



CAPITAL REGION PUBLIC HEALTH NEWSLETTER

Issue #2 / Summer 2016

Introduction to the Newsletter

Hello Everyone,

Over this past quarter, the PHIP team has been working closely with many of you on drafting community health improvement plans (CHIPs) to address the priorities selected in the prioritization process concluded in May. The draft plans will be presented at our half day conference on August 3rd along with presentations on successful CHIPs from 4 counties in other parts of New York.

These presentations will give CHIP task force members and other interested parties insights into strategies that have worked for Diabetes/Obesity and Opioid Abuse. Please [register](#) to join us.

We also completed our 2016 Community Health Needs Assessment for the 6 counties of the Capital Region. [Take a look](#) at over 300 pages of easy to navigate health statistics for our region. Don't hesitate to contact us if you have questions. We are happy to help you find what you are looking for. More on the contents of the needs assessment and the many data resources on our website next month.

Happy Summer,

Kevin Jobin-Davis, PhD
Executive Director
Healthy Capital District Initiative
Kjobin-Davis@hcdiny.org

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THE LATEST IN NEW YORK STATE HEALTH INITIATIVES

Population Health Improvement Program (PHIP)

The Care Coordination Task Force kicked off its first meeting in April 2016. Meetings will now take place on the 4th Friday of the month here at HCDI from 8:30 a.m.- 10:00 a.m. The Care Coordination Task Force will focus its efforts around the following priorities:

- 1. Pipeline** (Strengthening recruitment efforts from Higher Education to the Workforce)
- 2. Professional Development** (Bringing awareness to Continuing Education Opportunities for the Care Coordination & Community Health Workforce within the Capital Region).
- 3. Information and Referral Resources** (Strengthening the current directories for pertinent referral information).

If your organization is participating in Care Coordination and/or Community Health Worker activities and you have an interest in strengthening your workforce, contact Keshana Owens-Cody at kowens-cody@hcdiny.org or 518-486-8406 to learn more about joining the Task Force.

State Health Innovation Plan (SHIP) and State Innovation Model (SIM)

Advanced Primary Care Model

In preparation for New York State's transformation into the Advanced Primary Care Model, insurance plans around the state have been involved in many activities measuring their preparedness.

A survey from the New York State Department of Financial Services was sent to 18 insurance plans. [See the results of this survey and next steps in relation to the Advanced Primary Care Model.](#) Pgs.7-18

Transparency Workgroup Updates

On Behalf of the New York Department of Financial Services, the New York Academy of Medicine's Institute for Urban Health conducted a study on how New Yorkers view the quality and cost of care. There were eight focus groups that included the following cities: Buffalo, Albany and NYC. The purpose behind the study was to identify what New Yorkers need in terms of healthcare. [See the results of this study here.](#) Pgs. 12-49.

Delivery System Reform Incentive Payment (DSRIP) Program

Are you on LinkedIn? So is DSRIP. Connect with DSRIP to receive updates, ask questions, and be engaged in the many projects occurring across New York State. [Click here](#) to connect.

Performing Provider System Updates

Year 1

Is your organization one of the 119,625 providers who became affiliated with DSRIP through the 25 Performing Provider Systems across the State of NY? [Learn more achievements accomplished through DSRIP Activities in Year 1.](#) Pgs. 4-16

Want to become more involved in DSRIP? Reach out to your local Performing Provider System:

- [Albany Medical Center](#)
- [Alliance for Better Health Care](#)
- [Adirondack Health Institute](#)

Year 2

Now that DSRIP Activities for Year 1 are complete what should we expect from Year 2? Click here to learn more about the upcoming deliverables for April 1, 2016 - April 1, 2017 ([Year 2](#)).

Year 3

Why is Year 3 so important in DSRIP Activities? [Click here to learn more](#)

New York State's 1115 Waiver Programs Public Comment Days

The 1115 waiver is designed to permit New York to use a managed care delivery system to deliver benefits to Medicaid recipients, create efficiencies in the Medicaid program, and enable the extension of coverage to certain individuals who would otherwise be without health insurance. In addition, New York's goals in implementing its 1115 waiver include improving access to health services and better health outcomes for New Yorkers through multiple programs.

