



Albany County

COMMUNITY HEALTH IMPROVEMENT PLAN

2016 - 2018

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ALBANY COUNTY
Cares about our health

December 30, 2016

ALBANY COUNTY 2016 - 2018 COMMUNITY HEALTH IMPROVEMENT PLAN

COVER PAGE

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**Name of coalition completing assessment
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Healthy Capital District Initiative
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INTRODUCTION

MISSION

The Albany County Department of Health strives to protect and promote the health of individuals, families, and communities.

We work with many community partners to offer a variety of programs and services to achieve our mission and 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 a trusted governmental agency that is valued by the community for its responsiveness, leadership, and collaboration in addressing public health needs.

VALUES

- Compassion
- Integrity
- Trust
- Professionalism
- Collaboration
- Excellence

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 2016-2018 Community Health Improvement Plan*. This unique effort demonstrates inclusive community health improvement planning and assures complementary, non-duplicative efforts to advance 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 2016-2018 period:

A. Promote Mental Health and Prevent Substance Abuse

Prevent underage drinking, excessive alcohol consumption by youth and adults, and reduce non-medical use of prescription pain medication, by youth and adults.

B. Prevent Chronic Disease: Asthma

Reduce the prevalence of uncontrolled asthma.

C. Prevent Chronic Disease: Obesity / Diabetes

1) Promote culturally relevant chronic disease self-management education.

2) Create community environments that promote and support healthy food and beverage choices and physical activity.

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

II. Emerging Issues and Continuing Projects

The *Albany County 2016-2018 Community Health Improvement Plan* continues to focus on non-medical use of prescription pain medication, reducing the prevalence of asthma, and reducing obesity in children and adults (priorities previously identified in the 2013 Community Health Improvement Plan). The following health needs are not included in the *Albany County 2016 -2018 Community Health Improvement Plan*; however, they are being addressed independently by Albany County Department of Health and other organizations: adverse birth outcomes, hypertension, sexually transmitted diseases, and suicide prevention.

III. Data Review in the Community Health Needs Assessment

The *Albany County 2016-2018 Community Health Improvement Plan* is based on the collaborative 2016 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 2016 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 2016. Albany and Rensselaer counties conducted Community Health Prioritization Meetings in February and March 2016. Data and related discussion confirmed a focus on existing health priorities.

IV. Partnerships

Coordinated by the Healthy Capital District Initiative, the 2016 Albany County Community Health Needs Assessment and the *Albany County 2016-2018 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 system interventions. Community Health Improvement Plan implementation will be monitored through existing subject area partnerships (e.g. Albany-Rensselaer Behavioral Health Task Force, Albany-Rensselaer Obesity / Diabetes Task Force, Asthma Coalition of the Capital Region, Albany County Strategic Alliance for Health).

V. **Community Engagement**

Broad community engagement in the *Albany County 2016-2018 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 and 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 2016-2018 Community Health Improvement Plan*. Interventions selected are evidence-based and most strategies are provided per the Prevention Agenda's Action Plan Re-Fresh Chart (December 2015). In summary:

A. **Promote Mental Health and Prevent Substance Abuse**

Objective: By December 31, 2018, reduce opioid emergency department visits by 10% (from 24.9 /100,000 emergency department visits in 2015 to 22.4/100,000 by 2018).

Objective: By December 31, 2018, reduce opioid overdose deaths by 10%

(from 5.5 deaths / 100,000 in 2015 to in 5.0 deaths / 100,000 by 2018).

B. Prevent Chronic Disease: Asthma

Objective: By December 31, 2018, reduce the asthma hospitalization rate for

persons ages 5 to 64 by 10% (from 7.4/10,000 in 2012-2014 to 6.7/10,000 by 2018).

Objective: By December 31, 2018, reduce the emergency department visit rate for

asthma by 10% (from 55.3/10,000 in 2012-2014 to 49.8/10,000 by 2018).

C. Prevent Chronic Disease: Obesity / Diabetes

Objective: By December 31, 2018, reduce the rate of hospitalizations for short-term complications

of diabetes for persons age 18 and above by 3% (from 6.5/10,000 in 2012-2014 to 6.3/10,000 in 2018).

Objective: By December 31, 2018, reduce the percentage of adults who are obese by 3% (i.e. from

25.7%, confidence interval 21.4 % - 30.0% in 2013-14 to 24.9% by 2018).

Objective: By December 31, 2018, reduce the percentage of children and adolescents who are

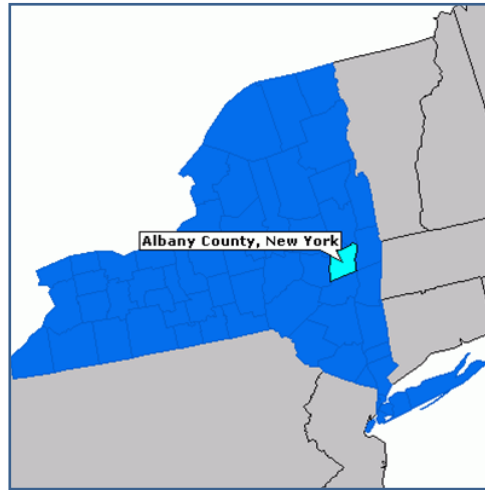
obese by 2% (i.e. from 17% in 2012-14 to 16.7% by 2018).

Albany County will employ existing community coalitions to specifically track *Albany County 2016-2018*

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 area 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 hill towns. 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 Department of Veterans Affairs 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 County has a humid continental climate, with cold, snowy winters, and hot, wet summers. Snowfall is significant, with an average annual accumulation of 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 County Executive is Daniel P. McCoy and the Chair of the Legislature is Sean E. Ward.

Albany County demographics are as follows:

SELECT DEMOGRAPHICS	ALBANY COUNTY
Population	308,171
Median Age	38.0 years
Non-white population	80,895 (26.3%)
Median household income	\$ 60,655
Persons Living Below Poverty Level	39,349 (13.5%)
Persons age 25 years + with less than high school education	14,757 (7.2%)

Source: Census Bureau <https://datausa.io/profile/geo/albany-county-ny/#economy>

COMMUNITY HEALTH IMPROVEMENT PLAN

Key findings of the 2013 Community Health Needs Assessment included issues pertaining to behavioral health and chronic disease. Asthma and diabetes 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.

