2022-2024

COMMUNITY HEALTH ASSESSMENT (CHA)
COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)
COMMUNITY SERVICE PLAN (CSP)

Ellis Medicine

Schenectady County Public Health Services

St. Peters Health Partners Sunnyview Rehabilitation Hospital

Submitted in fulfillment of the requirements of the New York State Department of Health Prevention Agenda by Schenectady County Public Health Services, Ellis Hospital (d/b/a Ellis Medicine), and Sunnyview Rehabilitation Hospital. Submitted in fulfillment of the requirements of the Internal Revenue Service (pursuant to the Patient Protection and Affordable Care Act of 2010) by Ellis Hospital (d/b/a Ellis Medicine). CHNA and Implementation Strategy adopted by vote of the Ellis Hospital Board of Trustees on October 4, 2022.

Table of Contents

Cover Page

County Covered:
Schenectady County

Participating Local Health Department:
Schenectady County Public Health Services
107 Nott Terrace Suite 100
Schenectady, New York 12308
518-386-2824

Participating Hospitals:
Ellis Hospital (d/b/a Ellis Medicine)
1101 Nott Street
Schenectady, New York 12308
518-243-4000

Sunnyview Rehabilitation Hospital:
1270 Belmont Avenue
Schenectady, New York 12308
518-382-4500

Coalition/Entity Completing Assessment and Plan:
Community Health Assessment
Healthy Capital District (HCD)
175 Central Avenue
Albany, New York 12206
518-486-8400

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

Executive Summary

The Schenectady Coalition for a Healthy Community (SCHC) selected the following two Prevention Agenda priorities for the 2022-2024 period.

1. Priority Area 1: Prevent Communicable Diseases
    a. Focus Area: Vaccine Preventable Diseases
        i. Goals: Improve vaccination rates and reduce vaccination coverage disparities
2. Priority Area 2: Promote Well-Being and Prevent Mental and Substance Use Disorders
    a. Focus Area: Promote Wellbeing
        i. Goals: Facilitate supportive environments that promote respect and dignity for people of all ages
    b. Focus Area: Mental and Substance Use Disorders Prevention
        i. Goals: Prevent opioid and other substance misuse and deaths

Objectives address vaccination requirements in schools, vaccine coverage disparities, mental health first aid training and Naloxone training.

Both priority areas reflect a focus on health equity and reducing disparities across racial/ethnic, sexual orientation/gender identity and socioeconomic status and among other historically marginalized groups.

COVID-19 vaccination rates vary by race. In Schenectady County, 91% of the population that identifies as white had at least 1 vaccine dose while 65% of the population that identifies as African American had at least one vaccine dose. There is also an age disparity with COVID-19 vaccination rates. Only 42% of 5–11-year old's have at least one vaccine dose, while those age 55 and above are over 90% (NYSDOH Vaccine Tracker).

The rate for hospitalizations for mental health disorders as a primary diagnosis in Schenectady County was 166.2 per 10,000 for black residents compared to 99.0 per 10,000 for white residents. This same rate was 118.8 per 10,000 for males compared to 97.8 per 10,000 for females.

Data reviewed consisted of publicly available health and hospital data collected and interpreted for the six-county Capital Region by staff data experts at Healthy Capital District (HCD). These data sets include detailed hospital-diagnosis-specific treatment and outcomes reports from the Statewide Planning and Research Cooperative System (SPARCS), local health survey measures from the Expanded Behavioral Risk Factor Surveillance System (eBRFSS) and Prevention Agenda Tracking Dashboard reports. In almost all cases, data are valid at the county level, with several data sets at the sub-county level. Sub-county data at the ZIP code level is attributed by "neighborhood," based on generally agreed neighborhood designations. Selection of the top health priorities for Schenectady County was facilitated by a new Public Health Issue Scoring Sheet created by HCD, which built upon progress made during the 2019-2022 Prioritization Cycle. This scoring and ranking method was, based on a modified version of the Hanlon Method for Prioritizing Health Problems. The Scoring Sheet quantified considerations regarding both the need to address each health issue and the opportunity to make a positive impact. Opportunity considerations were based on guidance documents from the American Hospital Association, the

National Association of County and City Health Officials as well as other industry resources. Need considerations included those used in the 2018 Prioritization Process, as well as a community priority score derived directly from the contributions of over 2,000 local residents in the 2021 Capital Region Community Health Survey. The Scoring Sheet also included "other considerations," for both need and opportunity, to address any additional factors and capture the knowledge and experience-based input of local community-based organizational partners.

In addition to working with HCD, the hospitals and public health departments in the six-county Capital Region for data collection and interpretation, Schenectady's health planning efforts have revolved around the multi-agency Schenectady Coalition for a Healthy Community (SCHC). Founded in 2008 to promote community involvement in the State-mandated consolidation of Schenectady's hospitals, membership in SCHC has expanded to cover most of the not-for-profit provider and community service agencies in the county, as well as applicable local government agencies. Representatives from 22 agencies and organizations actively participated in the assessment and prioritization process. These included the local public health department and the local behavioral health (mental health/substance use) agencies, the hospitals, the only federally qualified health center (FQHC) in the county, faith-based organizations, not-for-profit health plans, and the public library. As further described in the detailed Work Plan, all the lead health care agencies and many of the community agencies have accepted active roles in implementation of the selected interventions. Individual organizations will be engaging their program participants and community members.

Evidence-based interventions and process measures were selected directly from those offered in the Prevention Agenda. For the Vaccine Preventable Diseases focus area they are:

- Goal: Improve Vaccination Rates
    - Intervention: Coordinate with the New York State Department of Health to ensure and enforce strong immunization requirements for childcare, school and post-secondary institutions entry and attendance.
        - Measure Example: Increased annual school immunization coverage rates
    - Intervention: 1.1.2 Maximize use of NYSIIS and CIR for vaccine documentation, assessment, decision support, reminders and recall. Increased use of the registries can better inform assessment of vaccine coverage, missed vaccination opportunities and helps address disparities in vaccine coverage including those for specific age groups.
        - Measure Examples: Increased proportion of immunizations reported to NYSIIS within 14 days of administration.
- Goal: Reduce vaccination coverage disparities
    - Intervention: Offer vaccines in locations and hours that are convenient to the public including pharmacies, vaccine only clinics, and other sites that are accessible to people of all ages.
        - Measure Example: Increased number of patients seen per clinic date and location

For the Promote Well-Being and Mental and Substance Use Disorders Prevention focus area they are:

- Goal: Facilitate supportive environments that promote respect and dignity for people of all ages
    - Intervention: Mental Health First Aid

        - Measure Examples: Number of Mental Health First Aid trainings held, and number of people trained.
- Goal: Prevent opioid and other substance misuse and deaths
    - Intervention: Increase availability of/access to Naloxone training to prescribers, pharmacists and consumers.
        - Measure Examples: Number of community members who complete naloxone administration training, number of naloxone trainings held, and quarterly meetings with community stakeholders.

Community Health Assessment

Description of the Community

Demographics of the Population Served

Schenectady County (2019 estimated population: 154,859) is, geographically, the second smallest county in upstate New York. It consists of five towns, two primarily rural and three primarily suburban, surrounding the centrally located City of Schenectady (2019 estimated population: 65,334). The county is located immediately west of the state capital of Albany and many of its residents commute to jobs in Albany and the other counties comprising New York's Capital Region.

Relative to the other five counties in the region, Schenectady reflects several county-specific socio-demographic measures as identified in the 2022 Regional Community Health Needs Assessment. These include:

- Schenectady County had a population of 154,859 and was the Capital Region's most urban county (759.6 population per square mile);
- Schenectady County had the 2nd lowest median age (39.7 years) in the Capital Region;
- Schenectady County had the largest percentage of population 14 years of age or younger in the Region at 17.8%, while 16.8% of the County population was 65+ years of age;
- Schenectady County had the Region's 2nd highest percentage of non-White population, at 23.7%, and Region's the highest percentage of Hispanic population, at 7.1%;
- Hamilton Hill neighborhood had the Region's 2nd highest percentage of non-White population (68.2%) as well as the Region's highest percentage of Hispanic population (16.8%);
- Schenectady's poverty rate of 11.4% was higher than that of NYS, excluding NYC (11.1%);
- Hamilton Hill neighborhood had the Region's 2nd highest neighborhood poverty rate (37.5%) and the Region's highest percentage of population, aged 25 and over, without a high school diploma (25.6%).

Schenectady County is home to three institutions of higher education: Union College, SUNY Schenectady, and Clarkson University's Capital Region Campus. All of these schools are located within the City of Schenectady. Together they enroll over 7,000 undergraduate, graduate, and professional students.

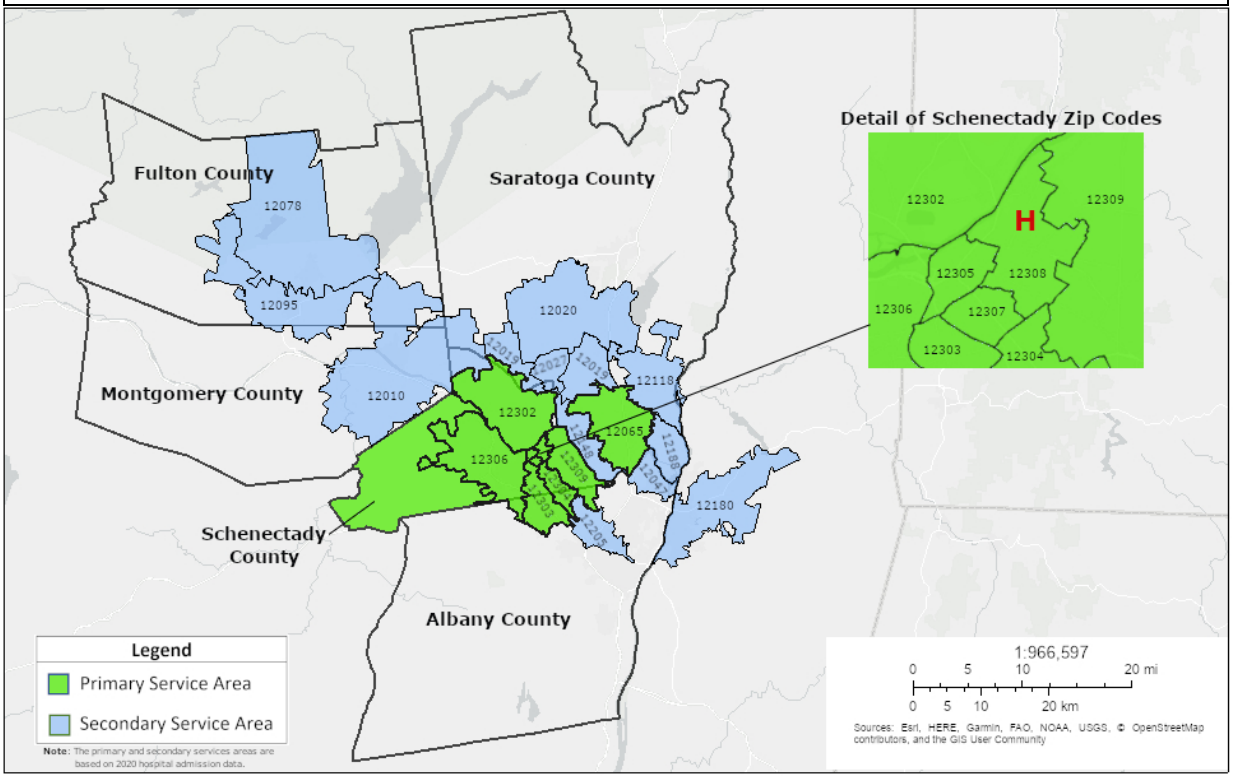
Schenectady County Public Health Services (SCPHS), a unit of county government, is responsible for public health, mental health and environmental health activities and enforcement throughout the city and county. The county contains a single non-profit acute care hospital – Ellis Hospital (also known by the trade name Ellis Medicine), and a single federally-qualified health center (FQHC) – Hometown Health Centers. There is also a non-profit specialty hospital, Sunnyview Rehabilitation Hospital, which is a member of the Albany-based St. Peter's Health Partners (Trinity Health) system.

The federal Health Resources and Services Administration (HRSA) has designated the city of Schenectady as a Health Professional Shortage Area for primary care, mental health and dental care for Medicaid-eligible populations. Additionally, Schenectady County has been designated a Medically Underserved Area for the homebound population.

	Population	Persons per sq mile	Persons <18 years old %	Persons >=65 years old %	White alone	Black or African American Alone	Bachelor's degree or higher (age 25+)	Median value, owner-occupied housing	Median household income	Persons in poverty
Schenectady County	158,089	756.6	21.6%	17.3%	77.5%	12.7%	32.1%	$172,500	$66,488	10.9%
City of Schenectady	67,047	6,135.3	19.3%	14.0%	56.5%	19.9%	21.5%	$113,200	$47,773	20.1%
Duanesburg	5,863	86.5	24.9%	15.2%	93.4%	0.7%	28.4%	$231,100	$80,637	9.2%
Glenville	29,326	599.4	22.8%	22.2%	92.8%	2.1%	39.5%	$189,900	$80,112	6.0%
Niskayuna	23,278	1,539.1	26.8%	19.2%	83.0%	2.2%	62.6%	$281,900	$111,832	2.5%
Rotterdam	30,523	815.1	21.2%	17.7%	89.0%	5.5%	26.3%	$173,400	$73,268	6.0%
Village of Scotia	7,272	4,585.8	26.4%	17.9%	91.3%	4.9%	37.2%	$150,500	$67,167	9.3%

Figure 1: Source: US Census Bureau, State and County QuickFacts, as accessed May 18, 2022; note that Census data from this source vary slightly from HCD data reported in the text above

Figure 2: Schenectady County and surrounding counties showing Ellis Hospital's Primary and Secondary Service Areas.



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

The geography of Schenectady County is very similar to the Primary Service Area (PSA) of the hospital. Ellis uses an industry-standard definition (the contiguous ZIP codes in which the first 60% of the hospital's inpatients live) to determine its PSA. Ellis' PSA consists of the entire range of 123nn ZIP codes (12302, 12303, 12304, 12305, 12306, 12307, 12308, and 12309), which constitutes all of the City of Schenectady and most of the population of the remainder of Schenectady County, as well as the 12065 ZIP code representing the town of Clifton Park in southern Saratoga County. (The design of the ZIP code system is not aligned with county or other political boundaries. The rural westernmost portion of Schenectady County is not included in the ZIP code-defined PSA due to low population, while certain areas of Albany and Saratoga Counties do fall within the Schenectady ZIP codes.) Although Ellis actively serves people within its Secondary Service Area (SSA), the geographic boundaries of those additional ZIP codes (the additional contiguous ZIP codes in which the next 20% of inpatients live, for an approximate total of 80% of inpatient volume) stretch across five counties and include portions of the service areas of at least six other hospitals. Retaining a focus on the Schenectady community will permit development of an actionable implementation plan which can target cohesive populations.

Population and health data are commonly available by county. The New York State Department of Health and other State government agencies maintain data by county, Healthy Capital District provides comparison data by county within the region, and data collected by the United States Census are frequently at the county and city level. Although convenience is not in and of itself a reason to define "community," the availability of solid data, including baseline and comparison data, will provide a better basis for planning, and an externally verifiable source for outcome measures.

Ellis has established strong partnerships with other healthcare and community service organizations which are located in and serve Schenectady County. The "Medical Home Group," a loose affiliation of community organizations created at the time of the three-hospital consolidation in 2008, has since evolved into the Schenectady Coalition for a Healthy Community. This Coalition consists of up to 60 community groups including businesses, local government agencies, healthcare, social services providers, community agencies, faith-based organizations, and advocacy groups. The leadership of these stakeholder agencies meet quarterly at Ellis. By focusing "community" on a population well served by a coordinated array of physical health, behavioral health, and community service organizations, in coordination with strong local government agencies, a community-wide action plan can leverage the hospital's implementation plan through the efficient and effective use of multiple resources.

Selection of Schenectady County as the "community" is consistent with regulatory requirements to assure inclusion of "medically underserved, low-income, or minority populations" (sec. 1.501(r)-3(b)(3)), as these populations represent a greater share of the population in Schenectady County than they would if diffused among the five counties of the Secondary Service Area.

Health Status of the Population

Residents of the city of Schenectady are generally less affluent and less healthy than residents of the surrounding towns, while residents of the county as a whole are similar to the rest of the state.

For example, the median household income for the city, at $47,773, is only about two-thirds that of the county as a whole ($66,488), which is below that of the State ($71,117). The poverty rate in the city (20.1%) is nearly 40% higher than that of the county as a whole (10.9%). State Health Department data (2016-2019) show that hospitalizations for conditions which could have been treated in the community range as high as 265.5 per 10,000 in certain city neighborhoods but are as low as 75.8 per 10,000 in the suburbs and rural towns. In one dramatic disparity confirmed by more recent (2016-2019) SPARCS hospital discharge data, emergency department visits for asthma range from 143.2/10,000 in the city's Hamilton Hill neighborhood (12307) to 24.2/10,000 in the nearby suburb of Niskayuna (12309).

Overall, Schenectady County residents are slightly more likely than the average New York State resident to have health insurance, to see a doctor, and to see a dentist (see Figure 3). The vast majority of primary medical care and dental care for low-income residents is provided by the Hometown Health Centers FQHC. Hometown Health Centers has achieved recognition by the National Committee for Quality Assurance (NCQA) as Patient-Centered Medical Homes (PCMH).

	Schenectady County	**New York State**
Adults 18-64 with health insurance (2019)	94.2%	92.5%
Adults with regular health care provider (age-adjusted, 2018)	85%	82%
Adults who visited dentist w/in 1 year (age-adjusted, 2013-14)	76.1%	71.6%
Figure 3: Schenectady County and State Health Insurance and Health Access Measures Source: HCD, 2022 Capital Region Community Health Needs Assessment		

Other descriptors of the health status of Schenectady's population come as comparisons with state-wide rates as calculated by HCD in the 2022 Capital Region Community Health Needs Assessment. As noted, comparisons are made to the "NYS excl. NYC" rate, which covers the 57 counties (upstate and Long Island) that do not constitute New York City. The statistics cited below are from the 2022 Capital Region Community Health Needs Assessment written by Healthy Capital District.

