




Community Health Needs Assessment (CHNA) Implementation Strategy

Fiscal Years 23-25

 Sunnyview Rehabilitation
Hospital

ST PETER'S HEALTH PARTNERS

A Member of Trinity Health



Sunnyview Rehabilitation Hospital completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on May 20, 2022. Sunnyview Rehabilitation 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 considered 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: [2022-chna_sunnyview.pdf \(sphp.com\)](#)

or printed copies are available at: St. Peter's Health Partners, Community Health & Well-Being, 315 South Manning Blvd. Albany, NY 12208.

Our 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.

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.

Safety - We embrace a culture that prevents harm and nurtures a healing, safe environment for all.

Our Hospitals

Sunnyview Rehabilitation Hospital, is a 115-bed hospital specializing in physical rehabilitation located in Schenectady (Schenectady County). Founded in 1928, Sunnyview has come a long way from a 10-bed home for disabled children to a prestigious rehabilitation hospital nationally recognized and accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF). CARF accreditation has been received for the Comprehensive Integrated Inpatient Rehabilitation Program (CIIRP), Brain Injury and Stroke Specialty Programs.

Sunnyview's Neuro-Rehab Institute treats patients with a wide range of neurological conditions, including stroke, traumatic brain injury and spinal cord injury. Sunnyview's expert staff is devoted to enhancing the delivery of personalized, comprehensive state-of-the-art rehabilitation treatment through coordinated patient care, education, and research and outreach activities.

Sunnyview Rehabilitation Hospital is accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF) and holds CARF accreditations in:

- Comprehensive Integrated Inpatient Rehabilitation Program for adults,
- Inpatient Brain Injury Specialty Programs for adults, as well as children and adolescents,

- Interdisciplinary Outpatient Brain Injury Specialty Program for adults, as well as children and adolescents,
- Inpatient Stroke Specialty Program for adults, and
- Inpatient Amputation Specialty Program for adults.

Several recent awards and accolades include:

- Named one of U.S. News & World Report's Best Rehab Hospitals.
- Awarded Integrated Care Certification by The Joint Commission.



Our Community Based Services

In addition to our hospitals, St. Peter's Health Partners includes: The Eddy system of continuing care and The Community Hospice and St. Peter's Health Partners Medical Associates, one of the Capital Region's largest multi-specialty physician groups with more than 850 physicians and advanced practitioners in more than 130 locations. As a member of Trinity Health, St. Peter's Health Partners' Community Health & Well-Being (CHWB) strategy promotes optimal health for those who are poor and vulnerable and the communities we serve by connecting social and clinical care, addressing social needs, dismantling systemic racism, and reducing health inequities. We do this by:

- Investing in our communities.
- Delivering outstanding care for those who are poor and vulnerable.
- Impacting social influencers of health.

St. Peter's Health Partners reinvests in communities through financial support, screenings, education, and research. We provide programs such as PACE, The Butt Stops Here Tobacco Cessation Program, Diabetes Prevention Program, Faith Community Nursing, Prescription Assistance, Food Access Programs, the Maternal Obstetrical Mentoring Services (MOMS) program, for our prenatal patients and a Social Care Hub to screen and mitigate the social needs of our

patients and community members.

Our Community



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

Schenectady County	
Population	158,089
% White	77.5%
% African American	12.7%
% Hispanic	7.1%
% High School Graduates	91%
Median Household Income	\$69,349

- Schenectady County had the 2nd lowest median age (39.7 years) in the Capital Region.
- Schenectady County had the largest percentage of population 14 years of age or younger in the Region at 17.8%, while 16.8% of the County population was 65+ years of age.
- Schenectady County had the Region's 2nd highest percentage of non-White population, at 23.7%, and Region's the highest percentage of Hispanic population, at 7.1%.
- Hamilton Hill neighborhood had the Region's 2nd highest percentage of non-White population (68.2%) as well as the Region's highest percentage of Hispanic population (16.8%).
- Schenectady's poverty rate of 11.4% was higher than that of NYS, excluding NYC (11.1%).

Our Approach to Health Equity

While community health needs assessments (CHNA) and Implementation Strategies are required by the IRS, Trinity Health ministries have historically conducted CHNAs and developed Implementation Strategies as a way to meaningfully engage our communities and plan our Community Health & Well-Being work. Community Health & Well-Being promotes optimal health for those who are experiencing poverty or other vulnerabilities in the communities we serve by connecting social and clinical care, addressing social needs, dismantling systemic racism, and reducing health inequities. Trinity Health has adopted the Robert Wood Johnson Foundation's definition of Health Equity - "Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."