- Behavioral Health: Area providers identified a service gap in the system with regard to tobacco and opiate abuse. The Healthy Capital District Initiative Albany-Rensselaer Behavioral Health Task Force designed strategies to improve provider knowledge regarding recognizing signs of abuse, discussing treatment options with addicts, and appropriate opiate prescriptions. We promoted co-location of services by bringing behavioral health professionals into the primary care setting to assist in this endeavor. Following the lead of the Centers for Disease Control and Prevention (CDC), strategies regarding tobacco cessation included incorporating cessation programs into overall mental health treatment and encouraging mental health facilities and campuses to enact tobacco-free policies.
 - In 2016, 2,000 individuals were trained in Albany County for delivery of naloxone/Narcan to prevent heroin overdosing and sudden death (December 1, 2015 – November 30, 2016).
 - In 2016, I-STOP brochures were distributed to opioid prescribers.
 - Multiple locations participated in regularly scheduled drug "take back" days to remove opioids from consumer's homes.
- Diabetes: The plan focused on reaching disparate communities to decrease the prevalence of diabetes and assist those currently living with the disease. Strategy tactics advanced a "Health in All Policies" approach. We worked collaboratively to expand school and employee wellness programs and open public areas to the public for safe physical activity in order to meet individuals where they live, work and play. Lifestyle change and self-management strategies were promoted to significantly improve quality of life and reduce treatment costs for those with diabetes. Creating a diabetes services resource guide (in both English and Spanish) for health care providers and consumers helped build and strengthen partnerships that align to improve diabetes care. These strategies helped foster an environment that engages individuals in prevention and self-management of diabetes.
 - In 2016, 256 individuals participated in evidenced-based chronic disease programs (e.g. National Diabetes Prevention Program / YMCA Diabetes Prevention Program, Diabetes Self-Management Program, Chronic Disease Self-Management Program, Living Healthy with High Blood Pressure Program, Physical Activity Program).

- In 2016, 5,000 Capital District Diabetes Education and Support Services Guides were printed and distributed to providers and consumers (also available electronically).
- Asthma: In the past three years, the Asthma Coalition of the Capital Region worked to reduce the prevalence of uncontrolled asthma in high prevalence neighborhoods. The focus was on increasing the number of patients engaged in an asthma continuum of care and increasing the utilization of asthma action plans and controller medication. Strategies promoted community environments by enacting tobacco-free policies and engaging the community in smoking cessation programs.
 - Numerous communities in Albany County have implemented tobacco-free parks.
 - In 2016, the Albany Housing Authority implemented a comprehensive smoke-free policy for all of its 2,200 units (4,106 people) with the assistance of the Albany County Department of Health.
 - Albany County implemented a law increasing the age to 21 for those seeking to purchase tobacco products in the County, including cigarettes, tobacco products, liquid nicotine or e-cigarettes.

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 2013-2018 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 is very likely to continue to be supported. This provides reliable and comparable data over time and across the state. 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. This is a distinct step forward from mortality data leading public health efforts in the past.

The Finger Lakes Health Systems Agency provided Statewide Planning and Research Cooperative System (SPARCS) (hospitalizations and ED visits) and Vital Statistics Data Portals that were utilized to generate county and ZIP code level analyses of mortality, hospitalizations, and emergency room utilization, for all residents, by gender, race and ethnicity. The time frames used for the ZIP code analyses were 2009-2013 Vital Statistics and 2010-2014 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 indicators
- Community Health Indicator Reports (2011-2013)
- County Health Assessment Indicators (2011-2013)
- County Health Indicators by Race/Ethnicity (2011-2013)
- County Perinatal Profiles (2011-2013)
- Behavioral Risk Factor Surveillance System (BRFSS) and Expanded BRFSS (2013-14)
- Cancer Registry, New York State (2010-2012)
- Prevention Quality Indicators (2011-2013)
- Communicable Disease Annual Reports (2011-2013)
- The Pediatric Nutrition Surveillance System (PedNSS) (2010-2012)
- Student Weight Status Category Reporting System (2010-2014)
- New York State Office of Alcoholism and Substance Abuse Services Data Warehouse (2007-2014)
- New York State Conference of Local Mental Hygiene Directors Behavioral Health Information Portal (2013)
- Hospital-Acquired Infection Reporting System (2010-2013)
- NYS Child Health Lead Poisoning Prevention Program (2010 birth cohort; 2011-2013)
- NYS Kids' Well-being Indicator Clearinghouse (KWIC) (2011, 2014)
- County Health Rankings (2016)
- American Fact Finder (factfinder2.census.gov) (2009-2013)
- Bureau of Census, American Community Survey (2009-2013)

These data sources were supplemented by a Siena College Research Institute Community Health Survey. The 2016 Community Health Survey was conducted from February to March 2016 by the Siena College Research Institute. The survey was a random digit dial telephone survey of adult (18+ years) residents for each of the six counties in the Capital Region (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 and concerns of residents in the Capital Region. The 2016 Albany Community Health Needs Assessment Appendix (2016 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: Kevin Jobin-Davis, Ph.D. who has over 15 years of public health data analysis experience in the Capital Region; and Michael Medvesky, M.P.H. who has over 35 years of experience working with public health data in the New York State Department of Health in many roles including Director of the Public Health Information Group. Drafts of the sections were 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. Comments were addressed and changes were incorporated into the final document.

The 2016 Albany County 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: http://www.albanycounty.com/Libraries/Department_of_Health/2016_HCDI_CHNA_6_15_16_All.sflb.ashx

SELECTION OF PREVENTION AGENDA PRIORITIES

Selection of the top health priorities for the Capital Region was based on a multi-year process building on existing knowledge from present Community Health Improvement Plan/Community Service Plan implementation efforts, as well as the 2015 Medicaid Delivery System Reform Incentive Payment (DSRIP) Needs Assessment. A Capital Region Prevention Agenda Steering Committee was formed to guide the 2016 Public Health Prioritization process and Plan development. Meetings were held during Fall/Winter 2015-2016 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, Columbia Memorial Hospital and HCDI to ensure that health needs analysis, prioritization and community health plans were timely and of high quality. Members of these organizations worked to identify individuals to participate in the Capital Region Public Health Prioritization Workgroups.

The Capital Region Public Health Prioritization Workgroups were formed to review data analyses prepared by HCDI and to select the top priorities with one health disparity to be addressed. Data presentations were given at the meetings to provide summarized available data on the leading problems in each of the Workgroups' service areas. Health indicators were included in the Prioritization data presentations if:

- At least one of the county rates were significantly higher than the New York State rate, excluding New York City data; or
- At least one of the county rates were in the highest risk quartile in the state; or
- Rates for the health condition worsened over the past decade for one of the counties; or
- The health condition was a leading cause of death in one of the counties; or
- Disparity between rates was clearly evident in sub-populations; or
- There were a high absolute number of cases in the counties.

