2016 Community Service Plan & Community Health Improvement Plan

St. Mary's Healthcare & Montgomery County Public Health Department

Service Area: Fulton & Montgomery Counties

St. Mary's Healthcare
427 Guy Park Ave.
Amsterdam, NY 12010
Brigitta Giulianelli, MPH
Director of Community Benefits & Outreach
Main Phone: 518-842-1900
www.smha.org

Montgomery County Public Health Department
County Annex Building
20 Park St., PO Box 1500
Kim Conboy, RN, MS
Public Health Director
Main Phone: 518-853-3531
www.co.montgomery.ny.us

Prepared by: Bassett Research Institute's Mohawk Valley Population Health Improvement Program
1 Atwell Rd, Cooperstown, NY 13326

Executive Summary

St. Mary's Healthcare and Montgomery County Public Health Department will collaborate with community partners on the NYS Prevention Agenda priorities of: 1) Prevent Chronic Diseases and 2) Promote Mental Health and Prevent Substance Abuse for the 2016-2018 period. 3) Increase Access to High-Quality Chronic Disease Preventative Care and Management in Clinical and Community Setting. The first priority, Prevent Chronic Diseases remains a selected priority from 2013. The second and third priorities, Promote Mental Health and Substance Abuse and Increase Access to High-Quality Chronic Disease Preventative Care and Management in Clinical and Community Setting will be new priorities replacing Promote a Healthy Safe Environment. Community health and social service leaders chose these priorities in conjunction with the St. Mary's Healthcare 2015 Community Health Needs Assessment (CHNA) stakeholder data presentation. This was prepared by Professional Research Consultants, Inc. (PRC), a nationally recognized healthcare consulting firm with extensive experience conducting community health needs assessments.

St. Mary's Healthcare and Montgomery County Public Health Department engaged a broad spectrum of community organizations to work with them on the 2013 priorities and will continue to work with these stakeholders for the 2016 priorities. These partners and other individuals and organizations focused on the health of the community were invited to participant in 2015 CHNA through an online key informant survey. St. Mary's Healthcare and Montgomery County Public Health Department will continue to engage over 40 stakeholders on the progress of the interventions through quarterly meetings.

In order to tackle these priorities St. Mary's Healthcare and Montgomery County Public Health Department will continue with focus area 1, reduce obesity in children and adults and the recommended evidence-based interventions of adopting policies to reduce sugary drink consumption and establishing joint use agreements with schools to promote physical activity. For the new priority area Increase Access to High-Quality Chronic Disease Preventative Care and Management in Clinical and Community Setting the focus will be on increasing screening rates for cardiovascular disease, diabetes and cancer especially among disparate populations. For the Promote Mental Health and Prevent Substance Abuse priority, St. Mary's Healthcare and Montgomery County Public Health Department will collaborate with the Ellis, St. Peter's, St. Mary's PPS, Alliance for Better Health Care, LLC, on their Domain 4 population health priorities of Strengthen Mental Health and Substance Abuse Infrastructure Across Systems and Promote Tobacco Use Cessation, Especially among those with poor mental health. In order to track progress of all priorities, Montgomery County Public Health Department will send out a quarterly reporting tool to community partners.

SECTION 1 COMMUNITY DESCRIPTION:

This document represents the 2016 Community Service Plan for St. Mary's Healthcare, a community hospital founded in 1903 by the Sisters of St. Joseph of Carondelet, and the Community Health Improvement Plan for Montgomery County Public Health Department.

St. Mary's Healthcare, a member of Ascension, is a 100 bed acute care Medicare Dependent Hospital (MDH) which includes a 14 bed Inpatient Addiction Rehabilitation unit. Additionally, 20 inpatient behavioral health beds are located in the hospital. St. Mary's network of services extends throughout Montgomery County and includes: 9 community-based health centers and 6 specialty care centers throughout Fulton and Montgomery counties; more than 30 behavioral health services for persons in Fulton, Montgomery and Hamilton counties; 2 Urgent Care Centers; a 160-bed nursing home and a 10 bed inpatient Physical Rehabilitation Unit on the Memorial Campus in the town of Amsterdam.

