Community Health Needs Assessment (CHNA) Implementation Strategy

Fiscal Year 2026

Samaritan Hospital
St Peter's Health Partners
A Member of Trinity Health

Samaritan Hospital completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on April 25, 2025. Samaritan Hospital performed the CHNA in adherence with applicable federal requirements for not-for-profit hospitals set forth in the Affordable Care Act (ACA) and by the Internal Revenue Service (IRS). The assessment considered a comprehensive review of secondary data analysis of patient outcomes, community health status, and social influencers of health, as well as primary data collection, including input from representatives of the community, community members and various community organizations.

The complete CHNA report is available electronically at: https://www.sphp.com/about-us/community-benefit/community-health-reports
or printed copies are available at: St. Peter's Health Partners, Community Health and Well-Being, 315 South Manning Blvd. Albany, NY 12208

Our Mission

We, St. Peter's Health Partners and Trinity Health, serve together in the spirit of the gospel as a compassionate and transforming healing presence within our communities. CORE VALUES Reverence – We honor the sacredness and dignity of every person. Commitment to Those Experiencing Poverty – We stand with and serve those who are experiencing poverty, especially those most vulnerable. Justice – We foster right relationships to promote the common good, including sustainability of Earth. Stewardship – We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care. Integrity – We are faithful to who we say we are. Safety – We embrace a culture that prevents harm and nurtures a healing, safe environment for all.

St. Peter's Health Partners

St. Peter's Health Partners, a member of Trinity Health, is one of the Capital Region's largest, most comprehensive not-for-profit health care networks. Our full range of services, along with support and care coordination, help people achieve their health goals-centered, integrated care is at the heart of St. Peter's Health Partners (SPHP). With nearly 11,000 employees in more than 185 locations, our breadth of services across the continuum of care uniquely positions us to be the region's leader for quality, efficiency, and innovation in delivering compassionate health care and senior services.

Samaritan Hospital

Samaritan Hospital is a 277-bed community hospital offering inpatient and outpatient including emergency services, critical care and ambulatory surgery, cancer services, behavioral health services, and cardiac catheterization, across three medical campuses in Troy and Albany (Our Main Campus in Troy, our St. Mary's Campus in Troy, and our Albany Memorial Campus in Albany). In 2018, St. Peter's Health Partners completed a major construction project modernizing its facilities, including a new patient pavilion with an expanded emergency department, ICU, PCU and Med/Surg units. First located on Eighth Street in Troy, in the former Troy Orphan's Asylum, the main campus moved to its present location at the corner of Burdett and Peoples Avenues in the early 20th century.

Our Community Based Services

In addition to our hospitals, St. Peter's Health Partners includes: The Eddy system of continuing care, The Community Hospice and St. Peter's Health Partners Medical Associates, one of the Capital Region's largest multi-specialty physician groups with more than 850 physicians and advanced practitioners in more than 130 locations. As a member of Trinity Health, St. Peter's Health Partners' Community Health & Well-being (CHWB) strategy promotes

optimal health for those who are poor and vulnerable and the communities we serve by connecting social and clinical care, addressing social needs, dismantling systemic racism, and reducing health inequities. We do this by:

- Investing in our communities.
- Delivering outstanding care for those who are experiencing poverty and other vulnerabilities.
- Impacting social influencers of health.

St. Peter's Health Partners reinvests in communities through financial support, screenings, education, and research. We provide programs such as PACE, The Butt Stops Here Tobacco Cessation Program, Diabetes Prevention Program, Prescription Assistance, Food Access Programs, the Maternal Obstetrical Mentoring Services (MOMS) program for our prenatal patients, and financial assistance/charity care for those in need.

Our Community

Geographic Area Served

For the purposes of the Community Health Needs Assessment, Samaritan Hospital defines its primary service area as Albany and Rensselaer counties which represent the home zip codes of 79% of its patients.

