

# Community Health Needs Assessment Implementation Strategy Fiscal Years 2022-2024

November 1, 2022

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## Introduction

Saratoga Hospital, located in the city of Saratoga Springs, NY is an acute-care hospital licensed for 171 beds, including 115 medical/surgical, 19 intensive care/coronary care, 7 pediatric, 14 maternity and 16 psychiatry beds. As the only Hospital in Saratoga County, Saratoga Hospital also offers emergency medical and ambulatory surgery services, as well as a full range of outpatient services. With more than 450 physicians and other medical professionals on staff, Saratoga Hospital offers primary care and a broad range of medical specialties.

Saratoga Hospital was founded in the late 19<sup>th</sup> century by a group of prominent women who were determined to meet their community's desperate need for medical care. Despite its popularity as a "water cure" destination, Saratoga Springs had no hospital so emergency care was provided in a room in police headquarters. As a result, the group of women began meeting to plan a more fitting replacement for the inadequate facility. On December 11, 1891, a certificate of incorporation was transacted for the Saratoga Emergency Hospital, the organization that ultimately would become Saratoga County's leading healthcare provider.

Over the past 120+ years, Saratoga Hospital has remained true to the vision of its founders, keeping pace with the evolving needs of the growing community and broader region to ensure that residents could receive comprehensive quality care close to home. Through formal partnerships and collaborative relationships, the Hospital has grown exponentially and evolved from a small, community hospital to a regional hospital providing comprehensive care to the Saratoga community as well as the surrounding region.

In January 2017, the Hospital's governing body made the strategic decision to affiliate with the Albany Medical Center to ensure that Saratoga Hospital could continue to grow services and evolve care for the communities it services. Now referred to as the Albany Med Health System, Saratoga Hospital is joined by the Albany Medical Center, Columbia Memorial Health and Glens Falls Hospital to offer the region the only locally-governed, regionally integrated health system. Together, these organizations are collaborating and integrating services to achieve the mutual goals of improving healthcare throughout Northeastern New York.

Saratoga Hospital operates hospital-based extension clinics as well as Saratoga Surgery Center, a free-standing ambulatory surgery center. The outpatient facilities, listed below, offer an array of convenient, accessible diagnostic and treatment programs, including outpatient medical imaging, occupational health, urgent care, and rehabilitation.

Saratoga Hospital encompasses an integrated delivery system that includes the acute-care Hospital as well as the following outpatient facilities:

- Galway Family Health Center
- Milton Health Center
- Regional Therapy Center at Malta
- Regional Therapy Center at the Springs
- Regional Therapy Center of Saratoga Hospital

- Saratoga Community Health Center
- Saratoga Family Health Center
- Saratoga Hospital Outpatient Center at Care Lane
- Saratoga Hospital Physician Offices at Malta Medical Park
- Saratoga Medical Oncology/Hematology
- Saratoga Outpatient Center (254 Church Street)
- Saratoga Outpatient Center at 19 West Avenue
- Saratoga Outpatient Center at One West
- Saratoga Surgery Center
- Schuylerville Family Health Center
- Scotia-Glenville Family Medicine
- Wilton Medical Arts
- Saratoga Midwifery and Women's Primary Care

## Saratoga Hospital's Mission, Vision, and Values

#### Mission

To serve the people of the Saratoga region by providing them access to excellence in healthcare in a supportive and caring environment.

#### Vision

Saratoga Hospital will be the preeminent provider of the highest quality healthcare for Saratoga region residents.

We will be a regional provider for certain service lines and, as an organization, will occupy a niche between traditional community hospitals and tertiary medical centers.

We will be both a high-quality and high-service provider and will be known for our timely acquisition of cutting-edge technology.

We will increase inpatient capacity to keep pace with our growing region. Eventually, all inpatient rooms will be private to help provide the privacy and dignity that all patients deserve.

We will develop, over time, the Saratoga Medical Park at Malta into an integrated healthcare campus to serve the growing needs of the Saratoga region.

We will continue to expand outpatient services, choosing the most convenient locations possible. Our goal is for the majority of Saratoga residents to be within 10 minutes of a Saratoga Hospital-affiliated facility.

We will recruit and retain highly skilled physicians. We will build relationships with physicians and other providers to help ensure their long-term commitment to the Saratoga region.