Montgomery County Public Health Department and St. Mary's Healthcare are collaborating on selected priorities in Montgomery County, NY.

A. Definition and Description of Service Area

St. Mary's Healthcare service area is defined by zip code and equates to the counties of Fulton and Montgomery, New York. The demographic summaries for the counties compared to New York State and United States are as follows:

DEMOGRAPHICS	Fulton	Montgomery	St. Mary's Healthcare Service Area	New York State	United States
Population estimates, 2009-2013	55,165	50,019	105,184	19,487,052	311,536,591
% White	95.4	90.0	92.8	65.6	74.0
% Black/African American	1.6	1.8	1.7	15.6	12.6
% Some other Race	1.6	5.4	3.4	16.2	10.6
% Multiple Races	1.5	2.7	2.1	2.6	2.8
% Hispanic/Latino	2.5	11.7	6.8	17.9	16.6
Median Household Income	45,722	44,167	N/A	58,687	53,482
Median Age	42.1	41.0	N/A	38.1	37.3
% Pop. Without a High School Diploma	14.6	16.8	15.6	14.9	14.0
% Pop. Living Below 200% of the Poverty Level	37.6	38.7	38.2	32.1	34.2
% Children in Low-Income HHS <200% of the Poverty Level	51.3	53.0	52.2	41.2	43.8

St. Mary's Healthcare 2015 Community Health Needs Assessment (CHNA) prepared by PRC contains additional information on demographics including maps and charts.

B. Description of Health Issues

PRC identified ten areas of opportunity based on quantitative and qualitative data gathered from St. Mary's Healthcare's 2015 CHNA. PRC defined the opportunities as "significant health needs of the community based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020."

Areas of Opportunity	
Access to Healthcare	• Primary Care Physician Ratio
Cancer	• Cancer Deaths (Including Lung, Prostate and Colorectal) • Cancer Incidence (Including Lung and Colorectal) • Skin Cancer Prevalence
Diabetes	*Diabetes ranked as a top concern in the Online Key Informant Survey*
Heart Disease & Stroke	• Heart Disease Deaths • High Blood Pressure Prevalence • Overall Cardiovascular Risk
Injury & Violence	• Unintentional Injury Deaths (Including Motor Vehicle Crash Deaths) • Firearm Prevalence (Including Homes With Children)
Mental Health	• Suicide Deaths *Mental Health ranked as a concern in the Online Key Informant Survey*
Nutrition, Physical Activity & Weight	• Low Food Access • Healthy Weight, Overweight & Obesity [Adults] • Trying to Lose Weight [Adults] • Access to Recreation/Fitness Facilities *Nutrition, Physical Activity & Weight ranked as a concern in the Online Key Informant Survey*
Potentially Disabling Conditions	• Activity Limitations • Arthritis Prevalence (50+) • Sciatica/Back Pain Prevalence
Respiratory Diseases	• Chronic Lower Respiratory Disease (CLRD) Deaths • Chronic Obstructive Pulmonary Disease (COPD) Prevalence • Asthma Prevalence [Children] • Pneumonia/Influenza Deaths
Substance Abuse	• Cirrhosis/Liver Disease Deaths • Overall Alcohol *Substance Abuse ranked as a concern in the Online Key Informant Survey*

C. Process for Priority Identification

St. Mary's Healthcare's 2015 CHNA used a data-driven approach to determine health status, behaviors and needs of the residents within the service area. This resulted in the above list of ten areas of opportunity. PRC incorporated data from both quantitative and qualitative sources including a BRFSS-type telephone survey delivered to a random sample of over 700 individuals 18 years and older residing in the service area and an online key informant survey sent to 250 local stakeholders. Finally, PRC conducted a systematic review of secondary data sources such as: vital statistics and other relevant existing health-related data. During the stakeholder data presentation PRC asked stakeholders to evaluate each identified area of opportunity using two criteria: first by scope and severity and second by ability to impact.

