



ST PETER'S HEALTH PARTNERS

**Sunnyview Rehabilitation Hospital  
Community Health Needs Assessment Implementation  
Strategy  
Fiscal years 2017-2019**

Sunnyview Rehabilitation Hospital completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on June 22, 2016. The CHNA was performed in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment took into account input from representatives of the community, community members, and various community organizations.

The complete CHNA report is available electronically at [www.sphp.com](http://www.sphp.com) or printed copies are available at:

Sunnyview Rehabilitation Hospital  
Administrative Offices  
1270 Belmont Avenue  
Schenectady, NY 12308  
(518) 382-4500

## Hospital Information and Mission Statement

Sunnyview Rehabilitation Hospital is a 115-bed hospital specializing in physical rehabilitation located in Schenectady (Schenectady County). Following a merger with Northeast Health (Samaritan, Albany Memorial and Sunnyview Rehabilitation Hospitals) and Seton Health (St. Mary's Hospital) in October 2011, Sunnyview is now part of St. Peter's Health Partners (SPHP). With nearly 12,500 employees in more than 165 locations, SPHP is the largest and most comprehensive not-for-profit network of high-quality, advanced medical care, primary care, rehabilitation, and senior services in the region. SPHP is a member of Trinity Health, one of the largest health care systems in the country.

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, research, and outreach activities.

## 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."

## Health Needs of the Community

The CHNA conducted in 2016 identified several significant health needs within the Sunnyview Rehabilitation Hospital community. A Public Health Prioritization Workgroup was formed to review data analyses prepared by the Healthy Capital District Initiative, a community collaborative which includes St. Peter's Health Partners, and to select the top priorities (including at least one disparity) to be addressed. Data presentations were given at the meetings to summarize available data on the leading problems in the service area. Health indicators were included in the prioritization data presentations if:

- At least one of the county rates was significantly higher than the New York State rate, excluding New York City data; or
- At least one of the county rates was in the highest risk quartile in the state; or
- Rates for the health condition worsened over the past decade for one of the counties; or
- The health condition was a leading cause of death for one of the counties; or
- Disparity between rates was clearly evident in sub-populations; or
- There were a high absolute number of cases in the counties.

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

- Promote a Healthy and Safe Environment
- Prevent Chronic Diseases
- Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare-Associated Infections,
- Promote Healthy Women, Infants, and Children
- Promote Mental Health and Prevent Substance Abuse.

A total of 90 New York State health indicators across the 5 Prevention Agenda Priority Areas were presented. 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 for individuals to share their experiences with the health condition in the population. Participants did a preliminary vote on the importance of the condition in the

community based on three qualitative dimensions: the impact of the condition on quality of life and cost of health care; community awareness and concern about the condition; and the opportunity to prevent or reduce the burden of this health issue on the community.

Upon completion of the data summaries, the Workgroup 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. Behavioral health and chronic disease categories received the greatest amount of votes by far because they impact 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.

- **Obesity/Diabetes:** Schenectady County's adult obesity rate of 32.8% and childhood obesity rate of 18.0% were both higher than Rest of State (27.0%, and 17.3%). Schenectady's diabetes mortality rate of 19.2/100,000 was significantly higher than Rest of State (15.6);
- **Mental Health:** Schenectady's mental disease and disorder ED visit rate (219.1/10,000), and hospitalization rate (104.7/10,000) were significantly higher than Rest of State (127.7, and 55.8); Schenectady's suicide mortality rate of 12.6/100,000 was significantly higher than Rest of State (9.6) and increased 70% between 2008-10 and 2011-13;
- **Substance Abuse:** Schenectady residents had significantly higher substance abuse (any diagnosis) ED visit rates (934.1/10,000), and hospitalization rates (232.2/10,000) than Rest of State (349.5 and 175.0), Schenectady's ED visit rate increased 24% from 2009 to 2014; Schenectady had a lower substance abuse mortality rate (5.6/100,000) than Rest of State (9.3), but the rate increased 10% from 2008-10 to 2011-13; Schenectady had an opiate-poisoning related ED visit (any diagnosis) rate of 18.7/10,000 that was higher than the Rest of State (15.2), and showed a 70% increase from 2008-10 to 2011-13;
- **Infectious Disease:** Schenectady's gonorrhea case rates in the 15-44 year population of 198.0/100,000 for females and 235.3 for males were significantly higher than Rest of State (149.3 and 129.7); Schenectady's chlamydia case rate for women 15-44 years of 1667.5/100,000 was higher than Rest of State (1220.3) with a 25% increase from 2009 to 2013; The County's HIV case rate of 9.1/100,000 was significantly higher than Rest of State (7.9); Schenectady's AIDS mortality rate of 5.1/100,000 was significantly higher than Rest of State (1.3);
- **Teen Pregnancy:** Schenectady's teen (15-17 years) pregnancy rate of 29.8/1,000 was significantly higher than Rest of State (13.0), but has decreased 7% from 2009 to 2013;