We will be recognized as a community leader. Employees will be encouraged to assume leadership roles in community-based organizations. The Hospital will partner with other worthy organizations whose goals are to improve the communities we serve.

We will be known as an innovative organization—one that is always looking for a better way to provide a service or meet a community need.

We will generate sufficient operating margin to allow Saratoga Hospital to meet community needs.

#### Values

#### **QUALITY:**

Saratoga Hospital continuously evaluates and monitors our quality against performance benchmarks from regional and national organizations.

Saratoga Hospital continuously cultivates a culture of quality whereby every employee is always focused on the delivery of high-quality care and encouraged to make suggestions when improvements are possible.

#### **SERVICE:**

Saratoga Hospital places the highest priority on providing outstanding customer service to our patients, physicians, and visitors. Service excellence is part of the culture at Saratoga Hospital, and the organization is committed to constantly enhancing the patient experience.

#### **PEOPLE:**

Saratoga Hospital understands that people are our most valued resource and, as such, every employee, physician, and volunteer deserves respect.

Saratoga Hospital offers a caring and supportive environment for its employees and one that cultivates leadership development.

#### **GROWTH:**

Saratoga Hospital remains ready to meet the needs of a growing Saratoga region, through expansion of existing services or the development of new services and sites when justified.

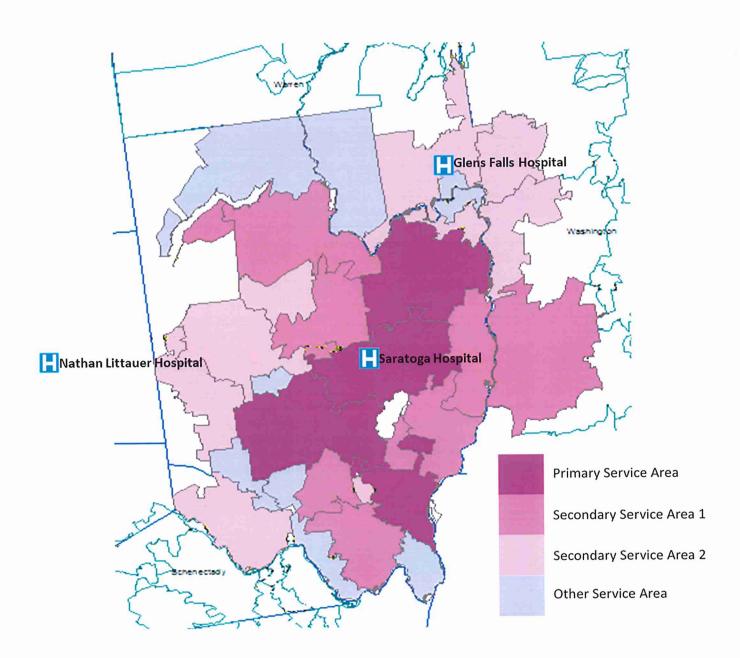
#### **FINANCE:**

Saratoga Hospital maintains financial strength in order to provide resources for a growing Saratoga region.

Saratoga Hospital recognizes the important role that our community plays in philanthropic support. We nurture the partnership between Saratoga Hospital and the community to meet the growing healthcare needs of the Saratoga region.

## Saratoga Hospital Service Area

The Service area for Saratoga Hospital is composed of all the ZIP codes in Saratoga County and select ZIP codes in Warren, Washington, and Schenectady County. Historically, about 86% of Saratoga Hospital's patients resided within this geography. The below map represents the top 80% of Zip codes based on patient discharges that are services by the Hospital. Patients in the primary service area represent the top 50% of discharges while patients in the secondary service area represent the bottom 30%. Patients listed as "other service area" were outside the 80% but are still considered within the Hospital's service area based on geographic location.



The following is a profile of the demographics for this community.

