"> • To the extent possible, measure NDPP participant outcomes (e.g. average weekly physical activity minutes, percent weight loss, HA1C changes).
<p>Expand access to evidence-based self-management interventions for individuals with chronic disease</p>	<p>Albany County Department of Health</p> <ul style="list-style-type: none"> • Albany County Strategic Alliance for Health specifically targets poor nutrition, lack of physical activity, and tobacco use the underlying risk factors for a variety of chronic diseases (including diabetes, obesity, and cardiovascular disease). <p>Albany Medical Center: Hospital(s) with primary care, endocrinology, outpatient nutrition counseling, and certified diabetes education services.</p> <p>St. Peter's Health Partners: Hospital(s) with primary care, endocrinology, outpatient nutrition counseling, and certified diabetes education services.</p> <p>Healthy Capital District Initiative (HCDI): Provides health planning expertise and supports health prevention programs across the Capital Region; facilitates the Albany-Rensselaer Obesity Task Force.</p>	<p>Albany County Department of Health</p> <ul style="list-style-type: none"> • To extent feasible, provide Blood Pressure Self-Monitoring services. <p>Albany Medical Center: Provide Diabetes Self-Management Support and Education services.</p> <p>Capital District YMCA: Provide Blood Pressure Self-Monitoring services.</p> <p>St. Peter's Health Partners: Provide Diabetes Self-Management Support and Education services.</p> <p>HCDI: Convenes Albany-Rensselaer Obesity Task Force meetings to engage regional stakeholders, share best practices/resources and support collaboration.</p>	<ul style="list-style-type: none"> • Number of participants in other (i.e. non- NDPP) chronic disease self-management programs that support Lifestyle Change (e.g. Blood Pressure Self-Monitoring, Diabetes Self-Management Support and Education aka DSMS/E). • To the extent possible, number of participants in other (i.e. non- NDPP) chronic disease self-management programs that improve health outcomes (e.g. change in blood pressure and/or blood glucose from uncontrolled to controlled to maintained; percent weight loss; changes in physical activity).

Prevent Chronic Disease(s): Asthma in Albany County

Goal 1 In the community setting, improve self-management skills for individuals with chronic diseases, including asthma (with particular attention to communities with the high incidence of asthma in the City of Albany).

Target Population: Adults and Children

Objective(s): By December 31, 2021, decrease the asthma hospitalization rate per 10,000 for all age groups by 2% (from 5.2/10,000 in 2016 to 5.1/10,000 by 2021).

By December 31, 2021, decrease the asthma emergency department visit rate per 10,000 for all age groups by 2% (from 55.0/10,000 in 2016 to 53.9/10,000 by 2021).

Address Disparity: Yes (Geography, Race /ethnicity): particular attention to communities with the high incidence of asthma in the City of Albany.

Intervention Strategies, Activities	Partner Resources	Partner Roles	Measures
<p>Expand access to home-based multi-trigger, multicomponent visits by licensed professionals or qualified lay health workers to provide targeted, intensive asthma self-management education and to reduce home asthma triggers for individuals whose asthma is not well-controlled with NAEPP Guidelines' medical management and asthma self-management education (ASME) inclusive of <i>Healthy Neighborhood Program</i> and asthma education services.</p>	<p>Albany County Department of Health</p> <ul style="list-style-type: none"> Albany County Strategic Alliance for Health specifically targets poor nutrition, lack of physical activity, and tobacco use as the underlying risk factors for a variety of chronic diseases (including asthma). <i>Healthy Neighborhoods Program</i> provides environmental hazard home assessments, education, and referrals to follow-up resources in high-risk communities. Asthma educator(s) provide asthma self-management education and support. <p>Albany Medical Center: Hospital(s) with primary care, behavioral health services inclusive of programs for the prevention, education, and care of persons with asthma.</p> <p>St. Peter's Health Partners: Hospital(s) with primary care, behavioral health services inclusive of programs for the prevention, education, and care of persons with asthma.</p> <p>Healthy Capital District Initiative (HCIDI): Provides health planning expertise and supports health prevention programs across the Capital Region; facilitates the Albany-Rensselaer Asthma/Tobacco Coalition.</p>	<p>Albany County Department of Health:</p> <ul style="list-style-type: none"> Actively participate as a member of the Albany-Rensselaer Asthma/Tobacco Coalition. For residents identified at risk for asthma, provide in-home asthma education services with community health worker supports. <p>Cornell Cooperative Extension</p> <ul style="list-style-type: none"> Contracted to provide select <i>Healthy Neighborhood Program</i> activities. Refers to asthma education services. <p>Albany Medical Center: Provide applicable referrals to asthma education and community health worker services/</p> <p>St. Peter's Health Partners: Provide self-management education to individuals whose asthma is not well controlled (per Home Based Asthma Program).</p> <p>HCIDI: Convenes Albany-Rensselaer Asthma/Tobacco Coalition meetings to engage regional stakeholders, share best practices/resources and support collaboration.</p>	<ul style="list-style-type: none"> Number of <i>Healthy Neighborhood Program</i> home visits conducted. Number of asthma educator home visits conducted. To the extent possible, measure improvement(s) in patient asthma control test (ACT) scores. Utilization of St. Peter's Health Partners' Home Based Asthma Program.

