Sunnyview Rehabilitation Hospital

COMMUNITY SERVICE PLAN

2013

Sunnyview Rehabilitation Hospital

St Peter's Health Partners

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This document represents the 2013 Community Service Plan for Sunnyview Rehabilitation Hospital. Founded in 1928, Sunnyview Rehabilitation Hospital, located in Schenectady (Schenectady County) New York, is a 115-bed hospital specializing in physical rehabilitation. Following the merger of Northeast Health with St. Peter's Health Care Services and Seton Health in October 2011, Sunnyview is now part of St. Peter's Health Partners (SPHP). With nearly 12,500 employees in more than 165 locations, it 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 Catholic Health East/Trinity Health, one of the largest health care systems in the country.

The Sunnyview Rehabilitation Hospital Board of Trustees approved this plan on November 14, 2013.

SECTION 1: MISSION STATEMENT

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.

Values

- **Respect:** We treat each person – mind, body and spirit – with dignity, understanding and compassion.
- **Excellence:** We achieve the highest quality through a vibrant culture dedicated to shared learning and continuous improvement.
- **Stewardship:** We thoughtfully steward our valuable but finite human, financial and physical resources to strengthen our service to the community.
- **Community:** We improve community health and well-being as a caring community member and catalyst.
- **Integrity:** We inspire trust through personal leadership.
- **Creativity:** We pursue courageous innovation.

SECTION 2: DEFINITION AND BRIEF DESCRIPTION OF COMMUNITY SERVED

For the purposes of the Community Service Plan, Sunnyview has defined its service area as Schenectady County. As a specialty hospital, it serves a broad geographic area including 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 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.

Schenectady County (population: 155,124) is, geographically, the second smallest county in upstate New York. It consists of five towns, two primarily rural and three primarily suburban, surrounding the centrally-located City of Schenectady (population: 66,078). Residents of the City of Schenectady are generally less affluent and less healthy than residents of the surrounding towns, while residents of the County as a whole are less affluent than the State as a whole, but the County's poverty rate is below that of the State. For example, the median household income for the City, at $37,436, is only about two-thirds that of the County as a whole ($55,587), which is below that of the State ($56,951). The poverty rate in the City (22.6%) is nearly double that of the County as a whole (12.0%). State Health Department data show that hospitalizations for conditions which could have been treated in the community ("prevention quality indicators") range as high as 202% of the expected rate in certain City neighborhoods, but are as low as 49% of the expected rate in the rural towns. In one dramatic disparity, hospitalizations for conditions related to diabetes range from 604/100,000 in the City's Hamilton Hill neighborhood to 62/100,000 in the nearby suburb of Niskayuna.

	Schenectady County	City of Schenectady	New York State
Population	155,124 (2012)	66,078 (2012)	19,570,261 (2012)
Persons per square mile	756.6 (2010)	6,135.5 (2010)	411.2 (2010)
Persons under 18 years	22.2% (2012)	24.4% (2010)	21.8% (2012)
Persons 65 years and over	15.1% (2012)	11.4% (2010)	14.1% (2012)
White alone	80.9% (2012)	61.4% (2010)	71.2% (2012)
Black or African American alone	10.8% (2012)	20.2% (2010)	17.5% (2012)
Bachelor's degree or higher (age 25+)	28.8% (2007-11)	18.1% (2007-11)	32.5% (2007-11)
Median value, owner-occupied housing	$165,000 (2007-11)	$114,300 (2007-11)	$301,000 (2007-11)
Median household income	$55,587 (2007-11)	$37,436 (2007-11)	$56,951 (2007-11)
Persons below poverty level	12.0% (2007-11)	22.6% (2007-11)	14.5% (2007-11)

Source: US Census Bureau, State and County QuickFacts, last revised June 27, 2013

A significant minority population in the City of Schenectady is comprised of West Indians of Guyanese descent. The result of secondary migration from New York City promoted by a previous Mayor along with primary migration from Guyana, the influx is credited with reversing years of population decline in the City.

