Summary Report of 2015 Community Service Plan and Prevention Agenda Activities

Background:

Ellis Medicine, in collaboration with Schenectady County Public Health Services (SCPHS) and the 70 member organizations of the Schenectady Coalition for a Healthy Community (SCHC), conducted a comprehensive Community Health Needs Assessment (CHNA) during 2013; including collection and interpretation of public health data by the Healthy Capital District Initiative (HCDI), completion of a door-to-door community health survey (the “UMatter Schenectady” survey) which interviewed four percent of the adult population of the City of Schenectady, and a structured priority-setting exercise using a nationally-recognized methodology. This Assessment informed the 2013-2015 Community Service Plan for Ellis Hospital (http://www.ellismedicine.org/blob/PublicNoticesFiles.ashx?ID=100) which was submitted to the New York State Department of Health on November 15, 2013.

Prevention Agenda Priority Areas:

The Community Service Plan identified 15 community health needs, ranking them in three categories. The top five needs (in alphabetical order) are: Adolescent Pregnancy, Asthma and Smoking, Diabetes and Obesity, Emergency Department Inappropriate Utilization, and Mental Health and Substance Abuse. Of these needs, all except Emergency Department Inappropriate Utilization qualify as Prevention Agenda Priorities, three in the category of “Prevent Chronic Diseases” and one in the category of “Promote Mental Health and Prevent Substance Abuse.” Two of these (Asthma and Smoking, and Mental Health and Substance Abuse) have been the topics of the Ellis Hospital Prevention Agenda Annual Progress Report to the New York State Department of Health (NYSDOH) in 2014 and 2015. During 2014 and 2015, in part because of the availability of grant funds and in part because of community interest, some other community health needs became topics for investigation and amelioration. These included Food Insecurity and Falls Prevention.

Report on Asthma and Smoking:

The Prevention Agenda Priority of “Prevent Chronic Diseases” was applied to Asthma and Smoking for several reasons. There is a high need; the UMatter Survey found that 37.1% of respondents – skewed toward low-income urban residents – are current smokers, while HCDI data for Schenectady showed a significant age-related disparity in asthma hospitalizations – with the rate of pediatric asthma hospitalizations 54% higher than all ages. There is also a significant capacity in the community to deliver interventions, based on existing resources in Schenectady including the Ellis Asthma Education Program and the SCPHS Home Visiting Program.

Ellis and SCPHS successfully collaborated to obtain a $25,000 grant from the New York State Health Foundation, with local matching funds from The Schenectady Foundation (TSF), MVP Healthcare, and GE. This enabled formalization of existing relationships to build a seamless asthma intervention process: 1) patients (particularly pediatric patients) entering the Ellis Emergency Department for emergency asthma treatment were, following treatment, interviewed by a nurse navigator and, if interested, enrolled in a coordinated program of care management through the Ellis Care Central Health Home,
asthma home-based self-management education through the Ellis Asthma Education Program, and the SCPHS Home Visiting Program; 2) the enrolled patients received intensive self-management support including home visits by a Public Health Nurse; and 3) a database tracked the enrolled patients. The pilot program commenced in December 2014 and concluded on August 31, 2015. An initial cohort of about 100 patients was approached; by the end of the pilot 31 people had “graduated” from the self-management education program. Among the lessons were: 1) the clinical success of the program (Ellis Asthma Education Program graduates show a 60-70% reduction in ED visits over 12 months post admission), tempered by 2) the difficulty in engaging and retaining participants (25% of those initially approached immediately declined, while less than a third completed the program).

The pilot program is now serving as a model for the six-county regional Alliance for Better Health Care (AFBHC) DSRIP “Asthma Home-Based Self-Management” project (project 3.d.i.). The expectation is that the clinical success of the program can be replicated in other counties, while a larger patient base and potentially better-funded engagement process can help to encourage and retain participants.

