Dutchess County

Community Health Improvement Plan

2013-2017

Dutchess County Department of Health
Dutchess County, NY

PLEASE NOTE:

The ***Dutchess County Community Health Assessment 2013-2017***, which contains the epidemiological profile of the County, can be found in a separate document on the Dutchess County Department of Health website

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COMMUNITY HEALTH IMPROVEMENT PLAN

Introduction

Dutchess County has embraced a process for community planning which brings together diverse interests to determine the most effective way to improve community health. The collaborative process resulting in the 2013 Community Health Improvement Plan began in early 2011 and has been characterized by several key features:

- *Inclusiveness*: multiple stakeholders were included throughout the process
- *Comprehensiveness*: many dimensions of health were addressed
- *Local Ownership*: the process linked expertise and experience to generate a sustainable plan that includes community ownership and responsibility

Creating a healthy community and strong local public health systems require a high level of mutual understanding and collaboration. Dutchess County has always worked to strengthen and expand community connections and provide access to the collective wisdom necessary to addressing community concerns. The partners who have participated in the assessment and planning process have agreed to participate in the implementation plan. Specific community members have agreed to conduct the activities described in the work plan. In addition, many members have agreed to support the CHIP implementation through participation on one or more of the implementation oversight committees. This support comes from the Department of Health, the local area hospitals, as well as government, private, and non-profit organizations.

Community health improvement relies on an iterative process involving a comprehensive community health assessment which forms the basis for action plans. The Department of Health worked with the Integrated Community Assessment Workgroup (ICA) established in 2008 by the Integrated Community Planning Workgroup (ICP) to implement a countywide integrated assessment. The goal of the integrated countywide community assessment is to examine the local health and human services system including all aspects of the local environment – i.e. physical, legal, social, economic, and health. The assessment was achieved by conducting a survey reaching out to a representative sample of County residents.

The ICP consists of health and human services public and private agency representatives, and the ICA consists of a small group of individuals from the lead agencies – Dutchess County Department of Health, Department of Social Services, including the Youth Bureau Office, the Department of Mental Hygiene, Department of Probation, the Dutchess County Office for the Aging, the County Office of Veteran Services, as well as the Dyson Foundation, the Foundation for Community Health, the Mental Health Association, Health Quest, and St Francis Hospital. The ICP ensures that the Health and Human Services planning process is responsive to community strengths and needs and results in a plan that can be implemented successfully, where clear indicators can be tracked and benchmarked.

Identifying Local Health Priorities

a. The process

The priority areas for the Community Health Improvement Plan were identified using input from a number of sources. The process involved a Community Health Assessment followed by a Prioritization Survey and Forum with key stakeholders.

- The Dutchess County Community Health Assessment 2013
    - Many Voices One Valley Survey 2012
    - Community Health Survey 2012-2013
- The CHIP Prioritization Survey and the CHIP Forum 2013

i. <u>The Dutchess County Community Health Assessment</u>

The Community Health Assessment (CHA) is a description of the health status of the population and the distribution of health issues, based on the analysis of demographic factors including the identification of issues related to health disparities and high-risk populations. The CHA also includes the main health challenges as well as the assets and resources that can be mobilized to address health issues identified.

The CHA is available on the Dutchess County Department of Health website at: http://www.co.dutchess.ny.us/CountyGov/Departments/Health/Publications/DutchessCounty_CHA_2014_2017.pdf.

A key component of the process includes community input. Dutchess County obtained direct input of the residents through the following surveys:

- *Many Voices One Valley Survey 2012*

Many Voices One Valley 2012 is the third update of a study conducted by the Marist College Institute for Public Opinion in partnership with the Dyson Foundation. The study focuses on what people in the Mid-Hudson Valley think about living in the region. The counties included in the study are Columbia, Dutchess, Greene, Orange, Putnam, Sullivan, and Ulster. The results document residents' perceptions of the region and their expectations for the future.

Dutchess County residents identified five top areas of concern in this survey: Creating more jobs, keeping businesses in the area, making health care more affordable, improving the quality of public schools, and making health insurance easier to get.

The concerns relating to Health care affordability and the ability to acquire health insurance were of significant interest to our team. The survey reported that 21% of Dutchess County households have experienced a gap in healthcare insurance sometime in the past or current year. Difficulties in acquiring health insurance were voiced by 40% of respondents, particularly among Black respondents (52%). Financial strain of healthcare and medical costs - not including healthcare insurance - was reported by 39% of residents.

- *The Dutchess County Community Health Survey 2012-2013*

This countywide survey, overseen by the Dutchess County Integrated County Assessment Workgroup (ICA) and spearheaded by the Dutchess County Department of Health, identified community health and safety and quality of life priority issues from the perspective of Dutchess County residents.

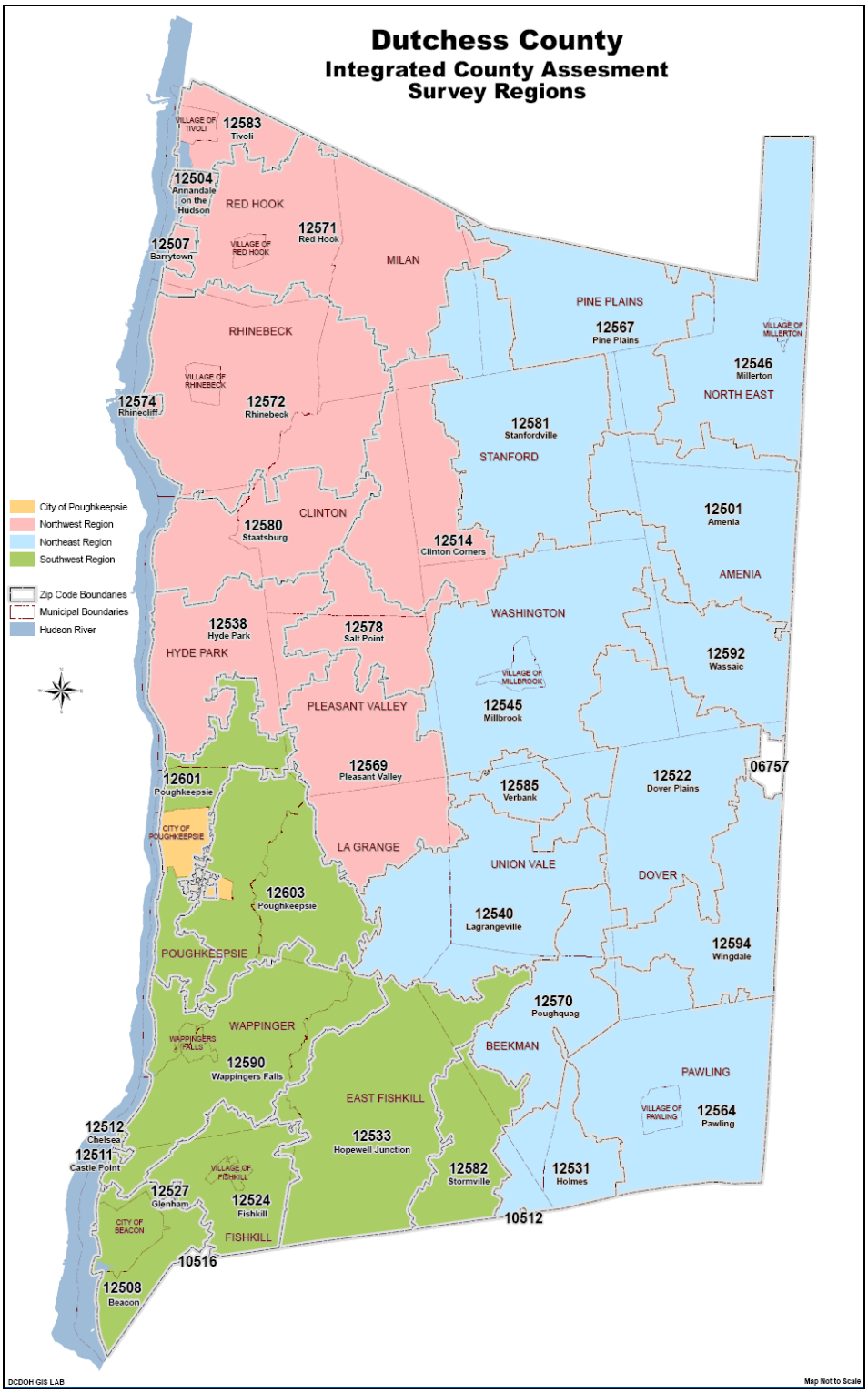
The ICA is a specialized workgroup under the umbrella of the Dutchess County Integrated County Planning Workgroup (ICP), established to oversee and develop needs assessment activities. The ICP focuses on raising public awareness on youth & family issues through the results of need assessment activities, advocating for system coordination of services through joint planning processes, and supporting collaborative grant applications to

address service gaps. The ICP and ICA include representatives from County government, local hospitals and other community partners including foundations and not for profit agencies.