This implementation strategy was developed in partnership with community and will focus on specific populations and geographies most impacted by the needs being addressed. Racial equity principles were used throughout the development of this plan and will continue to be used during the implementation. The strategies implemented will mostly focus on policy, systems and environmental change as these systems changes are needed to dismantle racism and promote health and wellbeing for all members of the communities we serve.

Health Needs of the Community

The CHNA conducted from late 2021 to early 2022 identified the significant health needs within Schenectady County. Community stakeholders then prioritized those needs during a facilitated review and analysis of the CHNA findings. The significant health needs identified, in order of priority include:

1. **COVID-19:** From January 12, 2021, to January 11, 2022, Schenectady County had the region's second highest rates of COVID-19 test positivity (123.0/1,000) and mortality (108.1/100,000); the positivity rate was lower than NYS, excl. NYC (146.1), but mortality was higher (94.4).
2. **Diabetes:** Schenectady's 2018 age-adjusted adult diabetes prevalence (10.3%) was higher than NYS, excl. NYC (9.2%) and up from 9.0% in 2016. The 2016-18 diabetes short-term complication hospitalization rate for those aged 18+ years (6.9/10,000) was the region's highest, higher than NYS, excl. NYC (5.1), and was 3.6 times higher among Black (18.2) than white, non-Hispanic residents (5.1). Schenectady County had the region's highest rate of 2016-18 age-adjusted diabetes (primary diagnosis) ED visits, at 36.9 per 10,000, and 2016-18 age-adjusted diabetes mortality, at 21.2 per 100,000.
3. **Obesity:** Approximately 37,720 Schenectady adults in 2018 (33.7%) were obese, higher than NYS, excl. NYC (29.1%), and did not meet the PA objective (24.2%).
Approximately 4,600 Schenectady school-aged children and adolescents (18.8%) in 2017-19 were obese, higher than NYS, excl. NYC (17.3%) and did not meet the Prevention Agenda (PA) objective (16.4%).
4. **Mental Illness including suicide and drug misuse (combined during initial planning**

- meetings): Schenectady County had the region's highest rates of 2014-18 age-adjusted ED visits (239.5/10,000) and hospitalizations (108.1) due to mental health disorders (primary diagnosis), both rates about 50% higher than NYS, excl. NYC (156.7, 72.3). Schenectady County's 2016-18 age-adjusted suicide mortality rate of 10.2 per 100,000 was slightly higher than NYS, excl. NYC (9.9) and did not meet the PA objective (7.0). Schenectady County had the region's third highest 2016-18 age-adjusted opioid overdose mortality rate (19.7/100,000), which was equal to NYS, excl. NYC, (19.7), was 3.5 times higher than in 2013-15 (5.7), and did not meet the PA objective (14.3).
5. Sexually Transmitted Infections: Schenectady County's 2016-18 age-adjusted HIV case rate of 8.4 per 100,000 was higher than NYS, excl. NYC (6.1) and did not meet the PA objective (5.2). Schenectady County's 2016-18 age-adjusted gonorrhea diagnosis rate of 191.1/100,000: was the region's highest, was higher than NYS, excl. NYC, (101.0), and nearly doubled from 99.5 in 2013-15 and age-adjusted chlamydia diagnosis rate of 580/100,000: was the region's highest, was higher than NYS, excl. NYC, (420), and increased by 13% from 515 in 2013-15.
 6. Tobacco Use: Schenectady County's 2018 adult smoking rate (11.6%) was the region's lowest, was below NYS, excl. NYC (13.9%), decreased from 18.4% in 2016, but did not meet the Prevention Agenda 2024 objective (11.0%).
 7. Childhood lead exposure: Schenectady County's 2016-18 incidence rate of elevated blood lead levels (≥ 10 $\mu\text{g}/\text{dl}$), 9.1 per 1,000 tested children under 6 years of age, was 1.4 times higher than NYS, excl. NYC (6.5).
 8. Tick-Borne Disease: Schenectady County's 2016-18 incidence of Lyme Disease, 68.7/100,000 was slightly higher than NYS, excl. NYC, (65.4/100,00).
 9. Heart Disease: Schenectady County had Region-high 2016-18 age-adjusted heart attack (16.4/10,000) and coronary heart disease (24.9) hospitalization rates. The 2016-18 age-adjusted congestive heart failure mortality (17.9 /100,000) was higher than NYS, excl. NYC, (16.7) and down from 19.4 in 2013-15.
 10. Stroke: Schenectady County's 2016-18 age-adjusted stroke mortality (32.1 /100,000) was the Region's highest, was higher than NYS, excl. NYC, (27.6), and was up from 30.6 in 2013-15. The 2016-18 age-adjusted stroke hospitalization rate (26.8/10,000) was the highest in the Region, and higher than NYS, excl. NYC (21.1)
 11. Asthma: Schenectady County's 2018 age-adjusted prevalence of adults with current asthma (15.9%), was the highest in the Region, up from 11.2% in 2016, and was higher than the NYS, excl. NYC rate (10.8%).
 12. Social Determinants of Health: Schenectady's poverty rate of 11.4% was higher than that of NYS, excluding NYC (11.1%) The Hamilton Hill neighborhood had the Region's 2nd highest neighborhood poverty rate (37.5%) and the Region's highest percentage of population, aged 25 and over, without a high school diploma (25.6%).
 13. Injuries and Falls: Schenectady's 2014-18 falls among adults 65 years and older ED visit rate (453.2/10,000) was the highest in the Region' and higher than NYS, excl. NYC (434.5).
 14. Violence: Schenectady had the Region's highest 2014-18 age-adjusted assault-related ED visit rate (61.4/10,000), about twice as high as NYS, excl. NYC (34.4). Schenectady's 2016-18 age-adjusted assault-related hospitalization rate