Members of the SCHC also led various tobacco cessation initiatives during 2015. For example, a newly-constructed affordable housing project on Albany Street in Schenectady will be smoke-free, and the Union College campus will be entirely smoke-free by July 2016. The Capital District Tobacco-Free Coalition conducted a survey of public housing facilities in Schenectady which was released in June. The vast majority of respondents (76.4%) were satisfied or neutral about the municipal housing authority’s no-smoking policy.

Report on Mental Health and Substance Abuse:

The Prevention Agenda Priority of “Promote Mental Health and Prevent Substance Abuse” was selected as a major initiative by the SCHC. Overall, Schenectady’s self-reported measurement of mental health is actually rather positive, but the mental health community expressed concerns regarding access to care, particularly during the State’s transition to managed behavioral health services. One troubling item regarding substance abuse is the growing newborn drug-related hospitalization rate in Schenectady; which is the highest in the Capital Region, more than double the State average, and which nearly quadrupled between 2006 and 2010.

During 2014 and 2015 efforts were made to engage the local mental health community, but met with limited success. In 2014, approval of the Ellis Institutional Review Board (IRB) had been obtained for a project of chart reviews of newborns at Bellevue Woman’s Care Center to attempt to shed light on the causes of the high newborn drug-related hospitalization rate. The study, conducted by a graduate student at the University at Albany School of Public Health, did not reveal specific causal relationships.

In 2015, Ellis and SCPHS worked with HCDI which is compiling mental health and substance abuse data from such standardized survey tools as BRFSS and School Climate Survey to analyze among the Capital Region counties. The survey information continues to flag the newborn drug-related diagnosis rate as a critical issue compared with the region, although the single year rate did dip slightly (6.3%) between 2012 and 2013. Other indicators for which Schenectady County exceeds the regional rate are PTSD (3.8% vs. 3.1%) and Substance Abuse (Other) (9.3% vs. 7.7%). Specific Schenectady neighborhoods,
however, greatly exceed regional rates on multiple indicators; for example the Schenectady Stockade
rates exceed regional rates on 14 of 18 indicators, while the dementia rate in Scotia/Glenville is 83%
above the regional rate.

**Report on Other Topics - Food Insecurity and Falls Prevention:**

Two other community health needs – Food Insecurity and Falls Prevention – were the topic of significant
research and discussion during 2015 even though they did not fall into the top community health needs
category.

The focus on Food Insecurity came from a UMatter Schenectady survey finding – that the majority of
residents in three Schenectady neighborhoods (Hamilton Hill, Eastern Avenue, and Central State) had
run out of food at least once in the past year. Interestingly, this finding correlated with the prevalence
of severe obesity (BMI >35) which is more than double for people who run out of food every month or
nearly every month than for those who never run out of food. During 2015, Ellis, SCPHS, and their
partners worked with two grants (Robert Wood Johnson Foundation Collective Impact and Strategic
Alliance for Health) to improve access to healthy foods. These efforts resulted in development of a
Schenectady Food Resource map, an online tool accessible from portable devices such as smartphones,
which shows the locations of such resources as soup kitchens, food pantries, and stores which accept
electronic benefit cards. The most current iteration of the tool uses the smartphone’s location
information to provide walking or bus route directions to the resource.

Falls Prevention efforts initially focused on the Woodlawn neighborhood after the 2013 CHNA found
that Schenectady County has the highest rate of falls mortality in the region among people 65 and older
(nearly 50% higher than Albany and Rensselaer), and that the highest rate of ambulance calls for falls
(nearly three times the rate of the next highest neighborhood) is in Woodlawn, which also has the oldest
median age among City neighborhoods. Further evaluation of data found that many of the falls
occurred within a single large continuing care retirement community located in that neighborhood, and
work was undertaken with management of that facility and student volunteers to enhance on-site falls
prevention activities. During 2015, the Schenectady League of Women Voters (LWV) undertook falls
prevention among the elderly as a formal project and has begun to actively engage falls prevention
experts in NYSDOH along with multiple organizations which serve older citizens.