Overall, however, Schenectady County residents are more likely than the average New York State resident to have health insurance and a primary care provider (see Figure 3 below). Almost all primary medical care and dental care for low-income residents is provided by Hometown Health and the community practices of the Ellis Medical Group. Both have achieved recognition by the National Committee for Quality Assurance (NCQA) as Patient-Centered Medical Homes (PCMH).

	Schenectady County	New York State
Adults 18-64 without any health insurance (2010)	11.1%	16.9%
Adults with regular health care provider (age-adjusted, 2008-09)	89.6%	87.1% (excl. NYC)
Adults who visited doctor for routine check-up w/in 1 year (age-adjusted, 2008-09)	74.3%	70.9% (excl. NYC)
Adult dental visit w/in past year (2008-09)	73.0%	72.7% (excl. NYC)

Source: HCDI, 2013 Community Health Needs Assessment

More information about the community demographics is contained in the attached 2013 Community Health Needs Assessment prepared by the Healthy Capital District Initiative and the Schenectady Coalition for a Healthy Community, 2013 Community Health Needs Assessment and Community Action Plan. See Attachment A and B. Sunnyview participated as a member of both these groups.

SECTION 3: PUBLIC PARTICIPATION

The Healthy Capital District Initiative (HCDI) 2013 Community Health Needs Assessment was the result of a wide-ranging collaborative process. HCDI is a 501(c) 3 sponsored by the capital region hospitals, the Albany, Rensselaer and Schenectady County health departments, local insurers, Catholic Charities and community members. It started with a small group of public health leaders discussing how the capital region could be more effective in identifying and addressing public health problems. Thirteen years later, it has become a focus of regional health planning and has helped over 35,000 needy children and adults in the Capital Region get health services that they might not have accessed otherwise.

The health indicators selected for this report were based on a review of available public health data and New York State priorities promulgated through the Prevention Agenda for a Healthier New York. Upon examination of these key resources, identification of additional

indicators of importance with data available, and discussion with public health as well as health care professionals in the Capital District, it was decided that building upon the 2008-2012 and 2013-2017 Prevention Agendas would provide the most comprehensive analysis of available public health needs and behaviors for the region. The collection and management of this data has been supported by the state for an extended period of time and are very likely to continue to be supported. This provides us with both reliable and comparable data over time and across the state. These measures include health care utilization and children's health, which, when complimented by Behavioral Risk Factor Surveillance System and Prevention Quality Indicators, provide health indicators that can be potentially impacted in the short-term. This is a distinct step forward over mortality data leading public health efforts in the past.

The Finger Lakes Health Systems Agency provided county and ZIP code level analyses of mortality, hospitalizations, and emergency room utilization, for all residents, by gender, race and ethnicity. The source of these reports was 2006-2010 Vital Statistics and Statewide Planning and Research Cooperative System (SPARCS) data. This period was chosen to continue 20 years of trend analyses and to establish more reliable rates when looking at small geographic areas or minority populations. It is important to note that inclusion or exclusion of indicators from this report does not convey any a priori prioritization of health conditions.

Additional data was examined from a wide variety of sources:

- Prevention Agenda 2013-17 indicators
- Prevention Agenda 2008-12 indicators
- Community Health Indicator Reports
- County Health Indicators by Race/Ethnicity
- Behavioral Risk Factor Surveillance System (BRFSS) and Expanded BRFSS
- Cancer Registry, New York State
- Prevention Quality Indicators
- Communicable Disease Annual Reports
- The Pediatric Nutrition Surveillance System (PedNSS)
- Student Weight Status Category Reporting System
- New York State School Survey and New York State Adult Household Survey
- New York State Office of Alcoholism and Substance Abuse Services Data Warehouse
- Hospital-Acquired Infection Reporting System
- NYS Child Health Lead Poisoning Prevention Program
- NYS Kids' Well-being Indicator Clearinghouse (KWIC)
- Youth Risk Behavior Survey

- HCDI Facilitated Enrollment data
- American Fact Finder (factfinder2.census.gov)
- Access to state, county and city information collected by the census or American Community Survey
- Consumer Survey of Capital District Residents (convenience survey re access to, and satisfaction with health care in the Capital District)
- Homeless data from local homeless service providers