Health indicators that met the criteria were included in the data presentations for each of the five Prevention Agenda Priority Areas: (1) Prevent Chronic Diseases; (2) Promote a Healthy and Safe Environment; (3) Promote Healthy Women, Infants, and Children; (4) Promote Mental Health and Prevent Substance Abuse; and (5) Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare-Associated Infections.

Ninety (90) health indicators across the five Prevention Agenda Priority Areas were presented. 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.

After the presentation of each set of health indicators, a discussion was held to answer any questions, or for individuals to share their experiences with the health condition in the population. Participants did a preliminary vote on the importance of the condition in the community based on three qualitative dimensions: the impact of the condition on quality of life and cost of health care; if there was community awareness and concern about the condition; and the opportunity to prevent or reduce the burden of the health issue on the community. Participants were provided with a Prioritization Tracking Tool to record their own comments and measure their thoughts on the severity, community values, and opportunity regarding each health indicator.

Upon completion of the data summaries, Capital Region Public Health Prioritization Workgroup members were given an opportunity to advocate for the priority they believed was most meritorious and the group voted on the top two Prevention Agenda categories. 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 the Albany-Rensselaer Public Health Priority Workgroup is as follows:

Albany-Rensselaer Public Health Priority Workgroup

The Albany-Rensselaer Public Health Priority Workgroup was spearheaded 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 covered both counties, it was felt a joint-county Albany-Rensselaer Public Health Priority Workgroup was appropriate. Three meetings were held on February 10, February 24, and March 18, 2016. During these meetings, HCDI presented health indicators for each of the five Prevention Agenda Priority Areas, and facilitated Albany-Rensselaer Public Health Priority Workgroup discussions. The PowerPoint data presentations used during these meetings were made available to the Albany-Rensselaer Public Health Priority Workgroup members and the public on the HCDI Website (<http://www.hcdiny.org/index.php?module=Tiles&controller=index&action=display&id=66134811137504922>).

The Albany-Rensselaer Public Health Priority Workgroup chose their priorities at the last Workgroup meeting.

Organizations participating in the Albany-Rensselaer Public Health Priority Workgroup included:

- Albany County Department of Health
- Albany County Department of Mental Health
- Albany County Department of Social Services
- Albany Medical Center
- Albany Medical Center: DSRIP
- Albany-Rensselaer Cancer Services Program
- Alzheimer's Association
- Belvedere Health Services, LLC
- Berkshire Farm Center & Youth Services
- Capital District Childcare Coordinating Council
- Capital District Physicians' Health Plan (CDPHP)
- Capital District Psychiatric Center- Office of Mental Health
- Capital District Tobacco-Free Coalition
- Capital District Transportation Committee
- Capital District YMCA
- Capitol Region BOCES
- Care Coordination Services
- Catholic Charities
- Catholic Charities: Community Maternity Services
- Center for Disability Services
- City of Albany Police Department
- Colonie Senior Services Centers
- Commission for Economic Opportunity
- Community Care Behavioral Health Organization
- Conifer Park
- Fidelis Care Network
- Hometown Health Centers
- Hospitality House
- Independent Living Center of the Hudson Valley
- Interfaith Partnership
- Jewish Family Services of Northeastern NY
- LaSalle School
- Mental Health Empowerment Project
- National Association of Social Workers
- National Grid
- Next Wave
- Rehabilitation Support Services
- Rensselaer County Department of Health
- Rensselaer County Department of Mental Health
- Rensselaer Park Elementary School
- Samaritan Radiation Oncology
- Senator Neil Breslin
- Senior Hope
- Senior Services of Albany and Cohoes Multi-Service Senior Citizen Center, Inc.
- St. Catherine's Center for Children
- St. Mary's Hospital
- St. Peter's Health Partners
- The Community Hospice
- The Food Pantries for the Capital District
- The Sage Colleges
- United Way of the Greater Capital Region
- Unity House
- University at Albany School of Public Health
- Upper Hudson Planned Parenthood
- Van Rensselaer Manor
- Village of Colonie Outreach
- Visiting Nurses Association of Albany
- Xerox State Healthcare

Albany and Rensselaer Counties completed the Community Health Prioritization Meetings together between February and March 2016. Attendance during these meetings ranged between 40-60 participants representing many healthcare, community-based and public service providers. Participants were engaged in the data presentations, raised many questions, and described what services look like on a day-to-day basis.

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 2016 - 2018 health priorities:

I. FOCUS AREA: PROMOTE MENTAL HEALTH AND PREVENT SUBSTANCE ABUSE IN ALBANY COUNTY

- Reduce non-medical use of prescription pain medication, by youth and adults (e.g. opiates).

II. FOCUS AREA: PREVENT CHRONIC DISEASE IN ALBANY COUNTY

- 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).
- Reduce obesity in children and adults (prevent diabetes and related comorbidities) inclusive of risk factors and promotion of evidenced-based interventions.

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

PROMOTE MENTAL HEALTH AND PREVENT SUBSTANCE ABUSE IN ALBANY COUNTY

- The National Survey of Drug Use and Health estimated 3% of Albany County residents with drug dependence/abuse, and 3% needing, but not receiving, drug treatment;
- While Albany County residents had lower substance abuse (any diagnosis) emergency department (ED) visit rates (314.2/10,000) than Rest of State (349.5), Albany County's rate increased 57% from 2009 to 2014;
- Similarly, Albany County residents had a lower substance abuse mortality rate (4.9/100,000) than Rest of State (9.3), but the rate increased 75% from 2009-11 to 2011-13;
- Albany County had an opiate-poisoning related ED visit rate (any diagnosis) of 17.5/10,000 that was higher than the Rest of State (15.2), and showed a 64% increase from 2008-10 to 2011-13; and

- West Hills/South End neighborhoods had 4.4 times the substance abuse (any diagnosis) ED visit rate, 3.5 times the substance abuse hospitalization rate, 3.7 times the opiate-related ED visit rate and 4.7 times the opiate-related hospitalization rate than Rest of State.

PREVENT CHRONIC DISEASE IN ALBANY COUNTY

ASTHMA

- Albany County's adult current asthma prevalence (11.1%), asthma emergency department visit rate (64.1/10,000), and asthma hospitalization rate (11.2/10,000) were higher or significantly higher than Rest of State (10.5%, 47.6, and 10.9);
- Albany County's asthma ED visit rate decreased 11% and the asthma hospitalization rate decreased 38% between 2009 and 2013; and
- West Hills/South End and West End neighborhoods had five times the asthma ED rates and 4 times the asthma hospitalization rates as Rest of State.