"Scope and severity" was used to gauge the magnitude of the problem by considering the following:

- How many people are affected?
- How does the local community data compare to state or national levels or Healthy People 2020 targets?
- To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

"Ability to impact" was designed to determine the stakeholders perceived likelihood of the having a positive impact on each area of opportunity given available resources, competencies, etc.

After the stakeholders scored each of the identified areas of opportunity for both of these criteria, PRC calculated a composite score. This process allowed St. Mary's Healthcare and Montgomery County Public Health to prioritize community health needs.

D. Addressing Priorities

St. Mary's Healthcare and Montgomery County Public Health Department have been collaborating with a key group of stakeholders to address previously identified priorities. Stakeholders comprise a core group of agencies that includes: Greater Amsterdam School District, Office for the Aging, the United Way of Montgomery County, Catholic Charities, HFM Prevention Council, New Dimensions in Health Care, Rural Health Education Network of Schoharie, Otsego and Montgomery Counties, SMH Cancer Services Program, Community Health Center, the Mental Health Association of Fulton and Montgomery Counties, as well as, representatives from St. Mary's Healthcare's Mission, Public Relations, Development and Planning, Community Outreach and Behavioral Services Departments and Montgomery County Public Health Department. This established collaboration will allow St. Mary's Healthcare and Montgomery County Public Health Department to continue to work with their partners to address current and future priorities. Additional organizations to address significant health needs are identified in the 2015 CHNA.

SECTION 2 HEALTH STATUS AND DATA:

St. Mary's Healthcare's 2015 CHNA includes:

- quantitative primary data from individuals 18 years and older
    - 355 participants in Fulton County
    - 395 participants in Montgomery County
- qualitative primary data from the online key informant surveys
- secondary data sources to identify health issues of concern in the community.

According to the 2015 CHNA, "the survey instrument used for this assessment is based largely on the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance Survey, as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues." The survey instrument remained similar to the previous CHNA to allow for comparison and trending. PRC weighted the completed surveys in proportion to the actual population to appropriately represent St. Mary's Healthcare Service Area as a whole. For statistical purposes the confidence interval is +/– 3.5%.

The online key informant surveys consisted of input from 148 community stakeholders from the following sectors: 60 Community/Business Leaders, 45 Other Health Providers, 6 Physicians, 2 Public Health Representatives and 35 Social Services Providers (a complete list of participating organizations is available in 2015 CHNA). Through the online key informant surveys, PRC gathered input from stakeholders whose organizations work with disparate populations such as; addiction population, Amish, Asian, at-risk youth, bariatric patients, Black/African American, caregivers of elders, children, crime victims, elderly, Guyanese, Hispanic/Latino, homeless, immigrants, intellectual disabled/developmental disabled individuals, learning-disabled, LGBT, low-income, Medicaid/Medicare, medically underserved, mentally ill, Middle Eastern, migrant workers, managed long-term care clients, Native American, non-English speaking, rural, single parents, teen parents, transit workers, underinsured/uninsured, undocumented immigrants, unemployed, veterans and young adults.

PRC utilized a variety of existing secondary data sources and data were obtained from the following sources:

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention
    - Office of Infectious Diseases
        - National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)
    - Office of Public Health Scientific Services
        - Center for Surveillance, Epidemiology and Laboratory Services (CSELS)
            - Division of Health Informatics and Surveillance (DHIS)
        - National Center for Health Statistics (NCHS)
- Community Commons
- ESRI ArcGIS Map Gallery
- National Cancer Institute's State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau
    - American Community Survey
    - County Business Patterns
    - Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
    - Health Resources and Services Administration (HRSA)
- US Department of Justice's Federal Bureau of Investigation
- US Department of Labor's Bureau of Labor Statistics

Additional details are contained in the St Mary's 2015 CHNA related to health issues facing each of the counties and the service area as well as the underlying conditions.