Demographics of the Population

US Census Bureau Quick Facts	United States	New York	Albany County	Rensselaer County
Population, Census, April 1, 2020	331,449,281	20,201,249	314,848	161,130
Population, Census, April 1, 2010	308,745,538	19,378,102	304,204	159,429
Persons under 5 years old	5.5%	5.3%	4.5%	4.8%
Persons under 18 years old, percent	21.7%	20.2%	17.9%	18.8%

Persons 65 years old and over, percent	17.7%	18.6%	18.7%	19.0%
Female Persons, percent	50.5%	51.2%	51.4%	50.2%
White alone, percent	75.3%	68.5%	74.1%	84.7%
Hispanic or Latino, percent	19.5%	19.8%	7.3%	6.2
Asian alone, percent	6.5	9.7%	7.5%	3.1%
Black or African American alone, percent	13.7	17.7%	14.6%	8.9
Native Hawaiian and Other Pacific Islander alone, percent	0.3%	0.1%	0.1%	0.1%
Two or More Races, percent	3.1%	2.9%	3.4%	2.8%
White alone, not Hispanic or Latino, percent	58.4%	54.0%	69.3%	80.5%
Foreign Born Persons, Percent, 2019-2023	13.9%	22.6%	11.3%	6.0%
Veteran's, 2019-2023	16,569,149	607,728	12,847	8,226
High school graduate or higher, percent of persons age 25+ , 2019-2023	89.4%	87.9%	93.2%	92.7%
Bachelor's degree or higher, percent of persons age 25+, 2019-2023	35.0%	39.6%	45.2%	37.3%
Language other than English spoken at home, percent of persons aged 5 years +, 2019-2023	22%	30.6%	14.2%	7.9%
Owner-occupied housing unit rate, 2019-2023	65.0%	54.3%	56.7%	64.1%
Median households' income (in 2023 dollars), 2019-2023	$78,538	$84,578	$83,149	$86,663
Persons in poverty, percent**	11.1%	14.2%	12.9%	12.4%
Percent with a disability, under age 65 years, percent	9.1%	8.1%	9.0%	10.5%
Population per square mile, 2020	93.8	428.7	602.1	247.0

Source: US Census Bureau QuickFacts, www.census.gov

**These geographic levels of poverty and health estimates are not comparable to other geographic levels of these estimates

Our Approach to Health Equity

While community health needs assessments (CHNA) and Implementation Strategies are required by the IRS, Trinity Health ministries have historically conducted CHNAs and developed Implementation Strategies as a way to meaningfully engage our communities and plan our Community Health & Well-Being work. Community Health & Well-Being promotes optimal health for people experiencing poverty or other vulnerabilities in the communities we serve by addressing patient social needs and investing in our communities through dismantling oppressive systems, including racism, and building community capacity. Trinity Health has adopted the Robert Wood Johnson Foundation's definition of Health Equity - "Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."

This implementation strategy was developed in partnership with community and will focus on specific populations and geographies most impacted by the needs being addressed. Racial equity principles were used throughout the development of this plan and will continue to be used during the implementation. The strategies implemented will mostly focus on policy, systems and environmental change as these systems changes are needed to dismantle racism and promote health and wellbeing for all members of the communities we serve.

Health and Social Needs of the Community

The CHNA conducted in late 2024, to early 2025 identified the significant needs for health and social drivers of health within the Albany and Rensselaer counties. Community stakeholders then prioritized those needs during a facilitated review and analysis of the CHNA findings. The significant health needs identified, in order of priority include:

1. Obesity	• Within Albany County, 30.1% of adults aged 18+ and 20.2% of children and adolescents were obese, having a Body Mass Index (BMI) of 30 or higher) and within Rensselaer County, 35% of adults and 23.8% of children and adolescents were obese. 2021-2023 • The percentage of adults who participated in physical activity was 73.9% for both Albany and Rensselaer County. 2023
2. Diabetes	• The estimated prevalence of diabetes among adults in the Capital Region is below that of NYS rate. Within Albany and Rensselaer counties 9.4% of adults, age 18 + have a diagnosis of diabetes. 2021-2023 • As of 2019, 3,126 or 89.62% Medicare enrollees with diabetes have had an annual exam within Albany and Rensselaer counties.
3. Social Determinants of Health	• The food insecurity rate for Albany County was 11.6% and 11.8 % for Rensselaer County. Both rates were lower than the NYS average rate of 12.6%. • Within Albany and Rensselaer Counties there are 118 grocery establishments- a rate of 24.79/100,000 population; this is significantly lower than the NYS average of 41.76/ 100,000 population • 11.2% of Albany and Rensselaer County residents receive Supplemental Food and Nutrition (SNAP) benefits, which is less than the NYS and national average. 2019
4. Mental Illness including Suicide	• The percentage of adults age 18+ who report 14 or more poor mental health days during the past 30-day period was 16.0 % in Albany county and 16.4% in Rensselaer county. 2022 • According to the 2022 BRFSS, Albany and Rensselaer County adults, age 18+, reported a higher than state average incidence of depression (as diagnosed by a health professional) at 20.6% (Albany County) and 20.3% (Rensselaer County). • From 2018-2022, Albany County had a suicide mortality rate of 154/ 100,000 population and Rensselaer County had a rate of 87/ 100,000. In addition, the rates of suicide were higher among White/Caucasian individuals, when compared to Black/African American individuals.