The 2012-2013 community health survey built upon the 2009 ICA community survey. The ICA met repeatedly to review the 2009 survey and discuss possible revisions. Revisions were minimized to maintain the ability to compare the two surveys and essentially consisted of eliminating data fields that had yielded little information previously and adding a few questions about access to health care. The Many Voices One Valley 2012 survey structure was also reviewed to avoid any redundancy. The final survey consisted of 47 baseline questions, many of them multiple choices. A number of questions allowed for open-ended comments so we could better capture the respondent experiences.

In 2012, our three local hospitals joined the ICP to maximize collaboration for the CHA-CHIP and Community Services Plan processes – St Francis Hospital, as well as Health Quest which included Vassar Brothers Medical Center and Northern Dutchess Hospital. The Foundation for Community Health also joined the ICP as it plays an important role in the Northeastern portion of the county where health services are sparser and more difficult to access. All three area hospitals and the Foundation for Community Health provided funding to make the survey possible. The Health Department provided funding as well as statistical data analysis and report writing. The actual administration of the telephone survey was performed by a contracted research agency, Metrix Matrix.

For the purposes of data collection and analysis, the county was subdivided into four regions – three multi-zip code regions corresponding to the county's Northwest quadrant, Southwest quadrant, Eastern region, and the fourth consisting of the municipality of City of Poughkeepsie (see map below). The boundaries were established based on socio demographic similarities/dissimilarities as well as geographic considerations, access to services, and input from ICA 2009 team members based on their experience working with various population sub-groups within the county. Knowledge of transportation and essential services layout throughout the county was also considered. Due to its unique characteristics – notably racial and ethnic composition, population density and socioeconomic issues - the City of Poughkeepsie was identified as a region of its own.


Dutchess County
Integrated County Assesment
Survey Regions
City of Poughkeepsie
Northwest Region
Northeast Region
Southwest Region
Zip Code Boundaries
Municipal Boundaries
Hudson River
12583 Tivoli
12504 Annandale on the Hudson
RED HOOK
12571 Red Hook
12507 Barrytown
MILAN
PINE PLAINS
12567 Pine Plains
12546 Millerton
NORTH EAST
RHINEBECK
12574 Rhinecliff
12572 Rhinebeck
12581 Stanfordville
STANFORD
CLINTON
12580 Staatsburg
12514 Clinton Corners
12501 Amenia
AMENIA
WASHINGTON
12538 Hyde Park
HYDE PARK
12578 Salt Point
12592 Wassaic
12545 Millbrook
PLEASANT VALLEY
12569 Pleasant Valley
12601 Poughkeepsie
06757
12585 Verbank
12522 Dover Plains
LA GRANGE
UNION VALE
DOVER
12603 Poughkeepsie
12540 Lagrangeville
12594 Wingdale
POUGHKEEPSIE
12570 Poughquag
WAPPINGER
BEEKMAN
12590 Wappingers Falls
PAWLING
EAST FISHKILL
12564 Pawling
12512 Chelsea
12511 Castle Point
12533 Hopewell Junction
12582 Stormville
12531 Holmes
12527 Glenham
12524 Fishkill
10512
FISHKILL
10516
12508 Beacon
DCDOH GIS LAB
Map Not to Scale

A total of 1,157 adults (> 18 years of age) living in Dutchess County were invited to participate in a telephone survey, conducted from the end of November 2012 through mid January 2013. The sample size was representative of each region. Survey results were analyzed by the regions described, as well as by age, race/ethnicity, educational level, and gender.

The following priorities were identified through this community health survey:

- ***Substance abuse*** (42%) was the top perceived threat to community safety.
- ***Lyme disease*** was by far the highest ranked environmental concern (65%), with higher levels of concern in the more rural areas of the county.
- ***Health insurance*** was the primary reason cited for not receiving needed healthcare services, both in the context of being uninsured (11.6%) or underinsured (i.e. non-coverage of certain services or providers, or the cost of copays/deductibles).

ii. <u>The CHIP Prioritization Survey and Forum</u>

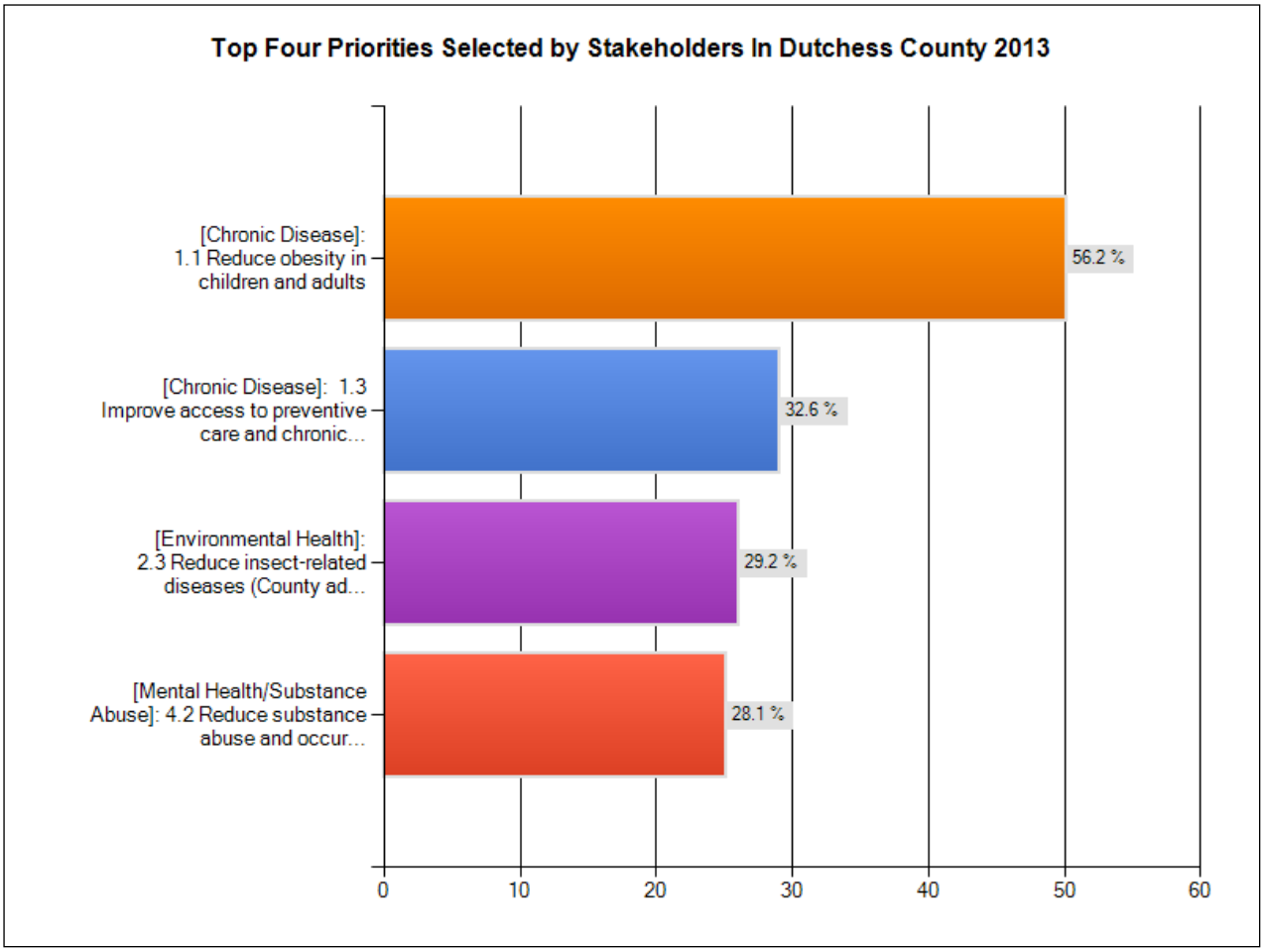
In July 2013, the Department of Health finalized the compilation of the community health survey and presented the results at a joint ICA and ICP meeting. The groups discussed the next steps, including the prioritization survey and organization a forum to finalize the Community Health Improvement Plan. ICP members volunteered to help pre test the survey, and others assisted with the identification of key stakeholders to be invited to the forum.

Prior to the CHIP forum, the survey was distributed to one hundred community stakeholders via survey monkey, asking them to identify the top three priorities using the NYS prevention agenda structure. Local data were provided as an attachment to give participants background information on the topics at hand, including health status indicators for the county and the results of the community health survey.

Participants represented a broad range of sectors in the community, including: public and private social service agencies, County Board of Health, medical practices, educational entities, public safety/emergency response entities, hospital, mental hygiene agencies, advocacy groups, faith-based institutions, local business, environmental health agencies, and community residents. The response rate was 90% (out of 100 individuals).

Four priorities were identified by the community stakeholders:

1. ***Reduce Childhood and Adult Obesity***
2. ***Increase Access to Preventive Healthcare and Improve Management of Chronic Disease***
3. ***Reduce Tick and Insect-Related Diseases***
4. ***Reduce Substance Abuse***



Prior to the forum, group facilitators and Department of Health staff met to prepare the forum process. The team reviewed the purpose of the forum and the charge of the workgroups. An Implementation table template was also provided. Topic-specific supporting packets were compiled by the Department of Health and distributed to the facilitators. The packets included

additional epidemiological data, as well as evidence based interventions and information about the New York State prevention agenda resources related to each of the selected priority areas.