These data sources were supplemented by a community health survey. The 2013 Community Health Survey was conducted from December 2012 to February 2013 with assistance from the University at Albany School of Public Health (SPH). The survey was promoted through e-mail distribution and promotional flyers by large employers, community organizations, and primary care offices. Respondents were adult residents of Albany, Rensselaer, and Schenectady Counties. This consumer survey was conducted to learn about the health and health service access needs or concerns of residents in the Capital District. A total of 3,059 residents of Albany, Rensselaer, or Schenectady Counties completed surveys. Oversampling was done in ZIP codes identified as "high needs areas" that experience greater health disparities and contain low-income, medically underserved, and minority populations. The University at Albany School of Public Health was responsible for managing and analyzing data collected.

The survey relied on a convenience sample, which is not as reliably representative as a fully stratified random sample. It focused on low-income residents by oversampling in ZIP codes identified as being high-need areas (HNAs). The majority of the respondents were white females (70.7%), college graduates (63.3%), and had private insurance (87.5%). Respondents in HNAs were more racially diverse (only 62.9% were white females), less educated (52.2% were college graduates), and more likely to have public health insurance (71.2% had private insurance).

There were 3,059 surveys included in the analysis from residents of Albany, Rensselaer, or Schenectady Counties who were over 18 years old. Respondents' summary characteristics are in the table below:

Survey Respondents			
n=3,059	**Albany**	**Rensselaer**	**Schenectady**
Percent from each County	55.2%	23.7%	21.2%
Percent in HNA	21.2%	50.4%	28.4%

Full survey results are available in the attached document, 2013 Community Health Needs Assessment of the Capital Region.

Local data was compiled from these data sources and draft reports were prepared by health condition for inclusion in this community health needs assessment. Drafts were reviewed for accuracy and thoroughness by two staff with specialized health knowledge: Kevin Jobin-Davis, Ph.D. who has over 10 years of public health data analysis experience in the capital region; and Michael Medvesky, M.P.H. who has over 25 years of experience working with public health data in the New York State Department of Health in many roles including Director of the Public Health Information Group. Drafts of the sections were sent to local subject matter experts for review in the health departments of Albany, Rensselaer, and Schenectady counties and in St. Peter's Health Partners, Albany Medical Center, Ellis Hospital, and Interfaith Partnership for the Homeless. Comments were addressed and changes were incorporated into the final document.

In Schenectady, this work was further informed by the activities of the Schenectady Coalition for a Healthy Community whose mission was to develop a plan that accurately reflected the major health issues facing the community, to design goals and objectives to materially improve target indicators over the triennium, and to then work collaboratively and independently to implement that plan. The vision is to have Schenectady become a healthier, safer community for all its citizens enabled by community involvement at each step along the way.

The Plan started with the integration of objective data taken from four sources: 1) a large (2,200 respondent) community survey conducted door-to-door by Community Health Workers and student volunteers throughout all ten City of Schenectady neighborhoods during spring 2013 (the "UMatter Schenectady" survey), 2) the Healthy Capital District Initiative's 2013 Community Health Needs Assessment and survey mentioned above (Attachment A), 3) a focused MAPP (Mobilizing for Action Through Planning and Partnership) process used by SCPHS and its associated detailed Community Action Plan (CAP) developed by the County to address diabetes in the West Indian immigrant population, and 4) certain focused primary data sources including neighborhood crime statistics compiled by the Schenectady Police Department and ambulance call data provided by Mohawk Ambulance Service.