Prevent Chronic Disease(s): Asthma in Albany County

Goal 2 Promote evidence-based care to prevent and manage chronic diseases including asthma (with particular attention to communities with the high incidence of asthma in the City of Albany).

Target Population: Adults and Children

Objective(s): By December 31, 2021, decrease the asthma hospitalization rate per 10,000 for all age groups by 2% (from 5.2/10,000 in 2016 to 5.1/10,000 by 2021).

By December 31, 2021, decrease the asthma emergency department visit rate per 10,000 for all age groups by 2% (from 55.0/10,000 in 2016 to 53.9/10,000 by 2021).

Address Disparity: Yes (Geography, Race /ethnicity): particular attention to communities with the high incidence of asthma in the City of Albany.

Intervention Strategies, Activities	Partner Resources	Partner Roles	Measures
<p>Promote evidence-based medical management in accordance with national guidelines.</p>	<p>Albany County Department of Health</p> <ul style="list-style-type: none"> Albany County Strategic Alliance for Health specifically targets poor nutrition, lack of physical activity, and tobacco use as the underlying risk factors for a variety of chronic diseases (including asthma). <p>Albany County Department of Mental Health – per Local Services Plan for Mental Hygiene Services:</p> <ul style="list-style-type: none"> Disseminates public health information regarding tobacco use and prevention <p>Albany Medical Center: Hospital(s) with primary care, behavioral health services inclusive of programs for the prevention, education, and care of persons with asthma.</p>	<p>Albany County Department of Health</p> <ul style="list-style-type: none"> Actively participate as a member of the Albany-Rensselaer Asthma/Tobacco Coalition. For residents identified at risk for asthma, provide in-home asthma education services with community health worker supports. <p>Albany County Department of Mental Health</p> <ul style="list-style-type: none"> Develop referral processes to reduce tobacco use among severely mentally ill persons. <p>Albany Medical Center: Provides comprehensive allergy, asthma and immunology services (adults and children) including certified asthma education, emergency department prescribed asthma care transition plans, research, various asthma-related initiatives through ; hosts continuing medical education <i>Asthma, Allergy & Immunology conference</i>, various asthma-related initiatives through Better Health for Northeast New York (BHNNY).</p>	<ul style="list-style-type: none"> Number of asthma-related visits to the Albany Medical Center Hospital Emergency Department

	Healthy Capital District Initiative (HCDI): Healthy Capital District Initiative: Provides health planning expertise and supports health prevention programs across the Capital Region; facilitates the Albany-Rensselaer Asthma/Tobacco Coalition.	HCDI: Convenes Albany-Rensselaer Asthma/Tobacco Coalition meetings to engage regional stakeholders, share best practices/resources and support collaboration.	
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Prevent Chronic Disease(s): Asthma in Albany County

Goal 3 Promote tobacco use cessation (with particular attention to communities with the high incidence of asthma in the City of Albany).

Target Population: Adults and Children

Objective(s): By December 31, 2021, decrease the asthma hospitalization rate per 10,000 for all age groups by 2% (from 5.2/10,000 in 2016 to 5.1/10,000 by 2021).

By December 31, 2021, decrease the asthma emergency department visit rate per 10,000 for all age groups by 2% (from 55.0/10,000 in 2016 to 53.9/10,000 by 2021).

Address Disparity: Yes (Geography, Race /ethnicity): particular attention to communities with the high incidence of asthma in the City of Albany.