All survey participants, other members of their organizations and additional community partners were invited to participate in the CHIP Prioritization Forum. Individuals were pre-assigned to one of four groups corresponding with the priorities identified in the CHIP Prioritization Survey based on their personal or organizational knowledge on the topic.

The forum was held on September 17, 2013. Following welcome remarks from the County Executive, the participants were invited to share in the Dutchess County CHIP Vision:

A community where everyone can be healthy,

and the CHIP Goal:

To improve health status and reduce health disparities through

evidence based interventions with increased emphasis on prevention.

A brief PowerPoint presentation was provided on the New York State Prevention Agenda, and a summary of the community health assessment and the results of the CHIP prioritization survey were also presented. Participants had an opportunity to ask questions and clarify the information presented before they broke into the workgroups with their respective facilitators assisted by Department of Health staff.

Each workgroup was charged with identifying the following for their selected priority area:

- Goals and measurable short term and long term objectives
- Evidence-based practices and intervention strategies to reach these goals, based on resources provided to each group leader and knowledge of the topic areas
- Barriers and strengths within the community, including key partners who can help carry out the strategies.

Those ideas were documented within each workgroup and then presented back to the larger group. At the end of the event, participants were asked to sign a letter of commitment,

to dedicate their future efforts toward one of the activities presented, including ongoing participation in Community Health Improvement Workgroup. Each individual selected one thing he or she (or his/her organization) could commit to towards a selected objective. An envelope was provided to each participant to write their individual commitment in a memo to themselves. The Department of Health collected the sealed self addressed envelopes to be mailed back to each participant two months after the event, as a reminder of their commitment.

b. About the Plan

The Dutchess County Community Health Improvement Plan includes goals and objectives for four years and work plans that are intended to be updated periodically. The goals, strategies and objectives are aligned with national initiatives such as Healthy People 2020 and the New York State Prevention Agenda. The objectives include quantifiable performance measures based primarily on data included in the community health assessment.

Monitoring the CHIP will be done by the groups established in the CHIP, and the Integrated County Planning Committee. The Dutchess County Department of Health will assemble the performance measures described in the objectives in the spring of each year or when they are available and submit them to the ICP committees for review. In addition, the party responsible for each activity will present to the committee at least annually to report progress, successes, challenges and needs. Leadership of the committees will meet at least annually. At the meeting of each group, the goals, strategies and objectives will be reviewed and adjusted as needed.

The sustainability of the CHIP was discussed during meetings and was an important consideration in plan development. The work plan includes activities that community partners have agreed to conduct. The agreements are based on the mission and resources of the agency and built on evidence-informed best practices. The activities included in the plan include a reference to the best practice.

Although each entity identified as the "Responsible Party" has made a commitment to

implement the activity, times are uncertain and funding of community based agencies is changeable. Some activities will be funded by an entity as part of its ongoing mission. Other activities are either funded for a limited time or will be initiated with existing resources but will need financial resources to maintain or expand the activity. Other activities are currently unfunded but the identified entity will seek the funds needed to support it.

Since the September forum, four groups have been meeting to discuss the CHIP implementation, service coordination and identify the best ways to facilitate ongoing communication amongst the larger group. The community members identified as "responsible" are making a good faith statement of intent and will be using their existing resources to establish, expand initiate or maintain a program or service. The hope and expectation, in many cases, is that the inclusion of the activity in this community health improvement plan will document the community support for this activity and lead to additional/external funding.

1) **Reduce childhood and adult obesity -** The Dutchess County Board of Health has taken the lead for this workgroup and organized a conference on November 19th, 2013, to begin to organize existing resources and increase collaboration and synergy. Over twenty entities attended the conference and the Board hopes to create sub committees to work on the various identified strategies.

2) **Increase access to preventive healthcare and improve management of chronic disease -** The Department of Health is pulling together existing partnerships including the *Cancer Consortium, Imagine Dutchess* and Vassar Brothers Medical Center to organize a Task Force to reduce barriers to care and increasing access to evidence based disease management.

3) **Reduce tick and insect-related diseases -** The CHIP tick-borne action plan was presented to the Legislative Tick Task Force at their September 24th meeting. The Tick Task Force will be joining the Department of Health to implement educational activities to raise awareness among the residents. Additionally, Northern Dutchess Hospital and the

Institute of Eco Systems have also committed to the implementation of the selected strategies.

4) **Reduce Substance Abuse** – Dutchess County Health & Human Services Cabinet has issued a special report ***"Confronting Prescription Drug Abuse in Dutchess County, New York: Existing and Proposed Strategies to Address the Public Health Crisis,"*** which outlines the work plan for key county and community stakeholders to enhance communications, coordinate activities, focus efforts with collective strategy for a cohesive and comprehensive response.

c. Additional Notation about the Plan

The Dutchess County Department of Health looks at multiple sources of data to focus on what is needed to keep people healthy in the county, and through the process has also identified sexually transmitted diseases as an additional priority. The topic of Sexually Transmitted Diseases was selected by 11.2% of the survey participants among their top three priorities, and ranked 9th out of 21 health areas.

As described in our Community Health Assessment (Section 1A.4), chlamydia infection rates are rising in Dutchess County, as are state and national rates. Between 2001 and 2011 the overall chlamydia infection rate increased from 150 cases per 100,000 residents to nearly 250 cases per 100,000 residents – representing a total of more than 6,000 new cases of chlamydia in Dutchess County over the decade. The rates are especially high in adult females 15 to 24 years of age, with rates of over 1,000 cases per 100,000 female population and climbing. This is due, in part, to higher rates of screening in young women. The data also suggest that over half of the new cases of chlamydia over this time period occurred among Non-Hispanic Blacks.

Consequently, the Dutchess County Department of Health will be addressing this particular issue within the prevention agenda. Over the coming months, the Department will work with local partners to raise awareness around the issue and develop a community improvement plan specific to combating sexually transmitted diseases, specially the disparity within the rise of chlamydia infection among non Hispanic black females.

The Implementation Plan

a. Summary of Priorities

NYS PREVENTION AGENDA: Prevent Chronic Disease

NYS GOAL: Reduce Obesity in Children and Adults

GOAL 1: Prevent Childhood Obesity though interventions in Early Child Care and Schools

OBJECTIVE 1

1.a) By December 31, 2017, reduce the prevalence of obesity (BMI of ≥95%) among public school children by 5%. *(NYS Student Weight Status Category Reporting, 2010-2012 baseline of 19%)*

1.b) By December 31, 2017, reduce the prevalence of obesity in the five school districts that are at highest risk due to higher overweight/obesity rates and high rates of eligibility for free lunch or reduced price lunch (North East, Hyde Park, Poughkeepsie City, Dover, Beacon). (*NYS Student Weight Status Reporting System; NYS Education Department Report Cards)*

STRATEGIES

1A - Implement and expand choices for healthy eating in schools, focusing on those schools with increased BMI disparity. *(IOM Obesity Prevention; IOM – Early Childhood Obesity Prevention Policies; Guide to Community Preventive Services)*

1B - Promote access to physical activity *(IOM Obesity Prevention; IOM – Early Childhood Obesity Prevention Policies; Guide to Community Preventive Services*

1C - Engage providers in prevention/awareness activities *(IOM Obesity Prevention)*

1D - Promote Policy changes that encourage healthy eating habits and increased physical activity, focusing on the schools with BMI disparities. *(IOM Obesity Prevention)*

GOAL 2: Increase the percentage of adults who are at a healthy weight.

OBJECTIVE 2

2.a) By December 2017, reduce by 5% the age-adjusted prevalence of adults 18 and older who are obese. *(EBRFSS 2008-2009, baseline 28.2%)*

STRATEGIES

2A - Promote worksite wellness. *(CDC Community Strategies; Guide to Community)*

2B - Engage the medical community in prevention and awareness activities. *(IOM Obesity)*

2C - Promote access to and consumption of healthy food. *(CDC Community Strategies)*

2D - Promote policy changes at the local level that encourage healthy eating habits and increased physical activity. *(IOM Obesity Prevention; CDC Community Strategies)*

NYS PREVENTION AGENDA: Prevent Chronic Disease

NYS GOAL: Increase Access to High-Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings.

GOAL 1: Reduce barriers to care through system improvements, policy changes, collaboration and resource sharing among providers.

OBJECTIVE 1

1.a) By December 2017, increase the percentage of Dutchess County adults ages 18 to 64 with health insurance by 10%, from 87% to 96%. *(SAHIE and ACS 2011)*

1.b) By December 31, 2017, increase the percent of insured children ages 19 and under and at ≤200% of poverty by 10%, from 90% to 99%. *(SAHIE 2011)*

STRATEGIES

1A - Develop and implement plan for educating uninsured regarding new options for insurance coverage to ensure access to and coverage for preventive services. *(Community Guide; National Prevention Strategy)*

1B - Enhance coordination and integration of care through resource sharing and care coordination models. *(National Prevention Strategy)*

GOAL 2: Increased screening for cardiovascular disease, cancer and diabetes, especially among disparate populations.

