Hello,

As summer is drawing to a close we are excited to share new resources. In August we released the 2019 Community Health Needs Assessment (CHNA). This report gives local health departments and hospitals a wide range of health information used for health planning. Community Based Organizations, nonprofits and foundations use this information to help obtain grants, understand regional data and trends, and inform programs and strategies. The CHNA lays a foundation for practices that measurably improve health in the Capital Region.

Our quarterly topic focuses on place-based public health. It is no secret that health happens in homes, neighborhoods and communities. Last month we began a new project assembling relevant data based on socioeconomic and health indicators that will help provide insight into the status of the 58 Capital Region neighborhoods. By looking at indicators like Years of Potential Life Lost (YPLL) and the Area Deprivation Index (ADI) our upcoming disparity report will provide insights into the relationship between social setting and health throughout the Capital Region. In the report you will see the stark difference in life expectancy between high-need and low-need neighborhoods.

Join us tomorrow (9/27) at IGNITEU in Troy at 9am for our quarterly event PHIPAC! We will be hosting guest speakers from a variety of disciplines. Our partners and community organizations will come together to share their approach to place-based initiatives and neighborhood based health research. Click Here for details.

Don’t forget to check our list of professional development opportunities and upcoming events.
THE LATEST IN NEW YORK STATE
HEALTH INITIATIVES

Population Health Improvement Program

The Value of PHIP

Here at HCDI we serve as a catalyst to improve population health in the Capital Region. This summer we asked our partners to help us look back and understand how we have added value. We surveyed our partners and found that the total amount of grant money raised with PHIP support or collaboration totaled over $7 million dollars.

We are proud to share that to date we have created and distributed over 380 public health materials and resources to help promote best practices and strategies to improve population health and reduce health care disparities in the region.

The Right Resource

PHIP produces various resources to help you find the data you need for reports, grants, and strategic plans. It’s not always obvious which publication will provide the appropriate level of information for your needs.

This month we’ve launched a social media resource project that coordinates with National Health Observances (NHOs) — special days, weeks, or months dedicated to raising awareness about important health topics. We’ll guide you to the status of these health issues at a Capital Region county level.

How does it work? Watch for a monthly health focus meme on our Twitter or Linkedin pages, then follow the post link to landing page with our three main data projects and links to specific sections addressing the health need, analysis and resources.

Here’s our rollout for Childhood Obesity, click here to check it out!
DSRIP

Local DSRIP updates

Alliance for Better Health formed the Healthy Alliance IPA (Independent Provider Association) to support the development of VBP initiative in the Capital Region. MVP has signed on of the first contracts with the IPA and is investing $800K dollars into the Capital Region to address social determinants of health. 30 different social service providers have signed contracts to participate in the IPA. They will use a UniteUS referral program, called Healthy Together Network, to streamline referrals between medical doctors and social service agencies, as well as track outcomes.

As part of the Healthy Alliance IPA launch, there are a series of training sessions in August and September for interested and participating social care organizations, behavioral health providers, medical providers, and managed care organizations.

Healthy Alliance Support Teams assist IPA participants at different points in their service model. These include:

- Community Relations
- Solutions Consultants
- Healthy Together Navigators
- Performance Consultants
- Data Analytics
- Informational and Business Analytics
- Products and Solutions

Breakout sessions during the August Open House offered IPA participants opportunity to meet these teams and begin or continue conversations about service in the IPA. Alliance’s emphasis is on expanding beyond medical care to include care for Social Determinants of Health issues, ultimately improving client health. Click here to learn more.

Community Health Liaison Training

We hosted our bi-monthly Munch and Mingle for community health workers and related professions on August 21. This month’s topic was addiction 101. Our most recent Community Health Liaison Task Force met to discuss the next Munch and Mingle which will take place in October. Next month’s topic is on communication and discussing sensitive topics with a focus on domestic violence.
QUARTERLY TOPIC

Place-based Public Health

Although many Capital Region residents are enjoying a high quality of life, not everyone is benefiting or sharing in the opportunities. Local data follows national trends, showing social inequality associated with poor health outcomes.

People who live in high-need neighborhoods face persistent disadvantages. Contributing issues combine social factors such as: high levels of poverty, inadequate housing, poor housing stock and lower educational attainment with debilitating health issues.