	Selected	
	Area	USA
10 Total Population	320,639	308,745,538
21 Total Population	330,129	330,946,040
6 Total Population	332,543	340,574,349
Change 2021 - 2026	0.7%	2.9%
verage Household Income	\$107,178	\$96,765

	2021	2026	% Change
Total Male Population	162,806	164,036	0.8%
Total Female Population	167,323	168,507	0.7%
Females, Child Bearing Age (15	57,354	56,720	-1.1%

POPULATION DISTRIBUTION							
	Age Distribution						
Age Group	2021	% of Total	2026	% of Total	USA 2021 % of Total		
0-14	52,851	16.0%	51,115	15.4%	18.3%		
15-17	11,772	3.6%	11,708	3.5%	3.9%		
18-24	26,776	8.1%	27,506	8.3%	9.4%		
25-34	38,792	11.8%	37,093	11.2%	13.5%		
35-54	84,958	25.7%	80,992	24.4%	25.1%		
55-64	49,118	14.9%	49,526	14.9%	12.8%		
65+	65,862	20.0%	74,603	22.4%	17.1%		
Total	330,129	100.0%	332,543	100.0%	100.0%		

	Income Dis	Income Distribution		
2021 Household Income	HH Count	% of Total	% of Total	
<\$15K	8,712	2.0%	3.4%	
\$15-25K	22,711	5.3%	8.3%	
\$25-50K	22,176	5.2%	6.7%	
\$50-75K	18,631	4.4%	5.1%	
\$75-100K	56,050	13.2%	13.3%	
Over \$100K	297,421	69.9%	63.2%	
Total	425,701	100.0%	100.0%	

EDUCATION LEVEL				
	Education Level Distribution			
		y	USA	
2021 Adult Education Level	Pop Age 25+	% of Total	% of Total	
Less than High School	4,617	1.9%	5.1%	
Some High School	10,774	4.5%	6.8%	
High School Degree	61,555	25.8%	26.9%	
Some College/Assoc. Degree	69,352	29.1%	28.9%	
Bachelor's Degree or Greater	92,432	38.7%	32.3%	
Total	238,730	100.0%	100.0%	

RACE/ETHNICITY			
	Race/Ethnicity	Distribution	
Race/Ethnicity	2021 Pop	% of Total	% of Total
White Non-Hispanic	5,617	0.0%	12.1%
Black Non-Hispanic	11,756	0.0%	18.7%
Hispanic	8,761	0.0%	5.9%
Asian & Pacific Is. Non-Hispanic	0	0.0%	0.0%
All Others	330,919,906	100.0%	63.4%
Total	330,946,040	100.0%	100.0%

## **Impact of 2019 Community Health Needs Assessment**

### **Preventing Chronic Disease**

Chronic disease has had a powerful impact on the physical, emotional, social, and economic health of individuals, their families, and our community. Despite its enviable ranking as one of New York State's healthiest counties, Saratoga County lagged the state averages in areas including prevalence of adult asthma, lung cancer incidence and mortality, stroke mortality, colorectal cancer incidence, and incidence, late-stage incidence, and mortality for breast cancer.

Based on findings from the 2019 Community Health Needs Assessment, Saratoga Hospital has been working to improve community health by addressing these and other challenges through a combination of:

- Improved access to care, especially for underserved populations.
- An emphasis on prevention, education, early diagnosis, and disease management.
- Increase in the number of medical providers, especially in high-demand specialties.
- Introduction of specialty programs and services not routinely offered by a community hospital.
- Ongoing collaboration with community partners, including providing facilitation and support for Saratoga Community Health Council.

#### **Promoting Mental Health and Preventing Substance Abuse**

The prior Community Health Needs Assessment showed that the community fared worse than New York State as a whole on many mental health measures. To address these needs, Saratoga Hospital worked to:

- Expand and improve access to mental health services through internal growth and external partnerships
- Implement a multi-disciplinary model of care focused on addiction prevention, med reconciliation, pain management, and expanded treatment options

## **Health Needs of the Community**

In the spring of 2022, and in collaboration with our local regional partners, a Community Health Needs Assessment (CHNA) was conducted by Saratoga Hospital. In an effort to elicit broad feedback and input, the Hospital completed a community health survey that was comprised of both multiple choice and open-ended questions. The intent of the survey was to gain broad insight into our communities' health needs, health behaviors and conditions in the environment affecting a wide range of health, functioning, and quality of life outcomes and risks (social determinants to heath). Demographic information collected by the survey enabled the Hospital to analyze survey results by age, gender, race/ethnicity and income.

Results of the survey were shared with the Saratoga County Communities of Excellence (COE), a group of representatives from consumers of healthcare, community based organizations that serve low-income residents, the homeless, advocacy groups, employers, public health departments, providers and

health insurers. Participants were encouraged to share data of their own and to advocate for the needs of their constituents who include medically underserved populations.