OBJECTIVE 2

2.a) By December 31, 2017, the percentaage of Dutchess County women aged 40 years and older who received a mammogram in the last 2 years will be at least 85% (5% increase from 82%), with no income groups below 80%. (*EBRFSS 2008-2009*)

Note: Due to small numbers, data for some income groups may be suppressed.

2.b) By December 31, 2017, the percent of Dutchess County women aged 18 years and older who received a cervical cancer screening (Pap test) within the past

three years will be at least 89% (5% increase from 85%), with no income groups below 82%. *(EBRFSS 2008-2009)*

Note: Due to small numbers, data for some income groups may be suppressed.

2.c) By December 31, 2017, the percentage of Dutchess County adults 18 years and older who had their blood cholesterol checked in the past five years will be at least 80% (5% increase from 77%), with no income groups below 70%. *(EBRFSS 2008-2009)*

Note: Due to small numbers, data for some income groups may be suppressed.

STRATEGIES

2A - Build public awareness to increase knowledge and participation in early detection of chronic diseases *(Guide to Community Preventive Services)*

2B - Foster collaboration among community-based organizations, schools, faith-based organizations, businesses and the medical providers to identify underserved groups and implement programs to improve access to preventive services. *(National Prevention Strategy)*

GOAL 3: Increase access to care based on evidence based disease management

OBJECTIVE 3

3.a) By December 31, 2017, increase the percentage of Medicaid managed care plan members who received all four screening tests for diabetes (HbA1c testing, lipid profile, dilated eye exam and nephropathy monitoring):

- By 5% from 50% (2009) to 52.5% among all adults with diabetes.
- By 10% from 45% (2009) to 49.5% among Black adults with diabetes.
- By 10% from 46% (2009) to 50.6% among non-Hispanic white adults with diabetes.

(*Estimates based on NYS QARR data, pending request to NYSDOH for county level data*)

3.b) By December 31, 2017, the age-adjusted rate of hospitalizations of Dutchess County residents for diabetes (any diagnosis) will decrease by at least 5%, from 194 admissions per 10,000 residents (in the years 2009-2011) to no more than 185 admissions per 10,000 residents annually, and by 10% among Non Hispanic Blacks from 374 admissions per 10,000 residents to no more than 340 admissions per 10,000 residents. *(NYSDOH, SPARCS)*

3.c) By December 31, 2017, reduce the age-adjusted hospitalization rate for heart disease among Dutchess County residents by at least 5%, from 86 admissions per 10,000 residents (in the years 2009-2011) to 82 admissions per 10,000 residents of all ages, and by 10% among Non Hispanic Blacks from 94 to 85 admissions per 10,000 residents. *(NYSDOH, SPARCS)*

STRATEGIES

3A - Provide technical assistance/quality improvement training to health care providers, especially those serving disparate communities. *(NYSDOH Chronic Disease Goal)*

3B - Establish clinical-community linkages that connect patients to self-management education and community resources, such as the NYS Smokers' Quitline. *(NYSDOH Chronic Disease Goal)*

NYS PREVENTION AGENDA: Safe and Healthy Environment

NYS GOAL: N/A

GOAL 1: Reduce the burden of Tick Borne Diseases in Dutchess County

OBJECTIVE 1

1.a) By December 31, 2017, increase the number of medical providers who utilize post-exposure antibiotic prophylaxis based on evidence-based care to manage tick-borne diseases. (*County healthcare provider surveys, using 2014 baseline*)

1.b) By December 31, 2017, decrease the late stage symptoms and sequelae of Lyme disease - based on Centers for Disease Control and Prevention Surveillance Case Definition of late stage Lyme disease. *(CDESS data, including 2013 baseline)*

STRATEGIES

1.A. - Offer technical assistance and continuing medical education (CME) to providers to achieve consistency of treatment for tick bites illnesses through promotion of CDC guidelines. (*US Department of Health & Human Services*)

GOAL 2: Prevent exposure to tick bites through increased community awareness and use of preventive measures

OBJECTIVE 2:

2.a) Create community environments promoting personal protection / tick protection

STRATEGIES

2. A - Increase the public knowledge of environmental alterations that reduce tick exposures (CDC Avoiding Ticks http://www.cdc.gov/ticks/avoid/index.html)

2. B- Increase knowledge of all tick borne diseases and personal prevention practices, (CDC Avoiding Ticks http://www.cdc.gov/ticks/avoid/index.html)

NYS PREVENTION AGENDA: Promote Mental Health and Prevent Substance Abuse

NYS GOAL: Prevent underage drinking, non-medical use of prescription drugs by youth, and excessive use of alcohol consumption by adults

GOAL 1: Develop county-wide plan to address prescription overdose

OBJECTIVE 1:

1.a) By December 2013, bring together a Task Force to develop and release county endorsed plan.

1.b) By December 2014, establish formal collaboration and information sharing

STRATEGIES

1.A - Expand efforts to implement collaborative care. *(NYSDOH Prevention Agenda; HHS National Prevention Agenda)*

1.B - Enhance data monitoring and sharing. *(Community Anti Drug Coalition of America (CADCA)*

GOAL 2: Prevent non-medical use of prescription pain reliever drugs

OBJECTIVE 2:

2a) By December 2017, reduce the percentage of high school students who report ever taking prescription drugs without a prescription by 10%, to no more than 14%. *(Baseline: 15% for NYS excluding NYC, Youth Risk Behavior Survey 2011)*

Note: *a survey of local students in Dutchess County is being planned by an outside agency. Results will be compared with YRBS statewide estimates*.

2b) By December 2017, implement evidence based educational programs in 75% of middle schools and high schools.

STRATEGIES

2.A - Reduce inappropriate access to and use of prescription drugs. *(HHS National Prevention strategy)*

2.B - Raise awareness through public education campaign. *(HHS National Prevention Strategy; Community Action Anti Drug Coalition of America CADCA)*

2.C - Reduce over-prescription of prescription medications for pain. *(CDC Vital Signs November 2011)*

Goal 3: Reduce hospitalization and mortality due to prescription overdose

OBJECTIVE 3:

3.a) By December 2017, reduce the rate of substance-related hospitalizations by at least 10% to no more than 363 admissions per 100,000 residents annually (*Baseline: 400 admissions per 100,000 Dutchess County residents per year, NYSDOH, SPARCS 2012*).

3.b) By December 2017, reduce the rate of substance-related emergency department visits by at least 10% to no more than 162 visits per 100,000 residents per year *(Baseline: 178 visits per 100,000 Dutchess County residents per year, NYSDOH, SPARCS 2012).*

3.c) By December 2017, reduce the rate of accidental overdose deaths by at least 10% to no more than 15 deaths per 100,000 residents per year *(Baseline: 17 deaths per 100,000 Dutchess County residents per year, Dutchess County Medical Examiner data 2012).*

STRATEGIES

3.A - Seek to reduce opioid overdose deaths by expanding comprehensive overdose prevention measures, including the use of naloxone by first responders. *(National Drug Control Strategy NDCS 2013 - http://www.whitehouse.gov)*

3.C - Identify model prevention interventions and lessons in integrating prevention and treatment into primary care and other medical settings. *(CDC; National Prevention Agenda)*

3.D - Ensure access to and use of treatment for opioid dependence. *(NDCS 2013 - http://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/2013_strategy_fact_sheet.pdf)*

b. Implementation Table for Each Priority Area

The following pages serve as a blueprint for community action to reach the desired goals for each of the priority areas. The implementation tables will assist in moving the prevention agenda from development to service delivery. Each workgroup will utilize the Implementation tables to determine the time line for implementation, define roles and responsibilities and monitor performance.

The Implementation table can be modified to adjust to changing circumstances and environment. New evidence based strategies can be identified; new activities can be introduced. Updates to the implementation tables will be dated and recorded accordingly.

Dutchess County Health Improvement Plan
Implementation Plan

Date Created: December 2013 **Date Reviewed/Updated: _____**

NYS PRIORITY AREA: PREVENT CHRONIC DISEASE
NYS GOAL: REDUCE OBESITY IN CHILDREN AND ADULTS

DUTCHESS COUNTY GOAL 1 :
PREVENT CHILDHOOD OBESITY THROUGH INTERVENTIONS IN EARLY CHILD CARE & SCHOOLS

PERFORMANCE MEASURES	
Indicators	**Source**
By December 31, 2017, reduce the prevalence of obesity (BMI of ≥95%) among public school children by 5%.*(NYS Student Weight Status Category Reporting, 2010-2012 baseline of 19%)*	NYS Student Weight Status Category Reporting
By December 31, 2017, reduce the prevalence of obesity in the five school districts that are at highest risk due to higher overweight/obesity rates and high rates of eligibility for free lunch or reduced price lunch (North East, Hyde Park, Poughkeepsie City, Dover, Beacon). (*NYS SWSRS; NYS Education Department Report Cards)*	NYS Education Department Report Cards

STRATEGY 1 A : Implement and expand choices for healthy eating in schools, focusing on those schools with increased BMI disparity.