Chronic Disease

- Schenectady County's 2018 age-adjusted prevalence of adults with current asthma (15.9%), was the highest in the region, up from 11.2% in 2016, and was higher than the NYS, excl. NYC rate (10.8%).
- The 2016-18 age-adjusted asthma hospitalization rates were 2.9 times higher among Black non-Hispanic residents (12.6/10,000), and 1.6 times higher among Hispanic residents (7.0), than white non-Hispanic residents (4.3); lower ratios than in NYS, excl. NYC.
- The City/Stockade (140.4/10,000) and Hamilton Hill (195.4) neighborhoods had 3.2 and 4.6 times higher 2014-18 age-adjusted asthma ED rates than NYS excl. NYC (42.8).

- Schenectady County's 2018 adult smoking rate (11.6%) was the region's lowest, was below NYS, excl. NYC (13.9%), decreased from 18.4% in 2016, but did not meet the Prevention Agenda 2024 objective (11.0%).
- The 2015-17 age-adjusted lung cancer incidence (72.4) and mortality (39.0) rates, per 100,000, were higher than NYS, excl. NYC (66.1; 37.4).
- The 2015-17 age-adjusted lung cancer incidence increased (from 63.8) and mortality decreased (from 45.1), from 2012-14 to 2015-17.
- The 2016-18 age-adjusted COPD/CLRD hospitalization rate (25.0 per 10,000) was higher than NYS, excl. NYC (22.2).
- The 2016-18 age-adjusted COPD/CLRD mortality rate (41.1/100,000) was higher than NYS, excl. NYC (35.0) but fell by 11%, from 2013-15 to 2016-18.
- The 2016-18 age-adjusted COPD/CLRD hospitalization rates were 1.6 times higher among Black (35.9/10,000), than white, non-Hispanic residents (23.1).
- The City/Stockade (207.9/10,000) and Hamilton Hill (281.1) neighborhoods had 3.0 to 4.1 times higher 2014-18 age-adjusted COPD/CLRD ED visit rates and 2.3 (54.4 Hamilton Hill) to 2.5 times (58.6 City/Stockade) higher hospitalization rates, compared to NYS excl. NYC.
- Approximately 37,720 Schenectady adults in 2018 (33.7%) were obese, higher than NYS, excl. NYC (29.1%), and did not meet the Prevention Agenda 2024 objective (24.2%).
- Approximately 4,600 Schenectady school-aged children and adolescents (18.8%) in 2017-19 were obese, higher than NYS, excl. NYC (17.3%) and did not meet the Prevention Agenda 2024 objective (16.4%).
- Schenectady's 2018 age-adjusted adult diabetes prevalence (10.3%) was higher than NYS, excl. NYC (9.2%) and up from 9.0% in 2016.
- The 2016-18 diabetes short-term complication hospitalization rate for those aged 18+ years (6.9/10,000) was the region's highest, higher than NYS, excl. NYC (5.1), and was 3.6 times higher among Black (18.2) than white, non-Hispanic residents (5.1).
- Schenectady County had the region's highest rate of 2016-18 age-adjusted diabetes (primary diagnosis) ED visits, at 36.9 per 10,000, and 2016-18 age-adjusted diabetes mortality, at 21.2 per 100,000.
- The Hamilton Hill (40.7/10,000) and City/Stockade (32.1) neighborhoods had 2.3 to 3.0 times higher 2014-18 age-adjusted diabetes hospitalization rates and 4.0 (65.9 City/Stockade)) to 6.1 times (102.0 Hamilton Hill) higher diabetes ED visit rates, than NYS, excl. NYC.
- Schenectady County had the region's highest 2016-18 age-adjusted heart attack (16.4/10,000) and coronary heart disease (24.9) hospitalization rates.
- Schenectady County's 2016-18 age-adjusted congestive heart failure mortality (17.9 /100,000) was higher than NYS, excl. NYC, (16.7) and down from 19.4 in 2013-15.

- Schenectady County's 2016-18 age-adjusted stroke mortality (32.1 /100,000) was the region's highest, was higher than NYS, excl. NYC, (27.6), and was up from 30.6 in 2013-15.
- Schenectady's 2016-18 age-adjusted stroke hospitalization rate (26.8/10,000) was the highest in the region, and higher than NYS, excl. NYC (21.1).
- Schenectady County's 2015-17 age-adjusted colorectal cancer incidence rate (35.8/100,000) and mortality rate (9.5/100,000) were lower than NYS, excl. NYC (38.6 and 11.9).
- Schenectady County's 2018 colorectal cancer screening rate (68.9%) was higher than NYS, excl. NYC (66.5%) and met the Prevention Agenda 2024 objective of 66.3%.
- Schenectady County's 2015-17 age-adjusted female breast cancer incidence (153/100,000), late-stage incidence (52.8/100,000) and mortality (19.2/100,000) rates were all higher than NYS, excl. NYC (140, 42.1, and 18.3).
- Schenectady County's 2018 female breast cancer screening rate among women 50 to 74 years of age (80.1%) was similar to NYS, excl. NYC, (80.9%).

Healthy and Safe Environment

- Schenectady County's 2016-18 incidence rate of elevated blood lead levels (≥10 µg/dl), 9.1 per 1,000 tested children under 6 years of age, was 1.4 times higher than NYS, excl. NYC (6.5).
- Schenectady County's lead screening rates of one screen for children aged 9-17 months (80.1%) and two screens at 36 months (62.2%) were higher than NYS, excl. NYC, (71.8% and 56.7%) and had increased from 2 years prior.
- In 2020, Schenectady County had the region's highest percentage (10.4%) of school drinking water outlets that exceeded the lead action limit of 15 µg/L, which was higher than NYS, excl. NYC (8.0%).
- Schenectady County had the region's highest 2014-18 age-adjusted ED visit rates due to motor vehicle accidents (84.2/10,000), higher than NYS, excl. NYC (77.4); the hospitalization rate of 6.7/10,000 was also higher than NYS, excl. NYC (5.9).
- Schenectady's 2014-18 falls among adults 65 years and older ED visit rate (453.2/10,000) was the highest in the region' and higher than NYS, excl. NYC (434.5).
- Schenectady had the region's highest 2014-18 age-adjusted assault-related ED visit rate (61.4/10,000), about twice as high as NYS, excl. NYC (34.4).
- Schenectady's 2016-18 age-adjusted, assault-related hospitalization rate (3.5/10,000) was higher than NYS, excl. NYC (2.2) and did not meet the Prevention Agenda 2024 objective (3.0).

Healthy Women, Infants, and Children

- The county's 2016-18 infant mortality rate of 6.9 per 1,000 births was higher than NYS, excl. NYC (4.9) and did not meet the Prevention Agenda 2024 objective (4.0).

- The Hamilton Hill neighborhood's 2016-18 neonatal mortality rate, at 11.0 per 1,000 births, was 3.3 times higher than NYS, excl. NYC (3.3 per 1,000 births).
- The City/Stockade neighborhood's 2016-18 infant mortality rate, at 17.5 per 1,000 births, was 3.6 times higher than NYS, excl. NYC (4.9 per 1,000 births) and the highest in the Capital Region.
- For 2016-18, Schenectady County had a higher rate (5.4%) of late or no prenatal care than NYS, excl. NYC, (4.3%).
- Schenectady's 2016-18 percentage of births that were premature (<37 weeks gest.) of 9.5% was higher than NYS, excl. NYC (9.0%), and did not meet the Prevention Agenda 2024 objective (8.3%).
- Schenectady County had the region's highest rate of 2016-18 low birthweight births (< 2.5 kg) at 9.3% and higher than NYS, excl. NYC (7.7%).
- Schenectady's 2016-18 teen pregnancy rate of (38.1 per 1,000 females aged 15-19 years) was twice as high as NYS, excl. NYC, (18.9) but decreased by 43% from 2009 to 2018.
- The Hamilton Hill neighborhood's 2016-18 teen pregnancy rate (119 per 1,000 females aged 15-19 years) was 6.3 times higher than NYS, excl. NYC (18.9) was the Region's highest, but fell by 45% from 2007-09 to 2016-18.
- Schenectady's 2016-18 percentage of infants who exclusively breastfed in the hospital (52.8%) was the lowest in the region but met the Prevention Agenda 2024 objective (51.6%).

Mental Health and Substance Misuse

- Schenectady County had the region's highest rates of 2014-18 age-adjusted ED visits (239.5/10,000) and hospitalizations (108.1) due to mental health disorders (primary diagnosis), both rates about 50% higher than NYS, excl. NYC (156.7, 72.3)
- The Hamilton Hill (598.5/10,000) and City/Stockade (577.0) neighborhoods had the region's second and third highest 2014-18 age-adjusted ED visit rates and first and second highest hospitalization rates (City/Stockade 276.3, Hamilton Hill 247.6), due to mental health disorders (primary diagnosis), each about 3.4 to 3.8 times higher than NYS, excl. NYC.
- Schenectady's 2018 age-adjusted % of adults reporting frequent mental distress in the past month of 13.0% was higher than NYS, excl. NYC (11.8%) and did not meet the Prevention Agenda 2024 objective (10.7%).
- Schenectady's 2016-18 age-adjusted suicide mortality rate of 10.2 per 100,000 was slightly higher than NYS, excl. NYC (9.9) and did not meet the Prevention Agenda 2024 objective (7.0).
- Schenectady County had the region's highest 2014-18 age-adjusted rate of hospitalizations (5.3), and the second highest rate of ED visits (9.8), per 10,000, due to self-inflicted injuries, both 61-74% higher than NYS, excl. NYC (3.3, 5.6).

- City/Stockade and Hamilton Hill had the region's first and fourth highest rates of 2014-18 age-adjusted self-inflicted injuries hospitalizations (13.1 and 9.0/10,000), which were 2.7 to 4.0 times higher than NYS, excl. NYC (3.3/10,000).
- Hamilton Hill and City/Stockade had the region's second and fourth highest rates of 2014-18 age-adjusted ED visits due to self-inflicted injuries (21.5 and 19.1/10,000), which were 3.4 to 3.8 times higher than NYS, excl. NYC (5.6/10,000).
- Schenectady County had the region's third highest 2016-18 age-adjusted opioid overdose mortality rate (19.7/100,000), which was equal to NYS, excl. NYC, (19.7), was 3.5 times higher than in 2013-15 (5.7) and did not meet the Prevention Agenda 2024 objective (14.3).
- Schenectady's 2017-19 age-adjusted rate for opioid analgesic prescriptions for pain (445/1000) was higher than NYS, excl. NYC (413) and did not meet the Prevention Agenda 2024 objective (350).
- The Hamilton Hill and City/Stockade neighborhoods had the region's third and fourth highest 2014-18 age-adjusted rates, per 10,000, of ED visits (332.1 and 285.2) and hospitalizations (120.8 and 119.1) due to drug use, which were each 3.6 to 4.6 times higher than NYS, excl. NYC (72.7 and 33.1).

Infectious Disease

- From January 12, 2021, to January 11, 2022, Schenectady County had the region's second highest rates of COVID-19 test positivity (123.0/1,000) and mortality (108.1/100,000); the positivity rate was lower than NYS, excl. NYC (146.1), but mortality was higher (94.4).
- Schenectady's 2016-18 age-adjusted HIV case rate of 8.4 per 100,000 was higher than NYS, excl. NYC (6.1) and did not meet the Prevention Agenda 2024 objective (5.2).
- Schenectady County's 2016-18 age-adjusted gonorrhea diagnosis rate of 191.1/100,000: was the region's highest, was higher than NYS, excl. NYC, (101.0), and nearly doubled from 99.5 in 2013-15.
- Schenectady County's 2016-18 age-adjusted chlamydia diagnosis rate of 580/100,000: was the region's highest, was higher than NYS, excl. NYC, (420), and increased by 13% from 515 in 2013-15.
- Schenectady County's 2016-18 age-adjusted early syphilis diagnosis rate of 14.7/100,000: was the region's second highest, was higher than NYS, excl. NYC, (10.5), and increased by 67% from 8.8 in 2013-15.

Current Data and Changes Over Time

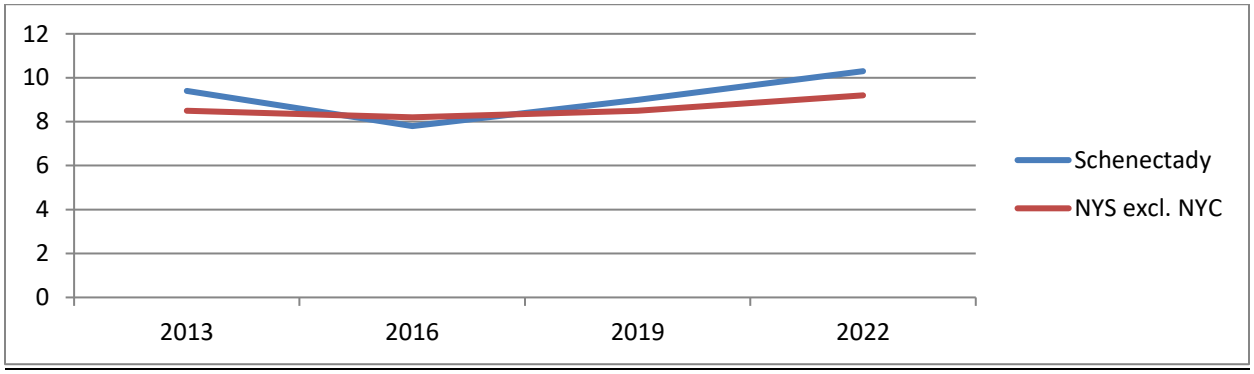
Data on the significant Prevention Agenda Priority Area elements have been collected over time by Healthy Capital District and incorporated into the 2013, 2016, 2019 and 2022 Community Health Needs Assessment reports. Multiple data sources are used, and all have varying amounts of lag time between

occurrence and publication. Typically, the most "current" data are two to three years old, with small area data being averaged over multiple years. The time lag between implementation of an intervention and the reporting of impacted measures reflects a weakness of all health data reporting.

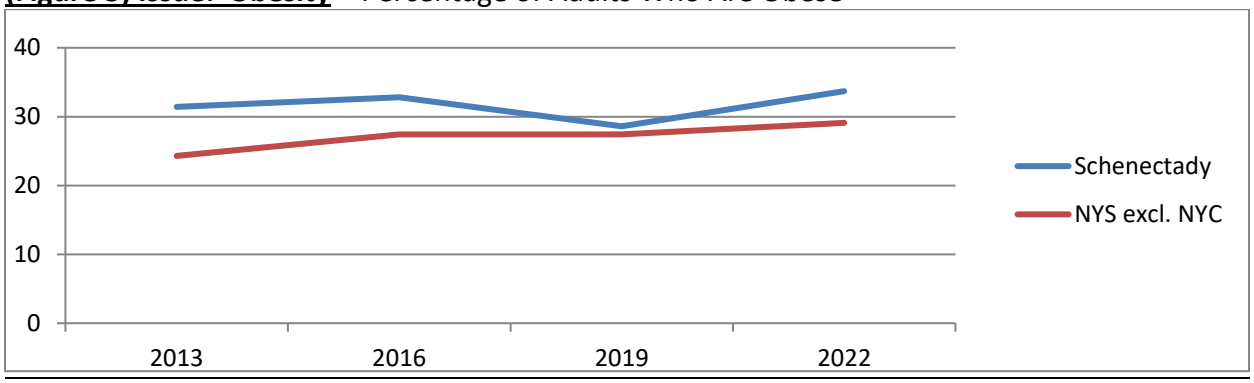
Although many measures have been refined and modified through the years, certain basic measures are available for comparison over time. Examples of these are shown below in basic graphic format covering the ten selected Schenectady-specific Prevention Agenda focus areas. COVID-19 was one of the focus areas but there is no historical data to share about it from previous cycles. (See section "Identification of Prevention Agenda Priority Areas") for information on the selection methodology and process.) Unless otherwise noted, data are taken from the Healthy Capital District CHNA documents and are shown by the year of the CHNA in which they were reported (2013, 2016, 2019, 2022), not the actual year of data collection.