## **Selection of Priorities**

With participation from COE, four (4) special Council meetings were held in the winter/spring of 2021/2022. Council members were asked to participate in the assessment process by attending a series of meetings in which data was presented and discussion took place that resulted in consensus about what the most pressing health needs currently are for the community. The following outlines the steps and timeline for analysis and decision-making:

#### 2022 PLAN DEVELOPMENT TIMELINE Community Health Improvement Planning Council Meeting **Council Meeting** Pre-Meeting **Council Meeting** Discuss and set Survey Results Review CSP and Discuss Planned goals for priorities programs SDoH Presentation **ID** Interventions Finalize Plans Finalize CHNA Programs and Approval of CSP CHNA complete Activities selected and CHIP and released Draft Plans Meeting I DOH Report Hospital CSP Began discussions File Plans with 2022 County CHIP DOH JUL SEP ост NOV DEC MAY JUN IAN FEB MAR APR DEC Set Goals and

All meetings were held virtually and the following are the dates and a brief description of each meeting:

Tuesday, January 18, 2022 12:00 – 1:00 Goal: SDoH Survey Review

The focus of this meeting was to review the Social Determinates of Health (SDoH) and how they ranked in order of priority. The goal of this meeting was to complete a "first cut" of the data. This group focused on elements of the data that would be presented to the larger group to inform and stimulate discussions at future meetings. Fifteen (15) health indicators across the five (5) Prevention Agenda Priority Areas were analyzed. Available data on prevalence, emergency department visits, hospitalizations, mortality and trends were included for each indicator. Equity data for gender, age, race/ethnicity, and neighborhood groupings were presented as available. The results from this meeting were based on the quantitative analysis for the various indicators which showed the following health needs merited further examination by the full Council:

- o Obesity/Diabetes
- o Smoking
- Mental Health
- Heart Disease

- o COVID 19
- Drug Use
- Suicide/Self-inflected injuries
- Alcohol Use

Tuesday, March 15, 2022

12:00-1:00

**Goal: Data Review** 

An overview of the data summary from the January meeting was presented and a facilitated discussion of the findings followed. The objective was to provide context and qualitative meaning to the quantitative results. This meeting concluded with the identification of the following three prevention agenda indicators to be prioritized for the next three years:

- Prevent Chronic Disease: Heart Disease
- o Promote Well-Being and Prevent Mental Health
- Promote Well-Being and Prevent Substance Use

Tuesday, March 15, 2022

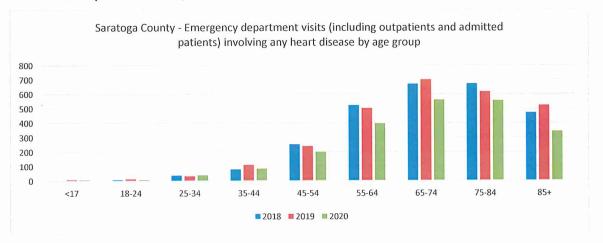
12:00-1:00

**Goal: Set Goals for Priorities** 

This final meeting was devoted to finishing the discussion of both qualitative and quantitative issues regarding the health needs of the community. Participants were asked to contribute to setting goals around the prevention agenda priorities. Measurable goals that can be implemented over the next three years were discussed and identified.

## Why Heart Disease was Chosen

Heart Disease has remained the number one leading cause of death in the United States and affects a large portion of the population of the community in Saratoga County. About 697,000 people die of heart disease in the United States every year — that's 1 in every 5 deaths. High blood pressure, high cholesterol, obesity and smoking are key risk factors for heart disease. By focusing on the well-being of a patient from all aspects of health, we can strive to reduce heart disease death in the County.



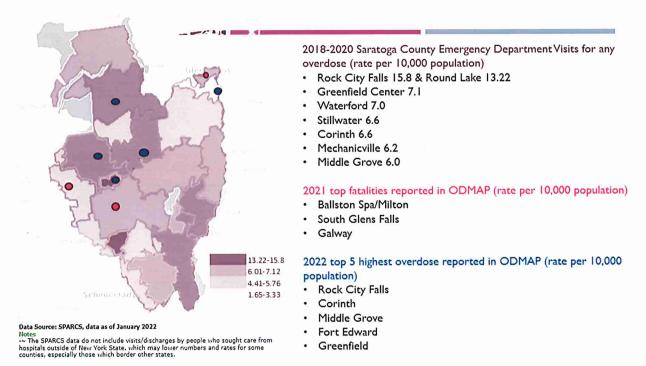
## Why Substance Use was Chosen

"Substance Use" here refers primarily to opioid misuse, but recognizes the role that alcohol, other illegal drugs, and even smoking play in leading to addictive behaviors with adverse health impacts.