According to the Centers for Disease Control and Prevention, “there is a great body of evidence to show that a person’s ZIP code can impact his or her life expectancy.”

Health Happens in Neighborhoods

Those of us in health care and population health understand that clinical care accounts for only 20% of health outcomes. Instead, factors like housing, income, employment, and other social and economic factors drive health outcomes. NYS Health Foundation states “Where we live affects our health in multiple and complex ways. Poor health indicators are concentrated in neighborhoods that are most disadvantaged by society’s social, economic, and housing inequities.”

Our neighborhoods shape our lives and impact our health. Where we live is so crucial to overall health that an individual may end up living 7 to 10 years shorter life than someone residing just a few miles away.

Urban neighborhoods like Hamilton Hill in Schenectady; North Central in Troy; and the South End in Albany grapple with deep inequalities in health and well-being. For example, Troy has seen poverty rates significantly climb over the last decade to a current rate of 26%.

Our current research of the Capital Region’s communities shows very strong correlations with high premature mortality and residents living in high-need neighborhoods. Our research on 6 of the highest compared to the 6 lowest need neighborhoods in the region shows that there are over 5 times more people living below the poverty line and there are about 6,500 more years per 100,000 people of potential life lost in high need neighborhoods. If you look at our
Premature Mortality Disparities Report, this translates to about 4 times as many people dying prematurely before age 65.

In the Capital Region, the health issues most closely tied with Years of Potential Life Lost (YPLL) are cancer, heart disease and unintentional injuries. In high need neighborhoods, YPLL is most correlated with assault, diabetes and asthma. High need neighborhoods have hospitalization rates 7.2 x higher for diabetes and 6.2 x higher for asthma and 13.9 x higher for assault. Rural communities like Corinth in Saratoga County are also facing multiple challenges with poverty rates at 42% and increasing child obesity rates.

Local indicators of health and well-being including: Elementary Students who are Overweight or Obese and Obesity Among Adults shows that we have not been successful in making a difference on these issues.3,4

Place Matters

Every community is made up of many interconnected, moving parts. Data shows that the equality, prosperity, and well-being of communities are deeply interdependent. These barriers to health and opportunity to thrive are complex. They are bigger than any one organization or solution can hope to address alone. Disinvested places must be revived on multiple fronts.5

To mitigate barriers to quality of life posed by socioeconomic conditions in our communities, we need tools to inform data-driven decision making and place-based approaches.

Our latest disparity report assembles relevant data based on socioeconomic and health indicators that will help provide detailed insight into the status of Capital Region neighborhoods.

DATA RESOURCES

The infographic on the following page contains some public health and socioeconomic statistics about the Capital Region’s 58 neighborhoods. Click on the image to open the Capital Region Neighborhood Report to learn more.
Neighborhood Analysis

Although many Capital Region neighborhoods are enjoying a high quality of life, not everyone benefits or shares in these opportunities.

Sociodemographic Differences

Area Deprivation Index (ADI) is calculated by combining 17 indicators of income, education, employment and housing quality. ADI is measured on a national scale-a-score of 100 (50th percentile) which is the national average.

High-Need & Low-Need Neighborhoods' ADI Percentiles

% of People Living Under 100% Federal Poverty Level

Race Demographics of Neighborhoods (%)

Health Differences

Assault Hospitalization Rate (Per 10,000 Persons)

In High-Need Neighborhoods 12.5 per 10,000

In Low-Need Neighborhoods 0.9 per 10,000

Diabetes Hospitalization Rate (Per 10,000 Persons)

In High-Need Neighborhoods 61.5 per 10,000

In Low-Need Neighborhoods 8.0 per 10,000

*Based on primary diagnosis

Teen Pregnancy Rate (15-19 yrs)

In High-Need Neighborhoods 82.8 per 1,000

In Low-Need Neighborhoods 8.0 per 1,000

Asthma ED Visit Rate (per 10,000 persons)

In High-Need Neighborhoods 196.6 per 10,000

In Low-Need Neighborhoods 18.1 per 10,000
UPCOMING EVENTS AND RESOURCES

FEATURED EVENT

The Population Health Improvement Program Advisory Committee (PHIPAC) provides an opportunity for partners and stakeholders in the community to come together and learn about a current public health issue. This quarter’s September 27 event follows our theme on Place-Based Initiatives. Guest speakers from three organizations will discuss current data, state/local efforts, and evidence-based initiatives from their organizations.