Prevention Agenda Priority Area: Prevent Chronic Diseases

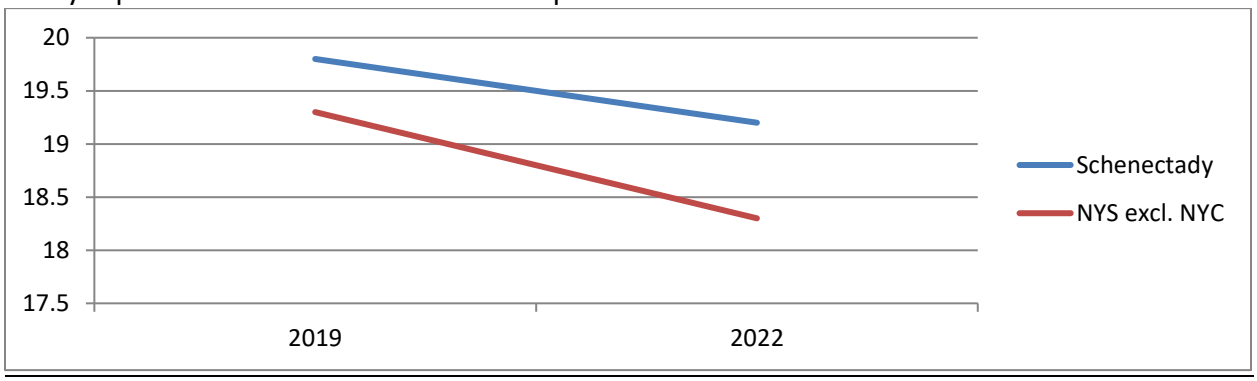
(Figure 4) Issue: Diabetes – Age-adjusted Percentage of Adults Who Have Diabetes



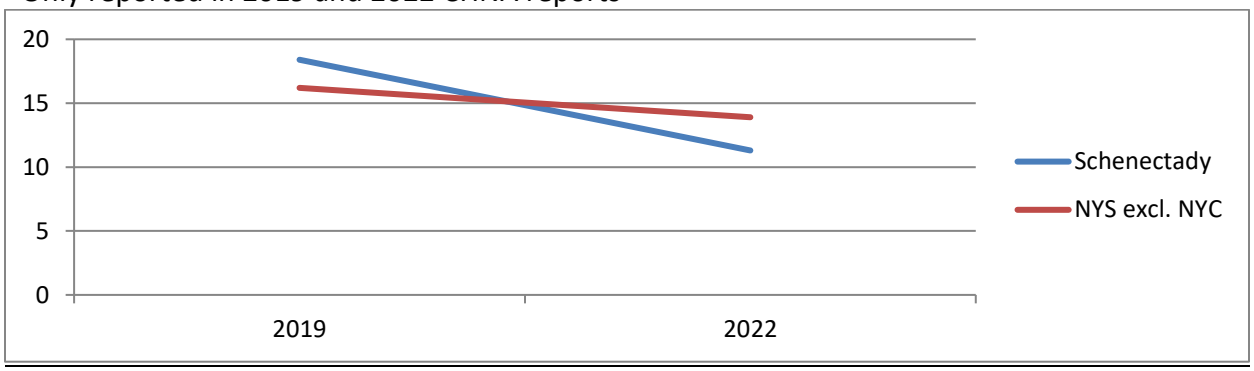
(Figure 5) Issue: Obesity – Percentage of Adults Who Are Obese



(Figure 6) Issue: Breast Cancer – Age-adjusted female breast cancer mortality rate per 100,000
*Only reported in 2019 and 2022 CHNA reports

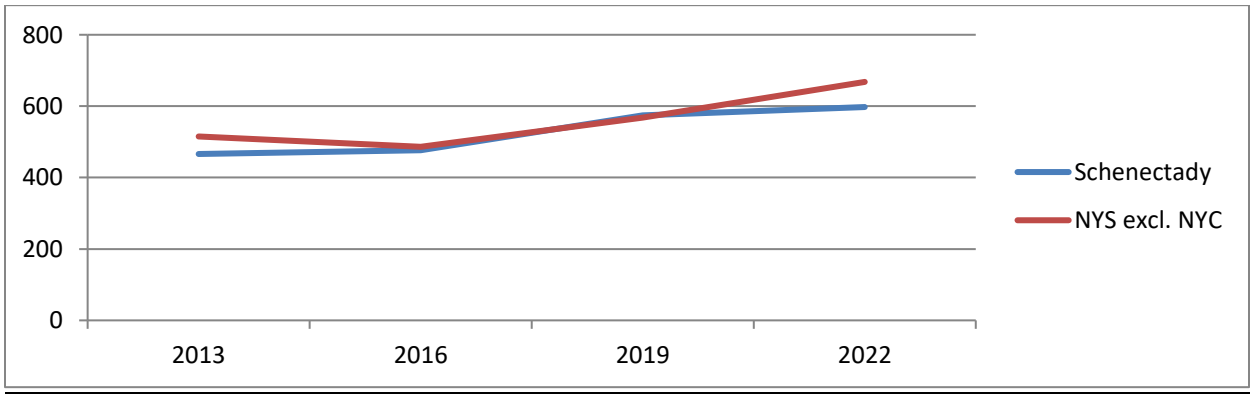


(Figure 7) Issue: Tobacco Use – Percentage of Adults Who Currently Smoke
*Only reported in 2019 and 2022 CHNA reports

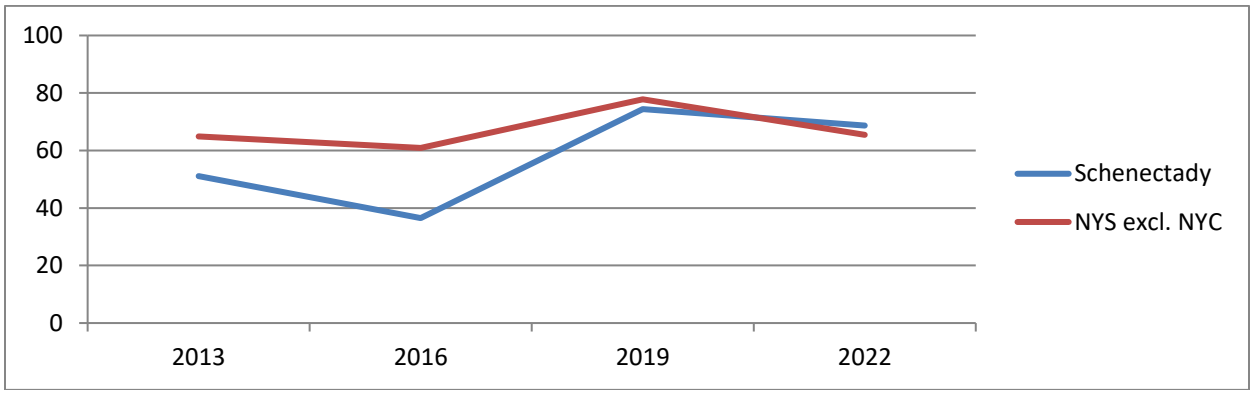


Prevention Agenda Priority Area: Prevent Infectious/Communicable Diseases

(Figure 8) Issue: HIV and STDs – Age-adjusted Chlamydia diagnosis per 100,000 Women

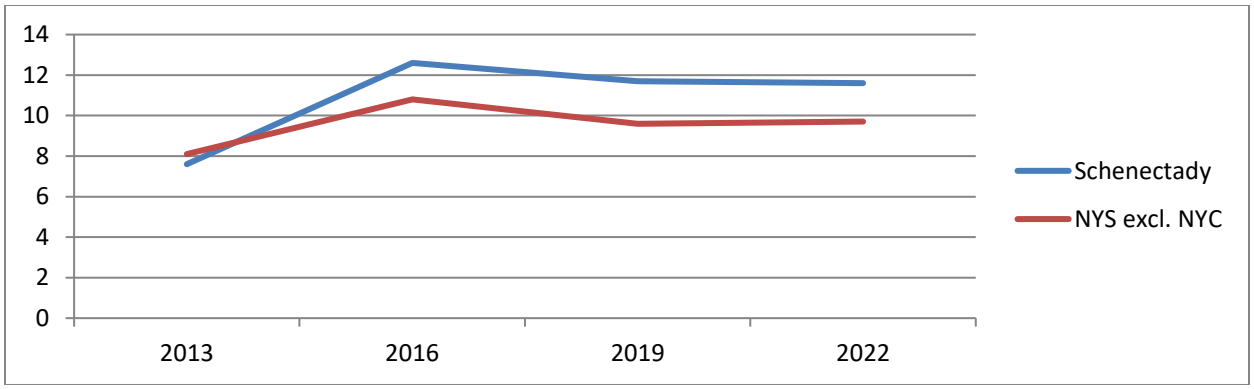


(Figure 9) Issue: Lyme Disease - Rate of Lyme Disease per 100,000 population

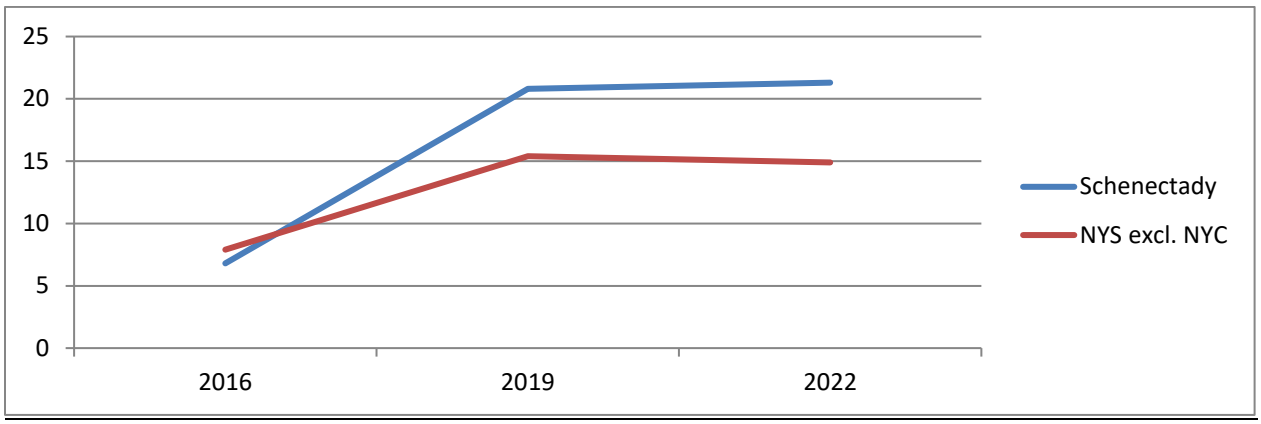


Prevention Agenda Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders

(Figure 10) Issue: Mental Diseases and Suicide – Age-adjusted Suicide Mortality Rate per 100,000

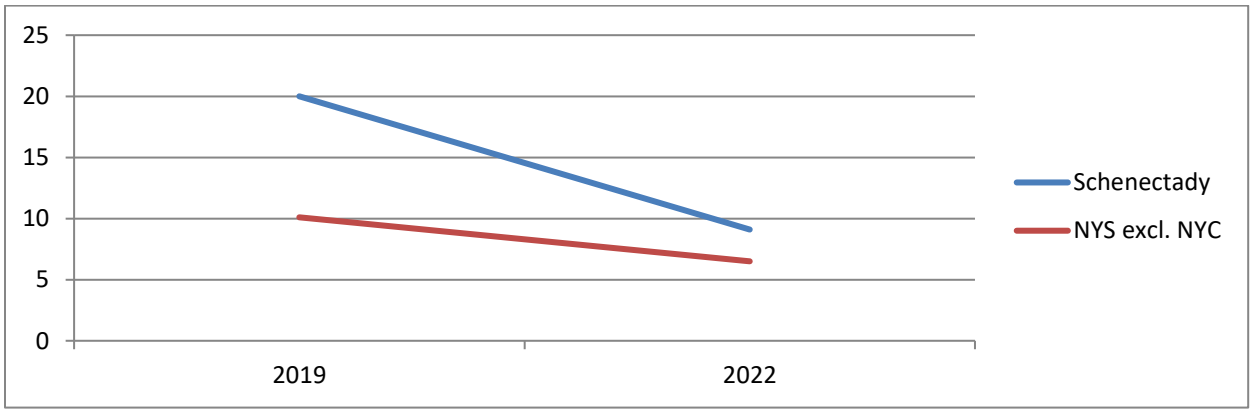


(Figure 11) Issue: Substance Use – Age-adjusted overdose deaths involving any opioids per 100,000 *data from 2013 is unstable due to small numbers



Prevention Agenda Priority Area: Promote a Healthy and Safe Environment

(Figure 12) Issue: Childhood Lead Exposure – Incidence of Confirmed High Blood Lead Level (≥10 µg/dl) per 1,000 Tested Children under 6 years old
*Only reported in 2019 and 2022 CHNA reports



Main Health Challenges Facing Schenectady

Information regarding Schenectady County's behavioral, environmental, and socioeconomic risk factors is available from several sources; two of the most prominent being the United States Census Bureau's American Community Survey (ACS) and the New York State Health Department's Expanded Behavior Risk Factor Surveillance System (eBRFSS).

Schenectady County is a fairly typical example of an older industrial city surrounded by suburbs and rural areas. Some data appear to be compressed as the county's small geographic size means that urban factors account for a relatively greater share of countywide measures.

Behavioral Risk Factors

(Source: eBRFSS)

- The percent of adults who are obese is higher in Schenectady County (33.7%) than in the Capital Region (29.6%) or New York State as a whole (29.1%). Schenectady County has the highest low-income obesity rate in the Capital Region (54.2%).
- The percent of adults who are current smokers is lower in Schenectady than in the Capital Region and New York State as a whole.
- The percent of cigarette smoking among adults with low-income is lower in Schenectady (21.8%) than in the Capital Region (29%) or New York State as a whole (24.8%), but still higher than the Prevention Agenda goal of 15.3%.

Environmental Risk Factors

(Sources: ACS and eBRFSS)

- Schenectady County has a higher incidence of confirmed high blood lead levels in children (9.1 per 1,000) than the Capital Region (8.7 per 1,000) and New York State as a whole (6.5 per 1,000).
- Schenectady County is the only county in the Capital Region with a higher rate of school drinking water outlets that exceed the lead action limit of 15 µg/L. It is also higher than New York State as a whole.
- Schenectady County has the highest age-adjusted assault-related ED visits in the Capital Region and higher than New York State as a whole.
- 19.4% of housing units in Schenectady County meet the definition of substandard, which is lower than the Capital Region and New York State as a whole.
- 10% of people in Schenectady County do not have access to a reliable source of food. This is lower than New York State, but higher than the Capital Region.
- Schenectady County has the most population density per square mile in the Capital Region.

Socioeconomic Risk Factors

(Source: ACS and eBRFSS)

- The percentage of adults who did not receive needed medical care because of cost is higher in Schenectady than in the Capital Region and New York State.

- There have been decreases in the percentage of population without high school completion, as well as an increase in college attainment since 2010.
- Compared to the other counties in the Capital Region, Schenectady County is more racially/ethnically diverse, as well as more impoverished.

Policy Environment

(Source: NYSDOH)

- Schenectady County is the only county in the Capital Region where all residents live in a Certified Climate Smart Community.

Unique Characteristics of Schenectady

A significant minority population in the City of Schenectady is comprised of Guyanese people of South Asian and African descent. The result of secondary migration from New York City promoted by a previous mayor, along with primary migration from Guyana, the influx is credited with reversing years of population decline in the city. Schenectady County Public Health Services led multiple initiatives to identify and address health disparities experience by this population. In particular, research conducted by physicians at Ellis Medicine revealing an unexpected prevalence of diabetes among non-obese Guyanese males of South Asian descent is the subject of journal articles (see for example: Hosler, Pratt, Sen, Buckenmeyer, Simao, Back, Savadatti, Kahn, and Hunt, "High Prevalence of Diabetes Among Indo-Guyanese Adults, Schenectady, New York," Preventing Chronic Disease 2013; 10:120211).

Existing Assets and Resources

Schenectady County is a resource-rich community with many organizations, committed to addressing social needs and inequities and providing opportunities for engagement. Residents of the county are also involved in the community in many ways including developing, promoting and participating in many of the resources/programs that are available.

Access to Healthcare Services in Schenectady County

Schenectady County Public Health Services

The mission of Schenectady County Public Health Services (SCPHS) is to support, protect and improve the health of our community.

SCPHS was officially organized as a full-service county-wide health department in January 1991. SCPHS is organized into three main divisions: Family Health, Community Health, and Environmental Health. As a full-service public health department, SCPHS is engaged in a broad range of public health services and policy interventions.

The Family Health division provides maternal and child health services including the Women, Infants and Children (WIC) supplemental nutrition program, Early Intervention serving children 0-3, and the pre-school education program serving children 3-5. Additionally, SCPHS operates a nationally credentialed Healthy Families America model program called Healthy Schenectady Families.

The Community Health division consists of the Office of Community Services, the communicable disease program, the emergency preparedness program, and the Medical Examiner. A school-based dental outreach program is subcontracted to the local FQHC and provides dental screening, cleaning, and sealant application. STD services are subcontracted to Hometown Health Center and completed in their clinic.

The Office of Community Services plans, oversees and coordinates services for individuals and families with mental health needs, substance use disorders and developmental disabilities who reside in Schenectady County. The mission of the office is to ensure that persons with mental health needs, substance use, and developmental disabilities are provided a full range of services that promote stabilization, rehabilitation and recovery for the purpose of enhancing or improving their lives. The Office of Community Services contracts with a network of community providers who offer comprehensive services across disability groups which include mental health, substance use, and intellectual and developmental disabilities for the citizens of Schenectady County. The office operates the county's adult and children's Single Point of Access (SPOA) and Assisted Outpatient Treatment (AOT) programs, as well as the county's Opioid Overdose Prevention Program (OOP).

The Environmental Health Unit conducts multiple programs including, regulatory activities related to restaurant inspections, lead-safe housing, water safety and sanitation, rabies, and indoor air quality.

Ellis Medicine

The mission of Ellis Medicine (d/b/a Ellis Hospital) is: "To meet the health and wellness needs of our community with excellence." Prior to 2012, the Mission Statement had been: "To meet the healthcare needs of our community with excellence."

Ellis provides a full array of acute and long-term physical and mental health services to people throughout the region, participating fully in Medicare, Medicaid, commercial, and Exchange insurances and providing Financial Assistance for uninsured, low-income individuals. Eligible Ellis locations have been designated as National Health Service Corps practice sites.

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

Ellis is comprised of five health care campuses (Ellis Hospital (general hospital and 24/7 Emergency Department), Ellis McClellan Street Health Center (primary care and outpatient services), Ellis State Street Health Center (outpatient mental health), Bellevue Woman's Care Center (women's specialty care including maternity and Special Care Nursery), and Medical Center of Clifton Park (urgent care and

outpatient services); six primary care practices (Schenectady (4 of which include pediatric), Glenville, and Clifton Park); an 82-bed skilled nursing facility; outpatient and inpatient mental health services for adults, children, and adolescents; a family medicine residency program; the Belanger School of Nursing; and several specialized services including specialty practices and blood draw stations.

St. Peter's Health Partners; Sunnyview Rehabilitation Hospital

Sunnyview Rehabilitation Hospital is a 115-bed hospital specializing in physical rehabilitation located in Schenectady. Founded in 1928, Sunnyview has come a long way from a 10-bed home for disabled children to a prestigious rehabilitation hospital nationally recognized and accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF). CARF accreditation has been received for the Comprehensive Integrated Inpatient Rehabilitation Program (CIIRP), Brain Injury and Stroke Specialty Programs. Sunnyview' s Neuro-Rehab Institute treats patients with a wide range of neurological conditions, including stroke, traumatic brain injury and spinal cord injury. Sunnyview' s expert staff is devoted to enhancing the delivery of personalized, comprehensive state-of-the-art rehabilitation treatment through coordinated patient care, education, and research and outreach activities. Sunnyview Rehabilitation Hospital is accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF) and holds CARF accreditations in:

- Comprehensive Integrated Inpatient Rehabilitation Program for adults,
- Inpatient Brain Injury Specialty Programs for adults, as well as children and adolescents,
- Interdisciplinary Outpatient Brain Injury Specialty Program for adults, as well as children and adolescents,
- Inpatient Stroke Specialty Program for adults, and
- Inpatient Amputation Specialty Program for adults.

Sunnyview is a member of St. Peter's Health Partners which provides a full continuum of care across six counties in upstate New York.

Alliance for Positive Health: Care coordination for people with chronic diseases including HIV/AIDS, diabetes, hypertension, heart disease, obesity, serious mental illness and asthma.

Capital District Center for Independence: The Capital District Center for Independence provides peer counseling, information and referrals on housing and accessibility, employment, SNAP, TA, Medicaid, and Social Security benefits to disabled consumers by staff who also have disabilities

CDPHP Health Plan: Access and Triage 24-hour telephonic behavioral health assessment, triage and referral services for CDPHP members. Services including inpatient mental health, inpatient detox and substance abuse rehab, ambulatory opioid detox, partial hospital and intensive outpatient, outpatient mental health and substance use.