The Delivery System Reform Incentive Payment (DSRIP) program is a significant waiver initiative, and members of the DSRIP Project Approval and Oversight Panel will join DOH staff in listening to the feedback provided by members of the public and stakeholders on these Public Comment Days. Feedback on all waiver programs is welcomed.

The upstate Public Comment Day will be held on Tuesday July 12, 2016 in Albany at the Empire State Plaza, Meeting Room #6 from 10:30a.m. - 3:30p.m.

Value Based Payment

The NYS Department of Health has developed Value Based Payment Regional Bootcamp learning series for the plan and provider communities within the State. During these live sessions plan and provider communities will learn necessary information about VBP and ensure a successful transition to its implementation. The series will be completed over the course of three all-day sessions in every region, approximately one per month. The State has been divided into five regions where each session will occur. The Capital Region held sessions on June 2, June 15, and July 7, 2016. Were you not able to attend? [Click here](#) to see the PowerPoint presentations as well as other resources.

2016 Community Health Improvement Plan (CHIP) Update

Healthy Capital District Initiative (HCDI) will host the Community Health Improvement Plan Conference on August 3, 2016 at the Carondelet Hospitality Center, 385 Watervliet-Shaker Road, Latham, NY. Please contact Deborah Henderson to RSVP by July 27, 2016 – dhenderson@hcdiny.org



Community Health Improvement Plan Conference

August 3, 2016

CHRONIC DISEASE: Obesity-Diabetes 8:30 a.m. – 10:30 a.m.
BEHAVIORAL HEALTH: Substance Abuse 11:00 a.m. – 1:00 p.m.

Guest Speakers

5-2-1-0 • Bassett Healthcare • Dutchess County Health Department
Erie County Opioid Task Force • Broome County Community Council

RSVP BY JULY 27, 2016

to Deborah Henderson dhenderson@hcdiny.org

During the Community Health Prioritization process all counties in the Capital Region (Albany, Columbia, Greene, Rensselaer, Saratoga and Schenectady) selected Obesity and Substance Abuse as their focus priorities. These planning sessions will consist of presentations from other counties highlighting their approach to developing a successful Community Health Improvement Plan (CHIP). County task forces from throughout the Capital Region will present their draft strategies for their 2016-2018 CHIP and discuss opportunities for multi-county initiatives.

Quarterly Newsletter Topic: Opioid

DATA

Capital Region:

Over 90% increase in clients receiving Heroin Dependency Treatment at Capital Region OASAS certified treatment programs from 2011 to 2014

Albany and Rensselaer Counties:

470 Opiate ED Visits

166 Opiate Hospitalizations

Albany's Adjusted opiate ED visit rate is higher than that of the region and upstate

Both Albany and Rensselaer male opiate hospitalization rates are higher than the capital region

Both Albany and Rensselaer male opiate ED visit rates are higher than the capital region

Columbia and Greene Counties:

84 Opiate ED visits

66 Opiate Hospitalizations

Both Columbia and Greene have opiate ED visit rates that are higher than that of the region and upstate

Both Columbia and Greene counties have opiate hospitalization rates that are higher than the region and upstate

Both Columbia and Greene counties male opiate ED visit rates are higher than the capital region

Greene county has more than double the rate for female opiate hospitalizations than that of the region's rate

Saratoga County:

101 Opiate ED visits

66 Opiate hospitalizations

High risk neighborhoods had 1.1-1.6 times the opioid ED and hospitalization rates than the rest of the state

Schenectady County:

143 Opiate ED visits

57 Opiate Hospitalizations

Opioid ED visit rate is higher than the capital region and upstate- ED rates have been increasing since 2007

*Detailed data available at hcdiny.org

PREVENTION

SAMHSA IDENTIFIES THE FOLLOWING AT RISK AND PROTECTIVE FACTORS ASSOCIATED WITH INCREASED RISK OF OPIOID ABUSE:

Experiencing mental health disorders (i.e., depression, anxiety, high attentional impulsivity, suicidal ideation) is associated with increased risk for prescription opioid misuse and/or dependence (Boscarino et al., 2010; Edlund, Steffick, Hudson, Harris, & Sullivan, 2007; Ford & Rigg, 2015)

