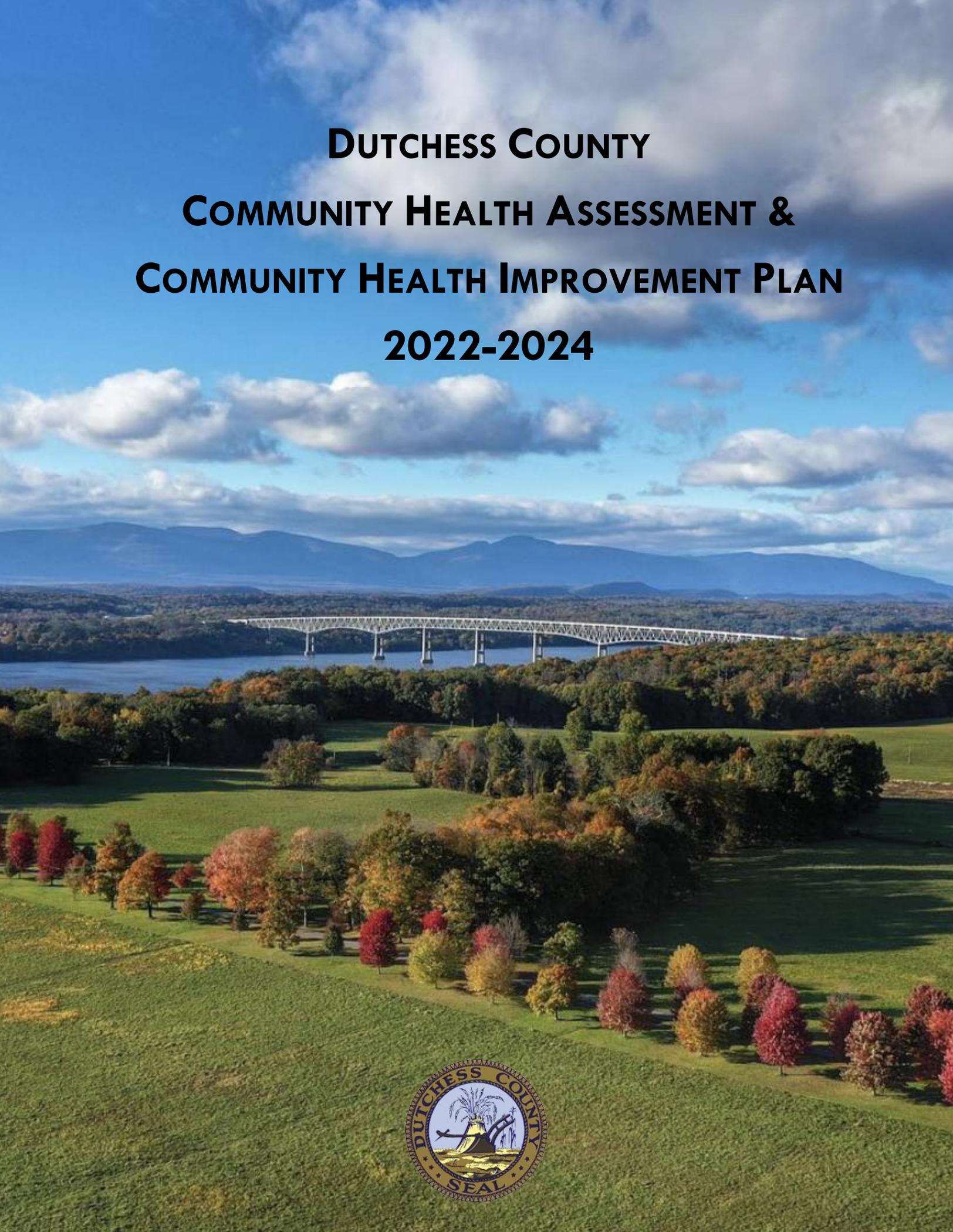


DUTCHESS COUNTY
COMMUNITY HEALTH ASSESSMENT &
COMMUNITY HEALTH IMPROVEMENT PLAN
2022-2024



Community Health Improvement Plan

The Community Health Improvement Plan (CHIP) is a collaborative effort based on input from residents and organizations that creates a roadmap toward better health for the people of Dutchess County. The CHIP is guided by the New York State Department of Health (NYS DOH) Prevention Agenda and is shaped by a Community Health Assessment (CHA) consisting of thorough analysis of available data and collective input from stakeholders. The Dutchess County Department of Behavioral & Community Health (DBCH) has chosen the following two priorities for our 2022-2024 CHIP:

1. Prevent Chronic Diseases
2. Promote Well-Being and Prevent Mental Health and Substance Use Disorders

Process used to identify priority areas

Through a Public Health Collaborative workgroup between the seven local health departments of the Mid-Hudson Region, a Regional Community Health Survey of the Hudson Valley was conducted to assess various topics related to health and priorities put forward by the New York State Department of Health (NYS DOH) Prevention Agenda. This survey was administered via random digit dialing to landlines and cell phones and through web links on various County interfaces in Spring of 2022. Approximately 5,700 responses were collected with 943 attributed to Dutchess County residents. Response data included information on residents' opinions on their communities, resources available for seniors and health behaviors.

