OUR COMMUNITY SERVICE REPORT

Health Improvement Plan 2014-2017:
2014 Update

December, 2014

Coordinated through the Healthy Capital District Initiative (HCDI), the counties of Albany, Rensselaer, and Schenectady implemented a joint project to engage health providers and community members in a regional health assessment and prioritization process throughout 2013.

As a result of these community health planning efforts, three priority areas for the Capital District were identified to focus our collective efforts on: preventing and reducing the burdens of diabetes, asthma, and mental health disease/substance abuse. These support the New York State Department of Health’s “Health Improvement Plan” and its priorities.

HCDI members from Albany and Rensselaer counties combined efforts to begin to define a cooperative health improvement plan for residents of those two counties. Simultaneously, the “Schenectady Coalition for a Healthy Community” developed a similar assessment and plan for residents of Schenectady County.

In our ongoing commitment to address these priorities during the first year of implementation, Albany Medical Center and our partners saw the following 2014 results:

**Prevention Agenda Priority Area – Prevent Chronic Diseases**

*Reduce prevalence of diabetes (linked to reducing obesity in children and adults)*

The prevalence of adults with diabetes in the Capital District region is increasing as numbers already exceed statewide averages. Albany Medical Center and a broad group of local partners have been working together to reduce the prevalence of Type II diabetes among the residents of Albany and Rensselaer Counties.

**Measures** With our partners, we established a strategy to increase engagement in prevention and self-management of diabetes and related co-morbidities. Data collected on a quarterly basis throughout 2014 show that we exceeded our annual goal to engage a minimum of 200 patients in educational programs. We reached 315 patients through programs such as the National Diabetes Prevention Program (reaching 121 patients), Chronic Disease Self-Management (149 patients) and the Diabetes Self-Management Program (45
patients). A total of 274 of these patients were residents of Albany County; an additional 41 reside in Rensselaer County.

Disparities In these initiatives, we focused on addressing populations of income and socioeconomic status disparity by targeting efforts particularly in the cities of Albany and Troy, where prevalence is higher.

Engagement Albany Medical Center and our collaborators remained engaged in the coordination of diabetes education and self-management by contributing staff time, allowing for clear progress on the initiative and offering intervention activities to identified target populations.

Successes Successes experienced during the implementation of diabetes interventions: Clear identification of the problem; defining the target population; identifying process and outcome measures to monitor progress toward reaching our goals; developing data collection methods and reviewing and monitoring progress with our partners.

Challenges During the implementation phase, challenges included community education and engaging community leaders to address the problem.

Related initiatives

“Sodium Reduction in Communities” grant
As administered by the Albany County Department of Health, the grant has supported various efforts in our cafeteria linked to sodium reduction and improved nutrition signage and food placement. Albany Medical Center and St. Peter’s Health Partners, working in partnership with Albany County DOH both experienced successes in 2014. Albany Med reduced sodium in soup available at the cafeteria by over 50%, improved nutrition signage, and placed more healthy snacks at checkouts, impacting the more than 3,000 visitors per day.

Albany Med Hypertension Initiative
Working across specialties and in collaboration with community physicians, Albany Med physicians closely monitor and manage the blood pressure of every one of the hundreds of thousands of patients cared for each year, regardless of whether the primary condition they are being treated for relates to hypertension.

Since adopting protocols in 2012 to closely monitor, report and treat a patient’s hypertension in collaboration with their primary care physician. As a result, the percentage of Albany Med patients diagnosed with hypertension who lowered their blood pressure through treatment rose to 90 percent in 2014 from 66 percent in 2012. According to the American Heart Association, in 2013
only 52 percent of Americans with hypertension nationwide had it under control.

**Expansion of Albany Med's worksite wellness programs**
Albany Med's very active workplace health planning group continues to grow in size and scope including its sponsored challenges, wellness fairs, and sharing nutrition and wellness data through our Intranet, promoting fitness classes and walking routes, and serving as a wellness resource for our 8,500 employees.

2014 highlights:

- Our Employee Wellness Fair offered screenings, vendors, interaction with clinical staff. More than 600 employees attended, up from 500 in 2013.
- The “Healthy for Life” initiative in conjunction with our food service, promotes the role of good nutrition in a healthy lifestyle.
- In April 2014, selected meals offered in our cafeteria were launched to sync with the “My Fitness Pal” app.

**Diabetes educator and community health resource**
Albany Med provided numerous diabetes prevention and management education sessions for patients and caregivers throughout 2014.

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**Prevention Agenda Priority Area – Prevent Chronic Diseases**

**Reduce prevalence of uncontrolled asthma**
Asthma hospitalization rates in the Capital District are significantly higher than New York statewide rates, particularly in the cities of Albany and Troy, where incidence is highest.