SECTION 3 SELECTION OF PREVENTION AGENDA PRIORITIES:

Approximately 40 stakeholders from various sectors met on January 7, 2016 at St. Mary's Healthcare to review the 2015 CHNA. The stakeholder group identified areas of opportunities, to understand how they were derived and to select their two or three highest priorities. PRC highlighted the key health issues contributing to each area of opportunity. After the data presentation, attendees were given time to ask questions and then used an audience response system to register their rating with a small remote keypad. PRC asked stakeholders to evaluate each health issue using two criteria; first by scope and severity and second by ability to impact. Stakeholders rated the areas of opportunity on a scale of 1 to 10 (1 being the lowest to 10 being the highest). Based on two ratings, scores were averaged to produce an overall score which yielded the following results:

1. Substance Abuse
2. Mental Health
3. Nutrition, Physical Activity & Weight
4. Cancer
5. Heart Disease & Stroke
6. Diabetes
7. Access to Healthcare Services
8. Respiratory Diseases
9. Injury & Violence
10. Potentially Disabling Conditions

Based on these top three priorities of substance abuse, mental health and nutrition, physical activity & weight, St. Mary's Healthcare and Montgomery County Public Health Department will address Prevent Chronic Disease and Promote Mental Health and Prevent Substance Abuse Action Plans (for consistency with the NYS Prevention Agenda action plans, mental health and substance abuse will combined into one priority). The chosen priorities also correspond with the Ellis, St. Peter's and St. Mary's PPS (Alliance for Better Health Care, LLC's), Population Health Domain 4 selections of: Strengthen Mental Health and Prevent Substance Abuse Infrastructure Across Systems and Reducing Tobacco Use Among Adults with Poor Mental Health (an identified health disparity). St. Mary's Healthcare and Montgomery County Public Health Department will align their Promote Mental Health and Substance abuse goals and objectives with the regional DSRIP Domain 4 goals and objectives. St. Mary's Healthcare and Montgomery County Public Health will also address the stakeholder selected priorities of cancer, heart disease & stroke and diabetes through the Prevent Chronic Disease Action Plan under focus area 3 "Increase Access to High-Quality Chronic Disease Prevention Care and Management", goal 3.1 "Increase screening rates for cardiovascular disease, diabetes and breast, cervical and colorectal cancers, especially among disparate populations."

SECTION 4 THREE YEAR ACTION PLAN:

As indicated above, a diverse group of stakeholders representing different sectors of the community with direct knowledge of services and the needs of the community had been previously formed to address 2013 selected priorities. These individuals will continue to work on the 2016 selected priorities of Prevent Chronic Diseases and Promote Mental Health and Prevent Substance Abuse.

A. Existing Joint Priority

NYS Prevention Agenda Priority: Prevent Chronic Diseases

Focus Area 1: Reduce Obesity in Children and Adults (Existing Joint Priority)

Overarching Objective 1.0.2: Reduce the percentage of adults who are obese by 5% so that the age-adjusted percentage of adults ages 18 years and older who are obese is reduced from 24.2% (2011) to 23.0%.

Goal 1.1: Create community environments that promote and support healthy food and beverage choices and physical activity

Objective 1.1.1: Decrease the percentage of adults ages 18 years and older who consume one or more sugary drink per day by 5% from 20.5% (2009) to 19.15% among all adults.

Interventions Obj. 1.1.1	Process Measures Obj. 1.1.1	Partner Roles Obj. 1.1.1	Partner Resources Obj. 1.1.1	By When Obj. 1.1.1	Disparity Obj. 1.1.1
a) Adopt policies and practices to reduce overconsumption of sugary drinks, such as make clean, potable water readily available in public places, worksites and recreation areas; and educate the public about the risks associated with overconsumption of sugary drinks.	Number of policies adopted by the organization Number programs presented Number of individuals educated	• Montgomery County Public Health • St. Mary's Healthcare • Bassett Research Institute's RHENSOM • Montgomery County Office for the Aging • Catholic Charities • HFM Prevention Council • New Dimensions in Health Care • Local Area Businesses	Educational materials to use with decision-makers and the public Time and outreach to decision-makers	By December 31, 2018	Outreach and education to adults and children with low socio-economic status.
b) Adopt policies and implement practices to increase access to affordable healthy foods for individuals living in group homes or adult homes for people with disabilities.	Number of policies adopted by the organization Number programs presented Number of individuals educated	• Montgomery County Public Health • St. Mary's Healthcare • Bassett Research Institute's RHENSOM • Montgomery County Office for the Aging • Catholic Charities • HFM Prevention Council • New Dimensions in Health Care • Local Area Businesses	Educational materials to use with decision-makers and the public Time and outreach to decision-makers	By December 31, 2018	Adults with disabilities