Intervention Strategies, Activities	Partner Resources	Partner Roles	Measures
<p>Assist medical and behavioral health care organizations (defined as those organizations focusing on mental health and substance use disorders) and provider groups in establishing policies, procedures and workflows to facilitate the delivery of tobacco dependence treatment</p>	<p>Albany County Department of Health</p> <ul style="list-style-type: none"> • Albany County Strategic Alliance for Health specifically targets poor nutrition, lack of physical activity, and tobacco use as the underlying risk factors for a variety of chronic diseases (including asthma). • Provides tobacco control service (i.e. enforcement of federal Clean Indoor Air Act, New York State Adolescent Tobacco Use Prevention Act, and Albany County prohibition on sale of tobacco products to persons under age 21). <p>Albany County Department of Mental Health – per Local Services Plan for Mental Hygiene Services:</p> <ul style="list-style-type: none"> • Conducts assessment of mental hygiene and associated issues; • Disseminates public health information regarding tobacco use and prevention; and • Provides and/or coordinates prevention, addiction treatment, and recovery support services. 	<p>Albany County Department of Health</p> <ul style="list-style-type: none"> • Actively participate as a member of the Albany-Rensselaer Asthma/Tobacco Coalition. • Identify and publicize community tobacco cessation resources; • Assist development of referral processes to reduce tobacco use among severally mentally ill persons. <p>Albany County Department of Mental Health</p> <ul style="list-style-type: none"> • Capacity to provided tobacco cessation services; • Identify and publicize community tobacco cessation resources; • Develop referral processes to reduce tobacco use among severally mentally ill persons. 	<ul style="list-style-type: none"> • Number of people screened for tobacco use • Number of people screened positive for tobacco use • Percentage of those who screened positive for tobacco use that have quit • Percentage of those who screened positive for tobacco use that reduced their use

	<p>Albany Medical Center: Hospital(s) with primary care, behavioral health services inclusive of programs for the prevention, education, and care of persons with asthma.</p> <p>St. Peter’s Health Partners: Hospital(s) with primary care, behavioral health services inclusive of <i>Capital District Tobacco-Free Communities</i> (Community Partner of the New York State Tobacco Control Program) and <i>The Butt Stops Here</i>© programs.</p> <p>Healthy Capital District Initiative (HC DI): Provides health planning expertise and supports health prevention programs across the Capital Region; facilitates the Albany-Rensselaer Asthma/Tobacco Coalition.</p>	<p>Albany Medical Center: Provides tobacco cessation services for patients and their families, and links individuals who desire to quit with local community resources.</p> <p>St. Peter’s Health Partners:</p> <ul style="list-style-type: none"> • Implement Public Health Service Clinical Practice guidelines for tobacco dependence treatment within medical and behavioral health care organizations. • Promote Medicaid and other health plan coverage benefits for tobacco dependence counseling and medications. • Provide <i>The Butt Stops Here</i>© tobacco cessation program. • Use media, health communications and Reality Check (youth engagement) to highlight the dangers of tobacco and promote effective tobacco control policies. <p>HC DI: Convenes Albany-Rensselaer Asthma/Tobacco Coalition meetings to engage regional stakeholders, share best practices/resources and support collaboration.</p>	<ul style="list-style-type: none"> • Number of community education sessions led or co-led by Albany Medical Center’s respiratory therapy team. • Number of Albany Medical Center inpatients receiving smoking cessation or vaping counseling. • Number of referrals for tobacco cessation assistance (inclusive of vaping products) to the New York State Smoker’s Quitline. • Number of <i>Butt Stops Here</i> participants. • Number of medical and mental health tobacco treatment dependence policies developed in Albany County. • Number of tobacco control policies promoted/adopted in Albany County.
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Promote Well-Being and Prevent Mental and Substance Use Disorders in Albany County

Goal 1: Facilitate supportive environments that promote respect and dignity for people of all ages

Target Population: Adults and Children

Objective: By December 31, 2021 increase Community Score by 2% to 62.2 (baseline: 61.0 in 2018)