- (3.5/10,000) was higher than NYS, excl. NYC (2.2).
15. Alcohol Misuse: Schenectady County's 2018 Age -adjusted rate of adult binge drinking (15.8) was lower than the NYS, excl. NYC rate (18.4) and met the NYS PA Objective of 16.4.

Hospital Implementation Strategy

Significant health needs to be addressed

Sunnyview Hospital and Rehabilitation Center, in collaboration with community partners, will focus on developing and/or supporting initiatives and measure their effectiveness to improve the following health needs:

- 1 Mental and Substance Use Disorders – CHNA pages 134-147
- 2 COVID-19 – CHNA pages 151-155

Significant health needs that will not be addressed

Sunnyview Hospital and Rehabilitation Center 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 are the most pressing, under- addressed and within its ability to influence. Sunnyview Hospital and Rehabilitation Center does not intend to address the following health needs:

- **Diabetes** – competing priorities; the hospital will provide treatment and education of this health need as part of our routine care of patients
- **Obesity** – competing priorities; the hospital will provide treatment and education of this health need as part of our routine care of patients
- **Sexually Transmitted Infections**- competing priorities; the hospital will provide treatment and education of this health need as part of our routine care of patients
- **Tobacco Use**- competing priorities, the hospital will promote existing cessation programs within the community
- **Childhood Lead Exposure**- to avoid duplication of efforts because other organizations are addressing the need
- **Tick- Borne Illnesses**- to avoid duplication of efforts because other organizations are addressing the need
- **Heart Disease and Stroke**- competing priorities; the hospital will provide treatment and education of this health need as part of our routine care of patients
- **Asthma**- competing priorities; the hospital will provide treatment and education of this health need as part of our routine care of patients
- **Alcohol Misuse**- to avoid duplication of efforts because other organizations are addressing the need
- **Violence**- to avoid duplication of efforts because other organizations are addressing the need
- **Injuries and Falls**: competing priorities; the hospital will provide treatment and education of this health need as part of our routine care of patients
- **Social Determinants of Health**- completing priorities; the hospital will screen patients for social needs and provide community resources, as appropriate.

This implementation strategy specifies community health needs that the hospital, in collaboration with community partners, has determined to address. 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.

1

Mental and Substance Use Disorders



Hospital facility: Sunnyview Hospital and Rehabilitation Center
CHNA reference pages: 134-147

Brief description of need:

- In Schenectady County, the rate for mental diseases and disorders hospitalization, more recently referred to as mental health challenges, as a primary diagnosis was 166.2 per 10,000 for Black residents compared to 99.0 per 10,000 for white residents. This same rate was 118.8 per 10,000 for males compared to 97.8 per 10,000 for females.
- The City/Stockade and Hamilton Hill neighborhoods of Schenectady County had the region's first and fourth highest rates of 2014-18 age-adjusted self-inflicted injuries hospitalizations (13.1 and 9.0/10,000), which were 2.7 to 4.0 times higher than NYS, excl. NYC (3.3/10,000).
- Schenectady County had the region's third highest 2016-18 age-adjusted opioid overdose mortality rate (19.7/100,000), which was equal to NYS, excl. NYC, (19.7), was 3.5 times higher than in 2013-15 (5.7)
- The Hamilton Hill and City/Stockade neighborhoods of Schenectady County had the region's third and fourth highest 2014-18 age-adjusted rates, per 10,000, of ED visits (332.1 and 285.2) and hospitalizations (120.8 and 119.1) due to drug use, which were each 3.6 to 4.6 times higher than NYS, excl. NYC (72.7 and 33.1).