Fidelis Care: Fidelis Care offers the Children's Health and Behavioral Health Program for Medicaid Managed Care members under the age of 21. This enhanced Medicaid Managed Care benefit package

offers a wide range of children and family treatment support services and children's home and community-based services for qualifying members and their caregivers.

Hometown Health Centers: Since 2012, Hometown Health Centers has offered a comprehensive Behavioral Health program, providing counseling, support services, substance use and HIV counseling to established patients. The Psychiatrist and Licensed Social Worker (LMSW) offer behavioral health services to children (over the age of five) and adults.

MVP Healthcare: Offers coverage of behavioral health programs and case management support for subscribers.

Planned Parenthood: Offers screenings for both depression and anxiety, referrals to therapy and medication management for people 18 years and older. Community Education programs that include linkages between victimization and substance abuse. Crisis counseling for victims of sexual assault and intimate partner violence.

Mental Health and Substance Use Disorder Prevention and Treatment

The American Foundation for Suicide Prevention: Addresses the public health issue of suicide by educating about suicide and suicide prevention. Hosts a support group for suicide loss.

Capital Counseling: Covers a wide variety of counseling topics. Accepts Medicaid/Medicare/Fidelis.

Capital District Tobacco Free Communities; St. Peter's Health Partners: Provides assistance to Behavioral Health agencies in Albany, Rensselaer and Schenectady counties to support tobacco-free living by making their property tobacco-free.

Catholic Charities Project Safe Point: Serves individuals from a Harm Reduction Perspective. Providing non-judgmental person-centered care. Long standing community case management provider. Provides harm reduction services including but not limited to; overdose prevention (including naloxone), treatment readiness assessments and referrals to treatment if appropriate, syringe exchange, HIV and Hepatitis C Screening. Fentanyl test strips are also available through this program.

Conifer Park Inpatient and Outpatient Services: In-patient and outpatient services for individuals seeking addiction recovery and support.

CHAMP (Community Health Access to Addiction and Mental Healthcare Project) - A program through OASAS and OMH that supports and advocates for individuals who are having difficulty getting their needs met through the mental health or substance use systems.

Ellis Medicine Mental Health Services: Ellis Medicine offers emergency, inpatient, and outpatient psychiatric care. They also operate a crisis information and referral hotline open 24/7. In addition to the inpatient adult and adolescent inpatient units and crisis stabilization units at the Nott Street campus, Ellis recently opened an out-patient mental health facility providing adult, PROS, and child and adolescent mental health services.

Ellis Medicine Outpatient Mental Health - The Living Room - Crisis Diversion Services: The Living Room program is a partnership between Ellis Medicine and Rehabilitation Support Services (RSS), offering

adults, 18+, walk-in services, located within the Ellis State Street Health Center at 1023 State Street. The Living Room is a safe place for guests facing mental health crises to seek help as an alternative to the Emergency Department. It is staffed by a Licensed Clinical Social Worker, Care Manager and Peer Specialist.

Hometown Health Centers - Offering health services, Certified Recovery Peer Advocated (CRPA's), Medication Assisted Treatment (MAT), Outpatient Substance Use Disorder services, and nursing staff and SUD OP staff trained in SBIRT (Screening, Brief Intervention and Referral to Treatment), helping with early intervention and treatment for those with a substance use disorder.

Mohawk Opportunities, Inc – A behavioral health agency that provides various levels of housing and case management to individuals who have mental health needs, as well as the ACT (Assertive Community Treatment) program.

New Choices Recovery Center: Clinical outpatient and residential services for individuals with substance use disorder and co-occurring disorders. The agency also offers medication Assisted Treatment (MAT), COTI Project, Tele-Medicine, Friends of Recovery, and Family Support (CRAFT Program) available for adults struggling with addiction. New Choices Recovery Center also has a prevention program that serves youth and provides a best practice Strengthening Families program.

Northern Rivers Behavioral Health Services: A community-based system of social work and psychiatric services designed to support the diverse range of behavioral health needs for children, adults, and families while providing opportunities for awareness, growth, empowerment, and healing. Services include behavioral health centers, mobile crisis and school-based behavioral health.

Northern Rivers Mobile Crisis Services: Services include- **c**onsultation and information, clinical assessment, crisis intervention and stabilization, referrals and linkages to ongoing community resources, follow-up case management, family or peer advocacy and support

Peter Young Support Program: Provides case management, employment, housing, and substance use counseling.

Project COAST - (Coordinated Opioid and Stimulant Treatment): This is 24/7 same day access program to MAT for individuals that use opioids. The contact number for this program is: 866-518-4991.

Rehabilitation Support Services (RSS)- A behavioral health agency that provides various levels of housing and case management to individuals who have mental health needs.

Samaritan Counseling Center: Offers individual, couples, and family counseling.

The Schenectady Cares Program at the Schenectady Police Department- 24/7, walk-in program which helps individuals connect with substance use services throughout the region. 518-630-0911.

Schenectady Mental Health Associates: Offers individual, couples, marital, and family counseling. Accepts most insurance.

Schenectady County Substance Use and Overdose Coalition: Goals of this coalition include; increasing peer and community stakeholder membership, as well as obtaining guest speakers to promote awareness of subject matters pertaining to substance use and overdose.

Soldier On: Provides veterans who are homeless with emergency and transitional housing, case management, medical and mental health services, substance abuse treatment, and peer support.

St. Peter's Addiction Recovery Center (SPARC) Rotterdam: Outpatient clinical substance use services; including cognitive behavioral therapy, education, medication-assisted treatment and special programs for professionals, which provides support and encouragement from peers

St. Joseph's Addiction Treatment and Recovery Centers - Open Access Center on-call line available 24/7 with peers and clinical staff including QHP and Licensed staff on call to assist in times of need. Offers case management services, as well as housing for individuals in recovery from substance use is available in Schenectady.

St. Peter's Health Partners Health Home – The hub of the adult health home. Provides care management to individuals with behavioral health needs.

Housing

Bethesda House of Schenectady: Services include an adult clothing room (one visit per month), free laundry services, showers, housing assistance (help finding apartments, assistance with security deposit and eviction prevention), National Grid Assistance, nutrition education, HIV/AIDS testing, veteran's resource center, free community meals, food pantry, and support groups.

City Mission of Schenectady: Bridges to Freedom is City Mission's one year discipleship and recovery program. Programs also exist for individuals attempting to re-enter society after time in jail or prison.

Schenectady Community Action Program: Organization that can assist with multiple challenges. Offers homelessness intervention by assisting individuals in finding permanent housing and preventing evictions. Offers housing at the Sojourn House for women with children or who are pregnant. Participates in Rapid Rehousing program (involves case management and rent assistance). Also runs the Shelter Plus Care program, which assists with housing for homeless individuals with a mental health diagnosis, HIV/AIDS, or a substance issue). Gives clothing vouchers for the City Mission Clothing Room. Free income tax preparation available. Also assists with multiple kinds of applications (SNAP, HEAP, etc.)

Schenectady County ARC: Schenectady ARC offers Article 28 Clinic and an Article 16 clinical services, day services, employment services, and residential services for individuals with an intellectual or developmental disability.

YMCA: Provides housing for veterans and individuals with mental health or behavioral health needs, as well as individuals experiencing homelessness.

YWCA: Provides domestic violence shelter, advocacy, housing programs, and early learning centers.

Food and Nutrition

Concerned for the Hungry: Coalition of food pantries in Schenectady County that supports food distribution events including the Thanksgiving and Christmas programs in Schenectady. CFH administers Emergency Food and Shelter funding to food panties in the county.

Cornell Cooperative Extension of Schenectady: Providing education and programing on topics such as commercial and consumer agriculture; nutrition and health; youth and families; finances; energy efficiency; economic and community development; and sustainable natural resources.

Ellis Food Farmacy: The Food Farmacy serves Medicaid-eligible patients referred by Ellis for reasons such as limited access to nutritious food and limited understand of what good nutrition entails. It provides up to three days' worth of fresh produce and other nutritious food to people who need it.

The Food Pantries for the Capital Region: Coalition of more than 65 food pantries in Albany, Rensselaer, Saratoga, and Schenectady Counties working together to feed the hungry.

Schenectady Community Ministries: SiCM is the largest food pantry in Schenectady County and provides summer meals as well as has a community garden.

Youth Services

Schenectady County Job Training Agency: Provides universal access to the community to promote self-sustainability and economic growth through a skilled, quality workforce.

Social Enterprise and Training Center: SEAT exists to work alongside underrepresented young people to create a SEAT at the table in their community. Students are trained for in demand careers and careers of the future.

Young Parents United: The program promotes positive change among adolescent parents through empowerment, education and practical tools in order to break destructive cycles enhancing success for teen parents and their children.

Family and Child Service of Schenectady: Offers Medicaid service coordination, family/caregiver support services, family therapy, a yearlong employment program, the homemaker program (long term care assistance – house cleaning, medication management, etc.), and counseling services.

Boys & Girls Club of Schenectady: Partners with youth, parents, schools and other community stakeholders to implement at least one of three approaches: academic enrichment and school engagement; targeted dropout prevention; and intensive intervention and case management.

SAFE Inc. of Schenectady: Works with youth 16-20 providing the following: Crisis Intervention, emergency shelter, individual and/or family counseling, peer support groups, medical services, drug/alcohol counseling, GED Classes/school enrollment, vocational training, job placement, housing assistance

Academia

SUNY Schenectady: The College is part of the State University of New York (SUNY) system and emphasizes high-quality academic programs, broad access for students, and responsiveness to the needs of the community. Its mission is driven to empower every student in their pursuit of lifelong success with a vision to inspire every student's success through equitable practices, innovative education, and community engagement.

Union College: The college is a small, residential, independent liberal arts college committed to integrating the arts, humanities and social sciences with science and engineering in new and exciting ways. Its mission is to provide a rigorous, holistic, and immersive liberal education that emphasizes integration, innovation, inclusion and reflection for every student.

Transportation

Capital District Transportation Committee: Is the designated Metropolitan Planning Organization (MPO) for the Albany-Schenectady-Troy and Saratoga Springs metropolitan areas. MPOs develop solutions to regional transportation problems and address other important issues such as land use, air quality, energy, economic development, commerce, and quality of life.

Actions Taken by Hospital to Address Significant Health Needs from Prior Community Health Assessments

Schenectady's 2013 Community Health Needs Assessment identified fifteen health needs. The 2016 CHNA focused more specifically on two health needs: 1) Chronic Disease (Obesity and Diabetes) and 2) Mental Health (Suicide and Mental/Emotional/Behavioral (MEB) Infrastructure). The 2016 CHNA, however, continued to identify all fifteen (later consolidated to fourteen through combination of the interconnected Obesity/Diabetes and Food Insecurity topics) health needs from 2013 as remaining in need of attention. The 2019 CHNA identified 13 health needs, including the following newly identified needs: cardiovascular disease, kidney disease, sexually transmitted infections, perinatal and infant health, prenatal care, and unintended pregnancy.

During 2013 through 2022, Ellis Hospital, Sunnyview Rehabilitation Hospital, Schenectady County Public Health Services, and their community partners took actions to address such needs, commensurate with the priority of each need and the availability of resources. Actions included the following:

Chronic Disease – Obesity and Diabetes:

- Ellis embarked on a two-pronged approach to issues of diabetes and obesity: 1) specific diabetes education programs were developed and delivered in the community and 2) weight loss and physical exercise programs were implemented for varying target groups.
- Ellis and partners piloted the "Learn to Live Well" diabetes program for parishioners and community members at the Zion Lutheran Church; the four-session curriculum included a presentation by Ellis certified diabetes educators.

- Ellis staff met with representatives from the City Mission and the local Hindu Temple to explore diabetes programming through their organizations.
- In 2014, Schenectady County Public Health Services received a "Partnerships to Improve Community Health" (PICH) grant which supported increased screening for diabetes in high-risk populations. Ellis was a subcontractor under the grant.
- The PICH grant also supported training of Ellis Diabetes Care staff as Lifestyle Coaches for the National Diabetes Prevention Program (DPP), which is offered at Ellis Medicine locations starting in October 2016. In late 2018, the Ellis DDP program received recognition from the Centers for Disease Control (CDC).
- An embedded Diabetes Care Manager was placed at Ellis Family Health Center as part of the PICH grant to work on policies and systems related to diabetes management in a primary care setting, including referrals to the Diabetes Self-Management Education program.
- With assistance from Ellis Medicine IT staff, a registry of patients with diabetes was developed for Ellis Family Health Center to facilitate improved care.
- Ellis staff and local college students met with neighborhood associations to conduct a community asset mapping; this inventory is to be used to assess the viability of a city-wide physical activity program.
- Ellis held a physical activity Field Day for local youth in partnership with Union College.
- Ellis engaged its own employees in competitive walking events and other weight-loss activity; participation counts toward reductions in health insurance premiums.
- The Healthy Food Access Workgroup, renamed the Diabetes/Obesity workgroup, met three times during 2017. Average attendance for the meetings was 13 people. This group's focus during the year was to steer the food access focused work of the "Partnerships to Improve Community Health" (PICH) grant which had been awarded to Schenectady County Public Health Services. This group worked with six food pantries in Schenectady County to increase the availability of healthy options distributed to clients. This includes increasing options for fruits and vegetables as well as whole grains and low-fat dairy. Implementation efforts at food pantries include "policy, systems and environmental" (PSE) improvements. Examples of these PSE strategies include signage to promote the food groups with a nutrition message, moving items on shelves to highlight fruits and vegetables at eye level, and improving the displays for fresh produce to make the food pantries look more like a market. Recipes and cooking demonstrations were also done at food pantries to increase the likelihood of clients choosing the healthier options. Each pantry that is engaged in this work in Schenectady County is doing a different combination of interventions to increase the availability of healthy options because each pantry uses a slightly different model to deliver foods to clients. Some pantries are a choice model, where clients get to choose all the food they take with them. Some provide pre-packed food boxes, and some are a mix of both models. The different pantry models lend themselves to different interventions working better than others. The Diabetes/Obesity workgroup assisted pantries in deciding what interventions would work best for their model. Given the completion of the grant period, and the ability of member organizations to pursue evidence-based food policies, the Workgroup discontinued meeting after 2017.
- During 2018, six food pantries continued to sustain policy, systems and environmental changes to offer healthier food options to food pantry clients. These interventions were a continuation of those implemented during the PICH grant including signage to indicate healthy options with a

nutrition message, moving healthy items to eye level on shelving, and improving displays of fresh produce to make them look more appealing. Recipes and food demonstrations continued to take place, and each pantry further adapted the intervention to the particular distribution model being used. In 2018, new work began with four (three overlapping with previous work) food pantries in Schenectady County to offer chronic disease-specific food packages. Food packages for diabetes and hypertension are given out to clients indicating they have someone in their family with either condition or someone at risk for the conditions. The food packages include healthier options to assist in the management or prevention of diabetes and hypertension through nutrition. Examples of foods in the diabetes/hypertension packages include whole wheat pasta, brown rice, no sugar added canned fruit and no salt added canned vegetables. Information about the conditions and management of them is also included in the food packages. Clients can get the food packages each time they come to the food pantry by indicating their interest in the program when asked. In addition to the food, a Registered Dietician from Cornell Cooperative Extension, Schenectady County provided technical assistance to the food pantries to modify the food packages and provides nutrition education at each of the food pantries one time a month. Individuals who are experiencing food insecurity are being identified through this work by screening individuals at community-based organizations and health insurers and referring them to food pantries that are offering healthy options and chronic disease specific food packages if they have that need.

- In October 2016, Ellis Diabetes Care started the first Diabetes Prevention Program (DPP) in the community in a number of years. The DPP is a lifestyle change program to prevent diabetes. It ran 16 consecutive weeks and then monthly maintenance sessions for the remainder of a year. In 2018, there were 2 classes started. The first class started in April 2018 and had an average attendance of 14 participants; this group was in the maintenance phase at the end of the year. A second class started in September 2018 and has an average attendance of 12 participants. As of December 31, 2018, this class is in the initial 16 weeks, meeting once a week. In July 2018, Schenectady's DPP was granted preliminary recognition from the CDC and continued to submit data every six months to the CDC to reach full recognition, which was granted at the end of 2018. CDC-recognized programs can apply for reimbursement through Medicare. The program closed in 2020 due to the COVID-19 pandemic and ongoing staffing issues.
- Ellis Diabetes Care also offers Diabetes Self-Management Education (DSME) programs for individuals already diagnosed with diabetes. Education topics include; being active, healthy coping, healthy eating, monitoring, problem solving, reducing risks and taking medication. They receive referrals from Ellis practices but also community-based organizations and other medical providers in the community. One of our goals is increase referrals to DSME and increase the number of individuals who follow through on their referral and attend at least one session of DSME. Between August 2019 and July 2021, 368 patients were established in the Ellis Diabetes Self-Management Education program. The program has achieved recognition by the American Diabetes Recognition, most recently in October 2021, which allows Ellis to bill for DSME services through Medicaid, Medicare and private insurers.
- Ellis also employs a certified diabetes educator in the inpatient setting. The educator’s time is dived between patient education, staff development, and quality improvement initiatives. In 2021, the educator conducted 647 patient consults to provide education to newly diagnosed diabetics in the inpatient setting. The 2022-2025 goal is to maintain the number of diabetes

education patient consults that the certified diabetes educator provides. In 2022, the diabetes educator is working on a project to start eligible patients on Freestyle Libre 2 continuous glucose monitors while in the hospital for transitioning the patients to home monitoring.