Address Disparity: No

Intervention, Strategies, Activities	Partner Resources	Partner Role	Measures
<p>Implement <i>Mental Health First Aid</i></p>	<p>Albany County Department of Health</p> <ul style="list-style-type: none"> Disseminates information regarding services for persons with mental illness. <p>Albany County Department of Mental Health – per Local Services Plan for Mental Hygiene Services:</p> <ul style="list-style-type: none"> Conducts assessment of mental hygiene and associated issues; Provides and coordinates a full range of services for persons with mental illness. Provides and/or coordinates prevention, addiction treatment, and recovery support services. <p>St. Peter’s Health Partners: Hospital(s) with primary care, behavioral health services.</p> <p>Healthy Capital District Initiative (HCDDI): Provides health planning expertise and supports health prevention programs across the Capital Region.</p>	<p>Albany County Department of Health and Albany County Department of Mental Health</p> <ul style="list-style-type: none"> Support and promote <i>Mental Health First Aid</i> trainings <p>Mental Health Association in New York State, Inc. (MHANYS)</p> <ul style="list-style-type: none"> Provides <i>Mental Health First Aid</i> training <p>St. Peter’s Health Partners:</p> <ul style="list-style-type: none"> Support and promote <i>Mental Health First Aid</i> trainings <p>HCDDI:</p> <ul style="list-style-type: none"> Support and promote <i>Mental Health First Aid</i> trainings 	<ul style="list-style-type: none"> Number of persons completing in <i>Mental Health First Aid</i> training. To the extent possible, measure change in knowledge among participants of a <i>Mental Health First Aid</i> Training before, after and 6 months after completing the training.

Promote Well-Being and Prevent Mental and Substance Use Disorders in Albany County

Goal 2: Strengthen opportunities to build well-being and resilience across the lifespan

Target Population: Adults and Children

Objective: By December 31, 2021 increase access to inpatient and outpatient services across the Behavioral Health spectrum for all ages

Address Disparity: No

Intervention, Strategies, Activities	Partner Resources	Partner Role	Measures
<p>Expand access and integrate behavioral health with providers.</p>	<p>Albany County Department of Health</p> <ul style="list-style-type: none"> Disseminates information regarding services for persons with mental illness. <p>Albany County Department of Mental Health – per Local Services Plan for Mental Hygiene Services:</p> <ul style="list-style-type: none"> Conducts assessment of mental hygiene and associated issues; Provides and coordinates a full range of services for persons with mental illness. Provides and/or coordinates prevention, addiction treatment, and recovery support services. <p>Albany Medical Center: Hospital with primary care, behavioral health services.</p> <p>Healthy Capital District Initiative (HCDDI): Provides health planning expertise and supports health prevention programs across the Capital Region.</p>	<p>Albany County Department of Health and Albany County Department of Mental Health</p> <ul style="list-style-type: none"> Support and promote services for persons with mental illness. <p>Albany Medical Center: Provides adult and pediatric behavioral health services; integrates behavioral health care with primary care and specialty sites to improve access for our patients.</p> <p>HCDDI:</p> <ul style="list-style-type: none"> Support and promote services for persons with mental illness. 	<ul style="list-style-type: none"> Number of pediatric and adult visits to the Albany Medical Center's Psychiatry providers. Number of Albany Medical Center sites with behavioral health services.

SIGNIFICANT HEALTH NEEDS NOT ADDRESSED IN COMMUNITY HEALTH IMPROVEMENT PLAN

Albany County Department of Health acknowledges the wide range of significant health needs that emerged from the *2019 Capital Region Community Health Needs Assessment* process and determines that it can most effectively focus on those health needs deemed most pressing, under-addressed, and within its ability to influence.

The following health needs are not included in the *Albany County 2019 – 2021 Community Health Improvement Plan*. The importance of these health issues, however, should not be minimized and are being addressed independently by Albany County Department of Health and other organizations.

- Adverse Birth Outcomes:

Albany County has significantly higher percentages of preterm and low birth weight births. For the 2014-2016 period, Albany County's percentage of mothers receiving adequate prenatal care (74.7%) was lower than New York State excluding New York City (75.7 %); Albany County's infant mortality rate of 5.8/1,000 births was higher than New York State excluding New York City (5.0/1,000 births); and Albany County's rate of low birthweight (< 2.5 kg.) of 7.9% was higher than New York State excluding New York City (7.7%).

- Maternal Child Health Home Visiting: Albany County Department of Health Public Health Nurses perform nursing assessments and home visits to provide medical follow-up, health education, and support to pregnant women, new mothers and their babies; and children who are at risk for or already have health problems that can be managed at home.
- Maternal and Infant Community Health Collaborative: Albany County Department of Health community health workers provide supportive services for Medicaid eligible women of childbearing age in high-risk communities (i.e. cities of Albany and Cohoes).
- Albany Prematurity Improvement Network: Albany County and March of Dimes New York collaborate to reduce the prematurity rate in Albany County.