Objective 1.1.2: Increase the percentage of adults ages 18 years and older who participate in leisure-time physical activity by 5% from 73.7% (2011) to 77.4% among all adults.

Interventions Obj. 1.1.2	Process Measures Obj. 1.1.2	Partner Roles Obj. 1.1.2	Partner Resources Obj. 1.1.2	By When Obj. 1.1.2	Disparity Obj. 1.1.2
a) Establish a minimum of one joint use agreement, per school district in Montgomery County, to open public areas and facilities for safe physical activities.	Number of established agreements	• Montgomery County Public Health • St. Mary's Healthcare • Bassett Research Institute's RHENSOM • Montgomery County Office for the Aging • Catholic Charities • HFM Prevention Council • New Dimensions in Health Care • Local Area Businesses	Identification of current joint use agreements Ability to publicize those areas to the community for utilization Educational materials to use with decision-makers and the public Time and outreach to decision-makers	By December 31, 2018	Outreach and education to families with low socio-economic status regarding the availability of the facilities.
b) Work with at least one municipality to provide educational learning opportunities in the areas of fitness, nutrition and other wellness areas of their community.	Number of venues where programs are presented Number of individuals educated	• Montgomery County Public Health • St. Mary's Healthcare • Bassett Research Institute's RHENSOM • Montgomery County Office for the Aging • Catholic Charities • HFM Prevention Council • New Dimensions in Health Care • Local Area Businesses	Educational materials to use with decision-makers and the public Time and outreach to decision-makers and the public	By December 31, 2018	Increased learning opportunities for families with low socio-economic status.

B. New Priorities

NYS Prevention Agenda Priority: Prevent Chronic Diseases

Focus Area 3: Increase Access to High-Quality Chronic Disease Preventative Care and Management in Clinical and Community Settings (New Joint Priority)

Goal 3.1: Increase screening rates for cardiovascular disease, diabetes and breast, cervical and colorectal cancers, especially among disparate populations

Objective 3.1.1: Increase the percentage of women aged 50-74 years with an income of <$25,000 who receive breast cancer screening, based on the most recent clinical guidelines (mammography within the past two years), by 5% from 76.7% (2010) to 80.5%.

Objective 3.1.2: Increase the percentage of women aged 21-65 with an income of <$25,000 who receive a cervical cancer screening, based on the most recent clinical guidelines (Pap test within the past three years), by 5% from 83.8% (2010) to 88.0%.

Objective 3.1.3: Increase the percentage of adults 50-75 years who received a colorectal cancer screening based on the most recent guidelines (blood stool test in the past year or sigmoidoscopy in the past 5 years and a blood stool test in the past years or a colonoscopy in the past 10 years) by 5% from 68.0% (2010) to 80.0% for all adults

Objective 3.1.4: Increase the percentage of adults 18 years and older who had a test for high blood sugar or diabetes within the past three years by 5% from 58.8% (2011) to 61.7%.