In the Spring of 2022, focus groups were held with service providers that work with sensitive populations that may be underrepresented in the Regional Community Health Survey. These focus groups consisted of representatives from agencies that provide services such as mental health support, vocational programs, or household resources to individuals belonging to LGBTQ, low-income, veteran, senior, homeless, immigrant or other niche populations. The intent of the focus groups was to collect information on the issues specific to individuals who may be dealing with more complex health issues than the general population. In addition to the Survey and focus groups, a data-focused analysis of high priority health topics known as the Hanlon Method was conducted to objectively determine the impact of certain issues based on the size (prevalence) and seriousness of the problem.¹

A summary of the results of the aforementioned research was disseminated at a CHIP Summit in September 2022. In attendance were partners in the 2019-2021 CHIP, as well as members of committees and workgroups associated with the Dutchess County Department of Behavioral & Community Health (DBCH)- including but not limited to representatives from national associations, local County departments, hospital and healthcare systems, local universities, non-governmental organizations, non-profit advocacy groups, and the general public. Following presentations on previous CHIP accomplishments and most recent CHA findings, Summit participants voted on which prevention agenda priorities they felt were the most

significant in Dutchess County. The Summit then included break-out discussion sessions on the highest rated priorities, where participants discussed the relevant results of the Survey, focus groups and Hanlon prioritization and brainstormed initiatives that they would like to take in the next CHIP cycle. In addition to the Regional Community Health Survey, service provider focus groups, Hanlon prioritization and Summit event, an extensive secondary data review and analysis was conducted through the Public Health Collaborative workgroup. Data reviewed and analyzed included but was not limited to the American Community Survey, Behavioral Risk Factor Surveillance System, County Health Rankings and Roadmaps, NYS DOH Prevention Agenda Dashboards and Community Health Indication Reports.

To develop our CHIP, DBCH leadership and the Epidemiology and Biostatistics unit convened to review the results of the CHA and elected two priority areas for the 2022-2024 cycle: **Prevent Chronic Diseases** and **Promote Well-Being and Prevent Mental and Substance Use Disorders**. Within each priority area, focuses were determined by the committee at subsequent meetings. Within those focus areas, goals addressing the greatest needs and disparities were established by DBCH and participating CHIP partners.

Focus areas chosen include healthy eating and food security, tobacco prevention, and preventing mental and substance use disorders. DBCH and CHIP partners then planned interventions and drafted goals and objectives with process metrics necessary to monitor the progress of the proposed initiatives.

CHIP Work Plan Overview

Please see the two priority areas, each with focus areas within and corresponding goals, objectives and intervention strategies explained below (numbers correspond to the NYS DOH Prevention Agenda).

Priority Area: *Prevent Chronic Disease*

Focus area 1: *Healthy Eating and Food Security*

Overarching Goal: Reducing obesity and the risk of chronic diseases

Goal 1.3: Increase Food Security

Rationale: The link between chronic diseases such as obesity, diabetes, heart disease, hypertension, and access to healthy food is well established. Data also supports the link between food insecurity (defined as limited or uncertain access to a sufficient amount of affordable, nutritionally adequate food) and chronic disease. By increasing the availability of fresh and healthy food options for those with chronic health conditions and food insecurity, a result of decreased negative health outcomes may be realized.

Intervention 1: Nuvance Health will screen patients for food insecurity. Patients screened positive will receive a referral to access healthy food resources through the Food as Medicine Program.

Intervention 2: Food As Medicine program participants will be provided with nutritional education, 1:1 diet counseling opportunities, and health food preparation demonstrations. Patients can obtain healthy food items 2x a month for up to 3-4 days of food per household

Disparity addressed: low-income households

Objectives: Objective 1.7 Decrease the percentage of adults who consume one or more sugary drinks per day (among all adults); Objective 1.8 Decrease the percentage of adults who consume one or more sugary drinks per day (with an annual household income of <\$25,000); Objective 1.9 Decrease the percentage of adults who consume less than one fruit and less than one vegetable per day (among all adults)

Goal 1.2: Increase skills and knowledge to support healthy food and beverage choices

Disparity addressed: low-income households

Objectives: Objective 1.13 Increase the percentage of adults with perceived food security (among all adults); Objective 1.14 Increase the percentage of adults with perceived food security (among adults with an annual household income of <\$25,000)

Focus Area 3: *Tobacco Prevention*

Goal 3.1: Prevent initiation of tobacco use, including combustible tobacco and electronic vaping products (electronic cigarettes and similar devices)

Rationale: Due to the inherent dangers of tobacco and tobacco products being used by and marketed to youth and young adults, efforts will be focused to strengthen the Dutchess County tobacco retailer license and limit the availability of tobacco products by prohibiting new retailers within 1,000 feet of any school.