- Non-medical use of prescription pain medication

While Albany County residents had lower opioid overdose emergency department visit, hospitalization, or mortality rates than New York State excluding New York City, Albany County's opioid overdose emergency department visit rate increased 94%, and mortality rate increased 71% from 2013 to 2017.

- Albany County Department of Health promotes the importance of safe storage and disposal of unused opioids.
- Albany County Department of Health offers monthly New York State *Opioid Overdose Prevention Program* services to the public.
- Albany County encourages local availability of Medication Assisted Treatment (MAT)
 - Albany County Department of Health promotes buprenorphine waiver training of medical providers.
 - Albany County Correctional Facility provides MAT.

- Albany County Department of Health supports Capital Region Medication Assisted Treatment & Emergency Referral (MATTERS) - a potential model for hospital emergency department initiated buprenorphine programs and coordination of rapid, reliable referrals to community-based programs for patients upon discharge.
 - Albany County Department of Health uses of Overdose Detection Mapping Application Program (ODMAP) to improve overdose monitoring and response.
 - Albany County Department of Health supports *Capital Region Open Access Engagement Program* providing community-based service for individuals seeking assistance to address their substance use disorder, with emphasis on engagement, support and facilitating access to services.

- Sexually Transmitted Diseases (STDs):

For the 2014- 2016 period, Albany County gonorrhea case rates in the 15-44 year population of 265.9/100,000 for females and 352.7/100,000 for males were higher than New York State excluding New York City (179.1/100,000 and 230.0/100,000); Albany County's chlamydia case rate for women 15-44 years of 1720.2/100,000 was higher than New York State excluding New York City (1351.6/100,000). The number of Albany County case reports for gonorrhea and chlamydia have increased every year since 2012.

- Albany County Department of Health provides screening and treatment services for STDs.
 - Albany County Department of Health provides community health education presentations on STD prevention.

- Suicide Prevention

Albany County age-adjusted suicide death rate (8.5 per 100,000, 2014-2016) is above the *Prevention Agenda 2019-2024* objective (7 per 100,000).

- Albany County HOPE (Help, Options, Prevention and Education), a mobile suicide prevention application, offers information and resources for people in crisis or their loved ones.
 - Albany County Suicide Prevention Education Committee (SPEC) promotes community wide suicide awareness, education, and prevention.
 - Albany County Suicide Prevention Task Force has been established to improve suicide prevention, education and postvention efforts in Albany County.

- Tick Borne Diseases

Albany County's Lyme disease incidence of 148.6/100,000 was higher than New York State excluding New York City (77.8/100,000) in 2017.

- Albany County Department of Health educates the public on tick borne disease prevention and encourages provider reporting.

COMMUNITY HEALTH IMPROVEMENT PLAN ENGAGEMENT AND EVALUATION

Engaging the community in the health needs assessment process was a priority of Albany County Department of Health, HCDI and stakeholders. Broad community engagement began with participation in the community health survey. The surveys offered multiple choice to learn about residents' health needs and priorities, health behaviors, barriers to care, and social determinants of health. Demographic information collected by the survey allowed review of information by age, gender, race/ethnicity and income.

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

Albany County Department of Health is committed to maintaining engagement with local partners for the next three (3) years through existing community outreach activities and coalitions to implement the *Albany County 2019-2021 Community Health Improvement Plan*. Albany County Department of Health will regularly seek input from and report out *Albany County 2019-2021 Community Health Improvement Plan* activities to community stakeholders through existing forums including, but not limited to, Albany County Department of Mental Health Providers ; Albany County Strategic Alliance for Health; Healthy Capital District Initiative Albany-Rensselaer Asthma/Tobacco Coalition; Healthy Capital District Initiative Albany-Rensselaer Obesity Task Force; Healthy Capital District Initiative Prevention Agenda Work Group; Better Health for Northeast New York; and Alliance for Better Health Care. Appendix A provides a Profile of Community (Partners and) Resources Available to Meet Health-Related Needs of Albany County. In addition, *Albany County 2019-2021 Community Health Improvement Plan* initiatives will be reported to the Albany County Board of Health and published in the *Albany County Department of Health Annual Programs & Services Report*.