- The inpatient diabetes educator provides education to health care workers at Ellis Medicine through registered nurse orientations, monthly graduate nurse meetings, quarterly hospitalist education meetings, medical Grand Rounds presentations, resident orientation, and pharmacy/nursing in-service education huddles for insulin pump use. Additionally, the educator also works with the Belanger School of Nursing to offer guest lectures on diabetes, and with Sage College to provide orientation for interns and shadowing opportunities for nutrition students in the hospital setting. For 2022-2025, the goal is to begin providing CME credit for educational programs provided to the hospitalists.
- SCPHS provided funding through the Partnerships to Improve Community Health grant to train Ellis Medicine staff as "lifestyle coaches" to deliver the DPP. SCPHS also supported the promotion of the classes through advertisements in the local newspaper and sharing flyers with local partners. The PICH grant was able to purchase incentives for the program to help people to continue coming to the program.
- Ellis Medicine provides staff for running the DSME programs, which is housed in Ellis Diabetes Care. They also provide resources to promote the program in the community and to their employees. Ellis Diabetes Care collects all the data that is needed for this program and monitors progress with referrals. Sunnyview Hospital also provides referrals to the DSME program.
- Funding from the Community Foundation for the Greater Capital Region to support the continued work with food pantries is helpful in maintaining forward momentum. Funded activities include education for food pantry clients, the purchase of healthier food options, and support from Cornell Cooperative Extension, Schenectady County. Ellis Medicine's multiple primary care offices and outpatient education services interface directly with community members experiencing food insecurity who could benefit from access to healthy foods at local food pantries. Ellis Care Managers also provide their clients with referrals to community-based organizations including food pantries. CDPHP recently began utilizing their Care Managers to screen for food insecurity and make appropriate referrals based on the outcome. Utilizing the medical community as a point of entry for has ensured community members are connected with the services that they need. City Mission's Empower Health program has also been instrumental in screening for food insecurity in the community and providing referrals to food pantries as needed. The food pantries are very interested in this work and see the importance of offering healthy options for their clients. Pantries understand that many depend upon the food available from pantries to make up a large portion of their monthly food supply. The nutrition expertise that Cornell Cooperative Extension, Schenectady County brings was very important in moving the work with the food pantries forward.
- The Ellis Bariatric Care Center provides a comprehensive bariatrics program with services to help improve the health of obese patients in the community, including weight-loss surgery, nutrition services, healthy lifestyle education, and patient support groups. Due to the ongoing COVID-19 pandemic, the monthly patient support groups will transition to an online format to ensure continued, safe access for patients. The Ellis Bariatric Care Center employs a full-time dietician who sees patients every month until they reach their weight loss goal, and for one year after surgery. The practice provides follow-up care for every patient for a lifetime. They receive

patient referrals from Ellis primary care practices and other providers in the community. In 2021, surgeons at Ellis provided weight-loss surgeries for 272 patients. This number is expected to increase from 2022-2025 as the restrictions on non-essential surgical procedures due to the COVID-19 pandemic are lifted. Ellis Medicine also employs two outpatient dieticians in its Dining and Nutrition Department who provide medical nutrition services for a variety of medical conditions, including obesity. They receive patient referrals from Ellis Primary Care Practices.

- St. Peter's Health Partners/Sunnyview Rehabilitation Hospital: Over the past three years, our plan focused on increasing screening rates for pre-diabetes especially among economically disparate populations, including the following strategies:
    - Lifestyle change and self-management strategies were promoted to significantly improve quality of life and reduce treatment costs to those with diabetes. These strategies helped to foster an environment that engages individuals in the prevention and self-management of diabetes.
    - Health care professionals were trained on pre-diabetes screening and resources within the community
    - SPHP facilitated 17 NDPP groups over this time period, with 401 individuals completing a NDPP Program
    - Creating Health Schools and Communities Grant provided technical assistance in developing implementation strategies for health and wellness policies within Schenectady County school districts

Mental Health and Substance Use - Suicide and Mental/Emotional/Behavioral Infrastructure:

- The Schenectady County Office of Community Services (the local government's mental health and substance use disorders unit) and Ellis undertook a collaboration to form work groups evaluating mental health needs.
- In collaboration with researchers from the Schenectady County Public Health Services and students at Union College, a project to focus on the CHNA-identified excess number of newborns born physically dependent on substances in Schenectady received Ellis Institutional Review Board (IRB) approval to conduct chart reviews of newborns with a positive drug screen.
- The study evaluated the most used drugs and the demographics of the newborns' mothers. Because of the small sample size, no final conclusions were reached.
- In 2015, Ellis and SCPHS worked with HCD which was compiling mental health and substance use data from such standardized survey tools as BRFSS and School Climate Survey to analyze among the Capital Region counties. The survey information flagged the newborn drug-related diagnosis rate in Schenectady County as a critical issue compared with the region, although the single year rate did dip slightly (6.3%) between 2012 and 2013. Other indicators for which Schenectady County exceeds the regional rate are Post Traumatic Stress Disorder (3.8% vs. 3.1%) and Substance Use Disorder-other (9.3% vs. 7.7%). Specific Schenectady neighborhoods, however, greatly exceed regional rates on multiple indicators; for example, the Schenectady Stockade rates exceed regional rates on 14 of 18 indicators, while the dementia rate in Scotia/Glenville is 83% above the regional rate.

- During 2016, the Ellis Outpatient Mental Health Clinic applied for and received designation as a National Health Service Corps (NHSC) practice site.
- The Schenectady Coalition for a Healthy Community (SCHC) initiated a Mental/ Emotional/Behavioral (MEB) Workgroup in the fall of 2016 to discuss suicide prevention efforts in the community. This group met twice during late 2016 and early 2017. In March 2017, SCHC and Schenectady County Office of Community Services held a Suicide Prevention Day of Dialogue that brought together coalition partners, State leaders, community-based organizations, members of the community to discuss the issue of suicide in the community and what can be done to prevent it. About 30 individuals attended the forum. The second half of the day was spent on training the group in the evidence-based suicide prevention training call "Question, Persuade, Refer." It was important to give participants practical skills to take back to use in their organizations or lives as well as start the broader conversation about suicide prevention in the community. From this Day of Dialogue, Schenectady County Office of Community Services has decided to re-engage a previously formed Suicide Prevention Coalition. This group will look at county level data and develop strategies to improve suicide prevention efforts including training in the community. This group met for the first-time during January 2018. During 2018, there were four meetings of the Suicide Prevention Coalition. The dates and attendance are as follows: June 5 (40 attendees), August 20 (25 attendees), October 15 (15 attendees), and November 13, (15 attendees). The Suicide Prevention Coalition established four priority areas to work on as a group. These include: 1) change and eliminate stigma, 2) increase community involvement, 3) encourage networking between providers of service and the community, and 4) increase peer services. The coalition shortly therefore went on a hiatus 2019 due to low membership involvement. In 2022/2023 the Office of Community Services will explore the current community needs and potential benefits of re-instituting the coalition.
- The Ellis Pediatric Health Center received a grant from the New York State Office of Mental Health to implement the Healthy Steps Program supporting at-risk families with children from birth to three years old. The grant enabled hiring a Healthy Steps Specialist who is engaged in expanding awareness of the Adverse Childhood Experiences (ACEs) concept throughout the community.
- The Office of Community Services provided Trauma-Informed Care training two times for Schenectady County Foster parents, one on March 26, 2018 (15 participants) and one on October 30, 2018 (also 15 participants). Additionally, OCS trained Ellis Medicine's Outpatient Adult Mental Health Clinic staff on Trauma-Informed Care and Suicide Prevention on August 8, 2018; 45 participants attended that training. A Trauma-Informed Care training class was hosted by the University at Albany School of Social Welfare on March 12, 2018; 10 people from Schenectady County attended. The title was "Trauma Past Trauma Present: Understanding and Applying Important Skills in Trauma Informed Phase Oriented Treatment." The trainer was Dr. Allison Jackson.
- Schenectady City School District is also engaged in work around trauma, creating trauma-sensitive schools. In May 2018, Schenectady High School held a Mental Health Fair in the evening for both students and parents. Numerous community resources were shared and then a screening of the film "Resilience" was held with a discussion panel after. Over 100 people attended the event.

- The Dual Recovery Task Force, led by the Office of Community Services, met a total of nine times during 2018 with an average attendance of 16 individuals. The Dual Recovery Task Force includes providers from both Mental Health and Substance Use Disorder systems, making an important connection for treating those with dual diagnoses. The group had 13 different presentations at their meetings regarding community resources for those with a dual diagnosis. Programs that were presented ranged from outpatient mental health clinics to harm reduction services and housing. These presentations by community providers are an important step in promoting their programs and making sure the community is aware of all available resources.
- In 2018, the trauma informed care workgroups that were established in 2017 merged into one group under the new title of "Trauma-Informed Community Workgroup." This group met a total of eight times: February 21 (14 attendees), February 27 (7 attendees), June 22 (5 attendees), June 26 (14 attendees), July 31 (10 attendees), August 28 (15 attendees), October 30 (18 attendees) and November 26 (12 attendees). This group held a brainstorming session in June 2018 to determine a mission, vision, goals and common definitions of trauma language (trauma-informed care, ACEs, toxic stress, and resilience). One of the goals of the group was to determine a baseline of trauma-informed practices each participating organization is using. This baseline would help determine next steps for training needs of Community Based Organizations. The group decided to utilize Coordinated Care Services, Inc.'s tool called the "Trauma-Informed Care Organizational Self-Assessment Tool" (TIC OSAT) for each organization. During the fall of 2018, 11 organizations represented on the workgroup completed surveys using the TIC OSAT. The survey divides results into staff and leadership. Leadership at the 11 organizations completed 36 surveys and staff completed 175. The TIC OSAT software generates reports for each organization and an overall report combining all organizations. The workgroup analyzed the results at a meeting in November 2018 and determined that workforce development around trauma-informed care was where the work of the group should start. One exciting resource that the group will use, and some have used already, is an online learning program called "Introduction to Adverse Childhood Experiences for Healthcare Professionals." It was developed by the Alliance for Better Health's (the local DSRIP PPS) MEB workgroup and is broken down into three modules that can be taken all together or at different times. The course provides a pre- and post-test to assess knowledge. The Office of Community Services will also be utilized in 2019 for their expertise and ability to provide additional training on trauma topics workforce development.
- A "Safe TALK" training class was held on August 27, 2018, at the main branch of the Schenectady County Library where 30 people were trained. This training was hosted by Northern Rivers and the Schenectady County Office of Community Services.
- The Substance Use Disorder Prevention Coalition is another group working on MEB and substance use prevention in the community. The coalition is co-led by the Schenectady County Office of Community Services and New Choices Recovery Center. The group met four times in 2018: January 5 (25 attendees), April 6 (24 attendees), August 1 (35 attendees), and October 29 (18 attendees). The group developed and distributed a resource list for partners to promote the existing mental health and substance use disorder resources in the community. Additional activities include promoting community events, such as recovery networks, and drug take back days, and reviewing data to set priorities for 2019.

- On July 25, 2018, a Mental Health First Aid Training was held in Schenectady with 32 participants. This training was offered for free through Mental Health Association in New York State (MHANYS). In 2018, 2021 and 2022, the Office of Community Services staff became certified trainers in both Youth and Adult Mental Health First Aid and are willing to offer this training free of charge for community members that are interested in taking it.
- In 2021, Ellis opened a new child, adolescent and family mental health center to help with the growing demand for mental health services across the Capital Region. This outpatient mental health program serves patients ages 4-18 with the goal of providing patients and their families with comprehensive, effective mental health services in a nurturing, safe and supportive environment. Among the services provided are initial psychiatric assessments with diagnosis, medication management, psychotherapy/counseling services, crisis services (for existing patients), consultation/collateral services for schools and other professional agencies, wellness planning, and community education.
- In 2022, The Office of Community Services became part of Schenectady County Public Health Services under the division of Community Health. This change in structure will allow a closer working relationship and shared resources making a greater impact in the community.
- In May 2022 the New York State Office of Mental Health and the New York State Department of Health partnered with Schenectady County Public Health Services Office of Community Services to initially target four school districts (Mohonasen, Schalmont, Niskayuna and Schenectady City School District) for a Got5 crisis text line informational campaign. The four school districts were selected because they had higher rates of adolescents presenting at Emergency Departments for suicide related behaviors. The program will roll out to additional districts in September 2022. The May 2022 data showed a 30% increase over the prior year in the text line utilization which is encouraging for the 2022-2023 school year.
- Sunnyview Rehabilitation Hospital Related Initiatives:
    - Promoted "drug takeback" days within the community, for proper disposal of unused prescription medications
    - Leadership staff from St. Peter's Health Partners participated in various internal and external workgroups, such as Prescription for Progress and Project ECHO to improve the mental health and well-being and prevent opioid and other substance use deaths among Schenectady County residents
    - Promoted Naloxone training within the community, to increase the availability and access to overdose reversal medication

Asthma and Smoking:

- Schenectady County Public Health Services, Ellis, and other community organizations applied for and received a grant from New York State Health Foundation to support a "Schenectady Asthma Support Collaborative" (SASC). A required local cash match was provided by The Schenectady Foundation, the GE Foundation, and MVP Healthcare. Services of a collaborative model combining care management, patient education, and in-home nursing services began in late 2014, with the grant period ending in December 2015.

- SASC created a seamless three-tiered care model (centralized care coordination, home visits/assessments, and asthma education). Over the course of the project, 68 patients consented to participate in care coordination. While 57 (84%) of these remained engaged after two months, only 13 (19%) completed both the home visits and asthma education components. The project's final report concluded that cultural dynamics ("fatalism") and structural barriers (issues of trust) may have prevented individuals from accessing optimal care.
- Although the project clearly demonstrated the challenges of engaging patients, the clinical aspects of the three-tiered model remain valid. The design of the Schenectady model was used to inform development of asthma projects across the six-county service area of the regional DSRIP partnership, the Alliance for Better Health.
- Ellis, the Schenectady City School District (SCSD), and Price Chopper Pharmacy participated in the "School-based Asthma Management Program," which enrolls a small but increasing number of the 1,150 diagnosed asthmatic students in SCSD. The program administers albuterol treatments, enabling students to return to class 98.7% of the time. In addition to the in-school component, nearly a third of the students and their parents completed outpatient Asthma Self-Management Training sessions through Ellis Asthma Care.
- The Ellis Asthma Education program found that "graduates" achieve a 60-70% reduction in Emergency Department visits over 12 months post-discharge.
- A Care Manager from the Ellis-sponsored Health Home completed a two-day asthma training course.
- Ellis continued its strong asthma education program and continued to collaborate with the Capital District Tobacco Free Coalition. Informal "suasion" within the community encouraged various smoke-free initiatives; a newly constructed affordable housing project on Albany Street in Schenectady is smoke-free from the start, and the entire Union College campus was smoke-free as of January 1, 2017. Since August 2016, the legal age for the sale of tobacco products in Schenectady County is set by local law at 21.
- Ellis employs an embedded respiratory therapist/educator in its emergency department who provides bedside disease management education and smoking cessation counseling to patients with asthma, COPD and asthma-COPD overlap (ACO) receiving treatment at the Ellis Hospital emergency department. Between 2019 and 2021, the embedded respiratory therapist provided 797 patients with education and referrals to outpatient respiratory education services.
- Ellis also offers outpatient asthma, COPD and ACO disease self-management education. Utilizing best practices adapted from the guidelines of the National Asthma Education and Prevention Program and the Global Initiative for Chronic Obstructive Lung Disease (GOLD), Ellis offers a self-management education program that incorporates the expertise Certified Asthma Educators (AE-Cs) and Certified Pulmonary Disease Educators to help pediatric and adult patients live a full and productive life. Between 2019 and 2021, Ellis provided disease self-management education to 615 patients.
- Ellis Medicine offers "The Butt Stops Here", an in-person tobacco cessation program led by a certified facilitator. The program fee is $45, Medicaid participants pay a $20 fee, and it is free for MVP members, CDPHP members, and Ellis Medicine employees. The program is six weeks and includes a workbook, relaxation CD, and two weeks of nicotine patches or gum.
- In 2019, there were 32 participants enrolled in the program, four of which were Medicaid participants. In 2020, prior to the start of the COVID-19 pandemic, there were 9 participants

enrolled in the program. Due to restrictions on in-person meetings, no classes were held in 2021. For 2022-2025, the goal is to return participation in "The Butt Stops Here" program to pre-pandemic levels. Towards that effort, a new in-program class began enrolling participants in May 2022.

- In 2020, Ellis replaced the "no smoking" signs and other messaging with comprehensive regulatory-compliant signage consistent with current standards and in a format consistent with signs at Sunnyview and other large campuses.
- Ellis revised its tobacco use policy to prohibit the use of tobacco products and electronic cigarettes anywhere on Ellis property. Employees now are prohibited from smoking during the workday. Ellis also produced cards with information about the tobacco use policy, including resource to support quitting, that security staff present to anyone using tobacco products on Ellis Medicine property.
- Sunnyview Rehabilitation Hospital Related Initiatives:
    - Numerous tobacco control policies advocated for by the Tobacco Free Communities (spearheaded by SPHP) resulting in the implementation of tobacco free grounds policies at the following: town of Niskayuna (parks, recreation areas and beaches) and Schenectady Critical Care Associates.
    - Nearly 1800 participants enrolled in Virtual Butt Stops Here tobacco cessation program offered by St. Peter's Health Partners.
    - 602 individuals from St. Peter's Health Partners acute and ambulatory sites were referred to the NYS Smokers Quitline for tobacco cessation assistance.

Cardiovascular Disease:

- Ellis Medicine has achieved the American Heart Association's 2021 Get with the Guidelines Heart Failure Gold Plus status. This is the highest level of achievement for this program. The program focuses on quality metrics that pertain to the heart failure patient population (i.e., patients discharged on guideline directed medical therapy, cardiac rehabilitation referrals, patient education, and follow-up appointments post-discharge, among other metrics).
- Ellis also holds the AHA 2021 Silver Plus Mission: Lifeline - STEMI Receiving Center recognition. This is another quality improvement program through the American Heart Association which improves heart attack patient outcomes for in the community.
- Ellis's echocardiology department received accreditation by the International Accreditation Commission in July 2020. Ellis is the only organization accredited for Adult Transesophageal, Adult Stress, and Transthoracic Echocardiography in Schenectady County. These tests help support the diagnosis of cardiac disease, as well as the structural heart treatment program, which includes the placement of Watchman devices and mitral clips.

Preventable Emergency Department Utilization:

- Ellis led creation of two region-wide health innovations collaborations – a Medicare MSSP ACO ("Innovative Health Alliance of New York" (IHANY)) and a Medicaid DSRIP PPS ("Alliance for Better Health" (AFBH)) – both with goals of reducing inappropriate hospital utilization.

- Both collaborations were approved for inauguration in 2015 – the ACO on January 1 and the PPS on April 1.
- IHANY adopted the goal of reducing inappropriate hospital Emergency Department utilization as part of a comprehensive program intending to reduce costs and produce shared savings. AFBHC is required by the State to reduce inappropriate hospital utilization (both Emergency Department and inpatient) by 25% over a five-year period. IHANY was successful in reducing Emergency Department use by its attributed patients during its first year of operations.

