

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



What is the 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.

Conducting the Community Health Assessment

Through a Public Health Collaborative workgroup between the seven local health departments of the Hudson Valley, a Regional Community Health Survey of the Mid-Hudson Region was conducted to assess various topics related to health and priorities put forth by NYS DOH including healthy aging, health across all policies and items from the Prevention Agenda. Additionally, focus groups with providers that serve underrepresented populations were held in early 2022. These focus groups consisted of 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 purpose 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 attendance were partners in the 2019-2021 CHIP, as well as member of committees 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 were asked to rate prevention agenda priorities in accordance with the needs of the County and its residents. 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. Through collaboration with CHIP partners, workgroups operate to close the gap on health disparities in the County and region.

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 CHA Collaborative. 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.

¹ <https://www.naccho.org/uploads/downloadable-resources/Gudie-to-Prioritization-Techniques.pdf>

Choosing the Priorities of the CHIP

Upon completion of the CHA, DBCH leadership and the Epidemiology and Biostatistics unit convened to review the results from the CHA research and activities and elect two priority areas for the 2022-2024 CHIP. The two priority areas chosen were ***Prevent Chronic Disease*** 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.

Within the priority area of ***Prevent Chronic Disease***, the following focus areas and goals were chosen (number correspond to the NYS DOH Prevention Agenda):

Focus Area 1: Healthy Eating and Food Security

- Goal 1.3 Increase food security
 - Disparity addressed: low-income households

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)
- Goal 3.3 Eliminate exposure to secondhand smoke
 - Disparity addressed: smoking among low-income individuals

Within the priority area of ***Promote Well-Being and Prevent Mental and Substance Use Disorders***, the following focus area and goals were chosen (number correspond to the NYS DOH Prevention Agenda):

Focus Area 2: Prevent Mental and Substance Use Disorders

- Goal 2.2 Prevent opioid and other substance misuse and deaths
 - Disparity addressed: drug use among those with low socioeconomic status, minorities and those involved in the criminal justice system
- Goal 2.5 Prevent suicides

Who is engaged? How can the broader community become involved?

Collaborators and County partners are responsible for the initiatives and interventions of the 2022-2024 CHIP cycle. Partners include members from local hospitals including Northern Dutchess Hospital and Vassar Brothers Medical Center, advocacy groups such as Tobacco Free Action Communities and the Council on Addiction Prevention & Education of Dutchess County as well as representatives from various County departments, the Medical Reserve Corps of Dutchess County, federally qualified health centers, local universities, and other community-based organizations. With a variety of partners, a broad “health in all policies” approach can be applied to the health priorities in the CHIP. Annually, a CHIP Summit will be held to engage additional stakeholders and the broader community and report on CHIP progress and initiatives. The full CHA and CHIP is available on the DBCH website located here: dutchessny.gov/DBCH.

What strategies are being implemented to address these priority and focus areas?

Each intervention strategy is chosen based on evidence of effectiveness and the combined resources of DBCH and CHIP partners.

Healthy Eating and Food Security

- Screen for food insecurity amongst Nuvance Health patients, facilitate and support referral to healthy food resources such as the Food as Medicine Program.
- Process measures: Number of screenings performed, referrals made, connections to FAM Program and food resources

Tobacco Prevention

- Support the adoption of retail environment policies, including those that restrict the density of tobacco retailers and prohibit the sale of flavored tobacco products.
- Reduce the number of tobacco retailers in school zones by strengthening Dutchess County tobacco retailer license requirements.
- Promote smoke-free and aerosol free policies in multi-unit housing, especially for individuals living in low income socio-economic housing; Provide assistance to property owners and property management companies to assist in the adoption of smoke-free policies.
- Process measures: Number of presentations, events and campaigns completed, legislators in favor, PSAs aired or published, residents and housing managers engaged, housing units adopting smoke-free policies and amount of education material distributed.

Prevent Opioid and Other Substance Misuse and Deaths

- Evaluate and increase the access to Medication Assisted Treatment in the Dutchess County Jail and local hospitals.
- Process measures: Number of people screened for substance use disorder, people offered MAT program induction, people engaged in MAT in Dutchess County Jail.

Prevent Suicides

- Offer and promote gatekeeper trainings and community education programs such as Question, Persuade, Refer, Mental Health First Aid and Youth Mental Health First Aid.
- Process measures: Number of people who attended training and affiliation; Scores from pre and post exams when applicable.

Tracking of Progress and Improvement

Progress and improvement data for each of the strategies are tracked and collected by focus and priority area leads quarterly and stored in a database. Each strategy has a short term of process measure to track the progress of the intervention and an outcome metric to measure the long-term effect. These measures are detailed in the CHIP document and are collected via primary data from partners and secondary data from sources such as the NYS DOH Prevention Agenda dashboard. These metrics will allow participants to gauge progress and areas of improvement while implementing the CHIP. Updates will be disseminated at the annual CHIP Summit and published biannually on the DBCH website.