



Sunnyview Rehabilitation Hospital

ST PETER'S HEALTH PARTNERS

CHNA Implementation Strategy Fiscal Years 2020-2022

Sunnyview Rehabilitation Hospital completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on 6/28/2018. Sunnyview 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 took into account a comprehensive review of secondary data analysis of patient outcomes, community health status, and social determinants 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 www.sphp.com/svh, or printed copies are available at:

Sunnyview Rehabilitation Hospital
Administrative Offices
1270 Belmont Avenue
Schenectady, NY 12308

Hospital Information

Sunnyview Rehabilitation Hospital is a 115-bed hospital, specializing in physical rehabilitation, located in Schenectady (Schenectady County). 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. Sunnyview is part of St. Peter's Health Partners (SPHP), which was created on October 1, 2011 by the merger of Northeast Health, St. Peter's Health Care Services and Seton Health. The merger created the region's largest and most comprehensive not-for-profit network of high-quality, advanced medical care, primary care, rehabilitation and senior services, with nearly 12,500 employees in more than 165 locations. These state-of-the-art services and programs are provided through Albany Memorial Hospital and St. Peter's Hospital in Albany; Samaritan Hospital in Troy; Sunnyview Rehabilitation Hospital in Schenectady; as well

as The Eddy system of continuing care and The Community Hospice. SPHP also includes St. Peter's Health Partners Medical Associates -- a nonprofit, physician-governed, multispecialty group with more than 350 physicians and advanced practitioners in more than 70 locations. SPHP Medical Associates is one of the region's largest multispecialty physician group practices. SPHP is a member of Trinity Health, a national Catholic health system with an enduring legacy and a steadfast mission to be a transforming and healing presence within the communities we serve. For more information, please visit www.sphp.com. Today SPHP serves over 6,000 people every day with comprehensive medical services, free educational programs and a host of community health screenings, throughout the region, education, research and outreach activities.

Definition and Brief Description of the Community Served



For the purposes of the Community Health Needs Assessment, Sunnyview has defined its service area as Schenectady County. As a specialty hospital, it serves a broad geographic area and, in addition to Schenectady County, serves a significant number of patients from Albany, Rensselaer and Saratoga counties. However, given that the community health needs are being comprehensively addressed by the hospitals (including other SPHP hospitals) located in those counties, it was determined that Sunnyview would work with Ellis Hospital and the Schenectady County Health Department to address the needs in Schenectady.

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. Founded in community-based legacies of compassionate healing, we provide the highest quality comprehensive continuum of integrated health care, supportive housing and community services, especially for the needy and vulnerable."

Core Values

Reverence – We honor the sacredness and dignity of every person.

Commitment to Those who are Poor – We stand with and serve those who are poor, 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.

SPHP’s mission guides everything we do. As we continue our healing ministry into the 21st century, we are called to both serve others and transform care delivery. We reinvest our resources back into the community through new technologies, vital health services, and access for everyone regardless of their circumstances.

We call our commitment to the community “Community Health and Well-Being Ministry.” Community Health and Well-Being is an organized and measured approach to meeting community health needs. It implies collaboration with a “community” to benefit the “wellbeing” of its residents by improving health status and quality of life.

SPHP’s many community health programs are restoring wholeness and well-being to people within the communities we serve.

Year after year, SPHP reinvests in communities with funding for charity care, primary care services, screenings, education, and research. And the commitment has risen in proportion to the needs.

Health Needs of the Community

The CHNA conducted in 2019 identified the significant health needs within the Sunnyview Rehabilitation Hospital community. A Prevention Agenda Prioritization Workgroup was formed to review data analyses prepared by the Healthy Capital District Initiative, (a community collaborative which includes SPHP) and to select the top priorities (including at least one disparity) to be addressed. Presentations were given at prioritization meetings to summarize available data on the leading health concerns in the service area. In order to assist in the selection process, from 30 Public Health Issues to a shorter list of health issues for participating partners to examine and make final selection, each health indicator variable was scored on five dimensions:

- Size relative to Upstate,
- Impact on quality of life,
- Trend from 2013-2015 or a comparable timeframe,
- Disparity (Index of Disparity using race/ethnicity), and
- Absolute number of individuals affected.

Health indicators that met the criteria were included in the data presentations for each of the five New York State Prevention Agenda Priority Areas:

- Prevent Chronic Diseases
- Promote a Healthy and Safe Environment
- Promote Healthy Women, Infants and Children
- Promote Well Being and Prevent Mental and Substance Use Disorders
- Prevent Communicable Diseases

In addition, available data on prevalence, emergency department visits, hospitalizations, mortality, and trends were included for each indicator. Equity data for gender, age, race/ethnicity, and neighborhood groupings were presented as available.

