

# Samaritan Hospital

## ST PETER'S HEALTH PARTNERS

### CHNA Implementation Strategy Fiscal Years 2020-2022

Samaritan Hospital completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on 6/28/2019. 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 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 <http://www.sphp.com/community-health-sam>, or printed copies are available at:

Samaritan Hospital  
Administrative Offices  
2215 Burdett Avenue  
Troy, NY 12180  
518-271-3300

### Hospital Information

Samaritan Hospital is a community hospital with 277 licensed beds, located in Troy, New York (Rensselaer County). Samaritan Hospital opened its doors in 1898, at a time when major clinical and technological discoveries, such as x-rays, the electrocardiogram and new methods of diagnosis and treatment, were dramatically changing the way healthcare could be delivered. First located on Eighth Street in Troy, in the former Troy Orphan's Asylum, the hospital moved to its present location at the corner of Burdett and Peoples Avenues in the early 20th century. Today, Samaritan Hospital provides comprehensive medical services including diagnostic and therapeutic cardiac catheterization, cancer treatment, inpatient and outpatient mental health care and physician offices for primary care, urgent care, and surgical services.

St. Peter's Health Partners (SHPH) 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 non-profit, 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](http://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.

### Definition and Brief Description of the Community 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 77% of its patients.

### 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 "well-being" 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 Samaritan 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><b>1) Obesity/Diabetes</b></p>	<ul style="list-style-type: none"> <li>- In Albany County, approximately 57,000 adults (25.3%) and 7,200 children and adolescents (16%) were considered obese. In Rensselaer County, the adult obesity rate of 31.5% (36,000) and child and adolescent obesity rate of 18.7% (4,500) were both higher in comparison to NYS excluding NYC, commonly referred to as Rest of State (ROS)</li> <li>- Albany and Rensselaer County's rates for diabetes short-term complication hospitalization were both higher than ROS. Albany County's adult diabetes prevalence rate of 9.0% was higher than ROS (8.5%)</li> </ul>
<p><b>2) Asthma/Tobacco Use</b></p>	<ul style="list-style-type: none"> <li>- Asthma prevalence and asthma emergency department visit rates were higher than ROS in Albany and Rensselaer counties.</li> <li>- In Rensselaer County, the adult smoking rate of 18.3% was higher than ROS. In addition, according to the NYS Department of Health, the cigarette smoking prevalence in youth has increased for the first time since 2,000, from 2.3 in 2016 to 4.8% in 2018. At the same time, there has been an alarming trend in electronic cigarette use among high school students in NYS. The use of e-cigarettes has increased from 10.5% in 2014 to 27.4% in 2018 (a 160% increase)</li> </ul>
<p><b>3) Mental Health</b></p>	<ul style="list-style-type: none"> <li>- Both Albany and Rensselaer Counties had a higher mental disease and disorder ED visit than ROS,</li> <li>- Males had 1.1-1.6 times higher mental disease/disorder ED visit and hospitalization rates compared to females</li> </ul>

<p><b>4) Substance Use</b></p>	<ul style="list-style-type: none"> <li>– Both Albany and Rensselaer Counties had a higher drug abuse ED visit and hospitalization rate compared to ROS and fell into the 3rd or 4th risk quartile</li> <li>– Since 2010, Albany County's opiate overdose mortality rate has increased 170%, while Rensselaer's rate increased 80%</li> </ul>
<p><b>5) Sexually Transmitted Infections</b></p>	<ul style="list-style-type: none"> <li>– Albany County fell to the 4th risk quartile for all STD indicators and Rensselaer fell the 4th risk quartile for gonorrhea and syphilis indicators and the 3rd risk quartile for chlamydia</li> <li>– In the past five years, Albany County's gonorrhea case rate increased 96% and chlamydia case rate increased 30%, while in Rensselaer County, the gonorrhea case rate increased 175% and chlamydia case rate increased 24%</li> </ul>
<p><b>6) Lyme Disease</b></p>	<ul style="list-style-type: none"> <li>– Rensselaer County's Lyme disease case rate of 395.5/100,000 was higher than ROS and the 3rd highest rate of all NYS counties. Albany County's Lyme disease case rate of 148.6/100,000 was also higher than the ROS</li> </ul>
<p><b>7) Maternal/Infant Health</b></p>	<ul style="list-style-type: none"> <li>– Both Albany and Rensselaer Counties had higher teen (15-17years) pregnancy rates than the ROS</li> <li>– Albany County had a lower rate of early prenatal care than the ROS and the late or no prenatal care was higher than the ROS. Rensselaer County's rate of premature births (&lt;37 weeks gest.) of 9.7% was higher than ROS</li> </ul>