Adolescent (Teen) Pregnancy:

- Ellis, the Schenectady City School District, Planned Parenthood Mohawk Hudson, the Alliance for Positive Health, and the Schenectady Teen and Adult Coalition (STAC) worked to consider causes and solutions to the consistently high rates of adolescent pregnancy in certain neighborhoods.
- The project engaged adolescents/teenagers in focus group and multiple meetings. A gap in health education at local schools was identified. After most health education teachers had been laid off due to budget cuts, students are receiving no health education classes between 6th grade and 10th grade. Planned Parenthood arranged student health education assemblies in 2016 and 2018 and is seeking to reintroduce middle school health classes.
- The Schenectady Foundation's "Call to Action for Schenectady's Youth" grant program provided funding for the "Cradle Project," a multimedia project that is focusing a lens on Schenectady's high rate of teenage pregnancy – the highest in the Capital Region – and its toll on the community. Dozens of local youth were involved in writing original music and dialog, as well as performing and producing "Cradle," a documentary film about teen pregnancy. The film debuted on Saturday, July 13, 2019, at Proctors Theatre in Schenectady. The Cradle Project will also include music videos and forums about sexual health and professional development.

Arthritis and Disability:

- As this need was not categorized among the top priorities in the development of the CHNA, resources were devoted to other higher priority projects.

Dental Health:

- As this need was not categorized among the top priorities in the development of the CHNA, resources were devoted to other higher priority projects.

Kidney Disease:

- As this need was not categorized among the top priorities in the development of the CHNA, resources were devoted to other higher priority projects.

Falls:

- The 2013 CHNA identified particularly high falls mortality in the community, and a high number of falls in one neighborhood. Data analysis identified a large senior housing facility in this neighborhood as the falls "hot spot."
- Ellis staff met with administrators at the facility on several occasions. Union College students were engaged to assist the facility staff to track indicators and trends.
- Having identified the issue at one senior housing facility, ambulance call data were obtained from the local ambulance company to analyze the prevalence of falls at other senior facilities.
- Schenectady County Public Health Services and Schenectady County Senior and Long-Term Care Services partnered to offer Tai Chi for arthritis classes in the community to help prevent falls in older adults.
- As part of the work of the Schenectady Coalition for a Healthy Community, the Schenectady County League of Women Voters (LWV) undertook lead activities for a "Falls Prevention Work Group." The Work Group met regularly and engaged experts from the State Department of Health, senior citizen organizations, rehabilitation facilities, and local government agencies. The LWV became unable to lead the group as of early 2017, and the group ceased to meet.

Food Insecurity:

- The focus on Food Insecurity came from a 2013 UMatter Schenectady survey. The results of the survey indicated that the majority of residents among three Schenectady neighborhoods (Hamilton Hill, Eastern Avenue, and Central State) had run out of food at least once in the past year. This finding correlated with the prevalence of severe obesity (BMI >35) which is more than double for people who run out of food every month or nearly every month compared to those who don't report running out of food.
- A partnership including Schenectady Community Action Program, City Mission of Schenectady, Ellis Medicine, and The Schenectady Foundation obtained a grant from the Robert Wood Johnson Foundation to support a "Community Coach" from the University of Wisconsin Population Health Institute. The "Coach" convened a series of telephone conferences and an on-site visit to help focus community resources and thinking.
- As a result of the coaching, the partnership developed a community plan including asset mapping and a root cause analysis and developed collaboration with the Schenectady County Food Providers Group. No clear, single, cause was found, although there was some evidence that some service gaps (e.g., few food pantries are open on weekends) and inefficiencies in the distribution system may be contributors.
- During 2015, Ellis Medicine, SCPHS, and their partners worked with two grants (a Robert Wood Johnson Foundation Roadmaps to Health Action Award and Partnerships to Improve Community Health) to improve access to healthy foods. These efforts resulted in an online tool accessible from portable devices such as smartphones, which shows the locations of such resources as soup kitchens, food pantries, and stores which accept electronic benefit cards. The resource map was developed into a mobile phone application, called "Food 4 Schdy." The apps and website have not been updated in recent years and the community transitioned away from promoting their use.

- The PICH grant also supported policy, systems, and environmental improvements at food pantries within the county to increase access to healthy foods. This grant supported the opening of a new food pantry in the 12308 ZIP code (Northside neighborhood), which is an underserved area of the county.
- As part of the PICH grant, a community wide food plan was developed with goals, strategies and evidence-based activities to address food insecurity in the community.
- Physicians at the Ellis Family Health Center continue to promote fresh fruit and vegetable consumption among patients.
- In January 2019, Ellis Hospital, the Alliance for Better Health and Catholic Charities opened an innovative new food pantry, the Food Farmacy, on Ellis' McClellan Street campus. The Food Farmacy serves Medicaid-eligible patients referred by Ellis for reasons such as limited access to nutritious food and limited understand of what good nutrition entails. It provides up to three days' worth of fresh produce and other nutritious food to people who need it.
- In 2021, a group of community-based organizations were brought together by the Schenectady Foundation to work toward building a Food Policy Council for Schenectady County. The group continues to meet in 2022 and is utilizing the Schenectady County Healthy and Equitable Food Action Plan developed under the PICH grant as a guiding document.
- In January 2020, St. Peter's Health Partners, with funding from the Mother Cabrini Foundation, opened a Food Farmacy, which serves patients of St. Peter's Health Partners with chronic conditions and experience food insecurity and have a chronic condition. During each 12-week cohort of the program, weekly education and a 5-day supply of medically tailored food is provided to both the patient and their family. Health measures and outcomes such as BMI, A1C and blood pressure are tracked. In addition, the Food Farmacy, operates an "e bag" program", which is a 3-day supply of shelf- stable food items for those screening positive for food insecurity that present to our emergency departments, hospitals, behavioral health practices, health home or safety net clinics. Additional resources for long term assistance are provided.

Sexually Transmitted Infections

- At the Ellis Family Health Center and in Ellis primary care practices, extensive screenings for sexually transmitted infections (STIs) are provided to patients. All patients are screened for HIV and hepatitis C at least once in adulthood. All sexually active women under the age of 25 are screened annually for gonorrhea and chlamydia. Any woman 25 and older who is at increased risk (determined through shared decision-making with physician) is screened for gonorrhea, chlamydia, and HIV. All pregnant women are screened for gonorrhea, chlamydia, HIV, syphilis, and Hepatitis C at their initial visit and then retested in the third trimester for all, with the exception Hepatitis C. All women 30 and over are screened for HPV at the time of their cervical cancer screening every 5 years. All women ages 21-29 years are screened for HPV if they have an abnormal Pap smear. All women with a complaint of vaginal discharge are screened for gonorrhea, chlamydia, and trichomonas. All patients with a positive STI test are screened for the other STIs, including gonorrhea, chlamydia, syphilis, and HIV. Men who self- identify as having sex with men (MSM) are screened at least annually for gonorrhea, chlamydia, HIV, and syphilis. All patients that identify as transgender are screened based on anatomy. All patients with HIV

are screened annually for gonorrhea, chlamydia, and syphilis. All MSM with HIV are screened annually for hepatitis C. STI and safer sex education is provided to all patients. The decision to test is always reached collaboratively between physician and patient.

- Ellis Medicine provides treatment for patients who test positive for sexually transmitted infections, including chronic care of HIV and treatment of hepatitis C (which are specialized treatments, and are not done by most primary care physicians in the area).
- SCPHS partners with Hometown Health Centers to offer STI testing and treatment weekly at their clinic on State Street.

Unintended Pregnancy:

- The American Academy of Pediatricians (AAP) and the American College of Obstetricians and Gynecologists (ACOG) both recommend the use of long-acting reversible contraception (LARCs) as first line prevention of unplanned pregnancy. As many barriers exists to patients obtaining LARCs, including expense, time constraints, lack of access to provider, both organizations encourage implementing methods to increase availability to LARCs. Ellis Family Health Center regularly offers in-office placement of LARCs to patients in their practice.
- In January 2019, a task force at Bellevue Woman's Center implemented a pilot program to incorporate immediate post-partum IUD placement. The pilot program includes patients from the Ellis Family Health Center. These patients are informed of the availability of this contraception option as part of the routine prenatal discussion of postpartum contraception. Those women desiring this method and who have no contraindications at the time of delivery, will be able to have IUD placed immediately following delivery. Anecdotally, the patients at the Ellis Family Health Center have shorter interconception spacing and high proportion of unplanned pregnancies. This program aims to decrease the short interconception spacing of subsequent pregnancies and reduce unintended pregnancies for this patient population.

Prenatal Care, Perinatal and Infant Health

- Ellis' Bellevue Woman's Center partners with other maternity providers including Hometown Health and Planned Parenthood Mohawk Hudson to offer seamless care from initial prenatal care to birth and then follow-up. The Ellis Family Health Center and the Ellis Pediatric Care Center are in the same building, allowing warm handoffs from the mother's prenatal care to the baby's well care. In addition to direct clinical care for pregnant Medicaid beneficiaries and their babies, the Health Home provides care management and coordinates with the Schenectady County Public Health Service's home visiting program. Resources expended by Ellis include the net unreimbursed cost of the various maternity care services; metrics include maternity outcomes data.

Neighborhood Safety:

- Ellis and the City of Schenectady participated on several initiatives to stabilize the Northside/Goose Hill neighborhood where the Nott Street campus is located. These include a "Walk to Work" initiative and a program to promote home ownership ("Home Ownership Made Easy" (HOME)). In addition, construction at the Nott Street campus included new sidewalks and improved street lighting, both issues of neighborhood safety which had been identified in the CHNA.
- Ellis was invited by the New York State Health Foundation to apply for a community-wide "Healthy Neighborhoods Fund" grant. The application was submitted but not funded.

Programs for Youth and Adolescents:

- In December 2014, The Schenectady Foundation hosted a conference entitled "Bridges to Youths" to better understand the needs of Schenectady's youth.
- The conference led to the "Call to Action for Schenectady's Youth." Since its launch, The Schenectady Foundation has so far invested $770,000 in eight programs with the potential to bring powerful and positive change to Schenectady's youth. Call to Action for Youth is a three-year, $2 million community-wide effort to empower children and teens that face significant barriers to success. Grants include support of scholarships, job training, and sports programs for youth.

Community and Coalition Building:

- Ellis and SCPHS continue to co-facilitate the Schenectady Coalition for a Healthy Community. These meeting are now held virtually due to COVID-19 precautions, but later in 2022 the group may look at meeting in person as well as having a virtual option.
- In 2014 Ellis undertook two major business initiatives promoting broad coalitions of healthcare providers. A Medicare Shared Savings Program Accountable Care Organization (MSSP ACO) partnered three hospital systems, an FQHC, and several community medical practices. A New York State Medicaid Delivery System Reform Incentive Payment Program Performing Provider System (DSRIP PPS) partnered the same three hospital systems, two FQHCs, and two large community medical practices, along with more than 50 community agencies. Both were approved by their respective regulators to start operations in 2015.
- The MSSP ACO (Innovative Health Alliance of New York, or IHANY) was approved to start operations on January 1, 2015, and the DSRIP PPS (Alliance for Better Health, or AFBH) to begin on April 1, 2015. Each was established as a separate limited liability company (LLC), and each undertook to adopt an Operating Agreement and seat a Board of Directors. The DSRIP PPS received scheduled funding from the New York State Department of Health under a five-year agreement. The MSSP ACO was funded by capital contributions from the two Members of the LLC (Ellis Hospital and St. Peter's Health Partners) and has not achieved "shared savings." In 2017, Ellis withdrew as an equity partner of the MSSP ACO, but remains a clinical partner. IHANY was recently identified by the Centers for Medicare & Medicaid Services (CMS) as an

Accountable Care Organization (ACO) that had a positive impact on patient care and Medicare savings in 2020.

- In November 2021, Ellis Medicine and St. Peter's Health Partners (SPHP) entered into a Provider Transition Agreement (PTA) to preserve vital health care services by keeping providers practicing in the Schenectady community and improving recruitment efforts that will attract new providers to the region. In addition, the agreement allows Ellis providers the opportunity to collaborate more closely with their SPHP counterparts, and allows for access to information, data, and best practices from a national network in Trinity Health. Under the agreement, 170 providers employed by Ellis Medicine, along with select management team members, will become employees of St. Peter's Health Partners Medical Associates (SPHPMA). Ellis patients will see no disruption in services and can continue to see their same providers in the same locations. The biggest threat to both Ellis and health care access in Schenectady is the departure of physicians from our community. The agreement gives Ellis providers additional incentive to continue practicing in the communities Ellis serves by connecting them to the resources of a national health care network.
- In December 2021, Ellis and St. Peter's Health Partners (SPHP) received approval from the New York State Department of Health for a Management Services Agreement (MSA). The agreement allows the two organizations to work together on projects designed to preserve and expand the community's access to health care, while also strengthening Ellis' financial standing and quality metrics. Ellis will remain independent from SPHP throughout the two-year term of the agreement, with its Board of Trustees retaining local control.
- These latest agreements build on a long relationship between the two health care systems. Both Ellis and SPHP share a vision for a more fully integrated, region-wide approach to care that aims to improve the health of its neighbors; embraces new models such as value-based care; and lowers overall health care costs for the community.

Community Health Improvement:

- Ellis and Sunnyview Rehabilitation Hospitals continued programs of community and patient education and support.

Health Professions Education:

- Ellis, the only hospital in the region to sponsor both physician education and nursing education, continued to provide a broad variety of health professions education programs including the Belanger School of Nursing, the Family Medicine Residency, Grand Rounds and other continuing professional education programs. Ellis also serves as a training and preceptorship site for numerous community-based health professions education programs. Unreimbursed costs of health professions education are reported on IRS form 990, Schedule H.

Subsidized and Free Health Services:

- Ellis and Sunnyview Rehabilitation Hospitals continued to participate in government insurance programs including Medicare and Medicaid, while providing reduced rates and charity care for self-pay patients, as detailed in IRS form 990, Schedule H. Medicare, Medicaid, and Financial Assistance (Charity Care) covered over two-thirds of inpatient discharges during 2021.

Process and Methods

To complete the CHNA, Schenectady County Public Health Services utilizes Healthy Capital District's data expertise to compile and analyze all the most up to date health data. The full 2022 Capital Region Community Health Needs Assessment can be found here. The report provides a Schenectady specific data report. Most of the secondary data for the CHA came from Federal and New York State sources including US Census Bureau American Community Survey, NYS Prevention Agenda Dashboard, Statewide Planning and Research Cooperative Systems (SPARCS), Behavioral Risk Factor Surveillance Survey (BRFSS) and Vital Records.

Data is collected regionally through a survey to supplement the (frequently older) state data. The survey offers multiple choice and open-ended response options to learn about residents' health needs and priorities, access or barriers to care, mental health, and social determinants of health. Demographic information collected by the survey allows review of information by county, age, gender, race/ethnicity and income. Survey results regarding the public's opinions on the seriousness of public health issues were incorporated into the priority scoring of health needs by Schenectady County during the Community Health Improvement Plan process.

Community Health Improvement Plan & Community Service Plan

Summary of Prioritization Process

SCPHS, Ellis Medicine and Sunnyview Rehabilitation Hospital utilized the following process for engaging multiple participants and numerous data sources to select the community's top two priorities.

- The process began with Healthy Capital District using a structured process to move from the 150 regionally tracked public health "Indicators" to 25 quantitatively ranked public health "Issues."

  Selection of the top health priorities for Schenectady County was facilitated by a new Public Health Issue Scoring Sheet (see below) created by HCD, which built upon progress made during the 2019-2022 Prioritization Cycle. This scoring and ranking method was, based on a modified version of the Hanlon Method for Prioritizing Health Problems. The Scoring Sheet quantified considerations regarding both the need to address each health issue and the opportunity to make a positive impact. Opportunity considerations were based on guidance documents from the American Hospital Association, the National Association of County and City Health Officials as well as other industry resources. Need considerations included those used in the 2018 Prioritization Process, as well as a community priority score derived directly from the contributions of over 2,000 residents in the 2021 Capital Region Community Health Survey. The Scoring Sheet also included "other considerations," for both need and opportunity, to address any additional factors and capture the knowledge- and experience-based input of local community-based organizational partners.

  In the Fall of 2021, HCD staff reviewed approximately 700 public health measures across the five Prevention Agenda priority areas and categorized about 150 of the key indicators into 25 public health issues. Health issues were identified by reviewing the present New York State Department of Health Prevention Agenda Focus Areas, as well as health issues incorporated in the last Prioritization Process in 2018. The 25 health issues were first ranked according to their five data-based need scores, then, again, with the additional consideration of their survey-based community priority score. These initial rankings were used to select a shorter list of ten to sixteen issues for participating partners to score, before final priorities were selected.

  Scores for opportunity considerations were self-assessed by SCPHS, Ellis Medicine and Sunnyview Rehabilitation Hospital and were based on criteria including their ability to devote resources, garner support, and make a measurable impact. Community partners also contributed their own consideration scores based on their observations and the information they have access to. The Scoring Sheet, in short, was based on organizational, data, and community partner considerations regarding the need to address – and opportunity to impact – each issue.

Health Issue Scoring Sheet

Opportunity	Max Score	Score
Health issue aligns with organizations' strategic goals	3	
If already working to address this need, are efforts working sustainably	2	
If not working on this need, do we have resources and expertise to lead effort	1	
Are there organizations interested in supporting efforts to address this need	2	
Is it possible to make a measureable, positive impact	3	
Other considerations	3	
Community Partner considerations	3	
Total Opportunity Score	17	

Need	Max Score	Score
Is this issue a major need in the community - **Total number** of cases	2	
Is this issue worse in our region than throughout NY - **Rates**	2	
Is this issue more common for some populations - **Disparities**	2	
Is this issue getting better or worse - **Trend**	2	
How **seriously** does this issue threaten mortality	2	
Is this issue a **priority for the community** based on the survey	3	
Other considerations about the data	2	
Community Partner considerations	3	
Total Need Score	18	

	Max Score	Score	Contribution to Total Score
Total Organizational Score	14		40%
Total Data-based Score	10		29%
Total Community Partner Score	11		31%
Total Priority Score	35		

- SCPHS, Ellis Medicine and Sunnyview Rehabilitation Hospital met 3 times (November 15, 2021, December 2, 2021, and December 6, 2021) to discuss the 25 ranked health issues internally to get to a list of 9 to present to the larger Schenectady Coalition for a Healthy Community.
    - The top 9 health issues that were presented to the Schenectady Coalition for a Healthy Community listed with rank using data + community survey score:
        - COVID-19 – ranked #1
        - Diabetes – ranked #2
        - Obesity – ranked #4
        - Mental illness including suicide and drug misuse (combined during initial planning meetings) – ranked #6 and #15, respectively
        - Sexually transmitted infections – ranked #8
        - Tobacco use – ranked #10
        - Breast cancer – ranked #12
        - Childhood lead exposure – ranked #13
        - Tick-borne disease – ranked #22
- The Schenectady Coalition for a Healthy Community met via WebEx on December 16, 2021, and January 20, 2022, and HCD presented the 9 health issues and their ranking and data points. Discussion from the group included if any other local considerations should be made (newer data, current work, etc.) and voting on what priority areas should be chosen for this cycle. The complete presentation can be found here:

(https://www.healthycapitaldistrict.org/content/sites/hcdi/CHNA2022/Prioritization-Process-Schenectady-Summary.pdf).