OBESITY / DIABETES

- Albany County's adult diabetes prevalence rate of 8.8% was higher than Rest of State (8.2%);
- Albany County's diabetes short-term complication hospitalization rate (6.6/10,000) was significantly higher than Rest of State (5.8) and increased 42% from 2009 to 2013;
- West End neighborhood had five times the diabetes ED rate, and 3 times the diabetes hospitalization rate compared to Rest of State; and
- Albany County's congestive heart failure mortality rate (19.0/100,000) was significantly higher than Rest of State (16.1), but showed a decreasing trend over the last decade.

COMMUNITY HEALTH IMPROVEMENT PLAN

Promote Mental Health and Prevent Substance Abuse in Albany County

Goal 1: Prevent underage drinking, excessive alcohol consumption by youth and adults, and reduce non-medical use of prescription pain medication, by youth and adults.

Target Population: Youth and Adults

Objective*: By December 31, 2018, reduce opioid emergency department visits*** by 10 % (from 24.9/100,000 emergency department visits in 2015 to 22.4/100,000 by 2018).

By December 31, 2018, reduce opioid overdose deaths** by 10 % (from 5.5 deaths/100,000 in 2015 to 5.0 deaths/ 100,000 in 2018).

Address Disparity: No

Intervention, Strategies, Activities	Partner Resources	Partner Roles	Process Measures
<ul style="list-style-type: none"> • Provide Education of Addiction & Pain Management <ul style="list-style-type: none"> • Prescribing Guidelines • Community Resources Prevention, Addiction Treatment & Recovery Support) • Information to provide to patients regarding risk of harm and misuse. 	<p>Albany County Department of Health:</p> <ul style="list-style-type: none"> • Disseminates public health information regarding heroin and opioid addiction. <p>Albany County Department of Mental Health: Per 2016 Local Service 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 heroin and opioid addiction; and • Provides and/or coordinates prevention, addiction treatment & recovery support services. <p>Albany Medical Center: Hospital with primary care, behavioral health, pain management and physician education services.</p> <p>St. Peter’s Health Partners: Primary Care, Urgent Care, Behavioral Health, Endocrinology, Outpatient Nutrition Counseling, CDE Services and Hospital Providers.</p> <p>Healthy Capital District Initiative (HCDI): Provides access to coverage and care, health planning expertise, and supports health prevention programs across the Capital Region. Facilitates the Albany-Rensselaer Behavioral Health Task Force.</p>	<p>Albany County Department of Health and Albany County Department of Mental Health: Promote prescriber training opportunities.</p> <p>Albany Medical Center: Educate physicians regarding prescribing guidelines; participate in prescription drug monitoring program; host provider addiction/pain medicine conference.</p> <p>St. Peter’s Health Partners: Educate both St. Peter’s Health Partners & Community Providers regarding prescribing consistent with State & Federal guidelines.</p> <p>HCDI: Albany-Rensselaer Behavioral Health Task Force will develop community resource materials.</p>	<ul style="list-style-type: none"> • Number of trainings offered. • Number of prescribers trained. • Number of prescribing guidelines developed and distributed. • Number of community resource materials developed.

Intervention, Strategies, Activities	Partner Resources	Partner Roles	Process Measures
<ul style="list-style-type: none"> Promote safe storage & proper disposal of unused prescription medications. Community Education Increase Disposal opportunities 	<p>Albany County: Disseminates public health information regarding safe storage & proper disposal of unused prescription medications.</p> <p>Albany Medical Center: Hospital with primary care, behavioral health, pain management and physician education services.</p> <p>St. Peter's Health Partners: Primary Care, Urgent Care, Behavioral Health, Endocrinology, Outpatient Nutrition Counseling, CDE Services and Hospital Providers.</p> <p>Healthy Capital District Initiative (HCDI): Provides access to coverage and care, health planning expertise, and supports health prevention programs across the Capital Region. Facilitates the Albany-Rensselaer Behavioral Health Task Force.</p>	<p>Albany County:</p> <ul style="list-style-type: none"> Pilot medication disposal envelopes with local pharmacies. Increase permanent take back sites. Provide community education on safe storage and proper disposal. <p>Albany Medical Center: will provide public a mechanism for proper disposal of unused medications; promote proper storage.</p> <p>St. Peter's Health Partners: will promote Drug Take Backs and Proper Storage Materials.</p> <p>HCDI: Albany-Rensselaer Behavioral Health Task Force will promote Drug Take Backs and Proper Storage.</p>	<ul style="list-style-type: none"> Number of proper disposal education activities. Number of new permanent and temporary sites for Rx collection. Total pounds of prescriptions collected.
<p>New York State Opioid Overdose Prevention Training</p>	<p>Albany County: Provide facilities for New York State Opioid Overdose Prevention Training.</p> <p>Albany Medical Center: Hospital with primary care, behavioral health, pain management and physician education services.</p> <p>St. Peter's Health Partners: Primary Care, Urgent Care, Behavioral Health, Endocrinology, Outpatient Nutrition Counseling, CDE Services and Hospital Providers.</p> <p>Healthy Capital District Initiative (HCDI): Provides access to coverage and care, health planning expertise, and supports health prevention programs across the Capital Region. Facilitates the Albany-Rensselaer Behavioral Health Task Force.</p> <p>Catholic Charities: Project Safe Point trains members of the community including drug users, family and friends of drug users, service providers, and others in how to recognize and respond to an opioid overdose.</p>	<p>Albany County:</p> <ul style="list-style-type: none"> Host and publicize naloxone training. Promote use of standing order for naloxone in local pharmacies. <p>Albany Medical Center: Educate and train law enforcement and emergency medical professionals on naloxone distribution.</p> <p>St. Peter's Health Partners: Host and publicize community naloxone trainings.</p> <p>HCDI: Albany-Rensselaer Behavioral Health Task Force will design patient education materials about community resources.</p> <p>Catholic Charities: Provide naloxone training in Albany County.</p>	<ul style="list-style-type: none"> Number of trainings provided. Number of persons participating in naloxone trainings. Number of naloxone administrations by provider. Number of patient education materials developed.