The **"UMatter Schenectady"** was a carefully designed, face-to-face city-wide survey of health concerns funded by The Schenectady Foundation and the Carlilian Foundation with direct assistance from SCPHS (which provided the services of its medical consultant to provide survey analysis and participate in writing of this document), Schenectady Community Action

Program (SCAP) (which recruited and coordinated Community Health Workers), several local colleges and universities (which provided student volunteers and faculty assistance), and Ellis Medicine (which administered the survey-taking and provided the services of its epidemiologist). Other local organizations facilitated data collection, including the Schenectady Municipal Housing Authority (which allowed use of its facilities) and the Mayor of the City of Schenectady, who personally accompanied the door-to-door surveyors on several occasions. The survey was designed by team of epidemiologists from Ellis and the University at Albany's School of Public Health, working in consultation with a subcommittee of the Schenectady Coalition. Inspired by neighborhood-based health needs surveys conducted in Chicago for over a decade, the Schenectady project completed more than 2,200 surveys which, depending on branching from certain responses, covered as many as 283 questions. The sampling frames were designed to oversample the least affluent and most underserved neighborhoods and ZIP codes to assure that we heard the voices of those often missed in phone surveys. Responses were captured on iPads and directly loaded to a "cloud-based" database using the internet at the point of survey. Further data analysis was conducted using SPSS, a software package for statistical analysis marketed by IBM and widely used for academic and business purposes.

The Schenectady County Public Health Services' Community Action Plan (CAP) is based on a focused MAPP process and surveys conducted as part of a CDC REACH (Racial and Ethnic Approaches to Community Health) grant to SCPHS addressing type 2 diabetes among Guyanese immigrants to the County.

SECTION 4: ASSESSMENT & SELECTION PUBLIC HEALTH PRIORITES

The process of moving from raw data to determination first of what constitute Significant Community Health Needs, then to assigning the priority level of each, and finally to designing Implementation Strategies within the Action Plan involved a multi-tiered, multi-participant, sequential journey.

Initially, the collected data were independently reviewed with care by three expert reviewers: the Ellis Hospital's epidemiologist (who previously served with SCPHS and participated in the REACH grant activities), a professor of epidemiology, and the SCPHS medical consultant (who is a physician with a Master's degree in Public Health and the former County Commissioner of Public Health). The three reviewers looked at each of the sources. The common themes in the data were sought and then each was assessed to be certain that sources agreed on trends.

Once the major themes were culled from the data a presentation was made to the whole Schenectady Coalition. Next the data, with refinements, were taken to the Coalition's Subcommittee on Priorities. Using the Hanlon Method (see: http://www.naccho.org/topics/infrastructure/CHAIP/upload/Final-Issue-Prioritization-Resource-Sheet.pdf) of priority ranking as recommended by NYSDOH and the CDC the top priorities were identified.

Then, a small independent group of community health leaders utilized a modified PEARL (propriety, economic feasibility, acceptability, resource availability, legality) criteria (a component of the Hanlon Method) process to further refine relative ranking of the significance of the identified Community Health Needs. The subset of PEARL criteria consisted of:

Economics: Does it make economic sense to address the problem?

Acceptability: Will a solution be acceptable to the community?

Resources: Are the resources available to address the problem?

The results of this combined ranking process were then returned to the full Schenectady Coalition group, which used a Multi-Voting Methodology to make the final determination of priority, resulting in a grouping of the five highest ranking areas which were then presented to the Subcommittee on Action Planning for target setting.

NYSDOH regulations require that each county select at least two health needs priorities from among a list of Prevention Agenda priority areas. It was a fortuitous but not predetermined result of the selection process that four of the five highest ranking areas selected by the community also constitute NYSDOH priorities.

Health disparities were addressed in several ways. There are half a dozen city zip codes and neighborhood areas known to have high unemployment and persistent poverty. Traditional surveys often under-sample these areas because of lack of phone landlines and the perception of safety concerns. In an effort to correct for these issues, community surveyors entered these areas several times to guarantee over-sampling. This allowed the group to create a sharper picture of the health concerns shared by people living in difficult situations. Our data shows we were successful in collecting surveys from these areas. In the analysis we looked specifically for racial, geographic, and gender differences for many of our topics. The identified disparities were considered by the subcommittees.