After the December 16, 2021, meeting, a survey was sent out so that votes about priority areas could be cast. During the January 20th meeting, consensus was sought through discussion for the top 2 priority areas.

Attendees at these coalition meetings were:

- Capital District Physicians Health Plan
- Capital District Tobacco-Free Communities
- CRHC Health Home
- Ellis Family Health Center
- Ellis Medicine Food Farmacy
- Ellis Pediatric Health Center
- Healthy Capital District
- Hometown Health Centers
- New Choices Prevention
- Safe House Schenectady
- Schenectady City School District
- Schenectady Community Action Program
- Schenectady County Probation Department
- Schenectady County Public Health Services
- Schenectady County Public Library
- Sheila Ferrucci, Esq.
- St. Mary's Healthcare, Cancer Prevention in Action
- St. Peters Health Partners Community Programs
- St. Peters Health Partners
- Sunnyview Rehabilitation Hospital
- The Daily Gazette
- University at Albany School of Public Health

Consumer Engagement

Healthy Capital District conducted its fourth Community Health Survey of residents in the capital region from September 13-November 3, 2021. The goal of the survey was to identify the major needs, gaps, and priorities facing Capital Region residents regarding public health priorities, social determinants of health, healthcare access and barriers, mental health, substance misuse, COVID-19 vaccination, and prevention strategies.

A convenience sample was used and over 2,100 responses were collected. The sample underrepresented men, People who identify as Latinx, residents under age 35 or over 64 and those with a household income of less than $25,000 per year.

Response percentages are based on 2,104 responses from individuals who indicated they live in the county of Albany (n=547), Rensselaer (n=268), Schenectady (n=426), Saratoga (n=194), Columbia (n=387), or Greene (n=282).

When asked to rank the seriousness of public health issues "in your community," Schenectady residents surveyed chose mental health, substance use, and tobacco use as most significant. The top five topics listed as "very serious" by overall percentage were:

#1 – COVID-19 (50.8%)

#2 – Obesity (50.5%)

#3 – Mental illness including suicide – (49.5%)

#4 – Misuse of drugs or alcohol (44.2%)

#5 – Violence (44.2%)

As noted above, this survey was used as part of health issue scoring that the Schenectady Coalition for a Healthy Community reviewed.

Identification of Prevention Agenda Priority Areas

The CHIP priorities and focus areas selected for the period 2022-2024 are:

1. Priority Area: Prevent Communicable Diseases
    a. Focus Area 1: Vaccine Preventable Diseases
2. Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders
    a. Focus Area 1: Promote Well-being
    b. Focus Area 2: Mental and Substance Use Disorders Prevention

Disparities and Health Equity

Both Prevention Agenda priority areas chosen for this cycle include health disparities related to poverty, race and gender.

Vaccine Preventable Diseases

Vaccine preventable disease will be focused on COVID-19. In the Capital Region, Black non-Hispanic residents accounted for 13% of COVID deaths and 9% of the population. The Capital Region Black population is less vaccinated compared to the white and Asian populations, while the Capital Region Hispanic population had vaccination rate similar to the total population. The under-vaccinated areas in the Capital Region were predominantly rural or in low-income, inner-city neighborhoods.

Specifically in Schenectady County (as of June 2022), 91% of the population that identifies as white had at least one vaccine dose while 65% of the population that identifies as African American had at least one vaccine dose. There is also an age disparity with COVID-19 vaccination rates, only 42% of 5-11 year old's have at least one vaccine dose, while 55 and above are over 90%. 88.8% of females in Schenectady County have at least one vaccine dose while 83.2% of males have at least one vaccine dose (NYS COVID vaccine data tracker).

Mental and Substance Use Disorders Prevention

There are many disparities that impact mental health and substance use disorders. Specifically, the impact of mental health and substance use disorders in Schenectady County vary by race and gender.

In the Capital Region, Black non-Hispanic residents had 40% higher ED visit rates for self-inflicted injury, compared to white non-Hispanic residents (11.3 vs. 8.0 per 10,000), while the groups' hospitalization rates were similar. Hispanic residents had the lowest rates of self-inflicted injury hospitalization rates. Females had 61% higher ED visit rates (10.5 vs. 6.5 per 10,000), and 37% higher hospitalization rates (4.5 vs. 3.3 per 10,000), compared to males.

In Schenectady County, the rate for hospitalization with a primary diagnosis of a mental diseases and disorders, more recently referred to as mental health challenges, was 166.2 per 10,000 for Black residents compared to 99.0 per 10,000 for white residents. This same rate was 118.8 per 10,000 for males compared to 97.8 per 10,000 for females.

Goals, Objectives, Intervention Strategies and Activities

Below are the NYS Prevention Agenda priority areas being addressed, the focus areas and goals and the interventions and process measures used to address the goals. For additional details, see the Schenectady County workplan.

NYS Prevention Agenda Priority Area	Focus Area	Goal	Intervention	Activities and Process Measures
Prevent Communicable Diseases	1. Vaccine preventable diseases	1.1: Improve vaccination rates	1.1.1 Coordinate with New York State Department of Health to ensure and enforce strong immunization requirements for childcare, school and post-secondary institutions entry and attendance	SCPHS, Ellis Medicine, SPHP/Sunnyview Rehabilitation Hospital, Hometown Health Centers and other primary care doctors will work together to increase annual school immunization coverage rates (including COVID-19 vaccine). Activities will include providing education to parents and caregivers and offering vaccine clinics at times convenient for families. Measure: annual school immunization coverage rate
			1.1.2 Maximize use of NYSIIS and CIR for vaccine documentation, assessment, decision support, reminders and recall. Increased use of the registries can better inform assessment of vaccine coverage, missed vaccination opportunities and helps address disparities in vaccine coverage including those for specific age groups.	SCPHS will continue to utilize NYSIIS to document COVID-19 vaccine administration and to generate reports that will inform where vaccine efforts are focused. Ellis Medicine and Sunnyview Rehabilitation Hospital will also utilize NYSIIS vaccination efforts for other vaccines. Measures: Increased proportion of immunizations reported to NYSIIS within 14 days of administration
		1.2 Reduce vaccination coverage disparities	1.2.2 Offer vaccines in locations and hours that are convenient to the public including pharmacies, vaccine only clinics, and other sites that are accessible to people of all ages	SCPHS will partner with Ellis Medicine, Hometown Health Centers, Schenectady Community Ministries, Schenectady Community Action Program, and other CBOs to offer COVID-19 vaccine in locations and at times that are convenient to the community. Sunnyview Rehabilitation Hospital will promote vaccine events to patients and staff

				Measures: Increased number of patients seen per clinic date and location. Clinics will record demographic information to measure if the demographics of individuals receiving vaccines reflect the demographics of surrounding community.
Promote Well-Being and Prevent Mental and Substance Use Disorders	1. Promote Well-Being	1.2 Facilitate supportive environments that promote respect and dignity for people of all ages	1.2.2 Mental Health First Aid is an evidence-based public education program that teaches people how to respond to individuals who are experiencing one or more acute mental health crises (such as suicidal thoughts or behavior, an acute stress reaction, panic attacks or acute psychotic behavior) or are in the early stages of one or more chronic mental health problems (such as depressive, anxiety or psychotic disorders, which may occur with substance abuse).	SCPHS Office of Community Services will offer Mental Health First Aid training in the community to CBOs and community members throughout this CHIP cycle. SPHP/Sunnyview will offer Mental Health First Aid Training to frontline and clinical care coordination colleague and will promote trainings offered in the community. Measures: Number of Mental Health First Aid trainings held, and number of people trained.
	2. Mental and Substance Use Disorders Prevention	2.2 Prevent opioid and other substance misuse and deaths	2.2.2 Increase availability of/access to Naloxone training to prescribers, pharmacists and consumers	SCPHS Office of Community Services will offer Naloxone training to community-based organization staff, community members and others by request. Measures: Number of community members who complete naloxone administration training Number of naloxone trainings held Quarterly meeting with community stakeholders SPHP/Sunnyview will continue to promote Naloxone training to patients, staff and community members

				SPHP/Sunnyview will continue to promote “drug take back” days and safe disposal of unused/expired medications.

Hospital Actions and Impacts for Selected Priority Areas

1. Priority Area: Prevent Communicable Diseases

a. Focus Area: Vaccine Preventable Diseases: COVID-19

Ellis Hospital has provided, and will continue to provide, access to critical treatment and prevention services to the Schenectady community through one of the most virulent pandemics in recent memory, COVID-19. Since March 2020, the staff at Ellis Hospital have provided inpatient care to nearly 2,000 patients diagnosed with COVID-19. Ellis opened a dedicated COVID-19 care unit early in the pandemic to provide specialized care to these patients, and several overflow units to accommodate additional patient load when the number of cases surged. Ellis will continue to care for hospitalized patients with COVID-19 in its specialized COVID-19 care unit and intensive care unit.

Ellis was the first hospital in the Capital Region to offer Remdesivir as a treatment for patients, as an early participant in the Gilead expanded access trial beginning in April 2020. Ellis Hospital's infectious disease department also worked with Regeneron to provide access to their monoclonal antibody infusions to patients diagnosed with COVID-19 through our infusion center and in the community. Ellis will continue to provide access to this and other new treatments for COVID-19 to its patients.

Beginning on December 14, 2020, the Ellis Hospital team administered over 14,000 doses of COVID-19 vaccines, initially to staff of Capital Region hospitals, and other local high-risk workers in the health care field, and then to the public, in what was a critically important public health effort for the community. As the number of people seeking vaccinations at each clinic dwindled in early 2022, the decision was made to transition the vaccination clinics to Schenectady County Public Health Services to better allocate health care staff time. In 2022, Ellis held 13 COVID-19 vaccine clinics, vaccinating 416 people (1/12/22- 31 people vaccinated; 1/19/22 – 23 people vaccinated; 1/26/22- 48 people vaccinated; 2/2/22 - 45 people vaccinated; 2/4/22- 40 vaccinated; 2/9/22- 37 people vaccinated; 2/11/22- 44 people vaccinated; 2/16/22- 57 people vaccinated; 2/18/22 – 54 people vaccinated; 2/21/22- 26 people vaccinated; 2/23/22- 5 people vaccinated; 2/25/22- 2 people vaccinated; 3/11/22; 4 people vaccinated). Ellis currently provides space for Schenectady Public Health Services to host its COVID-19 community testing and vaccination site at the McClellan Street Health Center campus and will continue to do so for the foreseeable future. Ellis Medicine's primary care practices will continue providing counseling to all patients on the importance of obtaining COVID-19 vaccines and boosters, which is documented in the Cerner electronic health record.

As a teaching hospital, one of the important roles Ellis Hospital plays is providing high-quality medical education programs to help health care providers better serve the needs of the community. Ellis Medicine's Department of Internal Medicine hosted online Grand Rounds educational webinars on COVID-19 beginning in March 2020 to ensure community health care providers had access to the latest information on the pandemic. These educational programs are recorded and made available through the Medical Education Committee's website at https://www.elliscme.org/.

The programs included:

Date	Title of Program	Presenter
March 20, 2020	"COVID-19: A Global Pandemic- Information for Providers"	David Pratt, MD, MPH

March 27, 2020	“COVID-19 Pandemic: Update March 27”	David Pratt, MD, MPH
April 3, 2020	"Allocation of Scarce Medical Resources in Pandemics"	Dr. George Giokas, Dr. Martin Strosberg, Father Anthony Green, and Gwen Bondi
April 17, 2020	“Lopiramir/ritinavir, Remdesivir and Hydroxychloroquine for COVID-19 Treatment: Help, Hype or Harm?	Peter F. Weinberg, MD, Robert Dachs, MD, & Douglas Finch, MD
April 24, 2020	“COVID-19: Clinical and Therapeutic Aspects – A Clinician’s Perspective”	Peter F. Weinberg, MD
May 1, 2020	"COVID-19 Update"	Carolyn Jones-Assini, MD, Ali Mirza, MD, Douglas Finch, MD, George Giokas, MD, J. Antonio Reyes, MD & Jehanzeb Khan, MD
May 15, 2020	"The Need for Physician Self Care in the Midst of a Pandemic"	Dr. Anthony Santilli & Dr. Carolyn Jones-Assini
May 22, 2020	“COVID-19: Internet Stories from China and Beyond”	Kokwai Yap, MD
May 29, 2020	"Improving Communication Skills in the midst of a Pandemic & AHA Guidelines for Coagulapathies and DVT Prevention in COVID Patients"	Dr. Patricia Ford and Dr. Sunitha Sukamaran
June 12, 2020	"Multisystem Inflammatory Syndrome in Children"	Dr. Robert Dachs
October 9, 2020	"SARS-CoV-2 plus Seasonal Influenza: Double Trouble for the Winter of 2020-2021?"	David Pratt, MD, MPH
October 23, 2020	"Neurologic manifestation of COVID-19"	Richard B. Brooks, MD
February 12, 2021	“How the Pandemic Has Effected our Community’s Mental Health”	Dr. David Olsen
February 26, 2021	"COVID Update: Vaccines and Variants”	Robert Dachs, M.D.
May 14, 2021	“AMC COVID 19 Treatment Algorithm”	Dr. Gregory Wu
September 17, 2021	"COVID-19 Update"	Robert Dachs, MD, Michael Lin, MD, and Dean Limeri, MD
January 21, 2022	"Outpatient management of the acutely infected COVID-19 patient"	Dr. Robert Dachs
April 1, 2022	"Non-invasive Ventilation for the Non-intensivist in the age of COVID"	Dr. Gregory Wu

Ellis will continue to provide educational opportunities for community providers to keep them up to date on the latest medical advances for COVID-19.

Beginning in 2020, St. Peter's Health Partners became the first health care institution in New York's Capital Region to offer monoclonal antibody therapy – the only FDA-authorized treatment for COVID-19 – when it opened a clinic at the Samaritan Hospital – Albany Memorial Campus on December 3, 2020.

The treatment involves the intravenous administration of bamlanivimab or the combination of casirivimab and imdevimab. The drugs are designed to enhance the body's natural immune response to the virus and must be given within 10 days from the first onset of symptoms. St. Peter's Health Partners has been at the forefront of COVID-19 treatment. St. Peter's Hospital and Samaritan Hospital were among the first hospitals in the United States to obtain FDA approval to treat critically ill patients infected by COVID-19 with blood plasma from a COVID-19 survivor.

St. Peter's and Samaritan were also the first hospitals in the Capital Region to use the experimental antiviral drug Remdesivir to treat COVID-19 patients, along with a variety of other therapeutic methods including IL-6 inhibitor drugs and macrophage inhibitors. These experimental therapies are being deployed alongside the compassionate, patient-centered care for which St. Peter's Health Partners has always been recognized.

In addition, Sunnyview Rehabilitation Hospital offers an integrated, team approach to COVID-19 recovery. Our coordinated outpatient treatment program is dedicated to helping patients struggling with long-haul COVID symptoms. The physical and rehabilitation medicine specialists at Sunnyview Rehabilitation Hospital, along with our highly regarded neuropsychology team and physical, occupational, and speech/language therapists, work in close collaboration to address the ongoing side effects that impact the lives of our long-haul COVID patients.

2. Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders

a. Focus Area: Mental and Substance Use Disorders Prevention

Ellis Hospital will continue to support the growth and promotion of several opioid and other substance use harm reduction and treatment initiatives operated through the hospital's emergency department (ED), the primary care practices, and the outpatient retail pharmacy. Ellis's outpatient pharmacy, located at the Nott Street campus, is a permanent Drug Take Back location, allowing patients and members of the community to return unused prescription medication to prevent drug misuse.

Ellis will provide space on its McClellan Campus to host Naloxone and Mental Health First Aid trainings for community members. To incentivize employees to attend these trainings, Ellis Medicine's wellness committee will offer "Healthy Me" credits, which help employees earn a discount on their health insurance rates.

Ellis is currently developing an organization-wide policy on the Identification and Care of the Patient with Substance Use Disorder. The purpose of the policy is to provide a process for the identification, assessment and referral of patients with documented substance use disorder or appear to have a risk for substance use disorder. Per this new policy, all patients who present in an acute care setting at Ellis Medicine will be screened for substance use disorder, alcohol use disorder, or opioid withdrawal and offered referral or treatment, as appropriate.

Ellis also offers Medication Assisted Treatment (MAT) programs both in the ED and through certain primary care practices. Suboxone or Buprenorphine treatment may be started in the ED and then seamlessly transitioned to a primary care practice. Under the new policy, providers are recommended to initiate buprenorphine treatment for all patients in the emergency department or inpatient hospital setting exhibiting withdrawal symptoms, and to discharge these patients with a prescription for buprenorphine and instructions for follow-up.

As part of a collaboration with community agencies licensed to provide substance use treatment and recovery services, certified recovery peer advocates (CRPA) are stationed in the Ellis Emergency Department during high-risk times. CRPAs work with overdose patients and their friends/families to promote harm reduction and community support activities upon discharge, and to engage patients with detoxification providers.

Ellis will continue to provide dissemination of materials that are related to the goals and interventions selected and will continue to co-host and provide meeting space for the Schenectady Coalition for a Healthy Community and other community groups as needed. As a teaching hospital, Ellis will continue to collaborate with SCPHS in educating both hospital-employed and community clinical providers at all levels. In March 2021, Ellis Department of Internal Medicine hosted a Grand Rounds for clinical providers given by Dr. Daniel Cunningham, "Tackling Pain to the MAT: Managing Pain in Patients on Medication Assisted Treatment" to improve care of patients with opioid use disorders.

Ellis supports and will work toward the Statewide Prevention Agenda Objectives of: 1) Increase the age-adjusted Buprenorphine prescribing rate for substance use disorder (SUD) by 20% to 415.6 per 100,000 population from the baseline of 346.3 per 100,000 (2.2.2) and 2) Reduce all emergency department visits (including outpatients and admitted patients) involving any opioid overdose by 5% to the age-adjusted rate of 53.3 per 100,000 population (2.2.4). Ellis recognizes and will work to address the disparity that substance use disorders disproportionately affect the low-income population in Schenectady.