Albany County Department of Health will employ the following specific processes to track *Albany County 2019-2021 Community Health Improvement Plan* progress and make mid-course corrections:

- Prevent Chronic Disease: Obesity
 - Albany County Strategic Alliance for Health will meet no less than six (6) times annually to:
 - Integrate *Albany County 2019-2021 Community Health Improvement Plan* objectives into Albany County Strategic Alliance for Health annual work plan; and
 - Provide forum for specifically implementing environmental strategies.
 - Healthy Capital District Initiative Albany-Rensselaer Obesity Task Force will meet no less than four (4) times annually to:
 - Document and monitor progress in achieving *Albany County 2019-2021 Community Health Improvement Plan* goals, objectives, process measures;
 - Modify work plan and make mid-course corrections, as needed, to interventions, strategies, and activities; and
 - Provide forum for specifically implementing health system strategies.

- Prevent Chronic Disease: Asthma/Tobacco Use
 - Healthy Capital District Initiative Albany-Rensselaer Asthma/Tobacco Coalition will meet no less than four (4) times annually to:

- Document and monitor progress in achieving *Albany County 2019-2021 Community Health Improvement Plan* goals, objectives, process measures; and
 - Modify work plan and make mid-course corrections, as needed, to interventions, strategies, and activities.
- Promote Well-Being and Prevent Mental and Substance Use Disorders
 - Albany County Department of Mental Health Providers will meet no less than four (4) times annually to:
 - Document and monitor progress in achieving *Albany County 2019-2021Community Health Improvement Plan* goals, objectives, process measures; and
 - Modify work plan and make mid-course corrections, as needed, to interventions, strategies, and activities.

COMMUNICATIONS STRATEGY

Strategies for disseminating and educating the community, professional organizations, governmental agencies, and stakeholders on the *Albany County 2019-2021 Community Health Improvement Plan* include:

- A press release announcing publication of the *Albany County 2019-2021 Community Health improvement Plan* will be provided to local media;
- *Albany County 2019-2021 Community Health improvement Plan* will be posted to the Albany County Department of Health website;
<http://www.albanycounty.com/Government/Departments/DepartmentofHealth.aspx>;
- An article on the *Albany County 2019-2021 Community Health improvement Plan* will be included in *HEALTHtoday* newsletter for the public;
- County, town, and village governments will be provided with electronic copies of the *Albany County 2019-2021 Community Health improvement Plan* Executive Summary;
- New York State senators and assemblypersons representing Albany County will be send a letter and link to access the document(s) on the Albany County Department of Health website; and
- Printed and/or electronic copies of the *Albany County 2019-2021 Community Health Improvement Plan* Executive Summary will provided electronically to community partners and made available to others upon request.

Additionally:

- Active engagement in a broad range of community organizations provides a platform for sharing information regarding the *Albany County 2019-2021 Community Health improvement Plan* and companion health promotion priorities.
- Information about Albany County Department of Health initiatives is made widely available through targeted outreach and maximum use of free media.

APPENDIX A

PROFILE OF COMMUNITY RESOURCES AVAILABLE TO MEET HEALTH-RELATED NEEDS OF ALBANY COUNTY

ORGANIZATION NAME	ORGANIZATION ROLE	ORGANIZATION TYPE	WEBSITE
Addictions Care Center of Albany	Behavioral Health Provider	Health Care Organization	www.theacca.net
Albany County Department for Aging	Educate on benefits of nutrition, physical activity	Government Organization	www.albanycounty.com/Government/Departments/DepartmentForAging.aspx
Albany County Department of Health	Lead local department of health regarding all CHIP interventions	Government Organization	www.albanycounty.com/government/departments/departmentofhealth.aspx
Albany County Department of Mental Health	Lead local department of mental health regarding behavioral health interventions	Government Organization	www.albanycounty.com/Government/Departments/DepartmentofMentalHealth.aspx
Albany County Land Bank	Community land use resource	Nonprofit Organization	albanycountylandbank.org/
Albany CrossFit	Health and wellness content expertise	Business / For Profit	www.albanycrossfit.com
Albany Family Medicine	Primary health care provider	Health Care Organization	www.communitycare.com/practices/afpg/
Albany Housing Authority	Public housing provider; resident health interests	Nonprofit Organization	www.albanyhousing.org/
Albany Jewish Community Center	Health and wellness content expertise	Nonprofit Organization	www.albanyjcc.org
Albany Medical Center	Local hospital regarding all CHIP interventions	Health Care Organization	www.amc.edu/
Aldi	Supermarket	Business / For Profit	www.aldi.us
Alliance for Better Health Care	DSRIP PPS	Health Care Organization	allianceforbetterhealthcare.com
American Diabetes Association	Chronic disease content expertise (research, education); advocacy	Nonprofit Organization	www.diabetes.org/in-my-community/local-offices/albany-new-york/
American Heart Association	Chronic disease content expertise (research, education); advocacy	Nonprofit Organization	www.heartassociationalbany.com/
AVillage	Advocacy	Community Based Organization	www.avillageworks.org/