All data collection has limitations since it is based on the assumption that the data collected faithfully represents the universe of all subjects under review. Samples never perfectly reflect the entire population for several of the following reasons: lack of interest in

participation, fear of surveyors (immigration status), reluctance to give personal information, travel out of town when the data was collected, misunderstanding of the questions (even though this concern was addressed in the surveyors' training and guidance), and language or literacy limitations (bi-lingual surveyors included Spanish and Arabic speakers). There may be potentially important confounding in use of the UMatter survey data as it appears to have been significant skewed toward the lowest income groups.

SECTION 5: THREE YEAR PLAN OF ACTION

Between November 2012 and October 2013, the Coalition held 28 meetings of healthcare experts, representatives of community interests, and community residents; utilizing government-recommended group-voting techniques to compile a list of 20 significant community health needs, and to prioritize five of these as most requiring community-wide corrective action over the next three years. The five highest needs are:

Significant Community Health Need	Critical Indicator Examples
Asthma & Smoking **(Prevention Agenda Item)**	A third of surveyed City residents smoke; disparity of asthma hospitalization rate among pediatric population
Diabetes & Obesity **(Prevention Agenda Item)**	Highest rates of child and adult obesity in the Region; disparity of high rate of diabetes in West Indian population
Emergency Department Inappropriate Utilization	Half of Regional ED visits may be preventable; highest utilization among lowest income population
Mental Health & Substance Abuse **(Prevention Agenda Item)**	Double the State rate for newborn drug-related hospitalization; opportunity for more coordination
Adolescent Pregnancy	Highest rate in the Region; Black, non-Hispanic and Hispanic females age 15-17 disproportionately impacted compared to White, non-Hispanic females

Three of the top priorities identified in Schenectady are consistent with the three Prevention Agenda priorities selected by the Healthy Capital District Initiative collaborative for Albany and Rensselaer counties. This consistency will enable consideration of a Region-wide approach to implementation strategies. The full Schenectady community health improvement plans are contained in Attachment B.

Sunnyview is a specialty hospital providing physical rehabilitation services and as such does not have the resources or comprehensive capabilities inherent in an acute care hospital. However, after reviewing the selected priorities, it was determined that Sunnyview would participate in activities related to Asthma and Smoking, Diabetes and Obesity and Emergency Department Utilization. As the first two are consistent with the priorities identified by HCDI for Albany and Rensselaer Counties, this will enable consideration of a Region-wide approach to implementation strategies.

As an affiliate of St. Peter's Health Partners, these activities are integrated with the work of the other SPHP acute care hospitals (Seton Health/St. Mary's, Samaritan and St. Peter's and Albany Memorial Hospital) as well as our physician network (St. Peter's Health Partners Medical Associates (SPHPMA)) and our continuing care arm, the Eddy. SPHPMA, a physician-governed, multi-specialty group, is one of the largest multi-specialty physician group practices in the region with more than 32 specialties and sub-specialties represented, over 270 physicians and 80 advanced practitioners, and more than 40 office locations in a five county region. The Eddy offers a comprehensive continuum of services, all designed to help seniors remain independent in their own homes for as long as possible and as comfortable as their conditions allow. Eddy services also help avoid premature institutionalization for older adults.

Asthma Community Health Improvement Plan

The UMatter survey revealed very high rates of smoking in the City of Schenectady – of those surveyed, 52.8% have smoked at least 100 cigarettes in their lifetime and 37.1% are current smokers. At the same time, there appears to be motivation to quit – of current smokers, 49.2% have tried to quit within the past year, with the majority of these (65.2%) "going cold turkey."

The very high rates of smoking appear to be restricted to the City, and it is possible that these are impacted by the low-income skew of the UMatter survey. Nonetheless, while Schenectady County as a whole, at a smoking prevalence rate of 17.4%, falls mid-way between Albany and Rensselaer Counties in the region, and is roughly equivalent to the New York State and national rates, all of these exceed the New York State goal rate of 15.0%.

There is a significant age-related disparity in asthma hospitalization rates in Schenectady County. Although the rate of pediatric asthma exceeds the all-ages rate by 31% Statewide, and 19% in Albany and Rensselaer Counties; the disparity in Schenectady is 54%.