Equitable and Inclusive SMART Objective(s):

By FY25 (December 31, 2024):

1. Conduct quarterly meetings with key stakeholders, (community residents, community-based organizations, hospitals, and local health department) to plan naloxone trainings, and other services needed to address the opioid crisis within the city of Schenectady.
2. In collaboration with local health departments, increase the number of Naloxone (opioid overdose reversal treatment) training programs offered to BIPOC residents and Community Based Organizations serving BIPOC residents of the city of Schenectady from a baseline of zero to 20 program sessions provided. Capacity for each session: 25-30 individuals.
3. In collaboration with local health departments, promote and increase the number of Mental Health First Aid Programs offered to BIPOC residents and Community Based Organizations serving BIPOC city of Schenectady residents from a baseline of zero to 20 program sessions provided. Capacity for each session: 25-30 individuals)

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

Strategy	Timeline			Hospital and Committed Partners (Align to indicate committed resource)	Committed Resources (Align by hospital/committed partner)
	Y1	Y2	Y3		
Through development of a community coalition, inclusive of community residents, respond to community needs around the opioid crisis. (Y1) for focused populations in the city of Schenectady	x			Sunnyview Hospital and Rehabilitation Center	In kind staff time and resources
				Schenectady County Department of Health	In kind staff time and resources
				Ellis Hospital	In kind staff time and resources
				Schenectady County Substance & Overdose Coalition	In kind staff time and resources
				Focus location(s)	Focus Population(s)
		City of Schenectady; Hamilton Hill and City/Stockade neighborhoods	Low Socioeconomic Status (SES) and BIPOC residents living in the focus locations.		
Strategy	Timeline			Hospital and Committed Partners (Align to indicate committed resource)	Committed Resources (Align by hospital/committed partner)
	Y1	Y2	Y3		
Develop a Policy, Systems, Environmental (PSE) Change proposal focusing on increased availability of Naloxone (opioid overdose reversal treatment) and/or other addiction prevention interventions (TBD) for focus BIPOC populations in the City of Schenectady	x	x	x	Sunnyview Hospital and Rehabilitation Center	In kind staff time and resources
				Schenectady County Department of Health	In kind staff time and resources
				Ellis Hospital	In kind staff time and resources
				Schenectady County Substance & Overdose Coalition	In kind staff time and resources
				In kind staff time and resources	In kind staff time and resources
				Focus location(s)	Focus Population(s)
		City of Schenectady; Hamilton Hill and City/Stockade neighborhoods	Low SES socio-economic status & BIPOC residents living in the focus locations		
Strategy	Timeline			Hospital and Committed Partners (Align to indicate committed resource)	Committed Resources (Align by hospital/committed partner)
	Y1	Y2	Y3		
Promote and provide Naloxone (opioid overdose reversal treatment) and/or other identified preventative intervention to BIPOC community members living in the City of Schenectady	x	x	x	Sunnyview Hospital and Rehabilitation Center	In kind staff time and resources
				Schenectady County Department of Health	In kind staff time and resources
				Ellis Hospital	In kind staff time and resources
				Schenectady County Substance & Overdose Coalition	In kind staff time and resources
				Focus location(s)	Focus Population(s)
		City of Schenectady; Hamilton Hill and City/Stockade neighborhoods	Low SES socio-economic status & BIPOC residents living in the focus locations		
Strategy	Timeline			Hospital and Committed Partners (Align to indicate committed resource)	Committed Resources (Align by hospital/committed partner)
	Y1	Y2	Y3		
Promote and provide Mental Health First Aid to Sunnyview Staff & BIPOC community members living in the City of Schenectady	x	x	x	Sunnyview Hospital and Rehabilitation Center	In kind staff time and resources
				Schenectady Department of Health	In kind staff time and resources
				Ellis Hospital	In kind staff time and resources
				Schenectady Community Action Program	In kind staff time and resources

				Focus location(s)	Focus Population(s)
				City of Schenectady; Hamilton Hill and City/Stockade neighborhoods	Low SES socio-economic status & BIPOC residents living in the focused locations

Anticipated impact of these actions:

Impact Measures	Baseline	Target	Plan to evaluate the impact
Increase the number of Policy Systems and Environmental (PSE) change proposals submitted to local government	0 PSE proposals	1 PSE proposals submitted	Track number of PSE proposals submitted to local government representatives
Increase the number of Naloxone Trainings provided to BIPOC and Low SES residents of the City of Schenectady	0	20 trainings offered in each of the focused zip codes	Monitor the age-adjusted rate of overdose deaths involving any opioids; monitor the number of individuals attending naloxone trainings from focus locations
Increase the number of Mental Health First Aid Trainings provided to BIPOC and Low SES residents of the City of Schenectady	0	20 trainings offered in each of the focused zip codes	Track/report the number of trainings held and number of individuals attending Mental Health First Aid trainings