**Measures** Led by the Asthma Coalition of the Capital Region, collaborative efforts have been targeted towards increasing patient self-management and promoting a community environment that helps prevent and manage asthma. Benchmarks include tracking the distribution of Action Plans, increasing the number of certified asthma educators, working to promote the asthma care transition program in ERs, and promoting healthy environments.

**Disparities** As with diabetes, efforts have been aimed at vulnerable populations within the cities of Albany and Troy, which have significantly higher asthma hospitalization rates.

**Engagement** With the guidance of the Asthma Coalition of the Capital Region, HCDI partners have promoted various strategies through staff support, community education and screenings and coordinated task force endeavors.
Successes  In 2014, self-management efforts were advanced though the distribution of 1,500 Asthma Action Plans to nurses throughout the Albany City School District. Albany Med continues to promote the asthma care transition program in our Emergency Room. We also trained 18 additional staff as certified asthma educators. Additionally, the Albany Common Council voted to make its parks 100% tobacco free; a decision fully supported by the Capital District Tobacco Free Coalition and other HCDI members.

Challenges  Challenges include current lack of ability for the inclusion of an Asthma Action Plan in a patient’s electronic health record, difficulty promoting the care transition program among all ED staff, and engaging community champions in community education and smoking cessation.

Related Initiatives

Asthma educator and community health resource

- “Asthma Awareness Day” hosted by Albany Med’s Asthma Awareness Education Committee for community, patients, caregivers
- Annual Asthma, Allergy and Immunology conference for healthcare workers
- Nearly 20 Albany Med staff trained as Asthma Educators

Prevention Agenda Priority Area – Promote Mental Health and Prevent Substance Abuse

Prevent substance abuse and other mental, emotional, behavioral disorders

Drug-related hospitalization rates for the Capital District are higher than the rest of the state. Also of concern with mental illness sufferers are chemical dependency issues, especially with regard to opiate abuse. Opiates are the reported primary drug of choice for 35.6% of persons seeking hospital admission for non-crisis services.

Measures  Albany Medical Center has joined forces with partners to strengthen infrastructure across systems and track accomplishments using such measures as the number of community members trained in the New York State Opioid Overdose Prevention Program. Our task force also created an “ISTOP” brochure for providers; we are tracking its distribution as one of our measurements.
Disparities  The rate of drug-related hospitalizations among Blacks and Hispanics were 1.5 to 2 times higher than for Whites. This is a population of particular concern and focus for the task force.

Engagement  Albany Medical Center and our partners have stayed highly engaged in the coordination intervention by conducting educational activities, and assisting with advocacy.

Successes  In 2014, task force advocates trained community members in the New York State Opioid Overdose Prevention Program. According to the data collected on a quarterly basis throughout 2014, we have trained 942 people, far exceeding our goal of. A total of 590 of these trainees reside in Albany County and 352 in Rensselaer County. Not only have we distributed ISTOP brochures to partnering providers throughout the Capital Region, but we have posted it on our website as well.

Challenges  Challenges faced during the implementation of the intervention include disseminating results broadly through a variety of methods, particularly the ISTOP brochure.

Related Initiatives

**Educator and community health resource**

- Albany Med is currently working on a prescription drug disposal program.
- Albany Med serves as a trainer in the SBIRT program (Screening, Brief Intervention, Referral to Treatment) and the NYS Opioid Overdose Prevention Program
- Training psychiatry residents, staff, and medical students through a grant extension
- Albany Med continues its work as a community health resource
- Dr. Dailey’s instrumental pilot program, making Narcan available to law enforcement officers in Rensselaer County
- A series of legislative measures, supported by OASAS and other Task Force members, were enacted in 2014 including improved measures to support addiction treatment.
Partnerships

Task Force Partners:

Albany Citizens Council on Alcoholism
Albany City School District
Albany County Department of Health
Albany County Department of Mental Health
Albany Medical Center
Capital District Physicians Health Plan
Capital District YMCA
Capital Roots
Catholic Charities
Cornell Cooperative Extension
Ellis Medicine
Fidelis Care
Food Pantries for the Capital District
Lansingburgh Central School District
Next Wave
Price Chopper
Rensselaer County Department of Health
Rensselaer County Department of Mental Health
Sage Colleges
Sanofi
Shop Rite
St. Peter’s Health Partners
SUNY Albany- Center for Excellence and Aging and Community Wellness
SUNY Albany- Center for the Elimination of Minority Health Disparities
Visiting Nurses Association
Whitney M Young, Jr. Health Services