5. Cardiac Conditions including Stroke, Heart Disease and Hypertension	• Within Albany and Rensselaer County, there were a total of 2,954 deaths due to coronary heart disease, from 2018-2022. This represents a crude death rate of 126.1/ 100,000 population. • The rate of heart disease in the Medicare population in 2022 was 26% in Albany and Rensselaer counties, which was higher than the NYS rate. • Within the Albany and Rensselaer County, 30.8% of adults age 18+ reported having high blood pressure, which is slightly lower than the rate for NYS (2021)
6. Poor Birth Outcomes	• Within Albany and Rensselaer County the percentage of women who did not obtain prenatal care until the 7th month (or later) of pregnancy or who didn't have any prenatal care was 4.62% overall which is lower than the national average rate of 6.12%. This measure can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services. In both Albany and Rensselaer County, Black non-Hispanic individuals have a lower rate of early prenatal care (68.8%, Rensselaer County, 67.3% Albany County) compares to White Non- Hispanic individuals (81.8%% Rensselaer County, 82% Albany County). 2020-2022 • The overall rate of premature births (Less than 37 weeks gestation) was 10.0% (Albany County) and 10.4% (Rensselaer County), which were slightly higher than the NYS rate. 2016-2022 • Within Albany and Rensselaer Counties, 176 infants died during the 2015-21 seven-year period. This represents 5.5 deaths per 1,000 live births, which was higher than the NYS and US average. The Black non-Hispanic population had a nearly three times higher rate of infant mortality compared to the White non-Hispanic population.
7. Alcohol and Drug Misuse	• Adults in Albany and Rensselaer County reported engaging in excessing drinking, defined as binge or heaving drinking, at 20.7% (Albany County) and 20.5% (Renssealer County) compared to the NYS average of 19.1% (BRFSS, 2022). The percentage of driving deaths with alcohol involvement was 24% in Albany County and 25% in Renssealer County, both higher than the NYS rate of 21% (2021) • The 2021 age adjusted rate per 100,000 population of overdose deaths involving any opioid was 29.2 / 100,000 in Albany County, which was higher than the NYS rate of 24.6 per 100,000 and 24.5/ 100,000 in Rensselaer County.
8. Childhood Lead Exposure	• Albany County's 2015-18 incidence rate of elevated blood lead levels (≥10 µg/dl) – 11.7 per 1,000 tested children under 6 years of age – was the region's highest and 1.8 times higher than NYS, excl. NYC (6.5). Rensselaer County's 2016-18 incidence rate of elevated

	blood lead levels (≥10 µg/dl), 10.8 per 1,000 tested children under 6 years of age, was the region's 2nd highest and 1.7 times higher than NYS, excl. NYC (6.5).
9. Cancer	• Within Albany and Renssealer County, there were 3,044 new cases of cancer reported from 2016-2020. This means there was a rate of 517.7 for every 100,000 total population, which is higher than both the NYS and US rates. • The Black/African American population had a higher rate of cancer incidence when compared to White/Caucasian population. 2018-2022
10. Tobacco Use	• Within the Albany and Rensselaer County, there are 11.8% adults age 18+ who currently use tobacco products, which is slightly lower than the NYS rate. (2020-2022)
11. Immunization and Related Disease, including COVID-19	• The percent of deaths in Albany and Rensselaer County attributed to COVID-19, as of 3/10/23 was 199.97 per 100,00 population, which is less than the state average of 391.93/r 100,000. • As of September 2022, the percentage of adults fully vaccinated for COVID-19 in Albany and Rensselaer County was 79.58%, which was lower than the NYS percentage of 84.02%
12. Asthma	• Within Albany and Rensselaer counties, there were 10.5% of adults age 18+ who reported having asthma which was slightly higher than NYS rates. • Within Albany and Renssealer County, asthma hospitalization rates were 2.4 times higher among Black, Non-Hispanic residents than White Non- Hispanic residents. (2021)
13. Sexually Transmitted Infections	• As of 2022 rates of Early Syphilis and Chlamydia in Albany and Rensselaer Counties where lower than the NYS rates (Albany County, 34 / 100,000 population, Rensselaer County 18.0/100,000, NYS 49.5/ 100,000) • As of 2022, rates of Gonorrhea in Albany County (275.1 per 100,000 population) were higher than the NYS rate of 230/100,000; while Rensselaer County rates (205.1/ 100,000 population) was lower than the NYS rate.
14. Injuries and Falls	• Within Albany and Rensselaer counties, the 2015-2017 three-year total of reported violent crimes was 4,788, which equates to an annual rate of 327.90 crimes per 100,000 population, lower than the statewide rate of 536.90. • Within Albany and Rensselaer Counties, the 2018-2022 five-year average rate of death due to motor vehicle crash per 100,000 population was 5.8 per 100,000 population. • The age adjusted falls hospitalization rate in Albany County (2020-2022) was 44.9/10,000 and 41.7/10,000 in Rensselaer County.
15. Tick-Borne Disease	• Albany County's 2019-2021 Lyme disease incidence rate was