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

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

The significant health needs identified, in order of priority, include:

<p>1) Tobacco Prevention</p>	<ul style="list-style-type: none"> – Schenectady County's adult smoking rate of 19.9% was higher than NYS exc. NYC (17.0%), but had a slight decrease from its rate in 2013-14 (20.3%)
<p>2) Mental & Substance Use Disorders</p>	<ul style="list-style-type: none"> – Schenectady County residents had higher rates of opioid overdose mortality (20.8/100,000) and opioid overdose ED visits (81.2) compared to NYS excl. NYC (19.4, 79.9)
<p>3) Obesity</p>	<ul style="list-style-type: none"> – Schenectady County's adult obesity rate of 28.5 and child and adolescent obesity rate of 18.8% were both higher than NYS excl. NYC (27.5%, 17.3%)
<p>4) Sexually Transmitted Infections</p>	<ul style="list-style-type: none"> – Schenectady County's gonorrhea case rates in the 15-44 year population of 418.5/100,000 for females and 321.0 for males were markedly higher than NYS excl. NYC (197.1 and 230.0) – The County's gonorrhea rate increased 130% and the chlamydia rate 25% from 2013 to 2017
<p>5) Asthma</p>	<ul style="list-style-type: none"> – Schenectady County's adult asthma prevalence of 12.9% was higher than NYS excl. NYC (10.4) – Schenectady County's asthma emergency department visit rate (56.7/10,000) and ED visit was higher than NYS excl. NYC (47.6)

Hospital Implementation Strategy

Sunnyview Rehabilitation Hospital resources and overall alignment with the hospital's mission, goals, and strategic priorities were taken into consideration of the significant health needs identified through the most recent CHNA process.

Significant health needs to be addressed

Sunnyview Rehabilitation Hospital will focus on developing and/or supporting initiatives and measure their effectiveness, to improve the following health needs:

- **Tobacco Prevention** – beginning on page 6
- **Mental and Substance Use Disorders Prevention** – beginning on page 8

Significant health needs that will not be addressed

Sunnyview Rehabilitation Hospital acknowledges the wide range of priority health issues that emerged from the CHNA process, and determined that it could effectively focus on only those health needs which it deemed most pressing, under-addressed, and within its ability to influence. Sunnyview Rehabilitation Hospital will not take action on the following health needs:

- **Obesity** – Sunnyview does not plan to directly address this particular need because it was not prioritized by the community collaborative.
- **Sexually Transmitted Infections** – Sunnyview does not plan to directly address this particular need because it is being addressed by the local health department and is not within Sunnyview's scope of expertise
- **Asthma** – Sunnyview does not plan to directly address this particular need because other organizations are addressing this health need. Also the need is not within Sunnyview's scope of expertise.

This implementation strategy specifies community health needs that the hospital has determined to address in whole or in part and that are consistent with its mission. The hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During these three years, other organizations in the community may decide to address certain needs, indicating that the hospital then should refocus its limited resources to best serve the community.

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2020-2022

Hospital facility:	Sunnyview Rehabilitation Hospital (St. Peter's Health Partners)		
CHNA significant health need:	Tobacco Prevention		
CHNA reference page:	63-65	Prioritization #:	1

Brief description of need: Schenectady County's adult smoking rate of 19.9% was higher than NYS excl. NYC (17.0%). 36% of low income (earning, 25,000 per year), low educated (high school degree or less) Schenectady county residents currently use tobacco products. This greatly exceeds the NYS rate (excl. NYS) of 26.7%

Goal: Prevent initiation of tobacco use (including vaping products), promote tobacco use cessation among youth and adults, with a particular focus on low socioeconomic status

SMART Objectives

1. Decrease the prevalence of combustible cigarette and vaping product use among high school students from 4.3% to 3.3% (combustible cigarette use) and from 20.6% to 15.9% (vaping product use). Decrease the prevalence of cigarette smoking by adults age 18+ from 19.9% to 18.5%
2. Increase the percentage of smokers who receive assistance from their health providers to quit smoking from 53.1% (2017) to 60.1%, with particular emphasis on smokers who are enrolled in the NYS Medicaid program

(Data Source: NYS BRFSS & 2019 Capital Region CHNA)

Actions the hospital facility intends to take to address the health need:

Strategies	Timeline			Committed Resources		Potential Partners
	Y1	Y2	Y3	Hospital	Other Sources	
Use media, health communications and Reality Check (youth engagement) to highlight the dangers of tobacco, and promote effective tobacco control policies	X	X	X	Staff time and expertise	External partners staff time and expertise, grant funds	Schenectady County Health Department, Ellis Hospital, Healthy Capital District Initiative, Capital District Tobacco Free Communities
Implement the Public Health Service Clinical Practice guidelines for tobacco dependence treatment within medical and behavioral health care organizations	X	X	X	Staff time and expertise	External partners staff time and expertise, grant funds	Schenectady County Health Department, Ellis Hospital, Healthy Capital District Initiative
Promote Medicaid and other health plan coverage benefits for tobacco dependence counseling and medications	X	X	X	Staff time and expertise	External partners staff time and expertise	Schenectady County Health Departments, Ellis Hospital, Healthy Capital District Initiative

Anticipated impact of these actions:

CHNA Impact Measures	CHNA Baseline	Target
Decreased prevalence of combustible cigarette and vaping product use among high school students	Combustible cigarette: 4.3% Vaping products: 20.6%	Combustible cigarette: 3.3% Vaping products: 15.9%
Decreased prevalence of cigarette smoking by adults ages 18+	19.9% %	18.5%
Increased percentage of smokers who received assistance from their health care provider to quit smoking	51.3%	60.1%

Plan to evaluate the impact:

1. Track number of referrals for tobacco cessation assistance (inclusive of vaping products) in Schenectady County (NYS Smoker's Quitline)
 2. Track number of medical and mental health tobacco treatment dependence policies
 3. Track the number of tobacco control policies promoted/adopted in Schenectady County
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CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2020-2022

Hospital facility:	Sunnyview Rehabilitation Hospital (St. Peter's Health Partners)		
CHNA significant health need:	Mental Health and Substance Use Disorders		
CHNA reference page:	148-156	Prioritization #:	2

Brief description of need:

Schenectady County residents had higher rates of opioid overdose mortality (20.8/100,000) and opioid overdose ED visits (81.2) compared to NYS excl. NYC (19.4, 79.7). Schenectady County's opioid overdose mortality rate increased over 200% and the ED visit rate increased 160% from 2013 to 2017. The Hamilton Hill neighborhood had 2.7 times the opioid-related ED visit rate and opioid related hospitalization rate than NYS excl. NYC.

Goal: Prevent Opioid and other substance misuse and deaths

SMART Objectives

Increase the age adjusted Buprenorphine prescribing rate for substance use disorder (SUD) to 43.1% per 1,000
Reduce all ED visits (including outpatients and admitted patients) involving any opioid overdose, age adjusted rate by 5% to 78.1 per 100,000 population

(Data Source: NYS BRFSS & 2019 Capital Region CHNA)

Actions the hospital facility intends to take to address the health need:

Strategies	Timeline			Committed Resources		Potential Partners
	Y1	Y2	Y3	Hospital	Other Sources	
Increase availability/access to overdose reversal (Naloxone) training to prescribers, pharmacists and consumers	X	X	X	Staff time and expertise	External partners staff time and expertise	Schenectady County Health Department, Ellis Hospital, Healthy Capital District Initiative, Capital District Tobacco Free Communities
Promote proper disposal of unused prescription medications	X	X	X	Staff time and expertise	External partners staff time and expertise	Schenectady County Health Department, Ellis Hospital, Healthy Capital District Initiative
Increase availability of/access to medication-assisted treatment (MAT) including Buprenorphine	X	X	X	Hospital leadership taking part in community workgroups	External partners staff time and expertise	Schenectady County Health Department, Ellis Hospital, Healthy Capital District Initiative
Leadership staff from SPHP will participate on various internal and external workgroups, such as <i>Project ECHO & Prescription for Progress</i> , in order to improve the mental health and well-being of community members	X	X	X	Leadership staff time to attend meetings	External partners staff time	Schenectady County Health Departments Ellis Hospital, Mental Health Association of NYS (MHANYS), Substance Abuse and Mental Health Services Administration (SAMHSA)

Anticipated impact of these actions:

CHNA Impact Measures	CHNA Baseline	Target
Increased the age-adjusted Buprenorphine prescribing rate for substance use disorder	35.9 per 1,000 population	43.1 per 1,000 population
Reduction of all ED visits (including outpatient and admitted patients) involving any opioid overdose	82.2 per 100,000	78.1 per 100,000 population

Plan to evaluate the impact:

1. Track number of buprenorphine trainings held in Schenectady County.
 2. Track number of Naloxone trainings held and number of people trained in Schenectady County.
 3. Track the number of new permanent safe disposal sites established and number of organized take-back days.
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Adoption of Implementation Strategy

On October 31, 2019 the Board of Directors for Sunnyview Rehabilitation Hospital, met to discuss the FY2020-2022 Implementation Strategy for addressing the community health needs identified in the 2019 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget.


Name & Title _____ President, Continuing Care Network
Date _____ 11 / 04 / 19