Experiencing and having a high level of pain or chronic pain is associated with prescription opioid misuse (Cepeda, Fife, Kihm, Mastrogianni, & Yuan, 2014; Edlund et al., 2007; Sullivan et al., 2010)

Having a previous history of alcohol or other drug use and/or abuse increases the likelihood of opioid misuse and/or addiction (Arkes & Iguchi, 2008; Boscarino et al., 2010; Edlund et al., 2010)

Having poor health, illness, or injury is related to opioid misuse and abuse (Edlund et al., 2007; Jeffrey, Babeu, Nelson, Kloc, & Klette, 2013)

Genetic and physiological reactions are associated with increased use, abuse and/or addiction (Bieber et al., 2008; Gelernter et al., 2014; Harlé et al., 2014).

Youth between the ages of 12 to 17 who associate with peers that misuse drugs are at increased risk for prescription drug

misuse (Collins, Abadi, Johnson, Shamblen, & Thompson, 2011; Ford & Rigg, 2015)

Experiencing discrimination has been associated with increased prescription drug misuse (Gee, Delva & Ta keuchi, 2007)

Having a long-acting opioid prescription, a lower dosage prescription, or only being prescribed Schedule III or IV opioids is associated with lower misuse, abuse, and dependence (Edlund et al., 2010; Sullivan et al., 2010).

Committing to do well in school and achieving high school and college degrees are protective against prescription drug misuse and abuse (Collins et al., 2011; Arkes & Iguchi, 2008).

Attending a prevention class is associated with less misuse (Ford & Rigg, 2015).

Having greater perception of substance abuse risks prevents opioid misuse (Ford & Rigg, 2015)

Youth who have a strong parental bond (Schroeder & Ford, 2012) and have parents who disapprove of misuse (Collins et al., 2011) are less likely to misuse prescription drugs.

The presence of a Gay-Straight Alliance (GSA) in school protects sexual minority youth from misusing prescription drugs (Heck et al., 2014).

Community norms against use is associated with lesser prescription drug misuse (Collins et al., 2011)

RESOURCES

SAMHSA

[Searchable registry](#) of more than 280 interventions supporting mental health promotion, substance abuse prevention, and mental health and substance abuse treatment

NIH NATIONAL INSTITUTE ON DRUG ABUSE

[Resources](#) include patient agreement and consent forms to guide opioid prescribing and the identification and care of patients with substance use disorder

AMERICAN MEDICAL ASSOCIATION

State-specific opioid abuse [prevention resources](#), as well as webinars, CME courses and other tools recommended by the nation's medical societies

PHIP Resources You Can Use to Make Your Job Easier

Upcoming Events and Resources

Save the Date!

August 31 - September 1, 2016

New York Recovery Conference and Celebration. Troy, NY

“This conference is aimed at individuals interested in furthering addiction recovery efforts in New York. Attendees will include a mix of individuals in recovery, family members, program administrators and directors, clinical staff, and other addiction recovery professionals from local, state and federal organizations”

[Register Here](#)

November 20th 2016

The Faces of Addiction

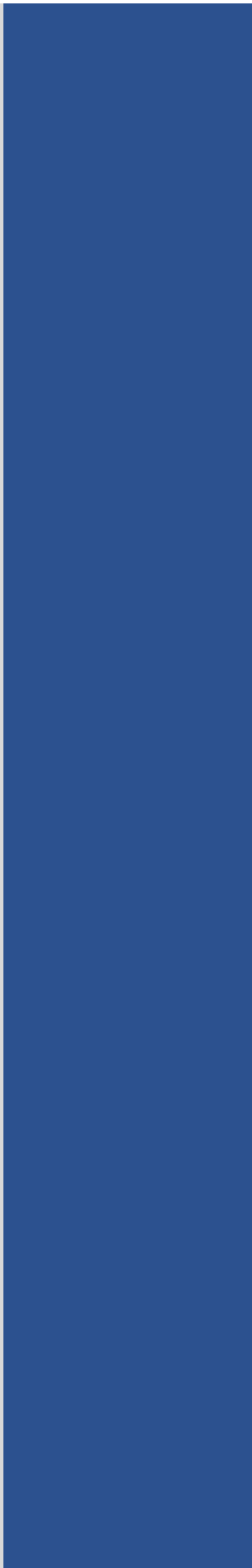
“A community fashion show to help spread awareness about addiction. Many families are affected by addiction. Whether it be the loss of a loved one or you know someone who is struggling; addiction is a devastating disease”

[Click here to learn more.](#)

News and Articles

Did you know that Michael Botticelli, Director of National Drug Control Policy hosted a community forum here in the Capital Region? Learn more about the discussions as well as guest speakers [here](#).