BACKGROUND ON STRATEGY
Source: New York State Department of Health, Bureau of Family Health
Evidence Base*:* IOM Obesity Prevention & Early Childhood Obesity Prevention Policies; Guide to Community Preventative Services
Policy Change (Y/N): *Yes*

ACTION PLAN

Activity	Target Date	Resources Required	Lead Agency / partners	Anticipated Product or Result	Progress Notes
Champion Farm to School Like Projects	On going	Staff and funding	Hudson Valley Farm to School, Cornell	Each District with health disparities will implement one project annually	
Promote "1% Only" milk in cafeterias and daycares	On going	Staff – outreach	DCDOH Cornell	All school cafeterias will serve 1% only milk	
Promote NYS Guidelines for school Healthy Vending & Fundraising	On going	Staff – outreach materials	DCDOH	Each district will have at least one school following guidelines	
Promote 5-2-1-0 guidelines in schools and daycares	On going	Staff and funding	DCDOH Astor	At least 1 school per district, 12 daycares will adopt guidelines	

STRATEGY 1 B: Promote access to physical activity

BACKGROUND ON STRATEGY
Source: New York State Department of Health, Bureau of Family Health
Evidence Base*:* IOM Obesity Prevention; Guide to Community Preventative Services
Policy Change (Y/N): *Yes*

ACTION PLAN

Activity	Target Date	Resources Required	Lead Agency / partners	Anticipated Product or Result	Progress Notes
Promote evidence based physical activity in schools and daycares	On going	Outreach time	Cornell, PTA, DCDOH	13 schools and 12 day cares will implement one program	
Promote on site after school activities	On going	Staff, supply funding	Cornell, PTA	Evidence of after school activities	
Promote use of Dutchess County Trails and Walkway over the Hudson	On going	Brochures, website, staff to do outreach	County DOH and County OCIS and County Planning Department	Increased usage of the trails	

STRATEGY 1 C:: Engage providers in prevention/awareness activities

BACKGROUND ON STRATEGY
Source: New York State Department of Health, Bureau of Family Health
Evidence Base*:* IOM Obesity Prevention & Early Childhood Obesity Prevention Policies; Guide to Community Preventative Services
Policy Change (Y/N): *Yes*

ACTION PLAN

Activity	Target Date	Resources Required	Lead Agency / partners	Anticipated Product or Result	Progress Notes
Establish multi-disciplinary professional training programs in prevention, screening, diagnosis and treatment of obesity	On going	Training material, funding and partner to provide CME credit	DCDOH in partnership with Health Quest	Annual CME training programs attended by providers	
Increase the percentage of children born in Dutchess County hospital who are exclusively breastfed during birth hospitalization.	On going	Promotional brochures, trained hospital staff	Health Quest (Vassar Brothers Hospital and Northern Dutchess Hospital)	90% of children born in county hospitals will be exclusively breast feed.	

STRATEGY 1 D : Promote Policy change that encourages healthy eating habits and increased physical activity, focusing on the schools with BMI disparities.					
BACKGROUND ON STRATEGY **Source:** New York State Department of Health, Bureau of Family Health **Evidence Base*:*** IOM Obesity Prevention & Early Childhood Obesity Prevention Policies; Guide to Community Preventative Services **Policy Change (Y/N):** *Yes*					
ACTION PLAN					
Activity	**Target Date**	**Resources Required**	**Lead Agency / partners**	**Anticipated Product or Result**	**Progress Notes**
Reach out to legislators, educational institutions, PTA and other stakeholders to raise awareness of local issues using tools like "Weight of the Nation"	By December 2014	Educational Informational material and time to outreach to various groups	Dutchess County Board of Health	Every school district will have a wellness policy that encourages healthy eating & increased physical activities	
Increase the number of school districts whose competitive food policies meet or exceed the Institute of Medicine recommendations.	December 2017	Informational materials and time – attending superintendents meetings	DCDOH Dutchess County board of Health	9 of the 13 school districts will endorse competitive food policies that meet the IOM recommendati ons	
Increase the number of school districts that meet or exceed NYS regulations for Phys Ed (120 mins/week K-6, daily for K-3)	December 2017	Informational materials and time – attending superintendents meetings	Dutchess County Board of Health	9 of the 13 school districts will meet the NYS regulations for physical education	

DUTCHESS COUNTY GOAL 2 : INCREASE PERCENTAGE OF ADULTS WHO ARE AT A HEALTHY WEIGHT	
PERFORMANCE MEASURES	
Indicators	**Source**
By December 2017, reduce by 5% the prevalence of adults who are obese so that the age-adjusted percentage of adults ages 18 and older who are obese. *(EBRFSS 2008-2009, baseline 28.2%)*	EBRFSS

STRATEGY 2 A: Promote Worksite Wellness Programs

BACKGROUND ON STRATEGY

Source: NYS Department of Health Prevention Agenda

Evidence Base*:* CDC Community strategies; Guide to community

Policy Change (Y/N): yes

ACTION PLAN

Activity	Target Date	Resources Required	Lead Agency / partners	Anticipated Product or Result	Progress Notes
Promote use of Dutchess County Rail Trails and Walkway by employers	On going	Brochures, website, staff to do outreach	DCDOH and County OCIS and County Planning Department	More people will use the rail trails	
Engage the Chamber of Commerce to promote worksite wellness programs	On going	Educational materials, staff	DCDOH in partnership with Chambers of Commerce	At least one business per year will implement wellness program	

STRATEGY 2 B : Engage the medical community in prevention and awareness activities

BACKGROUND ON STRATEGY

Source: New York State Prevention Agenda

Evidence Base*:* Institute of Medicine, Obesity.

Policy Change (Y/N): no

ACTION PLAN

Activity	Target Date	Resources Required	Lead Agency / partners	Anticipated Product or Result	Progress Notes
Establish professional Continuing Medical Education training programs in obesity prevention, screening, diagnosis & treatment.	On going	Material, funding and partner to provide CME credit	DCDOH in partnership with Health Quest	Annual CME training for medical providers	

STRATEGY 2 C : Promote access to and consumption of healthy food

BACKGROUND ON STRATEGY
Source: NYS Prevention Agenda and Community Guide
Evidence Base*:* CDC Community Strategies
Policy Change (Y/N): No

ACTION PLAN

Activity	Target Date	Resources Required	Lead Agency / partners	Anticipated Product or Result	Progress Notes
Promote farmers market	On Going	Staff and funding	Poughkeepsie Plenty	Increased popularity of farmers market	
PSA and social media to promote consumption of healthy food	On Going	Staff and funding	DCDOH	Webpage, radio spots, billboards interviews to promote healthy eating	

STRATEGY 2 D : Promote policy change at the local level that encourages healthy eating habits and increased physical activities

BACKGROUND ON STRATEGY
Source: New York State Prevention Agenda and Community Guide
Evidence Base*:* Institute of Medicine Obesity Prevention; CDC Community Strategies
Policy Change (Y/N): *Yes*

ACTION PLAN

Activity	Target Date	Resources Required	Lead Agency / partners	Anticipated Product or Result	Progress Notes
Promote NYS Healthy Meeting guidelines and Vending Policies	On Going	Guidelines, staff to do outreach	DCDOH Miles of Hope	County agencies, 12 community partners and 12 businesses will adopt guidelines	
Adopt policies and implement practices to increase access to affordable healthy foods (zoning, bus routes)	On Going	Template policies; staff	DCDOH in partnership with County Planning Department	Convenient loop bus routes to local farmers markets, etc.	
Increase number of employers who offer benefits, coverage and or incentives for obesity prevention including breastfeeding support and obesity treatment.	On Going	Template materials, trained staff	DCDOH Miles of Hope	Employers will offer incentives or coverage	

NYS PRIORITY AREA: PREVENT CHRONIC DISEASE NYS GOAL: INCREASE ACCESS TO CHRONIC DISEASE PREVENTIVE CARE AND MANEGEMENT IN LCINICAL AND COMMUNITY SETTINGS

DUTCHESS COUNTY GOAL 1: REDUCE BARRIERS TO CARE THROUGH SYSTEM IMPROVEMENTS POLICY CHANGES, COLLABORATION AND RESOURCE SHARING AMONG PROVIDERS.	
PERFORMANCE MEASURES	
Indicators	**Source**
By December 2017, increase the percent of Dutchess County adults ages 18 to 64 with health insurance by 10% - from 87% to 96%. (SAHIE and ACS 2011)	SAHIE and ACS
By December 31, 2017, increase the percent of insured children ages 19 and under and at ≤200% of poverty by 10% - from 90% to 99%. (SAHIE 2011)	SAHIE

STRATEGY 1 A: Develop and implement plan for educating uninsured regarding new options for insurance coverage to ensure access to and coverage for preventative services

BACKGROUND ON STRATEGY
Source: HHS, CDC and NYSDOH
Evidence Base*:* Community Guide; National Prevention Strategy
Policy Change (Y/N): *No*

ACTION PLAN

Activity	Target Date	Resources Required	Lead Agency / partners	Anticipated Product or Result	Progress Notes
Provide information about the New York State Health Benefit Exchange through a variety of venue including webpage, flyers, social media posting	On going	Information on webpage; flyers and posters	Maternal-Infant Services Network; DCDOH and County DCFS & OCIS	Residents will be aware of insurance options available to them	
Facilitate the presence of a Navigator/Enroller on site at various organizations, including DOH clinics, and other medical and social services providers serving at risk population.	Starting January 2014 – on going	Navigator/enroller Funding	Maternal-Infant Services Network, DCDOH, Mid-Hudson Library System	Increased individual enrollments	