Interventions	Process Measures	Partner Roles	Partner Resources	By When	Disparity
Use media and health communications to build public awareness of screenings. Promote uptake of guideline-recommended cancer screening by increasing awareness that cancer screening is a covered benefit among newly insured. Foster collaboration among community-based organizations, the education and faith-based sectors, independent living centers, businesses and clinicians to identify underserved groups and implement or education about existing programs which improve access to preventative services.	Number of patients navigated to and/or through screenings Number of screening events held in partnership and number of participants Number of media alerts (press releases, sample articles distributed)	• Montgomery County Public Health • St. Mary's Hospital • St. Mary's Cancer Program • St. Mary's Diabetic Center • Cancer Services Program • American Cancer Society • Clinics • New Dimensions in Healthcare	Educational materials and factsheets on screenings to use with the public Time and outreach to the public	By December 31, 2018	Women with income of <25,000

NYS Prevention Agenda Priority: Promote Mental Health and Prevent Substance Abuse

Focus Area 2: Prevent Substance Abuse and other Mental Emotional Behavioral Disorders (New Joint Priority)

Goal 2.4: Reduce tobacco use among adults who report poor mental health

Objective 2.4: Reduce the prevalence of cigarette smoking among adults who report mental health by 15% from 31.2% in 2011 to 26.5%.

Interventions	Process Measures	Partner Roles	Partner Resources	By When	Disparity
Assist and support the Ellis, St. Peter's and St. Mary's PPS (Alliance for Better Health, LLC) with their project implement suggestion of increasing Medicaid cessation benefit utilization by educating patients on their benefit and offering counseling and pharmacotherapy during the encounter.	Number of individuals screened for tobacco Number of individuals offered tobacco use treatment	• Montgomery County Public Health • St. Mary's Healthcare • Alliance for Better Health, LLC • Advancing Tobacco Free Communities • NYS Smokers' Quitline • Health Systems for a Tobacco-Free NY • CAI's Center of Excellence for Health Systems Improvement	Educational materials on smoking and mental health for healthcare providers and community members: webinars, toolkits and fact sheets. Existing 4.a.i. work group meetings and resources.	By December 31, 2018	Smoking adults 18 years and older with self-reported poor mental health.

Focus Area 3: Strengthen Infrastructure Across Systems (New Joint Priority)

Goal 3.1: Support collaboration among leaders, professionals and community members working in Mental, Emotional, Behavioral (MEB) health promotion, substance abuse and other MEB disorders and chronic disease prevention, treatment and recovery.

Objective 3.1.1: Identify and strengthen opportunities for sharing data on access to care, identifying service gaps, studying cost-effectiveness strategies for integration and coordination, and the impact of interventions.

Interventions	Process Measures	Partner Roles	Partner Resources	By When	Disparity
Assist and support the Ellis, St. Peter's and St. Mary's PPS (Alliance for Better Health, LLC) with their sector project: • Participate in MEB health promotion and disorder prevention partnerships. • Expand efforts with NYSDOH and NYSOMH to implement "Collaborative Care" in primary care. • Provide cultural trainings on MEB health promotion, prevention and treatment. • Share data and information on MEB health promotion, disorder prevention and treatment.	Number of discussions held Number of participants Number of individuals who have received training in MEB promotion and cultural and linguistic trainings.	• Montgomery County Public Health • St. Mary's Healthcare • Alliance for Better Health, LLC • NYS Office of Mental Health	NYSOMH MEB promotion and cultural competence resources Existing 4.a.iii. work group meetings	By December 31, 2018	Individuals with self-reported poor mental health.

SECTION 5 STAKEHOLDER ENGAGEMENT:

Over the next three years, each of the focus areas will have stakeholders convene quarterly to discuss their progress towards their interventions. In addition, each participating partner will send a quarterly tracking tool to the Montgomery County Public Health director describing progress on specific interventions, numbers of participants and evaluation of the interventions. Based on the feedback and tracking tool data from the stakeholders, St. Mary's Healthcare and Montgomery County Public Health Department can make mid-course intervention corrections.

SECTION 6 PLAN DISSEMINATION:

2015 Community Health Needs Assessment and the combined Community Service Plan/Community Health Improvement Plan will be posted on the websites of St. Mary's Healthcare, Montgomery County Public Health Department, and Mohawk Valley Population Health Improvement Program. Stakeholders involved with priority selection and NYS Prevention Agenda activities will be emailed a copy of the combined plan. Hard copies of the combined plan will be made available to stakeholders.