## Hospital Implementation Strategy

Samaritan's 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

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

- **Obesity/Diabetes** – Detailed need specific implementation strategy starting on page 7.
- **Asthma/Tobacco Use** – Detailed need specific implementation strategy starting on page 9.
- **Mental Health** – Detailed need specific implementation strategy starting on page 11.

### Significant health needs that will not be addressed

Samaritan 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. Samaritan Hospital will not take action on the following health needs:

- **Substance Use** – Samaritan Hospital does not plan to directly address this particular need through the CHNA implementation strategies, because the county health departments and county departments of mental health are taking the lead on this issue. SPHP will support their activities, by offering inpatient and outpatient substance use treatment programs
- **Sexually Transmitted Infections** – Samaritan Hospital does not plan to directly address this particular need because the county health departments are taking the lead on this issue. SPHP will support their activities
- **Lyme Disease** – Samaritan Hospital does not plan to directly address this particular need because the county health departments are taking the lead on this issue. SPHP will support their activities
- **Maternal Infant Health** – Samaritan Hospital does not plan to directly address this particular need because the county health departments are taking the lead on this issue. SPHP will support their activities.

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

<b>Hospital facility:</b>	Samaritan Hospital (St. Peter's Health Partners)		
<b>CHNA significant health need:</b>	Reduce Obesity and Prevent Diabetes		
<b>CHNA reference page:</b>	55-62 & 74-77	<b>Prioritization #:</b>	1

### Brief Description of Need:

Approximately 25.3% of adults and 16.0% of children and adolescents from Albany County are considered obese; in Rensselaer county the rates are 30.4% (adult) and 16.4% (children and adolescents) were both higher than NYS excl. NYC (27.5%, 17.3%). Both counties are significantly higher in comparison to NYS, excluding NYC (ROS) for short term complication diabetes hospitalizations (age 18+). Albany County fell to the 3rd risk quartile, while Rensselaer County fell into the 3rd risk quartile for diabetes mortality. In addition, Rensselaer County fell into the 4th risk quartile for diabetes short-term complication hospitalizations.

**Goal:** Decrease the Prevalence of Obesity and Diabetes for adults and children by:

1. Increasing food security rates
2. Promoting evidenced-based care to prevent and manage chronic diseases such as obesity, pre- diabetes and diabetes.
3. Promoting school, childcare and worksite environments that increase physical activity
4. Increasing breastfeeding rates

### SMART Objectives

**By December 31, 2021:**

1. Increase the percentage of adults with perceived food security (among all adults) from 88% to 90% in Albany County and from 88.9% to 90.9% in Rensselaer County
2. Increase the percentage of adults with chronic conditions (pre-diabetes/diabetes who have taken a course or class to learn how to manage their condition, 10.1% to 10.6%
3. Decrease the percentage of children with obesity (among public school students in NYS exclusive of NYC) from 16% to 14 % (Albany Co) & from 16.4 to 14.4% (Rensselaer Co). Decrease the percentage of adults ages 18+ with obesity (among all adults) from 25% to 23% (Albany Co) & from 30.4% to 28.4% (Rensselaer Co.)

4. Increase the percentage of WIC infants breastfed by 2% in Albany and Rensselaer County

(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	Y1	Y1	Hospital	Other Sources	
Screen for food insecurity, facilitate and actively support closed loop food assistance referrals in St. Peter's Health Partners Medical Associates Practices & Emergency Departments	X	X	X	Staff time and expertise	External staff time and expertise of potential partners	Healthy Alliance IPA, Albany & Rensselaer County Health Departments, Healthy Capital District Initiative (HCDI) Obesity/Diabetes Taskforce