Community partners are particularly concerned about the continuing penetration of the highly lethal synthetic opioid, **fentanyl**, into the community. In particular, they fear that the ability to continue to manage the opioid crisis will be stretched to the breaking point if we do not put more effort into containing it now.

Opioid misuse is treatable and preventable, and the consequences are serious: death, spread of infectious disease (HIV, Hepatitis C), neonatal abstinence syndrome in newborns, families that are torn apart with children placed in protective custody, increased crime and need for law enforcement resources, increased medical costs and use of emergency medical services, job loss and poverty (DHHS, 2018).

Saratoga County resident drug and opioid statistics:

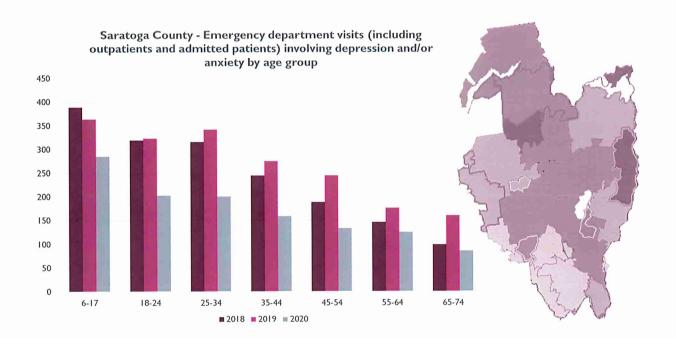


Those most at risk of opioid abuse appear to be young, adult, white men living outside the main urban areas. Overall, there appears to be a mismatch between where the problem is and where the resources are located. There is a need to get resources outside of urban centers and into rural areas. Head Start reports that it is encountering more pregnant parents with opioid addiction in Saratoga Springs and the Northern part of the County. About 50% of all adolescents will have tried an illegal drug or misused prescription medications or household substances by their senior year of high school (DHHS, 2019). The most common drug used by adolescents is marijuana (DHHS, 2019). Statewide, heroin use among adolescents has been increasing since 2003 (NYS DOH, 2018).

## Why Mental Health was Chosen

Mental health challenges are the leading cause of disability and poor life outcomes in young people. Unfortunately, and in recent years, we've seen significant increases in certain mental health disorders in youth, including depression, anxiety, and suicidal ideation. In 2020, over 2.8 million adults in New York experienced a mental illness while less than half of them received treatment due to barriers in care. During this time youth mental health challenges increased with 11.46% in New York having major depression and more than half (55.1%) not receiving treatment.

Mental health problems are a leading health challenge for children; half of all lifetime cases of mental illness begin by age 14, while three-quarters begin by age 24. Mental disorders that appear early on, when left untreated, are associated with disability, school failure, teenage childbearing, unstable employment, marital instability, death by suicide, and violence. While all ED visits have decreased during the pandemic, pediatrics remain the highest age group for ED visits related to depression and/or anxiety over the last three years.



## Needs not addressed in the Saratoga Hospital Plan

Saratoga Hospital acknowledges the wide range of priority health issues that have emerged from the Community Health Needs Assessment process and has concluded that it can effectively focus on those health needs deemed most pressing, under-addressed, and within its ability to influence/impact. Saratoga Hospital has concluded that it will not take additional action on the following health needs:

• **Smoking** – The Council found that several member organizations offer various smoking cessation options to the public including a very active program available at Glens Falls Hospital located in neighboring Warren County.

- **Breast Cancer** Residents of Saratoga County have access to cancer screening and treatment through the Cancer Services Program of Saratoga County. This program offers free cancer screening for uninsured men and women and the Hospital remains committed to continuing to collaborate and support these efforts. Additionally, Saratoga Hospital's Center for Breast Care offers comprehensive care inclusive of nurse navigation, survivorship, radiologists, two (2) fellowship trained breast surgeons, medical oncology, radiation oncology, plastic surgery, physical therapy, social work, and dietitian services. Through this collaborative program, patients are able to receive comprehensive and integrated care close to home.
- Diabetes Saratoga Hospital continues to offer Nutrition RX, a weekly multidisciplinary program for patients at our Saratoga Community Health Center who are working to improve their health through diet and exercise changes. The program also helps address food insecurity by supplying each participant with a weekly bag of fresh produce, donated by a local farm, along with recipes on how to use that produce. Data on improvements in participants' BMI, HbA1c, LDL, blood pressure levels, and readiness to change is encouraging. Additionally, the Hospital's growing Endocrine program handles a wide array of endocrine-related issues inclusive of diabetes.