STRATEGY 1 B: Enhance coordination and integration of care through resource sharing and care coordination models					
BACKGROUND ON STRATEGY **Source:** HHS **Evidence Base*:*** National Prevention Strategy **Policy Change (Y/N):**					
ACTION PLAN					
Activity	**Target Date**	**Resources Required**	**Lead Agency / partners**	**Anticipated Product or Result**	**Progress Notes**
Promote use of patient navigation services using the principles that patient navigators are community health workers recruited from local underserved communities.	On going	Trained patient navigators	DCDOH Hudson River Health Care, Family health Institute, Health Quest, Cancer Society	Patients with a suspicious finding or new diagnosis will be guided through the care system to ensure timely diagnosis and treatment while helping the patient navigate potential barriers	
Identify existing case management resources for clients needing more intensive coordination of care & ancillary services.	October 2014 and annually thereafter	College Intern	DCDOH Miles of Hope	Case Resource Directory will be posted on line and made available to case managers	

DUTCHESS COUNTY GOAL 2: INCREASED SCREENING FOR CARDIOVASCULAR DISEASE, CANCER AND DIABETES ESPECIALLY AMONG DISPARATE POPULATIONS	
PERFORMANCE MEASURES	
Indicators	**Source**
By December 31, 2017, the percent of Dutchess County women aged 40 years and older who received a mammogram in the last 2 years will be at least 85% (5% increase from 82%), with no income groups below 80%. (baseline EBRFSS 2008-2009) - *(Health Disparities Indicator)*	EBRFSS. *Note: Due to small numbers, data for some income groups may be suppressed.*
By December 31, 2017, the percent of Dutchess County women aged 18 years and older who received a cervical cancer screening (Pap test) within the past three years will be at least 89% (5% increase from 85%), with no income groups below 82%. (baseline EBRFSS 2008-2009) *(Health Disparities Indicator)*	EBRFSS. *Note: Due to small numbers, data for some income groups may be suppressed.*
By December 31, 2017, the percentage of Dutchess County adults 18 years and older who had their blood cholesterol checked in the past five years will be at least 80% (5% increase from 77%), with no income groups below 70% (baseline EBRFSS 2008-2009) - *(Health Disparities Indicator)*	EBRFSS. *Note: Due to small numbers, data for some income groups may be suppressed*

STRATEGY 2 A: Build awareness to increase knowledge/participation in chronic disease early detection					
BACKGROUND ON STRATEGY **Source:** CDC **Evidence Base*:*** Guide to Community Preventive Services **Policy Change (Y/N):** No					
ACTION PLAN					
Activity	**Target Date**	**Resources Required**	**Lead Agency / partners**	**Anticipated Product or Result**	**Progress Notes**
Develop a media campaign including radio PSA, new releases, web posting, and billboards.	Start March 2014 and on going	Funding and staff	DCDOH Health Quest	Increased public awareness	
Create low literacy, culturally appropriate materials targeting disproportionately affected populations.	December 2014	Public Health Intern	DCDOH	Culturally appropriate materials	
Provide informational sessions to target groups	On going	Staff and educational materials	DCDOH, HRHC Miles of Hope	90% of participants will demonstrate increased knowledge	
Expand use of health information technology to remind, provide feedback and motivate individuals to use preventative services	Start June 2014 and on going	Funding, staff	DCDOH, Vassar, HRHC, Family Health Institute, Medical Providers	Increased use of preventive services, including individuals keeping their annual check ups	

STRATEGY 2 B: Foster collaboration to identify underserved groups and implement programs to improve access to preventative services					
BACKGROUND ON STRATEGY **Source:** HHS **Evidence Base*:*** National Prevention Strategy **Policy Change (Y/N):** Yes					
ACTION PLAN					
Activity	**Target Date**	**Resources Required**	**Lead Agency / partners**	**Anticipated Product or Result**	**Progress Notes**
Outreach activities at places of worship, schools, and businesses to target high-risk communities.	On going	Staff and educational materials	DCDOH, HRHC Miles of Hope	Underserved populations will receive chronic diseases screening & care referrals	
Foster innovative approaches such as mobile clinics in underserved areas, and free screening events.	On Going	Funding and staff	DCDOH, Board of Health Medical Society, HRHC	Services will be made available in underserved hard to reach areas	

DUTCHESS COUNTY GOAL 3: INCREASE ACCESS TO CARE BASED ON EVIDENCE BASED DISEASE MANAGEMENT	
PERFORMANCE MEASURES	
Indicators	**Source**
By December 31, 2017, increase the percentage of Medicaid managed care plan members who received all four screening tests for diabetes (HbA1c testing, lipid profile, dilated eye exam and nephropathy monitoring): • By 5% from 50% (2009) to 52.5% among all adults with diabetes. • By 10% from 45% (2009) to 49.5% among Black adults with diabetes.*(Health Disparity indicator)* • By 10% from 46% (2009) to 50.6% among non-Hispanic white adults with diabetes. (*Health Disparity indicator*) Note: *Estimates based on NYS QARR data, pending request to NYS for county level data*	NYS QARR data
By December 31, 2017, the age-adjusted rate of hospitalizations of Dutchess County residents for diabetes (any diagnosis) will decrease by at least 5%, from 194 admissions per 10,000 residents (in the years 2009-2011) to no more than 185 admissions per 10,000 residents annually, and by 10% among Non Hispanic Blacks from 374 admissions per 10,000 residents to no more than 340 admissions per 10,000 residents. *(Health Disparity indicator)*	NYSDOH SPARCS
By December 31, 2017, reduce the age-adjusted hospitalization rate for heart disease among Dutchess County residents by at least 5%, from 86 admissions per 10,000 residents (in the years 2009-2011) to 82 admissions per 10,000 residents of all ages, and by 10% among Non Hispanic Blacks from 94 to 85 admissions per 10,000 residents. *(Health Disparity indictor)*	NYSDOH SPARCS

STRATEGY 3 A: Provide technical assistance quality improvement training to health care providers, especially those serving disparate communities

BACKGROUND ON STRATEGY

Source: NYSDOH Chronic Disease Goal

Evidence Base*:* National Prevention Strategy

Policy Change (Y/N): *Yes*

ACTION PLAN

Activity	Target Date	Resources Required	Lead Agency / partners	Anticipated Product or Result	Progress Notes
Provide information and training to increase professional awareness, knowledge and utilization of age-appropriate, evidence-based comprehensive screening guidelines for chronic diseases.	December 2015	Collection of evidence based guidelines; staff and time	DCDOH, HRHC, Family Health Institute, Health Quest, Cancer Society, and Heart Association	Consistent use of evidenced based aged appropriate screening guidelines by medical providers	

Hold at least one Diabetes Community Education Day per year.	Starting December 2014	Staff, location and funding	DCDOH, St. Francis Hosp. HRHC, Institute for Family Health	75% of participants will implement QI in their practices	

STRATEGY 3 B: Establish clinical community linkages that connect patients to self management education and community resources such and the NYS Smokers Quitline

BACKGROUND ON STRATEGY

Source: NYSDOH Chronic Disease Goal

Evidence Base*:* National Prevention Strategy

Policy Change (Y/N): *Yes*

ACTION PLAN

Activity	Target Date	Resources Required	Lead Agency / partners	Anticipated Product or Result	Progress Notes
Implement Diabetes Prevention Programs including AADE self management programs for patients living with diabetes.	December 2014 on going	Diabetes Certified educators, location	DCDOH, HRHC, Vassar	90% of patients living with diabetes will report increased self management	
Implementation of Hypertension Self-management activities in primary care settings based on Million Hearts pilot program	December 2015 On going	Staff, self-mgmt tools, and funding	DCDOH HRHC Health Quest and primary care providers	Patients taking blood pressure at home improving blood pressure treatment/control	
Develop MOUs and protocols to fast-track newly diagnosed into self management classes and other community resources	June 2015 On going	Staff time	HRHC, Health Quest , Miles of Hopes, primary care physicians	Established MOUs and increased referrals of newly diagnosed.	
Develop protocol and MOUs to refer patients for intensive care management for patients with poorly controlled chronic illness including hypertension, diabetes and heart disease.	December 2014 On going	Staff time	DCDOH, HRHC, Health Quest, Primary Care Physicians	Increased coordination and referrals between providers; better patient centered services	

NYS PRIORITY AREA: CREATE AND MAINTAIN A SAFE AND HEALTHY ENVIRONMENT NYS GOAL: N/A

DUTCHESS COUNTY GOAL 1: REDUCE THE BURDEN OF TICKBORNE DISEASES THROUGH SYSTEM IMPROVEMENT, INFORMATION SHARING AND EDUCATION	
PERFORMANCE MEASURES	
Indicators	**Source**
By December 31, 2017, increase the number of medical providers who utilize post-exposure antibiotic prophylaxis based on evidence-based care to manage tick-borne diseases.	Dutchess County healthcare provider surveys, including a 2014 baseline
By December 31, 2017, decrease the late stage symptoms and sequelae of Lyme disease - based on Centers for Disease Control and Prevention Surveillance Case Definition of late stage Lyme disease.	CDESS data, including 2013 baseline

STRATEGY 1 : Increased awareness of recommended treatment guidelines

BACKGROUND ON STRATEGY

Source: US Department of health and human services, New England Journal of Medicine

Evidence Base*:* US Department of Health and Human Services. Healthy people 2010 (conference ed, in 2 vols). Washington, DC: US Department of Health and Human Services; 2000.

