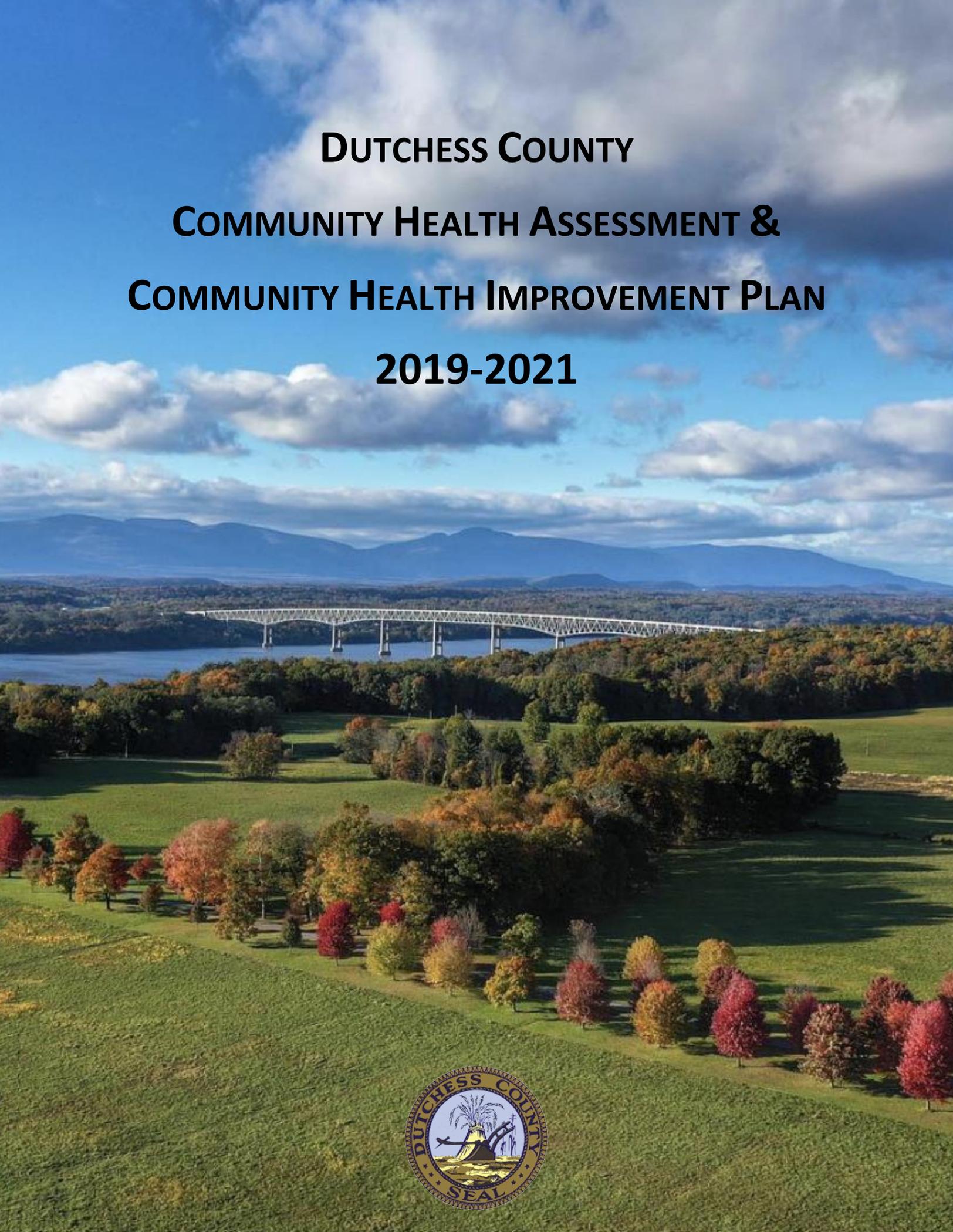


DUTCHESS COUNTY
COMMUNITY HEALTH ASSESSMENT &
COMMUNITY HEALTH IMPROVEMENT PLAN
2019-2021



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 2019-2021 Community Health Improvement Plan (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 Community Health Assessment (CHA) Collaborative workgroup between the local Population Health Improvement Program, HealtheConnections, and the seven local county health departments of the Hudson Valley, 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 approximately 800 landlines and cell phones per county in the Spring-Summer of 2018 and collected information on residents' opinions on their communities, resources available for seniors and health behaviors.

In the Spring of 2019, 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 representative 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, 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 Regional Community Health Survey, service provider focus groups and Hanlon results was disseminated at an annual CHIP Forum in Spring 2019. In attendance were partners in the 2013-2018 CHIP, as well as members of committees associated with the Department of Behavioral & Community Health- 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. The Forum included break-out sessions consisting of different topic areas aligned with the NYS Prevention Agenda, where participants discussed the results of the Survey, focus groups and Hanlon prioritization and brainstormed initiatives that they would like to endeavor in the 2019-2021 CHIP cycle.