2

COVID-19

Vaccine Preventable Diseases



Hospital facility: Sunnyview Hospital and Rehabilitation Center
CHNA reference pages: 151-155

Brief description of need:

- From January 12, 2021, to January 11, 2022, Schenectady County had the region's second highest rates of COVID-19 test positivity (123.0/1,000) and mortality (108.1/100,000); the positivity rate was lower than NYS, excl. NYC (146.1), but mortality was higher (94.4).
- Schenectady County (as of June 2022) reported 91% of the population that identifies as white had at least one vaccine dose while 65% of the population that identifies as African American had at least one vaccine dose. There is also an age disparity with COVID-19 vaccination rates, only 42% of 5–11-year old's have at least one vaccine dose, while 55 and above are over 90%. 88.8% of females in Schenectady County have at least one vaccine dose while 83.2% of males have at least one vaccine dose (NYS COVID vaccine data tracker).

Equitable and Inclusive SMART Objective(s):

By FY25; (December 31, 2024):

1. In collaboration with Schenectady Department of Health, increase access options COVID-19 Vaccine within the City of Schenectady, by offering & promoting vaccine clinics at convenient times for city residents.
2. Increase vaccination rates among children residing in the City of Schenectady from a baseline of 42% to a target of 52%. (Monitored through the NYS Immunization Information System NYSIIS)
3. Reduce COVID-19 vaccine coverage disparities by increasing the rates of COVID-19 vaccinations in the City of Schenectady among BIPOC residents, from a baseline of 65% to a target of 70%. (Monitored through the NYSIIS)

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

Strategy	Timeline			Hospital and Committed Partners (Align to indicate committed resource)	Committed Resources (Align by hospital/committed partner)
	Y1	Y2	Y3		
Through development of a community coalition, inclusive of community residents, provide community conversation sessions to Schenectady City residents (specifically parents/guardians of school aged children) on importance of COVID-19 confidence and compliance	x	x	x	Sunnyview Hospital and Rehabilitation Center	In-kind staff time and resources
				Ellis Hospital	In-kind staff time and resources
				Schenectady County Dept. of Health	In-kind staff time and resources
				Schenectady City School District	In-kind staff time and resources
				Focus location(s)	Focus Population(s)
				City of Schenectady; Hamilton Hill and City/Stockade neighborhoods	Low SES socio-economic status & BIPOC residents living in the focused locations
Provide access options to community members for COVID-19 vaccination sites through public health communication campaigns	x	x	x	Sunnyview Hospital and Rehabilitation Center	In-kind staff time and resources
				Ellis Hospital	In-kind staff time and resources
				Schenectady County Dept. of Health	In-kind staff time and resources
				Schenectady City School District	In-kind staff time and resources
				Focus location(s)	Focus Population(s)
				City of Schenectady; Hamilton Hill and City/Stockade neighborhoods	Low SES socio-economic status & BIPOC residents living in the focused locations

Anticipated impact of these actions:

Impact Measures	Baseline	Target	Plan to evaluate the impact
Increase access options COVID-19 vaccine within the City of Schenectady, by offering vaccine clinics at convenient times for children and families	3 clinic per week	5 clinics per week (with expanded hours)	Monitor the NYS Immunization Information System (NYSIIS) for COVID-19 immunization coverage rates among children and adults living in Schenectady County
Increase Annual Immunization Coverage Rates (COVID-19) among children age 5-11	42% with at least one vaccine dose	52% with at least one vaccine dose	Monitor the NYS Immunization Information System (NYSIIS) for annual school COVID-19 immunization coverage rates among children age 5-11
Reduce COVID-19 vaccination coverage disparities among African American Schenectady County residents	Rate of African American Schenectady County residents with at least one COVID-19 dose: 65%	Rate of African American Schenectady County residents with at least one COVID-19 dose: 70%	Monitor the NYSIIS for COVID-19 immunization coverage rates among African American residents of Schenectady County

Adoption of Implementation Strategy

On November 14, 2022, the Board of Directors for Sunnyview Hospital and Rehabilitation Services voted after review of the 2023-2025 Implementation Strategy for addressing the community health needs identified in the 2022 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget.



Kim K. Baker, President, Sunnyview Hospital and Rehabilitation Services

11/14/22