- **Asthma (tobacco use):** Schenectady’s asthma emergency department visit rate (69.9/10,000), was significantly higher than Rest of State (47.6); Hamilton Hill had 6.2 times the asthma ED visit rate and 2.1 times the asthma hospitalization rate as Rest of State; Schenectady’s adult smoking rate of 20.3% was higher than Rest of State (18.0%) and increased 19% from its rate in 2008-09 (17.0%);
- **Colorectal Cancer:** Schenectady’s colorectal screening rate of 65.9% was lower than Rest of State (70.0%), while the county’s colorectal cancer mortality rate (15.4/100,000) was higher than Rest of State (13.9);

## 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. As a specialty hospital (physical rehabilitation), the resources to address many of these needs are limited. However, Sunnyview, as well as St. Peter’s Health Partners, will continue to support many of these community activities to the extent possible.

### 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:

- **Reduce Obesity and Diabetes in Children and Adults** – Detailed need specific Implementation Strategy on [page #]
- **Prevent Substance Abuse and other Mental, Emotional and Behavioral Disease (Suicide, Opioid Abuse)**– Detailed need specific Implementation Strategy on [page #]

### 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 need:

- **Infectious Disease:** This is an activity of the Schenectady County Public Health Department.
- **Teen Pregnancy:** The current activities ongoing in Schenectady County are having positive results.
- **Asthma (tobacco use):** There are several “permanent” initiatives that are addressing this health need including the Asthma Coalition and the Capital District Tobacco-Free Coalition
- **Colorectal Cancer:** Not prioritized by the community collaborative; not within Sunnyview’s scope of expertise.

This implementation strategy specifies community health needs that the Hospital has determined to meet 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 the three years ending 2019, 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 2016-1019**

<b>HOSPITAL FACILITY:</b>	Sunnyview Rehabilitation Hospital (St. Peter’s Health Partners)		
<b>CHNA SIGNIFICANT HEALTH NEED:</b>	Obesity and Diabetes in Children and Adults		
<b>CHNA REFERENCE PAGE:</b>		<b>PRIORITIZATION #:</b>	1
<b>BRIEF DESCRIPTION OF NEED:</b> High rates of obesity and diabetes in both children and adults.			
<b>GOAL:</b> Create community environments that promote and support healthy food and beverage choices and physical activity.			
<b>OBJECTIVE:</b> By December 31, 2018, reduce the percentage of adults ages 18 years and older who are obese by 5% from 32.8% (Schenectady County 2013-14) to 31.2% among all adults. By December 31, 2018, reduce the rate of age-adjusted diabetes (primary diagnosis) emergency department visits by 5% from 23.1 per 10,000 (Schenectady County 2011-13) to 22.0.			
<b>ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:</b>			
<ol style="list-style-type: none"> <li>1. As a member of the established workgroup to increase retail availability of affordable healthy foods, especially for those with limited access, Sunnyview will provide referrals to food resources for patients and to the professional services of Registered Dieticians;</li> <li>2. Refer patients and employees to Diabetes Prevention Programs (DPP); Promote such programs; Provide space for DPP programs as appropriate.</li> <li>3. Continue to provide services at the Sunnyview Wellness Center to promote physical activity</li> </ol>			
<b>ANTICIPATED IMPACT OF THESE ACTIONS:</b>			
<ol style="list-style-type: none"> <li>1. Reduce obesity by increasing availability of fruits and vegetables, increasing availability of DPP programs and community awareness.</li> </ol>			

**PLAN TO EVALUATE THE IMPACT:**

1. Activities of the Work Group
2. Increase in the number of food pantries that provide fruits and vegetables
3. Enrollment in the Wellness Center
4. Number of referrals to DPP programs; Number of DPP programs; Number of enrollees

**PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:** Staff time to participate in work groups and promote resources; Scholarships for the wellness center; rental costs associated with hosting DPP

**COLLABORATIVE PARTNERS:** Schenectady County Public Health Service, Ellis Hospital, Capital District YMCA, Cooperative Extension, Bethesda House, CDPHP