September

Tuesdays and Fridays
Healthy Bones For Life
10:30 am
Albany Public Library, Bach Branch Community Room
https://albanypubliclibrary.libcal.com/event/4723418 (click on Show More Dates)

Thursday, September 26
Forum: Ending Homlessness in Saratoga
7:00-9:00 pm
Filene Auditorium at Skidmore College
Register: https://www.eventbrite.com/e/forum-ending-homelessness-in-saratoga-tickets-70835814829

Thursday, September 26
Volume to Value: A Path Towards Data-Driven Health Outcomes
9:30 am - 3:00 pm
The Queensbury Hotel in Glens Falls
https://ahihealth.org/event/volume-to-value-a-path-towards-data-driven-healthoutcomes/
Friday, September 27
PHIP Advisory Committee
9:00 a.m. – 11:00 a.m.
IGNITEU
333 Broadway #350, Troy, NY 12180

October
Tuesday, October 1
Obesity-Diabetes Task Force
8:15 am
Healthy Capital District Initiative, 5th floor

Wednesday, October 2
Mental Wellness Meetup
6:30-7:30 pm
Albany Public Library Washington Ave Community Room
https://albanypubliclibrary.libcal.com/event/4800776

Wednesday, October 2
Rensselaer County Wellness Committee
Rensselaer County Sheriff’s Office
4000 Main Street in Troy, NY 12180

Monday, October 7
Nopiates Committee Meeting
6:00 - 7:30 pm
West Sand Lake Community Church

Wednesday, October 9
Aging Services Providers Meeting
12:00 – 1:00 pm
Schenectady City Mission Training Center
313 Clinton Street
Guest Speaker: Carol Ann Tiberia, RN, Provider Relations Specialist, Community Hospice, Inc./Palliative Care, EVNRA: Understanding Hospice, Palliative Care and End-of-life Issues
**Thursday, October 10**
Albany County Strategic Alliance for Health  
9-10:30 am  
Albany County Dept of Health Basement Auditorium

**Saturday, October 19**
Writing Workshop: Recalling the Military through Memoir  
Schenectady Public Library  
11:00 am - 3:30 pm  

**Saturday, October 26**
Writing Workshop: Recalling the Military through Memoir  
Schenectady Public Library  
11:00 am - 3:30 pm  

**Tuesday, October 29**
Disaster Mental Health Psychological First Aid  
2:00-4:00 pm  
East Greenbush Community Library in East Greenbush  
Please register at:  
[https://eastgreenbushlibrary.librarymarket.com/node/10424](https://eastgreenbushlibrary.librarymarket.com/node/10424)

**Wednesday, October 30**
Rensselaer County Heroin Coalition  
10:00 am  
Rensselaer County DSS Administration Building 2nd Floor  
127 Bloomingrove Drive, Troy, NY 12180

**Thursday, October 31 & Friday, November 1**
MHANYS Annual Awards Dinner & Conference  
Albany Marriott  
Registration link at [mhanys.org](http://mhanys.org)

**November**
**Saturday, November 2**
Writing Workshop: Recalling the Military through Memoir  
Schenectady Public Library  
11:00 am - 3:30 pm  
Wednesday, November 13
Aging Services Providers Meeting
12:00 – 1:00 pm
Schenectady City Mission Training Center
313 Clinton Street
Guest Speaker: Hunter Share, Housing Specialist, Olmstead Housing Subsidy Program: Victories and challenges in helping people move from nursing home back to the community

Professional Development Opportunities

Thursday, September 26
Volume to Value: A Path Towards Data-Driven Health Outcomes
9:30 am - 3:00 pm
The Queensbury Hotel in Glens Falls

September and October Dates
DISASTER MENTAL HEALTH PSYCHOLOGICAL FIRST AID
Come join us for an opportunity to learn valuable Psychological First Aid skills that can increase your personal resilience, healthy coping skills, and overall confidence - as recovery begins after the stress of a traumatic event, natural disaster, public health emergency or even a personal crisis. Psychological First Aid is an evidence-informed training that is built on the concept of human resilience. It aims to reduce stress symptoms and assist in a healthy recovery.