Intervention, Strategies, Activities	Partner Resources	Partner Roles	Process Measures
<p>Develop Withdrawal Management (e.g. ambulatory detoxification, ancillary withdrawal services) capabilities and appropriate enhanced abstinence services within community-based addiction treatment programs. (DSRIP Project 3.a.iv)</p>	<p>Albany County Department of Mental Health: provides oversight and planning for local ambulatory detoxification services (i.e. Albany County).</p> <p>Albany County Department of Health: member of The Alliance for Better Health Care, an assigned Performing Provider System (PPS) serving a six county area in upstate New York (Albany, Fulton, Montgomery, Rensselaer, Saratoga, and Schenectady counties).</p> <p>St. Peter's Health Partners (SPHP): The Alliance for Better Health Care is governed by a five-member Board of Members. The Alliance Members are: Ellis Medicine; Samaritan Hospital, which represents St. Peter's Health Partners; St. Mary's Healthcare Amsterdam; Hometown Health; and Whitney M. Young, Jr. Health Center. The Alliance was formed in response to a New York State Department of Health initiative called the Delivery System Reform Incentive Payment Program (DSRIP).</p> <p>SPHP, St. Peter's Medical Associates, Catholic Charities, Whitney Young Jr. Health Center: will develop withdrawal management services for substance use disorders (SUD) within community-based addiction treatment programs that provide medical supervision and allow simultaneous or rapid transfer of stabilized patients into the associated SUD services and provide/link with care management services that will assist the stabilizing patient to address the life disruption related to the prior substance use.</p> <p>The Alliance for Better Health Care serves a six county area in upstate New York (Albany, Fulton, Montgomery, Rensselaer, Schenectady, and Saratoga counties).</p>	<p>Albany County Department of Mental Health:</p> <ul style="list-style-type: none"> • Provide oversight and guidance regarding peer engagement. • Assure consistency of ambulatory detoxification initiative with comprehensive local plan for alcohol/substance abuse services. <p>Albany County Department of Health: Refer patients and promote programs.</p> <p>St. Peter's Health Partners: Establish four ambulatory withdrawal programs. Increase the number of X licensed primary care physicians.</p> <p>SPHP, St. Peter's Medical Associates, and Whitney Young Jr. Health Center: Expand medication assisted treatment in primary care practices.</p> <p>SPHP, Project Safe Point, Catholic Charities, Project Lead: Develop Care Coordination Services for patients receiving ancillary withdrawal services.</p>	<ul style="list-style-type: none"> • Number of programs established. • Number of patients served by new programs. • Number of additional prescribers with X license.

NOTES:

Source:

*Data limitations: Significant time lag in reporting of death certificates and patient information impact data completeness. As a result, mortality objectives may not reflect all deaths that have occurred. Therefore, outcome reference data and objectives are not considered complete and should be used and interpreted with caution. Mortality and emergency department data may change as deaths and emergency visits are confirmed and reported. Additionally, due to small frequencies, rates should be interpreted with caution. When rates are based on only a few cases, small changes in frequencies can produce large changes in the rates making it difficult to discern true changes from chance fluctuation.

**Indicators are not mutually exclusive. Decedents and patients may have multiple substances in their system. Thus, overdoses involving heroin and overdoses involving prescription opioid pain relievers will not add up to the overdoses involving all opioids.

***Indicators related to emergency department data used ICD-9-CM codes prior to October 1, 2015. ICD-10-CM codes are used from October 1, 2015 and thereafter. Changes should be interpreted with caution due to the changes in codes used for the definition.

Prevent Chronic Disease(s): Asthma in Albany County

Goal 1: 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).

Target Population: Adults and Children

Objective(s): By December 31, 2018, reduce the asthma hospitalization rate for persons ages 5 to 64 by 10% (from 7.4/10,000 in 2012-2014.to 6.7/10,000 by 2018).
By December 31, 2018, reduce the emergency department visit rate for asthma by 10% (from 55.3/10,000 in 2012-2014 to 49.8/10,000 by 2018).

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	Process Measures
<p>Implementation of evidence-based medicine guidelines for asthma management (DSRIP Project 3.d.iii).</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). Healthy Neighborhoods Program provides environmental hazard home assessments, education, and referrals to follow-up resources in high-risk communities. Certified Asthma Educator provides asthma self-management education and support for families referred by the Healthy Neighborhoods Program. <p>Albany Medical Center: Serves as one of the DSRIP Performing Provider Systems (PPS) in the Capital Region. Albany Medical Center has chosen project 3.d.iii and serves Albany County.</p> <p>Healthy Capital District Initiative (HC DI):</p> <ul style="list-style-type: none"> Provides access to coverage and care, health planning expertise and supports health prevention programs across the Capital Region. Facilitates the Asthma Coalition that encompasses asthma providers within the Capital Region. HC DI reviews and provides evidenced based practices, and professional development opportunities for this workforce. 	<p>Albany County Department of Health:</p> <ul style="list-style-type: none"> Actively participate as a member of the Asthma Coalition of the Capital Region. Promote educational activities that address asthma management to staff. Promote and adhere to national asthma management guidelines. <p>Albany Medical Center:</p> <ul style="list-style-type: none"> Establish agreements to adhere to national guidelines for asthma management and protocols for access to asthma specialists, including Electronic Health Record-Health Information Exchange (EHR-HIE) connectivity and telemedicine. Deliver educational activities addressing asthma management to participating primary care providers. Ensure coordination with the Medicaid Managed Care organizations and Health Homes serving the affected population. Use EHRs or other technical platforms to track all patients engaged in this project. 	<ul style="list-style-type: none"> Number of agreements that adhere to asthma management guidelines. Number of educational activities held. Number of participants trained in asthma management. Number of patients engaged through EHRs or other technical platforms.