The Schenectady Coalition placed smoking and related asthma in the highest priority level for three reasons:

- The very high rate of smoking in the City as shown by the UMatter survey.
- The significant opportunity for successful positive interventions as shown by the number of smokers who have tried to quit.
- The capacity within the community to deliver interventions, given the number and capacity of existing smoking-cessation programs.

(Excerpted from the Schenectady Coalition for a Healthy Community, 2013 Community Health Needs Assessment and Community Action Plan)

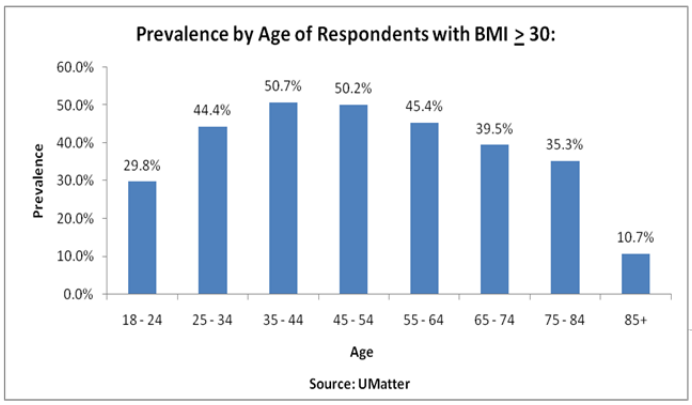
Sunnyview will support these initiatives by:

1. For inpatients: Assessing the implementation of the NYS Smoker's Quitline "Opt to quit" program, a system-wide solution for ensuring that cessation support is offered and accessible to patients once they leave the health care setting.
2. For outpatients: Screening patients for tobacco use and providing information to all appropriate patients regarding smoking cessation.
3. Providing all staff who are tobacco users with information regarding cessation services and making them accessible.

Community Partners: Seton Health Center for Smoking Cessation

Diabetes Community Health Improvement Plan

Schenectady serves as an interesting laboratory for the prevention of diabetes and the treatment of people with the disease. The County shows high rates of obesity, particularly among males (38.5%); exceeding the other Capital Region counties as well as the State average. This measure has been getting worse over time, with adult obesity in the county increasing by 37% between 2003 and 2008-09, a higher rate of growth than in the other two counties.

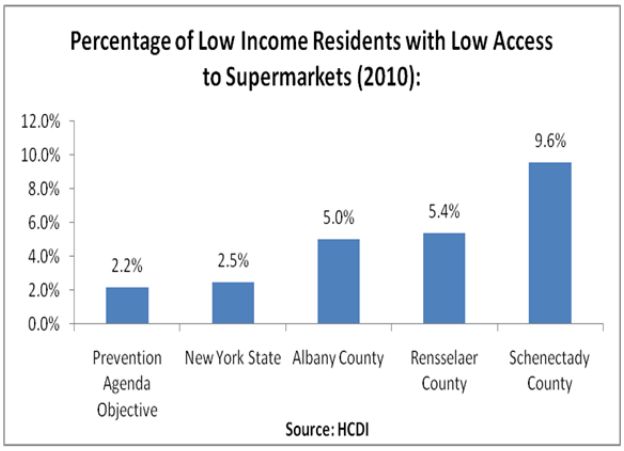


UMatter survey respondents in the City of Schenectady are even more obese, with 45.0% categorized as obese or severely obese and an additional 30.9% overweight, for a total of 75.9% of the City's population above their ideal weight. The median BMI among UMatter