Hayes EB, Piesman J. How can we prevent Lyme disease? N Engl J Med 2003;348:2424—30

Policy Change (Y/N): *No*

ACTION PLAN

Activity	Target Date	Resources Required	Lead Agency / partners	Anticipated Product or Result	Progress Notes
Offer technical assistance and continuing medical education (CME) training programs to medical providers	On going	Training material, speakers, funding	DCDOH in partnership with Health Quest (Vassar)	Consistency of treatment for tick bites illnesses	
Inform patients on treatment options and CDC guidance for prophylaxis through educational sessions and displays in waiting rooms.	On Going	Educational materials, funding, staff	DCDOH in partnership with Health Quest (Northern Dutchess Hospital)	90% of people attending educational events will demonstrate increased knowledge of subject matter	

DUTCHESS COUNTY GOAL 2: PREVENT EXPOSURE TO TICK BITES THROUGH INCREASED COMMUNITY AWARENESS AND USE OF PREVENTATIVE MEASURES	
PERFORMANCE MEASURES	
Indicators	**Source**
By December 31, 2017, increase public awareness and use of property management techniques as well as personal protective measures.	Dutchess County community surveys, including a 2014 baseline

STRATEGY 2 A: Increase public knowledge of environmental alterations that reduce tick exposures

BACKGROUND ON STRATEGY

Source: CDC

Evidence Base*:* CDC Avoid Ticks : http://www.cdc.gov/ticks/avoid/index.htlm.

Hayes EB, Piesman J. How can we prevent Lyme disease? N Engl J Med 2003;348:2424—30

Policy Change (Y/N): *No*

ACTION PLAN

Activity	Target Date	Resources Required	Lead Agency / partners	Anticipated Product or Result	Progress Notes
Implement educational presentations to target audiences, including fairs, senior picnics, etc.	On going	Staff and funding for printing of brochure	DCDOH with partners including Tick Task Force and Health Quest	Increased awareness and use of property management techniques	
Distribution of property management brochure and flyer at community events, such the annual County Home Show	On going	Staff and funding for printing of flyer and brochure	DCDOH	Increased awareness and use of property management techniques	
Partner with property management entities and nurseries and gardening vendors to solicit that the informational brochure be placed at their sites and provide them with educational presentation	December 2014	Staff and funding for printing brochure	DCDOH	Increased awareness and use of property management techniques	
Dissemination of information through a variety of media, such as website, journal article, interviews, etc.	On going	Staff, Dutchess County OCIS	DCDOH and partners including Tick Task Force and Health Quest	Increased awareness and use of property management techniques	

STRATEGY 2 B: Increase knowledge of all tick borne diseases and personal prevention practices					
BACKGROUND ON STRATEGY **Source:** CDC **Evidence Base*:*** CDC Avoid Ticks : http://www.cdc.gov/ticks/avoid/index.htlm. Hayes EB, Piesman J. How can we prevent Lyme disease? N Engl J Med 2003;348:2424—30 **Policy Change (Y/N):** *No*					
ACTION PLAN					
Activity	**Target Date**	**Resources Required**	**Lead Agency / partners**	**Anticipated Product or Result**	**Progress Notes**
Conduct literature review on scientific evidence based methods of best practices for tick management	July 2014	Funding, Part time intern	Carey IES DCDOH	Comprehensive annotated bibliography of research showing pros and cons of different methods	
Develop Frequently Asked Questions document written in plain language, with visuals to be used for community education efforts .	December 2014	Funding Part Time intern	Carey IES DCDOH Health Quest	FAQ developed, posted on website and used for community education programs	
Develop and implement annual "*Be Tick Free*" Poster Contest for 5th and 6th grade Dutchess County students	May 2014	Staff, Prizes	Legislative Tick Task Force in partnership with DCDOH	Winners 's prevention posters will be displayed on the local rail trails	
Offer educational programs to various groups on tick borne diseases and personal prevention practices	12/2014	Staff , funding, and educational materials	DCDOH	Increased public awareness as demonstrated in pre/post test and other surveys	

NYS PRIORITY AREA: PROMOTE MENTAL HEALTH AND PREVENT SUBSTANCE ABUSE
NYS GOAL: SETTINGS: PREVENT UNDERAGE DRINKING, NONMEDICAL USE OF PRESCRIPTION DRUGS BY YOUTH, AND EXCESSIVE USE OF ALCOHOL CONSUMPTION BY ADULTS

DUTCHESS COUNTY GOAL 1: SUPPORT COLLABORATION AMONG PROFESSIONALS AND COMMUNITY MEMBERS	
PERFORMANCE MEASURES	
Indicators	**Source**
By December 2013, bring together a Task Force to develop and release county endorsed plan.	County Health & Human Services Cabinet
By December 2014, establish formal collaboration and information sharing among professionals and community members working in Mental Emotional Behavioral health promotion, substance abuse and chronic disease prevention, treatment and recovery	DCDOH contract and MOU databases

STRATEGY 1 A: Expand efforts to implement collaborative care

BACKGROUND ON STRATEGY
Source: NYS Prevention Agenda, National Drug Control Strategy; HHS Prevention Agenda
Evidence Base*:* CDCA
Policy Change (Y/N): No

ACTION PLAN

Activity	Target Date	Resources Required	Lead Agency / partners	Anticipated Product or Result	Progress Notes
Bring together the various county departments to develop and publish a county wide prescription overdose prevention plan	December 2013	Staff and time	DCDOH, DCDMH, County Health & Human Services Cabinet	Comprehensive county plan will be posted on website and utilized to gather momentum for action	
Participate in and support multi disciplinary coalitions/groups such as DMH Prevention Council and Imagine Dutchess	December 2013 on going	Staff and time	DCDOH DCDMH Astor, CAPE, St Francis Hospital, PEOPLE Inc, Mental Health America, clients	Active coalitions working together to ensure care coordination and prevention	

STRATEGY 1 B: Enhance data monitoring and information sharing					
BACKGROUND ON STRATEGY **Source:** HHS National Prevention Agenda, CDC **Evidence Base*:*** Community Anti Drug Coalition of America (CADCA) **Policy Change (Y/N):** yes					
ACTION PLAN					
Activity	**Target Date**	**Resources Required**	**Lead Agency / partners**	**Anticipated Product or Result**	**Progress Notes**
Access what data is available in all sectors (hospital, EMS, law enforcement, etc.)	December 2014	Epidemiologist Biostat, intern	DCDOH DCMH Health & Human Services Cabinet	Identification of available data and information in all sectors	
Develop data sharing agreements between agencies including law enforcement and medical providers	December 2015	Staff, time and legal expertise	DCDOH, DCDMH DCCFS (Social Services Dept) County Attorney's Office	Existing MOUs and agreements and increased data sharing	
Identify compatibility issues and research ways to ensure systems sharing (EMR type efforts to link data between systems)	December 2016	Epidemiologist OCIS staff, consultant with expertise , funding	Health & Human Services Cabinet		
Establish monitoring system to identify trends	December 2014	Epidemiologist Biostat	DCDOH	Identification of trends through monitoring of I-Stop, Medical Examiner's, law enforcement, and other data sources	

DUTCHESS COUNTY GOAL 2: PREVENT NON-MEDICAL USE OF PRESCRIPTION PAIN RELIEVER DRUGS	
PERFORMANCE MEASURES	
Indicators	**Source**
By December 2017, reduce the percentage of high school students who report ever taking prescription drugs without a prescription by 10%, to no more than 14%. *(Baseline: 15% for NYS excluding NYC, Youth Risk Behavior Survey 2011)* *Note*: *a survey of local students in Dutchess County is being planned by an outside agency. Results will be compared with YRBS statewide estimates*.	*YRBS survey* *CAPE survey*
By December 2017, implement evidence based educational programs in 75% of middle schools and high schools in Dutchess County.	*Program Reports*

STRATEGY 2 A: Reduce inappropriate access to and use of prescription drugs.