ORGANIZATION NAME	ORGANIZATION ROLE	ORGANIZATION TYPE	WEBSITE
Better Health for Northeast New York	DSRIP PPS; asthma, diabetes, cardiovascular disease objective(s)	Health Care Organization	http://www.albanymedpps.org/
Brightside Up	Childcare content expertise (regarding nutrition, physical activity)	Nonprofit Organization	https://www.brightsideup.org/
Capital Counseling	Behavioral Health Provider	Nonprofit Organization	www.capitalcounseling.org
Capital District Behavioral Health	Behavioral Health Provider	Health Care Organization	www.cdbehavioralhealth.com
Capital District Center for Independence	Provides support services for persons with disabilities; chronic disease content expertise	Nonprofit Organization	www.cdciweb.com/
Capital District Physicians Health Plan	Behavioral health, chronic disease content expertise	Health Insurance Company	www.cdphp.com/
Capital District Psychiatric Center	Behavioral Health Provider	Health Care Organization	https://omh.ny.gov/omhweb/facilities/cdpc/index.htm
Capital District Tobacco-Free Communities	Tobacco use, asthma content expertise	Nonprofit Organization	smokefreecapital.org/
Capital District YMCA	Health and wellness content expertise	Community Based Organization	cdymca.org/
Capital Roots	Nutrition access expertise	Nonprofit Organization	www.capitalroots.org/
Catholic Charities	Behavioral Health Provider	Health Care Organization	www.ccrda.org/
Center for Disabilities Services	Health equity advocacy	Community Based Organization	www.cfdsny.org
Center for Law and Justice	Health equity advocacy	Community Based Organization	www.cflj.org/
Centro Civico	Health equity advocacy	Community Based Organization	www.centrocivico.org/
City School District of Albany	Education content expertise (regarding nutrition, physical activity)	Academia / Education	www.albanyschools.org/
Cohoes City School District	Education content expertise (regarding nutrition, physical activity)	Academia / Education	www.cohoes.org/
Community Care Physicians	Primary health care provider	Health Care Organization	www.communitycare.com
Community Foundation for the Greater Capital Region	Green Healthy Homes Initiative® support	Philanthropy	https://www.cfgr.org/
Cornell Cooperative Extension of Albany County	Nutrition content expertise	Academia / Education	albany.cce.cornell.edu/
Diabetes Sisters of Albany/Schenectady	Chronic disease content expertise; advocacy	Nonprofit Organization	www.diabetessisters.org
Dominick Calsolaro	Health advocacy	Citizen	www.calsolaro.net/

ORGANIZATION NAME	ORGANIZATION ROLE	ORGANIZATION TYPE	WEBSITE
Equinox Inc.	Health equity advocacy	Nonprofit Organization	www.equinoxinc.org
Farmers' Markets	Nutrition access expertise	Nonprofit Organization	http://www.albanycounty.com/Government/Departments/Dept-EconomicDevelopmentConservationandPlaning/bounty/farmersmarkets.aspx
Food Pantries of the Capital District	Food pantry, nutrition access expertise	Community Based Organization	www.thefoodpantries.org/
Golub Corporation	Supermarket; nutrition content expertise	Business / For Profit	https://www.pricechopper.com/about-us/
Hannaford	Supermarket; nutrition content expertise	Business / For Profit	www.hannaford.com/
Healthy Capital District Initiative	Public health planning expertise	Nonprofit Organization	www.hcdiny.org/
Honest Weight Food Cooperative	Supermarket; nutrition content expertise	Cooperative	www.honestweight.coop
In Our Own Voices	Health equity advocacy	Community Based Organization	www.inourownvoices.org
JDRF's Sugar Free Gang	Chronic disease content expertise (nutrition); research; advocacy	Nonprofit organization	www.jdrf.org
Karner Psychological Associates	Behavioral Health Provider	Health Care Organization	www.karnercare.com
Koinonia Primary Care	Primary health care provider	Health Care Organization	www.friendsofdrbobpaeglow.com/index.html
LaSalle School for Boys	Education content expertise	Academia / Education	www.lasalle-school.org
Legal Aid Society of NY	Health equity advocacy	Nonprofit Organization	www.lasnny.com
Mental Health Association in New York State, Inc.	Mental Health First Aid training; advocacy	Nonprofit Organization	https://mhanys.org/
Metabolic	Health and wellness content expertise	Business / For Profit	www.trainmetabolic.com
National Alliance on Mental Illness in NYS - Capital Region	Behavioral Health Provider	Nonprofit Organization	www.naminy.org
Northeast Career Planning	Health equity advocacy	Community Based Organization	www.northeastcareer.org
Northeastern New York Diabetes Educators	Diabetes content expertise	Nonprofit Organization	www.myaadenetwork.org/newyork
Northern Rivers On-Track New York	Behavioral Health Provider	Community Based Organization	www.northernrivers.org
Pearl Street Counseling Center, Inc.	Behavioral Health Provider	Health Care Organization	www.pearlcounseling.org
Pinnacle Behavioral Health	Behavioral Health Provider	Health Care Organization	www.pinnaclebehavioralhealth.ccom
Planet Fitness	Health and wellness content expertise	Business / For Profit	www.planetfitness.com
PROMESA - Camino Nuevo	Behavioral Health Provider	Health Care Organization	https://sobornation.com/listing/promesa-inc-camino-nuevo-albany-ny/