**Hospital Implementation Strategy** 

To address needs identified in the CHNA, Saratoga Hospital will engage key community partners in implementing evidence-based strategies across Saratoga County. Acknowledging that many organizations and resources are in place to address the health needs of our community, Saratoga Hospital has strategically reviewed both internal and external resources. This implementation strategy will explain how Saratoga Hospital will address health needs identified in the CHNA by continuing existing programs and services and by implementing new strategies.

The tables found in Exhibit 1 provide information about the programs Saratoga Hospital will offer to address the identified community health needs, Mental Health, Substance Use and Heart Disease, for the next three years.

**Approval** 

The Saratoga Hospital Board of Trustees (The Board) hereby approves the 2022 Capital Region Community Health Needs Assessment (CHNA) and adopts the Saratoga Hospital Community Health Needs Assessment Implementation Strategy for the years 2022 through 2024. Both documents were prepared in adherence with federal requirements for not-for-profit hospitals set forth in the Affordable Care Act by the Internal Revenue Service and in compliance with New York State Department of Health regulations.

12/2/20 North John M

Michael Toohey, Board Chair

Saratoga Hospital Board of Trustees Approval:

Date

Exhibit 1: Saratoga Hospital Community Health Improvement Programs 2022 – 2024

Project No 12 Date Chartered	8/31/2022 Proje	ect Start Date	
Project Name Community Narc	an Training days	S	
Problem Statement Target engaged is 100 people 8/31/22 251 Target locations are 17 8/31/22 18 location Survey Questions 251: Yes questions 1 and link	ns	Projects.Goal Improve Mental and Behavio	oral Health Outcomes
Project Approach		Project Obstacles	
This event is coordinated by Saratoga Cour Saratoga Hospital, Saratoga County Sheriff Recovery and Community Health Center. T deaths overall.	s, Healing Springs		:
Project Resources		Project Scope  To reduce the number of ov County	erdose deaths in Saratoga
Residents			
Rural, Small	own, Suburban		
Project Indicators Ta	arget	Project Team	Leader
Number educated	100%	O'Leary	
Number locations	100%	Fronk	
Number surveyed	100%	Morley	

# Project Action Plan

Wednesday, September 7, 2022

Project No	11 Date Chartered	8/31/2022	Project Start Date	8/31/2022
Project Nam	e Capital Region	MATTERS		
Problem Statem Referral to and f Target - referrals Target - referrals	rom SH s to SH clinics		Projects.Goal Improve Subtance	Use Behavior outcomes
Project Approac	ch		<b>Project Obstacles</b>	
Matters referral	s from in patient – 24 s – 29 s from SHED -3 (tentativ	e)		
Project Resourc	es		Project Scope	
			To reduce the nun County	nber of overdose deaths in Saratoga
1	Residents		1	^
	Rural, Sma	ll Town, Suburk	oan	

Project Indicators	Target
Alcohol Referrals from Inpatient	80%
Matters Referrals to CHC	80%
Matters Referrals from SH ED	80%

## Project Action Plan

Wednesday, September 7, 2022

Project No	1 Date Chartered	Project Start Date	7/26/2022
<b>Project Name</b>	BH in Schools		
members total  For school staff su County that were s Superintendents. T	nt oproved access to BH services for rvey there are 12 districts in Sar ent the survey. There are 12 here are 208 indivudual schools	atoga	and Behavioral Health Outcomes
districts. Project Approach		Project Obstacle	25
Convene MH exper design and implem	rts and school based representa ent solutions	tives to	
Project Resources		Project Scope	
,	Residents	,	
	Rural, Small Town, St	uburban	

Project Indicators	Target	Project Team	Leader
Attendance at BH Taskforce Meetings	80%	Stuchin	
Survey of County School District	90%	Pritchett	
Superintendent		Ingram	
Survey of County School District	75%	McNeice	
Principals		Brownell	
		White	
		O'Leary	
		Prezioso	
		Carmen	
		Rodriguez	