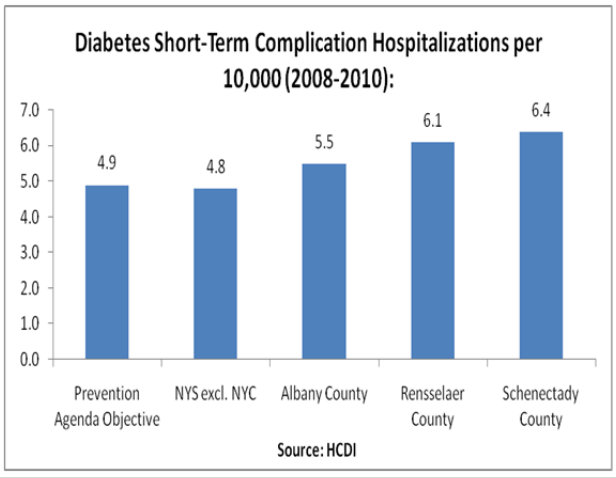
respondents was 30.6, which is characterized as "obese." Additionally, the UMatter survey showed that obesity currently peaks in the relatively young 35-44 year-old age group, suggesting that diseases and disabilities resulting from obesity will increase as this cohort ages.

Although there are many reasons why people become obese, one potential cause is a lack of access to healthy foods. HCDI data show that Schenectady County's low-income residents have relatively less access to supermarkets than do their counterparts in the rest of the Region and State.

Obesity may lead to diabetes, a serious health concern. Schenectady County measures the highest rate of hospitalizations for short-term complications in the Region, exceeding the Prevention Agenda objective by nearly a third.



Within the City of Schenectady, however, the West Indian population has presented with unexpectedly high rates of diabetes, especially among non-obese males. Pioneering medical studies at Ellis Hospital (see for example: Hosler, Pratt, Sen, Buckenmeyer, Simao, Back, Savadatti, Kahn, Hunt, "High Prevalence of Diabetes among Indo-Guyanese Adults, Schenectady, New York," Prev Chronic Dis 2013; 10:120211) have identified potential genetic causes for the disease. Of UMatter respondents, 11.6% have type 2 diabetes and an additional 13.9% have been told that they have pre-diabetes. HCDI data show that the age/sex-adjusted diabetes rate in the City of Schenectady's Hamilton Hill neighborhood, home of many West Indians, is the highest in the Capital Region, and is twelve times that of the nearly adjacent Town of Niskayuna.



Complications from diabetes can be very significant. According to HCDI, Schenectady County has the region's highest rate of diabetes prevalence and the highest rate of hospitalizations for short-term complications of diabetes. Within Schenectady's high-needs 12307 ZIP code area, NYSDOH data show that the rate of all diabetes hospitalizations is

315% of the expected rate, rising to 548% of expected for short-term complications.

The Schenectady Coalition placed diabetes and obesity in the highest priority level for three reasons:

- The high rates of both diabetes and obesity, with particular concern that prevalence among relatively young residents suggests significant health issues, including complications of diabetes such as lower-limb amputations, will arise in the years ahead.
- The potential for community involvement in environmental solutions to the problem of obesity, such as improved access to healthy food and increased opportunities for physical exercise.
- The amount of research already conducted by the medical community and preparation already completed using the SCPHS REACH grant to resolve the special situation of diabetes within the West Indian population.

(Excerpted from the Schenectady Coalition for a Healthy Community, 2013 Community Health Needs Assessment and Community Action Plan)

Sunnyview will support these initiatives by:

1) Increasing the number of Sunnyview Lifestyle Wellness Center memberships of adult individuals from Schenectady County who present with diabetes.

2) Increasing the number of Sunnyview Lifestyle Wellness Center memberships of the West Indian population of Schenectady County

    a. 10 memberships by the end of 2015

    b. 10% per year for each additional year

Note: Patient scholarships are available for the uninsured/underinsured who are unable to afford the membership fee.

Key Partners: Ellis Medicine Family Health Center
Home Town Health
Schenectady County Public Health Services
MVP, CDPHP, Silver Sneakers

Inappropriate Use of the Emergency Department Community Health Improvement Plan

HCDI received a HEAL9 grant from NYSDOH to evaluate Emergency Department utilization in the Capital Region. The 2010 final report, based on 2007 and 2008 data, found that nearly half (48%) of all Emergency Department visits in the Capital Region were **potentially preventable**; they could have been treated in a primary care setting, or could have been avoided if the patient had received timely primary care. The 2007 rate for Schenectady's acute care hospitals (then Ellis and St. Clare's) was 41% potentially preventable, slightly better than average, but the highest rate of non-emergent Emergency Department visits (206.5 non-emergent visits per 1,000 population) came from Schenectady's Hamilton Hill neighborhood. All told, four of the top ten neighborhoods for non-emergent visits were in Schenectady.