Intervention, Strategies, Activities	Partner Resources	Partner Roles	Process Measures
		<p>Healthy Capital District Initiative Asthma Coalition:</p> <ul style="list-style-type: none"> • Distribute Expert Panel Report 3 (EPR-3 tool), National Asthma Education and Prevention Program (NAEPP) clinical practice guidelines. HCDI will also provide technical assistance and resources for asthma self-management. • Convene bi-monthly coalition meetings to engage regional stakeholders, share best practices and resources and support collaboration among stakeholders. 	
<p>Expand asthma home-based self-management program (DSRIP Project 3.d.ii.)</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). • Healthy Neighborhoods Program provides environmental hazard home assessments, education, and referrals to follow-up resources in high-risk communities. • Certified Asthma Educator provides asthma self-management education and support for families referred by the Healthy Neighborhoods Program. <p>Alliance for Better Healthcare (St. Peter’s Health Partners): The Alliance for Better Health Care is governed by a five-member Board. The Alliance Members are: Ellis Medicine; Samaritan Hospital, which represents St. Peter’s Health Partners; St. Mary’s Healthcare Amsterdam; Hometown Health; and Whitney M. Young, Jr. Health Center. The Alliance was formed in response to a New York State Department of Health initiative called the Delivery System Reform Incentive Payment.</p> <p>Healthy Capital District Initiative (HCDI): Facilitates the Asthma Coalition that encompasses asthma providers from within the Capital Region. HCDI reviews and provides evidence-based practices and professional development opportunities for this workforce.</p>	<p>Albany County Department of Health:</p> <ul style="list-style-type: none"> • Provide, coordinate, or link clients to resources for evidenced-based trigger reduction home-based interventions (i.e. change indoor environment to reduce exposure to asthma triggers such as pests, mold, and second hand smoke) via Healthy Neighborhood Program. • For residents identified at risk for asthma, provide in-home certified asthma educator services. <p>Alliance for Better Healthcare (St. Peter’s Health Partners):</p> <ul style="list-style-type: none"> • Development of a Home-Based Asthma program that will arrange for patient visits in their homes by a Respiratory Therapist, Registered Nurse and Community Health Worker to provide appropriate asthma education. Home-based self-management programs to include home environmental trigger reduction, self-monitoring, medication use and medication follow up. • Educate health care providers about the Home-Based Asthma program <p>Healthy Capital District Initiative Asthma Coalition:</p> <ul style="list-style-type: none"> • Promote bi-directional referral to regional HNPs and smoking cessation programs. • Provide continuing education and asthma training opportunities to AE-Cs and medical professionals. • Provide financial assistance to AE-C examination candidates. • Provide durable medical goods, environmental remediation products, and educational materials to home-based service providers. 	<ul style="list-style-type: none"> • Number of Healthy Neighborhood home visits conducted. • Number of certified asthma educator home visits conducted. • Track utilization of the Home-Based Asthma Program. • Track hospital and ED visits by diagnosis.

Prevent Chronic Disease(s): Obesity Albany County

Goal 2: Promote culturally relevant chronic disease self-management education.

Target Population: Adults

Objective: By December 31, 2018, reduce the rate of hospitalizations for short-term complications of diabetes for persons age 18 and above by 3% (from 6.5/10,000 in 2012-2014 to 6.3/10,000 in 2018).

Address Disparity: No

Intervention, Strategies, Activities	Partner Resources	Partner Roles	Process Measures
<p>Participation of adults in self-management 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 as the underlying risk factors for a variety of chronic diseases (including diabetes, obesity, and cardiovascular disease). Health Systems Learning Collaborative: Albany County Department of Health works collaboratively with local federally qualified health center (i.e. Whitney M. Young Jr. Health Services) to improve and control hypertension and diabetes. Local Initiatives for Multi-Sector Public Health Action (Local IMPACT): Albany County Department of Health is implementing community and health system strategies to prevent and control obesity, diabetes, heart disease and stroke, and reduce health disparities among adults. <p>Albany Medical Center: Hospital which includes primary care, and comprehensive endocrinology services and Hospital provider serving Albany and Rensselaer counties Affiliation with the Northeastern Diabetes Educators Association.</p> <p>St. Peter’s Health Partners: Primary Care, Urgent Care, Behavioral Health, Endocrinology, Outpatient Nutrition Counseling, CDE Services and Hospital Providers.</p> <p>Healthy Capital District Initiative (HC DI): Provide access to coverage and care, health planning expertise, and supports health prevention programs across the Capital Region. Facilitates the Albany-Rensselaer Obesity / Diabetes Task Force.</p>	<p>Albany County Department of Health:</p> <ul style="list-style-type: none"> Increase availability of NDPP, YDPP. Increase prediabetes awareness by community providers. Promote prediabetes screening, testing, and referral. <p>Albany Medical Center: Promote lifestyle changes and prediabetes education; diabetes prevention and education sessions and brochures; increase number of CDEs.</p> <p>St. Peter’s Health Partners: Provide funding for two professionals to be trained in NDPP to expand existing NDPP programs within Rensselaer County. Offer NDPP to employees, encourage patients to participate in NDPP.</p> <p>HC DI Diabetes/Obesity Task Force: Promote NDPP, review and update <i>Capital District Diabetes Education and Support Services Guide</i>, review alternative lifestyle change programs.</p>	<ul style="list-style-type: none"> Number of participants enrolled in the NDPP and YDPP. Number of participants in other (i.e. non-YDPP/NDPP) chronic disease self-management programs that support Lifestyle Change (e.g. nutrition, exercise counseling). Number of new sites providing prediabetes NDPP and YDPP. Number of <i>Capital District Diabetes Education and Support Services Guides</i> circulated.

Prevent Chronic Disease(s): Obesity Albany County (Continued)

Goal 3: Create community environments that promote and support healthy food and beverage choices and physical activity.

Target Population: Adults and Children

Objective: By December 31, 2018, reduce the percentage of adults who are obese by 3% (i.e. from 25.7%, confidence interval 21.4 % - 30.0% in 2013-14 to 24.9% by 2018).

By December 31, 2018, reduce the percentage of children and adolescents who are obese by 2% (i.e. from 17%, in 2012-14 to 16.7% by 2018).