BACKGROUND ON STRATEGY

Source: HHS, CDC

Evidence Base*: HHS National Prevention strategy; CDC Vital Signs (November 2011)*Community Anti Drug Coalition of America (CADCA)

Policy Change (Y/N): *yes*

ACTION PLAN

Activity	Target Date	Resources Required	Lead Agency / partners	Anticipated Product or Result	Progress Notes
Develop training for educator to identify sign and symptoms of use/misuse/abuse and how to refer to treatment	December 2015	Certified Staff, Funding	DMH CAPE	Trained educators	
Promote disposal of excess opioids and other prescription drugs through increased number of drop boxes in the County.	December 2015 On going	Staff time Funding	Health & Human Services Cabinet	Increased number of permanent drop boxes	
Support/Coordinate county-wide DRE (Drug Recognition Expert) Call Out initiative providing reimbursement for use of DRE to evaluate DWI suspects.	December 2015	Staff time Funding	Stop DWI DCDMH	Increased and appropriate use of DREs	

STRATEGY 2 B: Raise awareness through public education campaign.					
BACKGROUND ON STRATEGY **Source:** *HHS National Prevention Strategy; SAMHSA ; CADCA; NYS DOH Prevention Agenda* **Evidence Base***:* Community Anti Drug Coalition of America (CADCA) **Policy Change (Y/N):** No					
ACTION PLAN					
Activity	**Target Date**	**Resources Required**	**Lead Agency / partners**	**Anticipated Product or Result**	**Progress Notes**
Establish Public Awareness Committee to identify evidence based education campaign strategies	March 2014	Staff funding	Health & Human Services Cabinet	Communication plan delineated	
Implement media campaign promoting specific actions, including Medicine Cabinet Inventory; Proper Disposal of Medicines; Good Samaritan Law and I-Stop, texting messaging; and helpline, etc.	December 2014	Staff funding	Health & Human Services Cabinet	Increased public awareness and increased press coverage	
Increase substance abuse prevention education in schools *(SAMHSA; CADCA*	On going	Staff funding	DCDMH, CAPE	At least 75% of Dutchess County schools will implement a prevention education program	
Promote youth surveys in schools to monitor use/perception of use and perception of risk of use of drugs.	December 2015	Staff funding	DCDMH CAPE	AT least 75% of the schools will participate in survey	
Promote community awareness events. Implement a heroin and prescription drug forum in cooperation with Putnam based group Drug Crisis in Our Backyard.	Spring 2014	Staff volunteers	Health & Human Services Cabinet	Community forums held	

STRATEGY 2 C: Reduce over-prescription of prescription medications for pain. *(CDC Vital Signs November 2011*

BACKGROUND ON STRATEGY

Source: *SAMHSA, Office of Applied Studies Feb 5, 2009; JAMA, 300(22), (2672-2673).*

Evidence Base*:* Community Anti Drug Coalition of America (CADCA)

Policy Change (Y/N):

ACTION PLAN

Activity	Target Date	Resources Required	Lead Agency / partners	Anticipated Product or Result	Progress Notes
Provide technical assistance and on-going training events to license prescribers to promote adherence to best clinical guidelines	December 2014 On going	Speaker, funding staff and clinical guidelines	DCDOH DCDMH	At least 50 prescribers will participate in training event, and/or obtain technical assistance	
Engage licensed prescribers with regular communication via emails, public health alerts, and dissemination of other publications	On going	Staff time	DCDOH DCDMH	At least one communication per quarter	
Educate patients on alternative treatments for pain management	On going	Staff time	DCDOH, DCDMH, Community providers	Prescribers will report more patients who try alternative pain management options	

DUTCHESS COUNTY GOAL 3: Reduce hospitalization and mortality due to prescription overdose

PERFORMANCE MEASURES

Indicators	Source
By December 2017, reduce the rate of substance-related hospitalizations by at least 10% to no more than 363 admissions per 100,000 residents annually (*Baseline: 400 admissions per 100,000 residents per year, NYSDOH, SPARCS 2012*)	NYSDOH, SPARCS
By December 2017, reduce the rate of substance-related emergency department visits by at least 10% to no more than 162 visits per 100,000 residents per year *(Baseline: 178 visits per 100,000 residents per year, NYSDOH, SPARCS 2012).*	NYSDOH, SPARCS
By December 2017, reduce the rate of accidental overdose deaths by at least 10% to no more than 15 deaths per 100,000 residents per year *(Baseline: 17 deaths per 100,000 residents per year, Dutchess County Medical Examiner data 2012).*	Medical Examiner's Office

STRATEGY 3 A: Seek to reduce opioid overdose deaths by expanding comprehensive overdose prevention measures					
BACKGROUND ON STRATEGY **Source:** *National Drug Control Strategy NDCS 2013 - http://www.whitehouse.gov; HHS* **Evidence Base***:* Community Anti Drug Coalition of America (CADCA) **Policy Change (Y/N):** *yes*					
ACTION PLAN					
Activity	**Target Date**	**Resources Required**	**Lead Agency / partners**	**Anticipated Product or Result**	**Progress Notes**
Promote education and training of first responders and others in the use of Narcan.	On going	Staff time	Health & Human Services Cabinet	Increased use of Narcan by first responders when appropriate	
Educate communities about the 911 Good Samaritan Law, New York's Fatal Overdose Prevention Law that encourages people to call for help during a drug or alcohol overdose without fear of criminal prosecution.	On going	Staff time	Health & Human Services Cabinet – Public Awareness Committee	Increased knowledge of the law reducing the fear factor to enable call for help without fear of retribution	
Review current policies and legislation (needle exchange, NY ER recommendations and others), and consider support and promotion of evidence based policy interventions	December 2014	Staff time	Health & Human Services Cabinet	White paper recommendation to CEO	
Explore development of ATI programs for youth with local magistrates including use of Teen Intervene	June 2015	Staff time	DCDOMH Probation Department	Implementation of ATI	

STRATEGY 3 B: Identify model prevention interventions and lessons in integrating prevention and treatment into primary care and other medical settings					
BACKGROUND ON STRATEGY **Source:** *(CDC; National Prevention Agenda)* **Evidence Base:** Community Anti Drug Coalition of America (CADCA) **Policy Change (Y/N):** *yes*					
ACTION PLAN					
Activity	**Target Date**	**Resources Required**	**Lead Agency / partners**	**Anticipated Product or Result**	**Progress Notes**
Promote/Support Collaborative Care for MEB Disorders in Primary Care --a team approach that integrates depression treatment into primary care and other medical settings. (IMPACT)	Fall 2014 and on going	Trained Staff, Primary care providers, funding	DCDOH DCDMH Imagine Dutchess	Patients have access to integrated comprehensive care	
Establish Alcohol and Substance Abuse Services, Education, and Referral to Treatment - screening intervention and referral to treatment (SBIRT) model designed for use in DCDOH clinics, other health clinics & hospital emergency departments	Fall 2014	Project ASSERT interventionists--peer educators or ED staff	DCDOH DCDHM Health Quest St Francis	Patients who are screened as at risk will receive immediate counseling	

STRATEGY 3 C: Ensure access to and use of treatment for opioid dependence					
BACKGROUND ON STRATEGY **Source:** *(NDCS 2013 - http://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/2013_strategy_fact_sheet.pdf* **Evidence Base:** Community Anti Drug Coalition of America (CADCA) **Policy Change (Y/N):** *yes*					
ACTION PLAN					
Activity	**Target Date**	**Resources Required**	**Lead Agency / partners**	**Anticipated Product or Result**	**Progress Notes**
Develop capacity for Opioid specific treatment	Fall 2015	Staff funding	DCDMH	Available treatment programs	

CHIP Attachment 1 – Prioritization PowerPoint

Double click on the title slide to open the pdf file.

CHIP Attachment 2 – Prioritization Survey

Prevention Agenda Prioritization Tool - Dutchess County

Directions: Please select two to three (**no more than three**) focus areas from the table below that you think should be recognized as public health intervention priorities for Dutchess County in 2014-2017. The two to three focus areas you select can be from one or more priority areas. Please refer to the DC_CHIP PowerPoint for information on current health trends in Dutchess County to support your selections.

Priority Area	Focus Area	Select 2-3 Priorities
Prevent Chronic Diseases	1. Reduce obesity in children and adults 2. Reduce tobacco-related illness and death 3. Improve access to preventive care & chronic disease management	☐ ☐ ☐
Promote a Healthy and Safe Environment	1. Reduce exposure to outdoor air pollution, especially in burdened communities 2. Reduce potential public health risks from drinking water and recreational water sources 3. Reduce insect-related diseases 4. Reduce injuries, including falls, and reduce violence 5. Improve the built environment to support health (*e.g., reduce lead poisoning, increase use of public transportation, increase access to parks and trails)*	☐ ☐ ☐ ☐ ☐
Promote Healthy Women, Infants and Children	1. Reduce pre-term births 2. Reduce maternal mortality 3. Increase proportion of infants breastfed 4. Increase proportion of children with an annual well-exam 5. Reduce dental caries in children 6. Reduce adolescent pregnancy rate 7. Increase use of preventive health care by women of reproductive age	☐ ☐ ☐ ☐ ☐ ☐ ☐
Promote Mental Health and Prevent Substance Abuse in Communities	1. Promote mental, emotional and behavioral health 2. Reduce substance abuse and occurrences of mental, emotional, and behavioral disorders 3. Strengthen infrastructure for mental, emotional, and behavioral health	☐ ☐ ☐
Prevent HIV/STDs, Vaccine-Preventable Disease and Healthcare-Associated Infections	1. Reduce incidence of HIV and Sexually-Transmitted Diseases 2. Prevent vaccine-preventable diseases 3. Reduce incidence of healthcare-associated infections	☐ ☐ ☐