Expand access to the Diabetes Prevention Program (DPP), an evidence based intervention for individuals who are at risk for developing diabetes, in accordance with national guidelines	X	X	X	Staff time and expertise	External staff time and expertise of potential partners; grant funding	Albany and Rensselaer County Health Departments, HCDCI Obesity/Diabetes Taskforce, CDPHP, MVP, Northeastern NY Diabetes Educators, CDC
Through the Creating Healthy Schools and Communities Grant, provide technical assistance in developing implementation strategies for wellness policies in local school districts. With partners, provide a community "Soccer for Success Program". Promote worksite wellness programs at St Peter's Health Partners via the Employee Wellness Committee	X	X	X	Staff time and expertise	External Staff time and expertise, grant funding to support school wellness policies and Soccer for Success	Albany & Rensselaer County Health Departments, Albany Medical Center, HCDCI Obesity/Diabetes Taskforce, Creating Healthy Schools and Communities Grant (NYSDOH), Boys and Girls Club of the Capital Area, US Soccer Foundation
Increase access to peer and professional breastfeeding support by creating drop-in centers in Albany and Rensselaer County	X	X	X	Staff time and expertise	External Staff time and expertise grant funding	Albany and Rensselaer County Health Departments, local libraries and community based organizations

### Anticipated impact of these actions:

CHNA Impact Measures	CHNA Baseline	Target
Increased food security rates	88% (Albany Co) & 88.9% (Rensselaer County)	90% (Albany Co) & 90.9% (Rensselaer Co)
Decreased obesity rates among adults and children (excluding NYC)	Adults: 25% (Albany Co) & 30.4% (Rensselaer Co) Children: 16% (Albany Co) & 16.4% (Rensselaer Co)	Adults: 23% (Albany Co) & 28.4% (Rensselaer Co) Children: 14% (Albany Co) & 14.4% (Rensselaer Co)
Increased percentage of adults who are able to self-manage their pre-diabetes, obesity and diabetes	10.1%	10.6%

### Plan to evaluate the impact:

#### Bi-annually:

1. Track the number of participants enrolled in DPP programs; number of participants enrolled in diabetes self-management programs
2. Track the number of patients screened for food insecurity; number of referrals to food assistance programs
3. Track the number of Baby Café's (breastfeeding support drop in centers) established
4. Report on the number of school districts implementing components of Comprehensive School Physical Activity and Wellness Policies, Number of children participating in Soccer for Success. Number of worksite wellness policies.



## CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2020-2022

<b>Hospital facility:</b>	Samaritan Hospital (St. Peter's Health Partners)		
<b>CHNA significant health need:</b>	Prevent/Control Asthma and Prevent Tobacco Use		
<b>CHNA reference page:</b>	69-73 & 63-65	<b>Prioritization #:</b>	2

### Brief description of need:

Both Albany and Rensselaer Counties rates of adult asthma prevalence (13.3% & 11.7%) are higher than the NYS ,excl. NYS (ROS) of 10.4% & higher rates of Asthma hospitalizations when compared to the rest of NYS (excl.. NYC). High risk/low income neighborhoods had 5 times the asthma ED rate and 6 times the asthma hospitalization rates than NYS excl. NYC. Current smoking prevalence higher for Rensselaer county compared to ROS. In addition, current smoking rates among low income individuals are higher than ROS.

**Goal:** Prevent initiation of tobacco use (including vaping products), promote tobacco use cessation among youth and adults, with a particular focus on populations of low socioeconomic status. In the community setting; improve self-management skills for individuals with asthma and low socioeconomic status.

### SMART Objectives

*By December 31, 2021*

1. Decrease the prevalence of combustible cigarette and vaping product use among high school students from 4.3% to 2.3% (combustible cigarette use) and from 20.6% to 18.6% (vaping product use). Decrease the prevalence of cigarette smoking by adults age 18+ from 16.4% to 14.4% (Albany County) and from 17.5% to 15.5% (Rensselaer County).
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.
3. Reduce the asthma rates among adults by 2%, from 13.3% to 11.3% (Albany County) and from 11.7% to 9.7% (Rensselaer County). Increase the percentage of adults with asthma who have taken a course or class to learn how to manage their condition from 10.1% to 10.6%.