Address Disparity: No

Intervention, Strategies, Activities	Partner Resources	Partner Roles	Process Measures
<p>Implement nutrition and beverage standards in public institutions, worksites, school districts, and childcare centers.</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 diabetes, obesity, and cardiovascular disease). Health Systems Learning Collaborative: Albany County Department of Health works collaboratively with local federally qualified health center (i.e. Whitney M. Young Jr. Health Services) to improve and control hypertension and diabetes. Local IMPACT: Albany County Department of Health is implementing community and health system strategies to prevent and control obesity, diabetes, heart disease and stroke, and reduce health disparities among adults. <p>Albany Medical Center: Adopted a robust, multi-faceted wellness program, which includes health and wellness policies that positively impacts patients, visitors and employees.</p> <p>St. Peter’s Health Partners: Adopted a Health and Wellness policy that impacts patients and employees. SPHP was awarded the <i>Creating Healthy Schools and Communities</i> contract from the New York State Department of Health that seeks to increase opportunities for physical activity and improve access to nutritious foods both in the community and in schools.</p> <p>Healthy Capital District Initiative (HCDI): Provides access to coverage and care, health-planning expertise and supports health prevention programs across the Capital Region. Facilitates the Albany-Rensselaer Obesity/Diabetes Task Force.</p>	<p>Albany County Department of Health: Provide technical assistance in designing and implementing nutrition and beverage standards.</p> <p>Albany Medical Center:</p> <ul style="list-style-type: none"> Promote healthy living and wellness through Albany Med’s “Wellness: Healthy Choices, Healthy You” program - a 4-pronged wellness approach which includes healthy nutrition education. Participation in Albany County Department of Health <i>Sodium Reduction in Communities Program</i>. <p>St. Peter’s Health Partners:</p> <ul style="list-style-type: none"> Encourage healthy living through St. Peter’s Wellness Committee. <i>Creating Healthy Schools:</i> Provides technical assistance in developing implementing strategies for health and wellness policies within school districts. <p>HCDI Obesity/ Diabetes Task Force: Promote & provide support to outreach activities in Albany and Rensselaer counties.</p>	<ul style="list-style-type: none"> Number of organizations that adopt and implement nutrition and beverage standards (e.g. healthy meeting and events policies, healthy vending policies, applicable worksite wellness programs) including number of persons impacted by standards. Number of schools that adopt and implement comprehensive and strong Local School Wellness Polices. Number of participants involved in <i>Move, Learn, Heal and Eat</i> initiatives.

Intervention, Strategies, Activities	Partner Resources	Partner Roles	Process Measures
<p>Promote physical activity in childcare centers, school districts, community venues, and worksites.</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). Health Systems Learning Collaborative: Albany County Department of Health works collaboratively with local federally qualified health center (i.e. Whitney M. Young Jr. Health Services) to improve and control hypertension and diabetes. Local IMPACT: Albany County Department of Health is implementing community and health system strategies to prevent and control obesity, diabetes, heart disease and stroke, and reduce health disparities among adults. <p>Albany Medical Center: Adopted a robust, multi-faceted wellness program emphasizing physical activity, as well as wellness education, healing arts, and healthy nutrition.</p> <p>St. Peter's Health Partners: awarded the <i>Creating Healthy Schools and Communities</i> contract from the New York State Department of Health that seeks to: increase opportunities for physical activity, and improve access to nutritious foods both in the community and in schools.</p> <p>HCDI: Provides access to coverage and care, health-planning expertise and supports health prevention programs across the Capital Region. Facilitates the Albany-Rensselaer Obesity/Diabetes Task Force.</p>	<p>Albany County Department of Health: Provide technical assistance in promoting physical activity in community venues.</p> <p>Albany Medical Center: Promote healthy living as part of Albany Med's Wellness Program's "Move, Learn, Heal and Eat" initiative – Fitness Center, Fitness Classes, and Fitness App, walking groups, etc.; exercise prescriptions given to patient populations.</p> <p>St. Peter's Health Partners: Encourage healthy living through Wellness Committee. <i>Community Soccer Program. Creating Healthy Schools and Communities</i> grant program.</p> <p>HCDI Diabetes/Obesity Task Force: Promote & provide support to outreach activities throughout both counties.</p>	<ul style="list-style-type: none"> Number of plans adopted or opportunities available promoting physical activity (e.g. Complete Streets policies, joint use agreements, applicable worksite wellness initiatives). Number of school districts that implement Comprehensive School Physical Activity Programs (CSPAP). Number of children participating in the evidenced based <i>Soccer for Success</i> program that promotes healthy lifestyle through: physical activity, nutrition, mentorship and family engagement.

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 2016 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 2016 – 2018 Community Health Improvement Plan* and/or Healthy Capital District Initiative task forces. 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 birthweight births. Albany County is in the 4th risk quartile for preterm births compared to all New York State counties; Albany County is also in the 4th risk quartile for low birthweight births. Albany County has a slightly increasing trend for both percentage of preterm births and percentage of low birthweight births; by race/ethnicity, infant mortality rates in Albany County were higher than the rest of Upstate New York.

- **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).

Hypertension:

Heart disease is the leading cause of death in Albany County. Approximately 31.8% of adult Albany County residents have physician-diagnosed hypertension, which is higher than the comparable Upstate New York rate of 28.3% (eBRFSS 2013-2014).

- **Health Systems Learning Collaborative:** Albany County Department of Health works collaboratively with local federally qualified health center (i.e. Whitney M. Young Jr. Health Services) to improve and control hypertension (and diabetes).

- *Sodium Reduction in Communities Program*: Albany County Department of Health, in conjunction with community partners, has reduced sodium content of meals served at senior centers and in hospitals.
- Local Initiatives for Multi-Sector Public Health Action (Local IMPACT): Albany County Department of Health is implementing community and health system strategies to prevent and control obesity, diabetes, heart disease and stroke, and reduce health disparities among adults.
- Albany County Department of Health is a member of the Albany Medical Center Hospital Performing Provider System (PPS) Cardiovascular Disease Subcommittee, the objective of which is to improve management of cardiovascular disease and increase patient confidence in self-management (DSRIP 3.b.i).

Sexually Transmitted Disease (STDs):

Albany County has significantly higher rates of gonorrhea compared to the Rest of State (ROS) and fell into the 4th risk quartile; Albany County had significantly higher male and female chlamydia rates compared to the ROS and fell into the 4th risk quartile; chlamydia has been an increasing trend in Albany County since 2004.

- 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 (9.6 per 100,000, 2012-2014) is above the New York State average (7.9 per 100,000, 2012-2014) and above the Prevention Agenda 2016-2018 objective (5.9 per 100,000, 2012-2014).

- 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.

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, HCDCI and stakeholders. Broad community engagement began with participation in the community health survey. The survey offered multiple choice and open-ended questions to learn about residents' health needs, health behaviors and barriers to care. Demographic information collected by the survey allowed review of information by age, gender, race/ethnicity and income.