In partnership with the Center for Public Health Preparedness (CPHP) School of Public Health, University at Albany and in collaboration with the Institute for Disaster Mental Health, SUNY New Paltz Psychological First Aid.

Registration required. See Upcoming Events for dates, locations, and registration link.

Webinar
Public Health Webinar: Migrant Health Challenges
Join Isma Chaudhry, MD, MPH, Director, Public Health Graduate Programs, Hofstra University, for a public health webinar that focuses on the mental, social, and physical healthcare challenges faced by the migrant populations living in the
US, including migrant workers, permanent settlers, visitors, refugees, and asylum seekers. An overview of healthcare disparities in migrant populations, as well as critical topics including acculturation, refugee PTSD, patterns of chronic and infectious diseases, healthcare delivery, and US healthcare systems will be discussed.

https://youtu.be/Iqjn2NQP3r8

Grants

**CHOICES Learning Collaborative:** *Due October 1* - NACCHO is selecting up to four state and local health agencies to receive funding, training, technical assistance and locally tailored data on health and cost impact to identify best value for money strategies to prevent childhood obesity.

**Advancing Equity, Diversity, and Inclusion in Policy and Law Research:** *Due October 2* - RWJF’s Policies for Action program launched a new funding and mentorship opportunity for early-career policy researchers to study policies and law reform so everyone may have a fair opportunity to live their healthiest life.

**Culture of Health Prize:** *Due November 4* - The RWJF Culture of Health Prize recognizes communities working together to transform neighborhoods, schools, businesses, and more so that the opportunity for better health flourishes for all.

**Health Care's Role in Meeting Patients’ Needs:** *Multiple* - With this solicitation, RWJF hopes to establish clear principles and guidance for the health care sector to implement equitable care delivery that fully addresses people’s physical, emotional, and social needs.

**Root Cause Coalition Learning Cohorts:** *Ongoing* - The Root Cause Coalition, with support from RWJF, is recruiting leaders and participants for Learning Cohorts that will foster a deeper understanding of how to design, implement and evaluate social determinant interventions.

**Mini-consultation on Data Sharing:** *Ongoing* - Local public health agencies can apply for a free mini-consultation from the Johns Hopkins Bloomberg School of Public Health and the Network for Public Health Law focused on developing a strategy for engaging data holders and identifying key legal issues.
MEET OUR NEW TEAM MEMBERS

Manvitha Chintapatla, MPH

Manvitha is a Public Health Researcher. With a Bachelor of Science in Biological Sciences from the University of Connecticut and a Master of Public Health from the University at Albany’s School of Public Health, she brings both analytic and organizational strength to her new role. Prior to starting at HCDI, Manvitha worked for the Upstate KIDS study as a Research Project Assistant and interned at New York State’s Department of Health under two different divisions. She is passionate about improving the quality of life of the underserved by reforming health policy issues such as unequal access to care and low health literacy rates. Manvitha was raised in the Mid-Hudson Valley and enjoys cooking, going to museums, and spending time with family and friends.

Shelby Leonard, MSc

Shelby Leonard is the public health planner for Albany and Rensselaer counties. Shelby received her Masters of Science in Social Epidemiology from University College London and a Bachelor of Arts in Psychology from SUNY Geneseo. Prior to HCDI, she worked in data analytics and research for Alliance for Better Health, National Institutes of Health, and Food and Drug Administration. Shelby is most passionate about reducing health inequities through addressing social determinants of health. She was raised here in the Capital District and enjoys traveling, board games, and tennis.

Amy Carman, MSSW

Amy Carman is a Social Worker who comes to population health after twenty years as a construction manager in public housing and a Master of Science in social work from the College of Saint Rose. Her capital improvement and public housing renovation work includes multi-million dollar, multi-phase projects in: Charlotte, NC; Cambridge & N. Adams, MA; and Albany, NY. Her interest in social work focuses on older adults and the means of supporting them and their families to be able to live in community as long as they safely care to. Amy is an adult literacy tutor and board member for the Literacy Volunteers of Rensselaer County.
Reference List