In addition to the research mentioned above, 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.

To develop our CHIP, a committee of individuals from across various divisions of DBCH convened to review the results of the CHA and elected two priority areas for the 2019-2021 cycle: ***Prevent Chronic Diseases*** and ***Promote Well-Being and Prevent Mental and Substance Use Disorders***. Once the selection of the priority areas was complete, stakeholder workgroups consisting of community partners related to the priority were convened and charged with the initial task of identifying the Focus areas within the priority. Upon review the focus areas were chosen to address physical activity and obesity, tobacco use, suicide, and drug use. The workgroups then began their work to assign goals, determine objectives and interventions and develop the metrics necessary to monitor progress of their interventions.

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 Diseases*

Focus area 2: Physical Activity

Overarching Goal: Reducing obesity and the risk of chronic diseases

Goal 2.3: Increase access for people of all ages and abilities, to safe indoor and/or outdoor places for physical activity

Rationale: Dutchess County has a rich system of parks and trails throughout the County that offer many opportunities for physical activity for people of all ages and differing abilities. These opportunities could be better utilized, and we decided to target increasing access by focusing our interventions on promoting awareness of and providing safe and accessible and features of our indoor and outdoor places for physical activity throughout our county.

Intervention 1: Increase awareness of locations for physical activity by promoting the Parks and Trails website <https://gis.dutchessny.gov/gov/parks-and-trails/>)

Intervention 2: Provide and promote accessible locations for physical activity by upgrading amenities and improving accessibility for all ages and abilities at parks and playgrounds

Disparity addressed: low physical activity in children with obesity and individuals with disabilities

Objectives: 1.2 Decrease the percentage of children with obesity; 1.4 Decrease the percentage of adults aged 18 years and older with obesity; 1.6 Decrease the percentage of adults ages 18 years and older with obesity (among adults living with a disability); 1.7 Increase the percentage of adults age 18 years and older who participate in leisure-time physical activity

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) by youth and young adults.

Rationale: Due to the inherent dangers of tobacco and tobacco products being used by and marketed to youth and young adults, we have chosen to concentrate our effort to working to strengthen the Dutchess County tobacco retailer license and decrease 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: 3.1.1 Decrease the prevalence of any tobacco use by high school students; 3.1.3 Decrease the prevalence of vaping product use by high school students; 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

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: We have chosen to promote and inform/educate pharmacists to make naloxone (Narcan) available to anyone who asks and has insurance via the naloxone copayment assistance program (N-CAP). To prevent additional substance misuse and deaths we will work with the Dutchess County Jail and local hospitals to offer Medication-Assisted Treatment (MAT).

Intervention 1: Engage pharmacists with academic detailing to increase counseling on use of opioids and increase access to naloxone (Narcan).

Intervention 2: Increase access to Medication-Assisted Treatment in the Dutchess County Jail and local hospitals.

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

Objective 1: Increase the number of pharmacists engaged in the naloxone copayment assistance program (N-CAP) by 10% by December 2021 (baseline to be set in 2020).

Objective 2: Increase the number of people with opioid use disorder offered Suboxone, Methadone or Vivitrol by 15% by December 2021 (baseline to be set in 2020).

Goal 2.5: Prevent suicides

Rationale: To address our goal to prevent suicide we have chosen to specifically focus on providing evidence-based training to the community and materials for schools to engage children in social-emotional learning through Second Step, a universal violence prevention program.

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

Intervention 2: Promote the education of school-aged students in social-emotional learning that increases coping skills, emotion regulation and community building via the evidence-based program Second Step.

Objective: Reduce the age adjusted suicide mortality rate by 10% to 11.1 per 100,000 by December 2021 (Baseline 2016-2018, 12.3 per 100,000)

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

Partners engaged in the CHIP

There are multiple groups associated with the CHIP.

The first is the CHIP Advisory Committee that consists of community stakeholders, Dutchess County employees and focus area workgroup leaders. This group remains engaged by attending periodic meetings, updates via website, active membership in their respective workgroups and participation on an interactive online platform.

In addition, workgroups associated with each of the priority areas meet at least quarterly to discuss and work on the initiatives and interventions described in the Plan. Workgroup leaders and designees also attend CHIP advisory meetings at least semi-annually. Members of the workgroups 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 involved with planning and attending the Annual CHIP Forum.

Dissemination of documents to the public

The Community Health Assessment, Improvement Plan and Executive Summary will be disseminated via our Dutchess County Website and announced that it is available on the Dutchess County Website, Dutchess Delivery (news-service) and via a broad fax and emailed news-release to newspapers and other media sources.