	93.0/100,000 and was higher than the NYS rate of 34.8/100,000. Rensselaer County's 2016-18 Lyme disease incidence rate was 254.8/100,000.

Hospital Implementation Strategy

Significant health and social needs to be addressed

Samaritan Hospital, in collaboration with community partners, will focus on developing and/or supporting initiatives and measure their effectiveness to improve the following needs:

1. Obesity and Diabetes– CHNA pages 20-24
2. Social Determinants of Health; Specifically, Food Security– CHNA pages 33-40

Significant health and social needs that will not be addressed

Samaritan Hospital acknowledges the wide range of priority health and social issues that emerged from the CHNA process and determined that it could effectively focus on only those needs which are the most pressing, under- addressed and within its ability to influence. Samaritan Hospital does not intend to address the following needs:

- **Mental Illness including Suicide** – the hospital will provide treatment and education of this health need as part of our routine care of patients.
- **Cardiac Conditions, including Stroke, Heart Disease, and Hypertension** - the hospital will provide treatment and education of this health need as part of our routine care of patients.
- **Poor Birth Outcomes**- the hospital will provide treatment and education of this health need as part of our routine care of patients and through our work with the NYS Respectful Care and Safe Reduction of NTSV Cesarean Birth Project.
- **Alcohol and Drug Use**- the hospital will provide treatment and education of this health need as part of our routine care of patients.
- **Childhood Lead Exposure**- to avoid duplication of efforts because other organizations are addressing the need.
- **Cancer**- the hospital will provide treatment and education of this health need as part of our routine care of patients.
- **Tobacco Use**- Competing priorities, the hospitals will promote existing cessation programs within the community.
- **Immunization and Related Disease**- the hospital will provide treatment and education of this health need as part of our routine care of patients and to avoid duplication of efforts because other organizations are addressing the need.
- **Asthma**- hospital will provide treatment and education for this health need as part of our routine care of patients.
- **Sexually Transmitted Infections**- the hospital will provide treatment and education of this health need as part of our routine care of patients and to avoid duplication of efforts because other organizations are addressing the need.

- **Injuries and Falls**- the hospital will provide treatment and education of this health need as part of our routine care of patients.
- **Tick Borne Disease**- to avoid duplication of efforts because other organizations are addressing the need.

This implementation strategy specifies community health needs that the hospital, in collaboration with community partners, has determined to address. In addition,this implementaion strategy is only for a one-year time line and another implementation strategy will be produced following the full community collaroative Community Health Needs Assessment in 2026. The hospital reserves the right to amend this implementation strategy if circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During this year, other organizations in the community may decide to address certain needs, indicating that the hospital should refocus its limited resources to best serve the community.

1

Diabetes and Obesity

Goal: Increase access to healthy lifestyle programing in an effort to reduce the prevalence of diabetes and obesity within the community

CHNA Impact Measures By June 30, 2026	2025 Baseline	2026 Target
Increase the percentage of adults aged 35+ who had a test for high blood sugar within the past year by 2%, within Albany and Rensselaer County *(source: BRFSS; Behavioral Risk Factor Surveillance System)*	78.1%	79.6%
Increase the number of adults age 18+, who are enrolled in the National Diabetes Prevention Program within Albany and Rensselaer County	310	357
Increase the prevalence of physical activity among adults age 18+ by 2%, within Albany and Rensselaer County *(source: BRFSS; Behavioral Risk Factor Surveillance System)*	73.9%	75.3%