**CHNA IMPLEMENTATION STRATEGY  
FISCAL YEARS 2016-1019**

<b>HOSPITAL FACILITY:</b>	Sunnyview Rehabilitation Hospital (St. Peter's Health Partners)		
<b>CHNA SIGNIFICANT HEALTH NEED:</b>	High Suicide Rates		
<b>CHNA REFERENCE PAGE:</b>		<b>PRIORITIZATION #:</b>	2
<b>BRIEF DESCRIPTION OF NEED:</b> Schenectady's suicide mortality rate of 12.6/100,000 was significantly higher than Rest of State (9.6) and increased 70% between 2008-10 and 2011-13;			
<b>GOAL:</b> Prevent suicides among youth and adults.			
<b>OBJECTIVE:</b> By December 31, 2018, reduce the age-adjusted suicide mortality rate by 10% from 12.6 per 100,000 (Schenectady County 2011-13) to 11.3.			
<b>ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:</b> Collaborate to increase knowledge among the general public, health care providers and school personnel of the warning signs for suicide and how to connect individuals to assistance and care. Promote MHFA trainings to community partners, train staff as appropriate			
<b>ANTICIPATED IMPACT OF THESE ACTIONS:</b> Increase community awareness; reduce suicide rate			
<b>PLAN TO EVALUATE THE IMPACT:</b> Number of meetings of Work Group, number of attendees. Number and types of new programs introduced in the community. Number of education sessions provided and the number of attendees (e.g., Mental Health First Aid Trainings)			
<b>PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:</b> Staff to attend work group meetings; staff to attend trainings as appropriate			



**COLLABORATIVE PARTNERS:** Schenectady County Public Health Service, Schenectady County Office of Community Services: Ellis Hospital, NYS Suicide Prevention Council, Schenectady County Substance Abuse Prevention Coalition

**CHNA IMPLEMENTATION STRATEGY  
FISCAL YEARS 2016-2018**

<b>HOSPITAL FACILITY:</b>	Sunnyview Rehabilitation Hospital (St. Peter's Health Partners)		
<b>CHNA SIGNIFICANT HEALTH NEED:</b>	Substance Abuse (particularly opioid abuse)		
<b>CHNA REFERENCE PAGE:</b>	155	<b>PRIORITIZATION #:</b>	3
<b>BRIEF DESCRIPTION OF NEED:</b> Increasing rate of substance abuse; high rate of opiate poisoning related ED visits; significant increase over time.			
<b>GOAL:</b> Reduce non-medical use of prescription pain medication			
<b>OBJECTIVE:</b> Increase education and practice strategies to reduce opioid overdose and non-medical use of opiates			
<b>ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:</b>			
<ol style="list-style-type: none"> <li>1. Provide education to all prescribers throughout SPHP regarding addiction and pain management (including prescribing guidelines, community resources and information to provide to patients regarding risk and harm/misuse) using state and federal guidelines</li> <li>2. Promote safe storage and proper disposal of unused prescription medications</li> <li>3. Host and publicize community Naloxone trainings (overdose reversal)</li> <li>4. Establish ambulatory detox programs</li> </ol>			
<b>ANTICIPATED IMPACT OF THESE ACTIONS:</b>			
<ol style="list-style-type: none"> <li>1. Reduction of number of opioids prescribed; reduction of opioids in community</li> <li>2. Reduction of opioids in the community</li> <li>3. Reduce deaths due to overdose</li> <li>4. Increase treatment options</li> </ol>			
<b>PLAN TO EVALUATE THE IMPACT:</b>			
<ol style="list-style-type: none"> <li>1. Number of provider education events, number of prescribers trained</li> <li>2. Number of new and permanent and temporary sites for Rx collection; total pounds of prescriptions collected</li> <li>3. Number of Naloxone trainings provided; Number of persons participating in trainings.</li> <li>4. Number of programs established; number of patients served by new programs; number of additional physicians with X license.</li> </ol>			

**PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:**

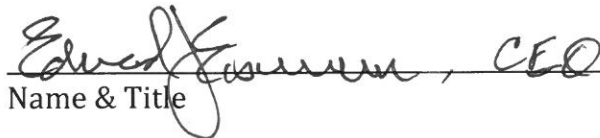
Staff resources, education and training expenses, marketing expenses; development of 4 ambulatory detox programs

**COLLABORATIVE PARTNERS:**

Albany and Rensselaer County Health and Mental Health Departments, Albany Med, Whitney Young, Jr. Health Center (FQHC), Project Safe Point, Project LEAD (Law Enforcement Assisted Diversion), Catholic Charities, Healthy Capital District Initiative Behavioral Health Task Force (above organizations plus Capital District Physician Health Plan (CDPHP), Capital Region BOCES, Project Safe Point, The Addictions Care Center).

### Adoption of Implementation Strategy

On September 28<sup>th</sup>, 2016 the Board of Directors for Sunnyview Rehabilitation Hospital met to discuss the 2017-2019 Implementation Strategy for addressing the community health needs identified in the 2016 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget.

  
Name & Title

10 / 14 / 2016  
Date