Another health disparity that disproportionately affects the low-income population in Schenectady is mental health care. The Health Resources and Services Administration has identified Schenectady as a Health Professional Shortage Area for mental health services for the Medicaid population. Ellis is spending in excess of $15 million on a state-of-the-art outpatient mental health facility located in an economically challenged neighborhood, which provides critical child and adolescent, adult, and personal oriented recovery service mental health services to the community. Ellis Medicine also offers a 36-bed adult inpatient mental health unit that serves patients aged 18 and above, as well as a 16-bed inpatient mental health unit that serves children from a wide geographic area that extends from Poughkeepsie to Canada, and from the Vermont border to the Syracuse area. Due to ongoing staffing challenges related to the COVID-19 pandemic, Ellis has temporarily reduced the amount of staffed adult inpatient mental health beds available to 18 and closed its inpatient adolescent mental health unit. Ellis is actively engaged in staff recruitment and retention activities to restore these vital community resources.

Ellis Medicine also has several innovative programs to address the mental health needs of the community. The Peer Counselor Program is a nationally recognized program in which trained mental health consumers provide advocacy and support from the perspective of a person who has been able to successfully cope with mental illness. Peer counselors are available throughout Ellis Mental Health Services, including in the Emergency Room, Inpatient Psychiatric Unit and Outpatient Programs. The

Peer Counselors Program offers individuals with lived mental health experience extensive training and meaningful employment as peer counselors.

The Ellis Pediatric Health Center received a grant from the New York State Office of Mental Health to implement the Healthy Steps Program supporting at-risk families with children from birth to three years old. The grant enabled hiring a Healthy Steps Specialist who is engaged in expanding awareness of the Adverse Childhood Experiences (ACEs) concept throughout the community. This grant is funded through the end of 2022.

Ellis also co-operates an outpatient mental health crisis diversion program called the Living Room. The overall goal of this program is to reduce emergency department utilization and is the first of its kind in the Capital Region. This new community resource, which is a collaboration between Ellis Medicine and Rehabilitation Support Services (RSS), opened in the Fall 2018 and offers further patient access to care. The Living Room is a safe, comfortable, calming place within a healthcare setting, where guests facing mental health crises can seek help as an alternative to the Emergency Department. The Living Room staff includes a Licensed Clinical Social Worker, a Care Manager and a Peer Specialist. Additionally, advising medical professionals from Ellis Medicine will be consulted as needed. Guests will be assessed for safety throughout the visit. Supportive therapy will be provided, including coping skill training, stress reduction skill training, as well as opportunities for peer mentorship. Services for mental health, substance-use treatment, physical health needs, care management, housing supports, and community resources are all available and provided according to the immediate needs of each individual who visits.

Sunnyview Rehabilitation Hospital will continue their ongoing support and partnership, and as appropriate will refer their clients to: tobacco cessation programs, MAT programs, utilization of CRPAs when needed and disseminate materials that are related to the goals and interventions selected. Sunnyview will also inform Ellis and SCPHS if they notice a significant increase or decrease in referrals to programs.

Hospital Actions and Impacts for Priority Areas 3 through 9

Arranged by data + community survey score ranking

Community Health Need	Prevention Agenda Priority	Summary of Ellis Hospital Implementation Strategy including Action, Program, Resources, Collaboration, and Evaluation
Diabetes	Prevent Chronic Diseases Action Plan- 1.1, 1.2, 4.3 & 4.4	Ellis Diabetes Care offers outpatient Diabetes Self-Management Education (DSME) programs for individuals already diagnosed with diabetes, staffed by a certified diabetes educator. Education topics include being active, healthy coping, healthy eating, monitoring, problem solving, reducing risks and taking medication. The program receives referrals not only from Ellis practices, but also from community-based organizations and other medical providers in the community. One of the goals for 2022-2025 is increase the number of individuals who attend at least one session of DSME. Between August 2019 and July 2021, 368 patients were

		established in the Ellis Diabetes Self-Management Education program. The program has achieved recognition by the American Diabetes Recognition, most recently in October 2021, which allows Ellis to bill for DSME services through Medicaid, Medicare and private insurers. Ellis Medicine provides staff for running the DSME programs, which is housed in Ellis Diabetes Care. They also provide resources to promote the program in the community and to their employees. Ellis Diabetes Care collects all the data that is needed for this program and monitors progress with referrals. Sunnyview Hospital also provides referrals to the DSME program. Ellis also employs a certified diabetes educator in the inpatient setting. The educator divides her time between educating patients, educating staff, and quality improvement initiatives. In 2021, the educator conducted 647 patient consults to provide education to newly diagnosed diabetics in the inpatient setting. The goal for 2022-2025 is to maintain the number of diabetes education patient consults the certified diabetes educator provides. In 2022, the diabetes educator is working on a project to start eligible patients on Freestyle Libre 2 continuous glucose monitors while in the hospital for transitioning the patients to home monitoring. Additionally, the inpatient diabetes educator provides education to health care workers at Ellis Medicine through registered nurse orientations, monthly graduate nurse meetings, quarterly hospitalist education meetings, medical Grand Rounds presentations, resident orientation, and pharmacy/nursing in-service education huddles for insulin pump use. The educator also works with the Belanger School of Nursing to guest teach lectures on diabetes, and with Sage College to provide orientation for interns and shadowing opportunities for nutrition students in the hospital setting. For 2022-2025, the goal is to begin providing CME credit for educational programs provided to the hospitalists. In January 2019, Ellis Hospital, the Alliance for Better Health and Catholic Charities opened an innovative new food pantry, the Food Farmacy, on Ellis' McClellan Street campus. The Food

		Farmacy serves Medicaid-eligible patients referred by Ellis for reasons such as limited access to nutritious food and limited understand of what good nutrition entails. It provides up to three days' worth of fresh produce and other nutritious food to people who need it.
Obesity	Prevent Chronic Diseases Action Plan- 4.2 & 4.3	The Ellis Bariatric Care Center provides a comprehensive bariatrics program with services to help improve the health obese patients in the community, including weight-loss surgery, nutrition services, healthy lifestyle education, and patient support groups. Due to the ongoing COVID-19 pandemic, the monthly patient support groups transitioned to an online format to ensure continued, safe access for patients. The Ellis Bariatric Care Center employs a full-time dietician who sees patients every month until they reach their weight loss goal, and for one year after surgery. The practice provides follow-up care for every patient for a lifetime. They receive patient referrals from Ellis primary care practices and other providers in the community. In 2021, surgeons at Ellis provided weight-loss surgeries for 272 patients. This number is expected to increase from 2022-2025 as the restrictions on non-essential surgical procedures due to the COVID-19 pandemic are lifted. Ellis Medicine also employees two outpatient dieticians in its Dining and Nutrition Department who provide medical nutrition services for a variety of medical conditions, including obesity. They receive patient referrals from Ellis primary care practices.
Sexually Transmitted Infections	Prevent Communicable Diseases Action Plan-3.1 & 4.1	At the Ellis Family Health Center and in Ellis primary care practices, extensive screenings for sexually transmitted infections (STIs) are provided to patients. All patients are screened for HIV and hepatitis C at least once in adulthood. All sexually active women under the age of 25 are screened annually for gonorrhea and chlamydia. Any woman 25 and older who is at increased risk (determined through shared decision-making with physician) is screened for gonorrhea, chlamydia, and HIV. All pregnant women are screened for gonorrhea, chlamydia, HIV, syphilis, and Hepatitis C at their initial visit and then retested in the third trimester for all, with the exception Hepatitis C. All women 30 and over are screened for HPV at the time of their cervical cancer screening every 5 years. All women ages 21-29 years are screened for

		HPV if they have an abnormal Pap smear. All women with a complaint of vaginal discharge are screened for gonorrhea, chlamydia, and trichomonas. All patients with a positive STI test are screened for the other STIs, including gonorrhea, chlamydia, syphilis, and HIV. Men who have sex with men (MSM) are screened at least annually for gonorrhea, chlamydia, HIV, and syphilis. All transgender patients are screened based on anatomy. All patients with HIV are screened annually for gonorrhea, chlamydia, and syphilis. All MSM with HIV are screened annually for hepatitis C. STI and safer sex education is provided to all patients. The decision to test is always reached collaboratively between physician and patient. Ellis Medicine provides treatment for patients who test positive for sexually transmitted infections, including chronic care of HIV and treatment of hepatitis C (which are specialized treatments, and are not done by most primary care physicians in the area).
Tobacco Use	Prevent Chronic Diseases Action Plan- 3.2.1	Ellis Medicine offers “The Butt Stops Here”, an in-person tobacco cessation program led by a certified facilitator. The program fee is $45, Medicaid participants pay a $20 fee, and it is free for MVP members, CDPHP members, and Ellis Medicine employees. The program is six weeks and includes a workbook, relaxation CD, and two weeks of nicotine patches or gum. In 2019, there were 32 participants enrolled in the program, four of which were Medicaid participants. In 2020, prior to the start of the COVID-19 pandemic, there were 9 participants enrolled in the program. Due to restrictions on in-person meetings, no classes were held in 2021. For 2022-2025, the goal is to return participation in “The Butt Stops Here” program to pre-pandemic levels. Towards that effort, a new in-program class began enrolling participants in May 2022. In 2020, Ellis replaced the “no smoking” signs and other messaging with comprehensive regulatory-compliant signage consistent with current standards and in a format consistent with signs at Sunnyview and other large campuses. Ellis revised its tobacco use policy to prohibit the use of tobacco products and electronic cigarettes anywhere on Ellis property. Employees now are prohibited from smoking during the workday.

		Ellis also produced cards with information about the tobacco use policy, including resource to support quitting, that security staff present to anyone using tobacco products on Ellis Medicine property.
Breast Cancer	Prevent Chronic Diseases Action Plan- 4.1.1.	In 2021, Ellis became a member of Roswell Park Care Network to address the unmet need for medical oncology services in Schenectady County. Roswell Park Comprehensive Cancer Center is a nationally designated cancer institute (NCI); one of only five in NYS and the only one Upstate. The new center provides access to world-class cancer care, which previously was only available hours away. Ellis also provides mammograms and other advanced diagnostic services and treatments for our low-income and underserved patients. Ellis recently began a Breast Cancer-Specific Tumor Board, and we have very engaged Breast Surgeons in Drs. Kauh and Sanchez. Ellis is working toward enhancing the program and achieving National Accreditation for the Breast Program in the next few years.
Childhood Lead Exposure	Promote a Healthy and Safe Environment Action Plan- 3.2.a.	Providers at Ellis Pediatrics do point-of-care lead testing at 1-year-old and 2-year-old well child visits. This is a requirement of New York State and a recommendation based on the percent of children served who are on Medicaid. If a child has a known exposure (i.e., a sibling with an elevated lead level) or developmental issue, providers will also do testing at the time. If their level is elevated based on POC, they need a serum confirmation and depending on the level Schenectady County Public Health Services will get involved with education and abatement.
Tick-borne Diseases	No	Ellis Medicine sees patients at its Clifton Park Emergent Care Center and its Mohawk Harbor Urgent Care for tick removal. Ellis has five primary care locations, where providers can provide treatment for Lyme disease. Ellis also has an infectious disease practice where patients can be referred for Lyme disease complications. Ellis infectious disease specialists endorse the Infectious Disease Society of America scientific guidelines for the treatment of Lyme disease and its complications.

Local Health Department Actions and Impacts for Selected Priority Areas

1. **Priority Area: Prevent Communicable Diseases**
    a. **Focus Area: Vaccine Preventable Diseases: COVID-19**

Schenectady County Public Health Services has been involved in the COVID-19 pandemic since preparedness and response activities began in New York State in January 2020. SCPHS has led or been involved in every aspect of pandemic response including case investigations and contact tracing; isolation and quarantine; delivery of supplies in the community; developing and enforcing policies and/or executive orders; and implementing widespread vaccination efforts once vaccine became available. Schenectady County also partnered with New York State Department of Health to conduct case investigations and contact tracing through the state's virtual call center which allowed SCPHS staff to focus on offering vaccine and promoting vaccine in the community. Throughout the pandemic, SCPHS has maintained a focus on health equity and reducing health disparities by engaging community partners and trusted messengers to guide all efforts and interventions.

As of June 2022, 37,303 COVID-19 tests that have been performed in Schenectady County were positive (NYS COVID-19 Tracker data). In January 2022, SCPHS partnered with Ellis Medicine to open a testing site at the Ellis McClellan Street campus to offer testing Monday-Friday from 9am-12pm. As of June 2022, over 3,000 tests have been performed at this site. The site now offers vaccine as well.

As of June 2022, 134,245 people in Schenectady County had at least one dose of a COVID-19 vaccine. 124,517 people had a completed series of COVID-19 vaccine. In 2021, SCPHS hosted 458 vaccine PODs and administered 41,545 COVID-19 vaccines. From January-June 2022, SCPHS hosted 109 PODs and administered 1,647 COVID-19 vaccines.

Throughout 2022 and continuing until 2024, SCPHS has a grant from the CDC to subcontract with a CBO to train and deploy Community Health Workers in the community to provide education to the public about COVID-19 vaccine, listen to community concerns and perspectives, answer questions, and encourage vaccination. The CHWs are promoting SCPHS vaccine PODs and testing resources.

2. **Priority Area: Promote Well-Being and Prevent Mental and Substance Use Disorders**
    a. **Focus Area: Mental and Substance Use Disorders Prevention**

SCPHS Office of Community Services is a registered provider of Naloxone and has a registered Naloxone trainer. During the COVID-19 pandemic the Naloxone training was moved to an online platform where community members can watch a training and request to pick up a Naloxone kit from the SCPHS office. 17 people utilized this training method in 2021. The Schenectady County OOPP (Opioid Overdose Prevention Program) is under new leadership as of March 2022. As a result of this change, Naloxone training will be expanded in 2022. Going forward, the supervisor of the program will be training at least three additional Schenectady County employees to also become certified trainers to provide Naloxone trainings to the community. Once this program has larger capacity to increase the number of trainings provided annually, an additional goal for 2022 will be to implement monthly community-focused in-

person trainings rotating through the Schenectady County library system. When a community member attends the training, they will be able to: Describe the impact of opioid overdoses and fentanyl's role, recognize a potential opioid overdose, know how to respond to an opioid overdose, administer naloxone (Narcan) nasal spray and perform rescue breathing on an individual who is unresponsive, as well as understand New York's 911 Good Samaritan Law. Each individual who attends the training will leave with a naloxone kit comprised of all the tools they would need to provide emergency naloxone to someone, including the following: Two (2) Nasal Narcan devices, an Rx information sheet, gloves, alcohol wipes, one rescue breathing mask and one Narcan instruction sheet.

Mental Health First Aid is a skills-based training course delivered by the National Council for Mental Wellbeing. This course teaches participants about mental health and substance-use issues and provides concrete tools and strategies regarding how to best assist individuals who are going through mental health and substance use related concerns. This course is appropriate for individuals who don't have formal degrees in behavioral health but still interface with individuals afflicted with these concerns on a routine basis. Two members of the SCPHS Office of Community Services became certified trainers for Youth Mental Health First Aid in October 2018. These trainers provided four in person trainings to various community stakeholders and community members in 2019. In total, 38 individuals were trained in Youth Mental Health First Aid in 2019. The ability to deliver safe and effective in person trainings was severely strained by the COVID-19 epidemic. Since the onset of COVID-19, the National Council has created options for trainers to provide the trainings in virtual capacity. Despite continuing to promote the training across behavioral health systems during various community stakeholder meetings, the Office of Community Services has not been able to secure training participants for the amended virtual training to date. Two members of the office also became certified trainers for Adult Mental Health First Aid between fall 2021- winter 2022. Unfortunately, there have been unexpected barriers to engaging members of the public in this training as well and the trainers have yet to provide this training to members of the community. The trainers are currently working to determine what has led to the perceived lack of interest in the training and intend to modify the program as needed to ensure it is appealing and convenient to the target audience.

The Substance and Overdose Coalition (formerly known as the Schenectady County Heroin/Opiate Task Force) was restructured in 2020 to be more inclusive to various topics related to harm reduction, substance use and person-centered care. Other goals for the coalition continue to include increasing peer and community stakeholder membership, as well as obtaining guest speakers to promote awareness of subject matters pertaining to substance use and overdose. Of the topics covered in 2021-2022, the topics that drew in the highest attendance included the following: K2 and Our Community, Pregnancy and Substance Use Disorder and Mental health & Substance Use: Exploring Integrated Care in Our Community. This meeting generally occurs monthly.

In addition, to address Schenectady county's high opioid burden, SCPHS is the recipient of an Opioid Crisis Funding Grant, Overdose Data to Action (known as OD2A). The approved work plan for this grant, which commenced on September 1, 2019 (and is expected to be funded for three years), includes evidence-based programming for substance use and mental health related topics ranging from treatment to prevention to harm reduction scopes of service.

SCPHS will work closely with Ellis Hospital and Catholic Charities Project Safe Point to continue to monitor the previously established Certified Recovery Peer Advocate (CRPA) protocols to directly

connect individuals/friends/family who have experienced an overdose to a CRPA. In addition, SCPHS continues to work closely with the County jail to provide MAT to inmates. To further support the work in the correctional setting, SCPHS will continue to hold quarterly meetings that support developing best practice protocols to integrate peer-support during incarceration and to develop a protocol for coordination with CRPAs for inmates upon release from Schenectady County Corrections.

SCPHS will also be working closely with New Choices Prevention Services to promote national DEA Drug Take Back Days on a local level. The Office of Community Services and other Schenectady County based coalitions will partake by widely distributing any information promotes the events to all appropriate distribution lists. General information on safe disposal medication guidelines will also be distributed as appropriate.

Maintaining Engagement of Local Partners

The Schenectady Coalition for a Healthy Community and its member organizations will remain engaged in the CHIP activities during the 2022-2024 cycle. Discussions of CHIP progress occur at each of the quarterly coalition meetings and at workgroup meeting which occur in the months in between the larger group meetings. Workgroup meetings serve as a time to note any needed mid-course corrections to bring to the larger group for discussion. Any mid-course corrections will be noted in the yearly report that is submitted to New York State Department of Health.

Dissemination Plan

The final joint Community Health Assessment/Community Health Improvement Plan/Community Service Plan Executive Summary will be posted publicly on the following websites:

www.schenectadycounty.com/public-health

http://www.ellismedicine.org/

https://www.sphp.com/