Intervention: Use media and health communications to highlight the dangers of tobacco and promote effective tobacco control policies by supporting the adoption of retail environment policies, including those that restrict the density of tobacco retailers and prohibit the sale of flavored tobacco products. Work to reduce the number of tobacco retailers in school zones by strengthening the Dutchess County tobacco retailer license (no new retailers within 1,000 feet of schools).

Disparity addressed: flavored vaping and tobacco product use among school aged children

Objectives: Objective 3.1.1 Decrease the prevalence of any tobacco use by high school students;

Objective 3.1.3 Decrease the prevalence of vaping product use by high school students; Objective 3.1.6 Increase the number of municipalities that adopt retail environment policies, including those that restrict the density of tobacco retailers, keep the price of tobacco products high, and prohibit the sale of flavored tobacco products

Goal 3.3: Eliminate exposure to secondhand smoke and exposure to secondhand aerosol/emissions from electronic vapor products.

Rationale: Second-hand smoke exposure is well recognized as a health hazard to anyone who breathes it. Children, young adults, and non-smokers who live in multi-unit housing are often exposed to second-hand smoke in their homes. We have chosen to work toward eliminating this exposure by promoting smoke-free policies and working with property owners and management companies to assist them with the adoption of smoke-free policies, especially those with low-income housing.

Intervention 1: Promote smoke-free and aerosol-free policies in multi-unit housing (especially individuals living in low-income housing).

Intervention 2: Assist property owners and property management companies to assist in the adoption of smoke-free policies.

Disparity addressed: Smoking and secondhand smoke exposure among low-income individuals

Objectives: Objective 3.3.1: Decrease the percentage of adults (nonsmokers) living in multi-unit housing who are exposed to second-hand smoke in their homes.

Priority Area: *Promote Well-Being and Prevent Mental Health and Substance Use Disorders*

Focus Area 2: *Prevent Mental and Substance Use Disorders*

Goal 2.2 – Prevent opioid and other substance misuse and deaths

Rationale: To prevent additional substance misuse and deaths we will work with the Dutchess County Jail and local hospitals to offer Medication-Assisted Treatment (MAT). Research has shown that MAT in the criminal justice system has been found to reduce criminal activity, arrests, and recidivism.¹ Prior to enactment of legislation S.1795/A.868 requiring MAT for incarcerated persons, Dutchess County had implemented MAT induction in the county jail to detained individuals with opioid use disorder. As implementation began while the County worked through COVID-19, the program is ready for additional assessment and strengthening of protocol.

Intervention 1: Increase access to Medication-Assisted Treatment in the Dutchess County Jail through screening and referral.

Disparity addressed: High rates of drug overdose deaths among low socioeconomic and recently incarcerated individuals

Objectives: Increase the percentage of eligible individuals participating in MAT induction in the Dutchess County Jail; Objective 2.2.1 Reduce the age-adjusted overdose deaths involving any opioid by 7% to 22.4 per 100,000 population by December 2024

Goal 2.5: Prevent suicides

Rationale: To address our goal of preventing suicide we have chosen to specifically focus on providing evidence-based trainings like Question, Persuade, Refer, Mental Health First Aid and Youth Mental Health First Aid to the community and agency partners. We look to expand outreach to the most affected populations, including firearm owners and mature adults.

Intervention 1: Offer and promote gatekeeper trainings and community education programs such as Question, Persuade, Refer, Mental Health First Aid and Youth Mental Health First Aid.

Objective: Reduce the age adjusted suicide mortality rate by 10% to 10.5 per 100,000 by December 2024 (Baseline 2019-2021, 11.7 per 100,000)

Please refer to the complete CHIP workplan for further details on the interventions, objectives, and measures.

¹ National Sheriffs' Association & National Commission on Correctional Health Care. (2018). Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field. <https://www.ncchc.org/jail-based-mat>.

CHIP Engagement

Partners associated with each of the priority areas attend periodic meetings, receive updates via the County website and email, and participate on an interactive online platform. Through these communications, CHIP participants report on the interventions' successes and shortcomings in near-real time to allow for mid-course corrections. Partners include Dutchess County employees from various departments, representatives from national and local associations, hospital and health care systems, non-governmental organizations, non-profit advocacy groups, the Medical Reserve Corps of Dutchess County and the general public. All groups are invited to participate in the annual CHIP Summit.

Dissemination of documents to the public

The Community Health Assessment, Improvement Plan and Executive Summary will be available on the Dutchess County Website, with notification of publication through Dutchess Delivery (news-service) and news-release to newspapers and other media sources.