ORGANIZATION NAME	ORGANIZATION ROLE	ORGANIZATION TYPE	WEBSITE
Radix Center	Education content expertise (regarding nutrition)	Nonprofit Organization	www.radixcenter.org
Ravena Coeymans Selkirk Central School District	Education content expertise (regarding nutrition, physical activity)	Academia / Education	https://www.rcscsd.org/
Regional Food Bank of Northeastern New York	Emergency food service expertise	Community Based Organization	www.regionalfoodbank.net/
Rudy A. Ciccotti Family Recreation Center	Health and wellness content expertise	Nonprofit Organization	www.ciccotticenter.org
Save A Lot	Supermarket	Business / For Profit	www.savealot.com
Senior Services of Albany	Chronic disease content expertise (nutrition)	Community Based Organization	seniorservicesofalbany.com/
ShopRite	Supermarket; nutrition content expertise	Business / For Profit	www.shoprite.com/
South End Children's Café	Health equity advocacy	Nonprofit Organization	www.southendchildrenscafe.com/
St. Catherine's Center for Children	Provides support services for at-risk children; chronic disease, behavioral health interest(s)	Community Based Organization	www.st-cath.org/
St. Peter's Health Partners	Local hospital regarding all CHIP interventions	Health Care Organization	www.sphp.com/
Stratton Veterans Administration Medical Center	Hospital, veterans' services	Health Care Organization	www.albany.va.gov
Trader Joe's	Supermarket	Business / For Profit	www.traderjoes.com
Trinity Alliance of the Capital Region	Health equity advocacy	Community Based Organization	www.trinityalliancealbany.org/
United States Committee for Refugees and Immigrants (Albany)	Health equity advocacy	Nonprofit Organization	refugees.org/field-office/albany/
United Way of the Greater Capital Region	Chronic disease content expertise (nutrition)	Nonprofit Organization / philanthropy	www.unitedwaygcr.org/
Unity House of Troy	Health equity advocacy	Nonprofit Organization	https://www.unityhousesny.org/
University at Albany, Center for Excellence in Aging and Community Wellness	Chronic disease self-management content expertise	Academia / Education	www.ceacw.org/
University at Albany, School of Public Health	Chronic disease content expertise (nutrition)	Academia / Education	www.albany.edu/sph/
Vent Fitness	Health and wellness content expertise	Business / For Profit	www.ventfitness.com

ORGANIZATION NAME	ORGANIZATION ROLE	ORGANIZATION TYPE	WEBSITE
Visiting Nurses Association of Albany	Asthma content expertise	Health Care Organization	vnaalbany.org/
Watervliet City School District	Education content expertise (regarding nutrition, physical activity)	Academia / Education	www.watervlietcityschools.org/
Weight Watchers Studio	Health and wellness content expertise	Business / For Profit	www.weightwatchers.com
Whitney M. Young Jr. Health Services	Federally qualified health center; provider of behavioral and chronic disease prevention services	Health Care Organization	www.wmyhealth.org/
Whole Foods Market	Supermarket	Business / For Profit	www.wholefoodsmarket.com