Strategy	Timeline			Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
	Y1	Y2	Y3		
Increase prediabetes awareness by promoting diabetes screening, testing and referral to the National Diabetes Prevention Program	X			St. Peter's, Samaritan, and Sunnyview Rehabilitation Hospitals (SPHP)	$260,000 grant funding to screen, enroll and deliver NDPP
	X			Catholic Charities Care Coordination Services	Staff time and effort to screen for prediabetes, enroll and deliver NDPP
	X			Albany County Health Department	Staff time and effort promote screening for prediabetes and referral to NDPP
	X			Rensselaer County Health Department	Staff time and effort promote screening for prediabetes and referral to NDPP
	X			Community Pharmacy Enhanced	Staff time and effort to screen for

				Services Network	prediabetes, enroll and deliver NDPP
	Focus location(s)				**Focus Population(s)**
	City of Albany, including high priority zip codes: 12202 & 12210 and priority zip codes: 12203, 12204; 12205, 12206, 12207, 12208, 12209, 12210 and City of Troy including priority zip codes: 12180 & 12182				Black/African American, Latinx and community members age 65+
Strategy	**Timeline**			**Hospital and Committed Partners** (align to indicate committed resource)	**Committed Resources** (align by hospital/committed partner)
	Y1	**Y2**	**Y3**		
Scale and spread healthy lifestyle programs such as: 1. The National Diabetes Prevention Program (NDPP), an evidence-based intervention for adults (18+) who are at risk of developing diabetes, in accordance with CDC guidelines. 2. Diabetes Self-Management Programing	X			St. Peter's, Samaritan, and Sunnyview Rehabilitation Hospitals (SPHP)	$260,000 grant funding to deliver NDPP; staff time and effort to deliver Diabetes Self-Management Programing
	X			Catholic Charities Care Coordination Services	Staff time and effort to screen, enroll and deliver NDPP
	X			Community Pharmacy Enhanced Services Network (CPESN)	Community Pharmacy Enhanced Services Network (CPESN)
	Focus location(s)				**Focus Population(s)**
	City of Albany, including high priority zip codes: 12202 & 12210 and priority zip codes: 12203, 12204; 12205, 12206, 12207, 12208, 12209, 12210 and City of Troy including priority zip codes: 12180 & 12182				Black/African American, Latinx and community members age 65+
Strategy	**Timeline**			**Hospital and Committed Partners** (align to indicate committed resource)	**Committed Resources** (align by hospital/committed partner)
	Y1	**Y2**	**Y3**		
Implement a combination of worksite-based and community-based physical activity policies, programs or best practices in an effort to increase the prevalence of physical activity among Albany and Rensselaer County community members	X			St. Peter's, Samaritan, and Sunnyview Rehabilitation Hospitals (SPHP) Capital District Transportation Authority (CDTA)	Staff time and effort to implement workplace physical activity initiatives
	X			Capital District Physicians Health Plan (CDPHP) Cycle Bike Sharing Program	Operation of the Cycle! Bike share program aimed to increase physical opportunities for community members
	X			Capital District Transportation Authority (CDTA)	Operation of Cycle Program & Nature Bus, which programs aimed to increase physical activity opportunities for community members
	X			Albany Medical Center	Staff time and effort to implement workplace physical activity initiatives
	X			Albany County Department of Health	Staff time and effort to implement workplace and community based physical activity initiatives
	Focus location(s)				**Focus Population(s)**
	City of Albany, including high priority zip codes: 12202 & 12210 and priority zip codes: 12203, 12204; 12205, 12206, 12207, 12208, 12209, 12210 and City of Troy including priority zip codes: 12180 & 12182				Individuals experiencing low socioeconomic status (SES)

2

Social Determinants of Health; Specifically, Food Security

Goal: Improve access to affordable and healthy food options to community members regardless of socioeconomic status

CHNA Impact Measures By June 30, 2026:	2025 Baseline	2026 Target
Increase the rate of social needs screenings in St. Peter's Health Partners Primary Care settings by 3% by June 30, 2026 *(source: Trinity Health Social Needs Screening Dashboard)*	87%	90%
Increase enrollment in Food as Medicine Programs within Albany and Rensselaer County	365	402
Increase the food security rate to 89.4% in Albany County and 89.2% in Rensselaer County (*source: BRFSS; Behavioral Risk Factor Surveillance System)*	Albany: 88.4% Rensselaer: 88.2%	Albany: 89.4% Rensselaer: 89.2%