Survey results were incorporated into the examination of health needs by the members of the four Capital Region Public Health Prioritization Workgroups (Albany-Rensselaer, Columbia-Greene, Saratoga and Schenectady). The Workgroups included community voices through representatives from consumers, community-based organizations that serve low-income residents, the homeless, those with HIV/AIDS, 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, the two federally qualified health centers, Food Pantries of the Capital District, United Way of the Capital Region, Interfaith Partnership for the Homeless, and our consumer community representatives have 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 2016-2018 Community Health Improvement Plan*. Albany County Department of Health will regularly seek input from and report out *Albany County 2016-2018 Community Health Improvement Plan* activities to community stakeholders through existing forums including, but not limited to, Albany County Strategic Alliance for Health; Asthma Coalition of the Capital Region; Healthy Capital District Initiative Albany-Rensselaer Behavioral Health Task Force; Healthy Capital District Initiative Albany-Rensselaer Obesity / Diabetes 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 2016-2018 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 2016-2018 Community Health Improvement Plan* progress and make mid-course corrections:

- Promote Mental Health and Prevent Substance Abuse
 - Healthy Capital District Initiative Albany-Rensselaer Behavioral Health Task Force will meet no less than four (4) times annually to:
 - Document and monitor progress in achieving *Albany County 2016-2018 Community Health Improvement Plan* goals, objectives, process measures; and
 - Modify work plan and make mid-course corrections, as needed, to interventions, strategies, and activities.
- Prevent Chronic Disease: Asthma
 - Asthma Coalition of the Capital Region will meet no less than four (4) times annually to:
 - Document and monitor progress in achieving *Albany County 2016-2018 Community Health Improvement Plan* goals, objectives, process measures; and
 - Modify work plan and make mid-course corrections, as needed, to interventions, strategies, and activities.
- Prevent Chronic Disease: Obesity / Diabetes
 - Albany County Strategic Alliance for Health will meet no less than six (6) times annually to:
 - Integrate *Albany County 2016-2018 Community Health Improvement Plan* objectives into Albany County Strategic Alliance for Health annual work plan;
 - Provide forum for specifically implementing environmental strategies.
 - Healthy Capital District Initiative Albany-Rensselaer Obesity / Diabetes Task Force will meet no less than four (4) times annually to:
 - Document and monitor progress in achieving *Albany County 2016-2018 Community Health Improvement Plan* goals, objectives, process measures; and
 - Modify work plan and make mid-course corrections, as needed, to interventions, strategies, and activities.
 - Provide forum for specifically implementing health system strategies.

COMMUNICATIONS STRATEGY

Strategies for disseminating and educating the community, professional organizations, governmental agencies, and stakeholders on the *Albany County 2016-2018 Community Health Improvement Plan* include:

- A press release announcing publication of the *Albany County 2016-2018 Community Health Improvement Plan* will be provided to local media;
- *Albany County 2016-2018 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 2016-2018 Community Health Improvement Plan* will be included in the *HEALTHtoday* newsletter for the public;
- *Albany County 2016-2018 Community Health Improvement Plan* Executive Summary hard copies will be distributed at January 2017 *Voice Your Vision Capital District* event(s);
- County, town, and village governments will be provided with electronic copies of the *Albany County 2016-2018 Community Health Improvement Plan* Executive Summary and a link to access the document(s) on the Albany County Department of Health website;
- New York State senators and assemblypersons representing Albany County will be provided with electronic copies of the *Albany County 2016-2018 Community Health Improvement Plan* Executive Summary and a link to access the document(s) on the Albany County Department of Health website; and
- Printed and electronic copies of the *Albany County 2016-2018 Community Health Improvement Plan* Executive Summary will be provided 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 2016-2018 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
Albany College of Pharmacy	Educate regarding safe storage/disposal of unused prescription medication	Academia/Education	www.acphs.edu/
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 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 Medical Center	Local hospital regarding all CHIP interventions	Health Care Organization	www.amc.edu/
Alliance for Better Health Care	DSRIP PPS; asthma objective(s)	Health Care Organization	allianceforbetterhealthcare.com/
American Cancer Society	Chronic disease content expertise (research, education); advocacy	Nonprofit Organization	www.cancer.org/
American Dairy Association and Dairy Council	Nutrition expertise	Advocacy	www.dairyspot.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/
Asthma Coalition of the Capital Region (at HCDI)	Asthma content expertise	Nonprofit Organization	www.hcdiny.org/index.php?mod=ule=Tiles&controller=index&action=display&alias=asthma
AVillage	Advocacy	Community Based Organization	www.avillageworks.org/
Better Health for Northeast New York	DSRIP PPS; cardiovascular disease objective(s)	Health Care Organization	http://www.albanymedpps.org/

ORGANIZATION NAME	ORGANIZATION ROLE	ORGANIZATION TYPE	WEBSITE
Camino Nuevo	Behavioral Health Outpatient Treatment Provider	Health Care Organization	www.thecarecenters.com/show/Camino-Nuevo-Op-Albany-NY
Capital District Center for Independence	Provides support services for persons with disabilities; chronic disease content expertise	Nonprofit Organization	www.cdciweb.com/
Capital District Child Care Coordinating Council	Childcare content expertise (regarding nutrition, physical activity)	Nonprofit Organization	www.cdcccc.org/
Capital District Physicians Health Plan	Behavioral health, chronic disease content expertise	Health Insurance Company	www.cdphp.com/
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 Region Diabetes and Endocrine Care	Endocrinology care provider	Health Care Organization	www.crdec.org/
Capital Roots	Nutrition access expertise	Nonprofit Organization	www.capitalroots.org/
Catholic Charities	Behavioral Health Provider	Health Care Organization	www.ccrda.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 of Albany	Local government	Government Organization	www.albanyny.org/Home.aspx
City School District of Albany	Education content expertise (regarding nutrition, physical activity)	Academia/Education	www.albanyschools.org/
Cornell Cooperative Extension of Albany County	Nutrition content expertise	Academia/Education	albany.cce.cornell.edu/
Dominick Calsolaro	Health advocacy	Citizen	www.calsolaro.net/
FOCUS Churches of Albany	Food pantry, nutrition access expertise	Community Based Organization	focuschurches.net/wp/
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	
Hannaford	Supermarket; nutrition content expertise	Business/For Profit	www.hannaford.com/

ORGANIZATION NAME	ORGANIZATION ROLE	ORGANIZATION TYPE	WEBSITE
Healthy Capital District Initiative	Public health planning expertise	Nonprofit Organization	www.hcdiny.org/
Koinonia Primary Care	Primary health care provider	Health Care Organization	www.friendsofdrbobpaeglow.com/index.html
Next Wave	Asthma content expertise	Consulting services	nextwave.info/home.html
Northeastern New York Diabetes Educators	Diabetes content expertise	Nonprofit Organization	www.myaadenetwork.org/newyork
Regional Food Bank of North-eastern New York	Emergency food service expertise	Community Based Organization	www.regionalfoodbank.net/
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/
The Addictions Care Center of Albany	Behavioral Health Provider	Health Care Organization	theacca.net/
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/
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/
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/
Whitney M. Young Jr. Health Services	Federally qualified health center; provider of behavioral and chronic disease prevention services	Health Care Organization	www.wmyhealth.org/