(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	Albany and Rensselaer County Health Departments, Albany Medical Center, 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	X	X	X	Staff time and expertise	External partners staff time and	Albany and Rensselaer County Health Departments, Albany Medical Center,

health care organizations. Promote Medicaid and other health plan coverage benefits for tobacco dependence counseling and medications					expertise, grant funds	Healthy Capital District Initiative
Provide The Butt Stops Here, tobacco cessation program on site at SPHP locations	X	X	X	Staff time and expertise	External partners to promote the program within the community	Albany and Rensselaer County Health Departments, Albany Medical Center, Healthy Capital District Initiative
Provide self-management education to individuals whose asthma is not well controlled, through the SPHP Home Based Asthma Management Program	X	X	X	Staff time and expertise	External partners staff time and expertise	Albany and Rensselaer County Health Departments, 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: 18.6%
Decreased prevalence of cigarette smoking by adults ages 18+	16.4% (Albany Co) 17.5% (Rensselaer Co)	14.4% (Albany Co) 15.5% (Renssealer Co)
Increased percentage of smokers who received assistance from their health care provider to quit smoking	51.3% (NYS)	60.1% (NYS)
Increased percentage of adults with asthma who have taken a course or class to learn how to manage their condition	10.1%	10.6%

**Plan to evaluate the impact:**

**Bi-annually:**

1. Track number of referrals for tobacco cessation assistance (inclusive of vaping products) to the NYS Smoker's Quitline by county.
2. Track the number of Butt Stops Here participants.
3. Track number of medical and mental health tobacco treatment dependence policies developed in Albany and Rensselaer counties
4. Track the number of tobacco control policies promoted/adopted in Albany and Rensselaer counties.
5. Track utilization of the SPHP Home Based Asthma Program

## CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2020-2022

<b>Hospital facility:</b>	Samaritan Hospital (St. Peter's Health Partners)		
<b>CHNA significant health need:</b>	Mental Health/Promote Well-Being		
<b>CHNA reference page:</b>	142-147	<b>Prioritization #:</b>	3

### Brief description of need:

Albany and Rensselaer counties had higher mental disease/disorder ED rates, and Rensselaer had higher hospitalization rates, compared to the Rest of the State (NYS exc. NYC) Both counties had increasing mental disease/disorder ED visit rates from 2007 to 2016: Albany- 75% & Rensselaer- 50%. The Black Non-Hispanic population has 1.8-2.1 times higher ED visit and hospitalization rates compared to the White Non-Hispanic population. Both counties had a higher % of adults with poor mental health when compared with ROS.

**Goal:** Facilitate supportive environments that promote respect and dignity for people of all ages

### SMART Objectives

*By December 31, 2021*

1. Increase Albany & Rensselaer County Community Score by 2% from 61% (2018 baseline) to 63%
2. Increase participation in evidence-based Home visiting programs among pregnant women and families, particularly those considered at risk
3. Increase the number of Mental Health First Aid programs offered in Albany and Rensselaer counties

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

Strategies	Timeline			Committed Resources		Potential Partners
	Y1	Y2	Y3	Hospital	Other Sources	
Promote and provide referrals to the Rensselaer County Healthy Families Program	X	X	X	Staff time; outreach materials	External partners staff time and expertise	Healthy Families of Rensselaer County, Rensselaer County Health Department,
Promote Mental Health First Aid public education program to staff and community members	X	X	X	Leadership staff to work on promotion of programs, outreach materials	External partners staff time and expertise	Albany and Rensselaer County Health Departments, Albany Medical Center, Mental Health Association of NYS (MHANYS), Substance Abuse and Mental Health Services Administration (SAMHSA)
Leadership staff from SPHP will participate on various internal and external workgroups, such as <i>Prescription for Progress &amp; Project ECHO</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	Albany and Rensselaer County Health Departments, Albany Medical Center, 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
Participation in Mental Health First Aid training	Unknown	100 participants from Albany & Rensselaer counties
Increased participation in Rensselaer County Healthy Families Program	159 Families served in FY19	Increase participation by 7% over baseline
Increased Albany & Rensselaer Community Scores	61%	63%

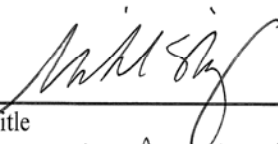
**Plan to evaluate the impact:**

**Bi-annually:**

1. Track utilization of Healthy Families Program in Rensselaer County
  2. Track number of Mental Health First Aid trainings offered in Albany and Rensselaer counties and the number of participants attending training.
  3. Track Albany & Rensselaer Community Scores.
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## Adoption of Implementation Strategy

On October 31, 2019, the Board of Directors for St. Peter's Hospital, met to discuss the 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.

	<u>11, 04, 19</u>
Name & Title	Date
President, Acute Care	