NYS commissioners urge educators to Use [#CombatHeroin](#) Kitchen Table Toolkit



A letter has been sent to educators in school districts across the state urging them to utilize free resources to hold discussions about addiction with students. The letter, signed by New York State Office of Alcoholism and Substance Abuse Services Commissioner Arlene González-Sánchez, Department of Health Commissioner Howard Zucker and State Education Department Commissioner MaryEllen Elia, guides educators to education materials found on the state's [Combat Heroin](#) and [Talk2Prevent](#) websites. To read the letter, [click here](#).

Research

Combatting the Heroin and Opioid Crisis, Heroin and Opioid Task Force Report, June 9, 2016: [click here](#)

NYS Opioid Poisonings, Overdose and Prevention 2015 Report to the Governor and NYS Legislature, NYSDOH-AIDS Institute: [click here](#)

Heroin/Opioid Overdose Prevention Classes

New York State (all counties) Heroin/Opioid Overdose Prevention Training [click here](#)

Albany County Heroin/Opioid Overdose Prevention Training [click here](#)

Schenectady County Heroin/Opioid Overdose Prevention Training [click here](#)

Saratoga County Heroin/Opioid Overdose Prevention Training [click here](#)

Meet HCDI's Data Team



Michael Medvesky, MPH

Michael Medvesky holds a Bachelor of Science degree in Zoology from Rutgers College, and a Master of Public Health degree in Epidemiology from the University of Pittsburgh School of Public Health. He served 2 years in the United States Army Aeromedical Research Laboratory. He then worked for over 35 years in the NYS Department of Health, with activities including: disease surveillance; grants development; program development, management and evaluation; maternal and child health surveillance and needs assessment; asthma surveillance and program evaluation; and training and technical assistance to counties/hospitals with local community health needs assessments and community health improvement plan development. After retirement from the NYSDOH, Mr. Medvesky served as a consultant to HCDI with Capital District Community Health Needs Assessments, and DSRIP Needs Assessments. He is now an HCDI employee serving as the Director of Health Data Analytics.



Amelia Kelly, MPH

Amelia joined HCDI in January of this year as a Public Health Research Analyst on the Population Health Improvement Program. She worked on the 2016 [Community Health Needs Assessment](#) and will continue to work on other Capital Region projects, including mapping health issues at the neighborhood level and providing technical assistance to the PHIP partners. Amelia holds a Master of Public Health with a concentration in epidemiology, and has several years of academic training along with direct service work, with a particular focus on underserved communities. Her vast experiences, from serving as an emergency medical technician in her home town, to conducting development work in a youth home in Montana, to doing outreach work for migrant farm workers in the Hudson Valley, have given her a unique lens for looking at obstacles to good health. She has taken every opportunity to learn the unique needs of specific populations. In her spare time, Amelia enjoys outdoor activities such as hiking and running, and, of course, her cats.



Deborah Henderson, BS

Deborah Henderson is a Public Health Intern working with Healthy Capital District Initiative to improve access to population health programs. Deborah graduated from Russell Sage College in Troy with a Bachelor in Health Science and a minor in Psychology. She is currently pursuing her Master of Public Health in Health Policy and Management from the University at Albany School of Public Health. Deborah has a strong interest in policy implementation as well as New York State's role in the Prevention Agenda, Delivery System Reform Incentive Payment Program (DSRIP) and New York State Health Innovation Plan (SHIP). Deborah has a passion for healthcare reform here in the states as well as abroad. She is originally from Kansas/Colorado and spent two years in Nepal studying the culture, language and engaging in humanitarian work. In her spare time, Deborah loves to travel around the world and indulge in different cuisines.