The more recent UMatter survey found that 35.1% of the City of Schenectady respondents had visited an Emergency Department with the past year. Utilization is generally related to income, with people whose incomes are less than $10,000 per year two and a half times more likely (42.1%) to have gone to an Emergency Department than people with incomes over $71,000 (16.0%).

Call data provided by Mohawk Ambulance show that the highest rate of ambulance calls from Schenectady addresses for transport to the Ellis Emergency Department are for difficulty breathing and falls, both reasonably qualifying as emergencies. Other calls would not seem to qualify as emergencies, including: foot pain, anxiety, toothache, and obesity.

Ellis has attempted, with some success, to encourage patients with non-emergent needs to utilize more appropriate settings. Since 2009, Health Services Navigators stationed at the McClellan campus have scheduled primary care appointments as follow-ups to Emergency Department visits, and as a result several hundred patients have established care at the Family Health Center. Onsite Medicaid facilitated enrollers have helped uninsured patients to apply for Medicaid, reducing the share of uninsured patients at the McClellan Emergency Department to about 20% in 2012 from 25% in 2008.

The Schenectady Coalition placed inappropriate Emergency Department utilization in the highest priority level for two reasons:

- Inappropriate utilization is not only inefficient and expensive, but it may result in harm by delaying care needed by patients with a genuine emergency. In addition, utilization

of the ED as a patient's source of primary care is likely to result in gaps in continuity of care.

- Ellis' emerging realignment of care – expansion of the Nott Street Emergency Department, conversion of the McClellan Street facility to an urban urgent care center, and development of the "emergent care" facility in Saratoga County – provides a window of opportunity for the community to collaborate to maximize efficiency and quality care. Ellis is also evaluating the effectiveness of various population health initiatives, adding non-facility resources such as care management to the mix.

(Excerpted from the Schenectady Coalition for a Healthy Community, 2013 Community Health Needs Assessment and Community Action Plan)

Sunnyview will support these initiatives by:

Collaborating with other coalition members on a community project to conduct falls assessments in 100 homes in the Woodlawn neighborhood of Schenectady

Target 65+ population

NOTE: 30% of Mohawk Ambulance calls from Woodlawn area are related to falls

Process measures: Identify Assessment Tool: Home Assessment; Number of homes addressed; Number of modifications made

Key Partners: Mohawk Ambulance, Schenectady United Neighborhoods, Schenectady County Public Health Services, Habitat for Humanity, Union College, Catholic Charities, Schenectady County Senior and Long Term Care Services, Northeast Parent and Child

SECTION 6: DISSEMINATION OF PLAN TO THE PUBLIC

The public will be substantially engaged in this community health improvement process through a multi-staged program. First, this community service plan and both the HCDI health needs assessment and Schenectady Coalition for a Healthy Community needs assessment will be posted on the Sunnyview website and hard copy available for public review in the Sunnyview Administration offices. Dissemination of the plan is occurring through formal and informal contact with various community-wide organizations. For example, the various neighborhood associations were consulted and engaged during the UMatter survey, and have since been briefed on the resulting data and recommendations. Ongoing communication is maintained with Schenectady United Neighborhoods (SUN). Similarly, outreach is being

undertaken to faith-based organizations, to healthcare organizations (through the Schenectady Alliance for Health), and to community foundations.

SECTION 7: PROCESS TO SUSTAIN ENGAGEMENT

Sunnyview will continue to participate in the Schenectady Coalition for a Healthy Community continues which will meet monthly to review progress implementing each of the items in the Community Action Plan. The monthly meetings ensure coordination, continued involvement, and the opportunity for any required mid-course corrections. In addition, a committee will be set up within St. Peter's Health Partners to monitor and implement the activities for which SPHP hospitals are responsible.