Strategy	Timeline Y1	Y2	Y3	Hospital and Committed Partners (align to indicate committed resource)	Committed Resources (align by hospital/committed partner)
Utilize Community Health Workers (CHWs) to screen and address Social Determinants (Influencers) of Health, including food insecurity and other basic social needs, through the collaborative care model	X			St. Peter's, Samaritan, and Sunnyview Rehabilitation Hospitals (SPHP)	Salary of 3.0 FTE CHW Salary of 3.0 FTE CHW
	X			Albany County Health Department	Time and effort of employed CHWs
	X			Renssealer County Health Department	Promotion of CHWs services
	X			Catholic Charities Care Coordination Services	Time and effort of employed CHWs
	X			Community Pharmacy Enhanced Services Network (CPESN)	Time and effort of employed CHWs
	Focus location(s)				**Focus Population(s)**
	City of Albany, including high priority zip codes: 12202 & 12210 and priority zip codes: 12203, 12204; 12205, 12206, 12207, 12208, 12209, 12210 and City of Troy including priority zip codes: 12180 & 12182				Individuals experiencing low socioeconomic status (SES)
Strategy	**Timeline Y1**	**Y2**	**Y3**	**Hospital and Committed Partners (align to indicate committed resource)**	**Committed Resources (align by hospital/committed partner)**
Increase the number of patients and community members screened and referred to	X			St. Peter's, Samaritan, and Sunnyview Rehabilitation Hospitals (SPHP)	Staff time and effort for screening/referral

community resources through the Community Resource Directory (findhelp.org) and the Unite Us Platform (Healthy Alliance)				Ellis Hospital	
	X			Albany Medical Center	Staff time and effort for screening/referral
	X			Findhelp.org	Provide ongoing training to Community Health Workers and Care Coordination staff to increase utilization and operational support for use of Community Resource Directory.
	X			Healthy Alliance	Provide ongoing training to Community Health Workers and Care Coordination staff to increase utilization and operational support for use of the Unite Us platform
	Focus location(s)				**Focus Population(s)**
	City of Albany, including high priority zip codes: 12202 & 12210 and priority zip codes: 12203, 12204; 12205, 12206, 12207, 12208, 12209, 12210 and City of Troy including priority zip codes: 12180 & 12182				Individuals experiencing low socioeconomic status (SES)
Strategy	**Timeline**			**Hospital and Committed Partners** (align to indicate committed resource)	**Committed Resources** (align by hospital/committed partner)
	Y1	**Y2**	**Y3**		
Serve on and collaborate with the NYS Food as Medicine (FAM) Coalition to advocate for policy change and institutionalize funding for FAM programs into NYS Mediciad	X			St. Peter's, Samaritan and Sunnyview Rehabilitation Hospitals	Staff time and effort to serve on FAM council and subcommittees
	X			The Regional Food Bank	Staff time and effort to serve on FAM council and subcommittees
	X			Food Pantries of the Capital District	Coordinates the NYS Food As Medicine Project
	Focus location(s)				**Focus Population(s)**
	City of Albany, including high priority zip codes: 12202 & 12210 and priority zip codes: 12203, 12204; 12205, 12206, 12207, 12208, 12209, 12210 and City of Troy including priority zip codes: 12180 & 12182				Individuals experiencing food insecurity
Strategy	**Timeline**			**Hospital and Committed Partners** (align to indicate committed resource)	**Committed Resources** (align by hospital/committed partner)
	Y1	**Y2**	**Y3**		
Increase participation in Food as Medicine Programs among individuals that are experiencing food insecurity and have been diagnosed with a chronic condition (such as diabetes or hypertension).	X			St. Peter's, Samaritan, and Sunnyview Rehabilitation Hospitals	$200,000 in grant funding to operate the SPHP Food as Medicine Program, yearly
	X			Healthy Alliance	Staff time and effort to screen and refer to Food as Medicine programs
	X			Albany County Health Department	Staff time and effort to screen and refer to Food as Medicine programs
	X			Rensselaer County Health Department	Staff time and effort to screen and refer to Food as Medicine programs
	X			Albany Medical Center	Staff time and effort to screen and refer to Food as Medicine programs
	Focus location(s)				**Focus Population(s)**
	City of Albany, including high priority zip codes: 12202 & 12210 and priority zip codes: 12203, 12204; 12205, 12206, 12207, 12208, 12209, 12210 and City of Troy including priority zip codes: 12180 & 12182				Individuals experiencing food insecurity

Adoption of Implementation Strategy

On July 25, 2025, the Board of Directors for St. Peter's Health Partners met to discuss the FY 2026 Implementation Strategy for addressing the community health and social needs identified in the 2025 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget.

_____	08/08/2025 _____
[Name of President/CEO and or CFO]	[Date]