Warren County

Community Health Improvement Plan

2013 – 2017 (updated to reflect initiatives, goals and objectives through 2018)

Introduction

The purpose of this updated Community Health Improvement Plan (CHIP) is to refine the previous plan to address the top two healthcare priority areas identified in the Warren County Community Health Assessment. The CHIP has been updated through the collaborative efforts of Warren County Public Health, Glens Falls Hospital, Glens Falls Hospital Health Promotion Center programs such as Creating Healthy Places to Live Work and Play, Healthy Schools New York, and the Tobacco Cessation Center. Other partners include Glens Falls Hospital CR Wood Cancer Center, Warren County Office for the Aging, Warren County Home Care Agency, and Warren Washington County Office of Community Services.

The updates made to the CHIP provide Warren County Public Health and its partners with refined goals, objectives, and improvement strategies. It also provides performance measures with measurable time-framed targets that better align with new or updated screening recommendations, grants, workplans and community programming. However, review of the most recent available data suggests Warren County Public Health and its partners should continue to address the following priority areas:

- Priority 1 - Increase access to high quality chronic disease preventive care and management in both clinical and community settings

- Priority 2 - Promote mental, emotional and behavioral health (MEB)

This updated CHIP will continue to serve as a guidance document for Warren County Public Health and its partners and should be considered a "living" document. This plan may be modified if evaluations show progress towards goals and objectives to be insufficient or resources to implement the plan become unavailable. This plan may also change due to updated guidance issued by NYSDOH.

The development of Warren County's Health Services CHIP is based on guidance provided by the NYSDOH and the New York State Prevention Agenda.

New York State's Prevention Agenda 2013 – 2018

Warren County Health Services utilized the NYS Prevention Agenda framework to plan, inform and guide the development of a Community Health Needs Assessment and Implementation Strategy. The Prevention Agenda 2013-18 is New York State's Health Improvement Plan for 2013 through 2018, developed by the New York State Public Health and Health Planning Council (PHHPC) at the request of the Department of Health, in partnership with more than 140 organizations across the state. This plan involves a unique mix of organizations including local health departments, health care providers, health plans, community based organizations, advocacy groups, academia, employers as well as state agencies, schools, and businesses whose activities can influence the health of individuals and communities and address health disparities.

The Prevention Agenda serves as a guide to local health departments and hospitals as they work with their community to assess community health needs and develop a plan for action. The Prevention

Agenda vision is “New York as the Healthiest State in the Nation.” The plan features five areas that highlight the priority health needs for New Yorkers:

- Prevent chronic disease
- Promote healthy and safe environments
- Promote healthy women, infants and children
- Promote mental health and prevent substance abuse
- Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases and healthcare associated Infections

The Prevention Agenda establishes focus areas and goals for each priority area and defines indicators to measure progress toward achieving these goals, including reductions in health disparities among racial, ethnic, and socioeconomic groups and persons with disabilities. Throughout the CHNA, these priority areas were used as a foundation for determining the most significant health needs for Warren County residents. More information about the Prevention Agenda can be found at http://www.health.ny.gov/prevention/prevention_agenda/2013-2017 .

Community Health Improvement Planning Process

The process of updating the Warren County Community Health Improvement Plan began when NYSDOH required County Health Departments to work with local hospitals to align the submission of Community Health Improvement Plans and Community Services Plans by December 2016, one year sooner than originally planned.

After receiving guidance from NYSDOH Warren County Public Health and its remaining partners made the decision to bypass much of the original planning process, but instead have all interested partners review and submit recommendations for updates to the original CHIP. Data set that were used to update the CHIP were agreed upon by the partners and documents or relevant online data sources were shared among the group. The process used in developing the original CHIP document can be read below.

Original CHIP Planning Process

The process of developing the Warren County Community Health Improvement Plan began immediately following the Community Health Assessment healthcare needs prioritization meeting. At the conclusion of the CHA prioritization meeting participants were asked if they would like to participate in the planning process to address the priority areas they had helped identify. A verbal commitment was noted at the conclusion of the meeting and a formal email request was sent the following week to confirm participants in the CHIP planning group.

The CHIP planning group held its first meeting in early August to discuss what a CHIP is, review priority areas identified at the CHA prioritization meeting, brainstorm current community programs addressing the priority, and to discuss the expectations of the partners.

Partners were asked at the conclusion of the meeting to sign a letter of participation in the CHIP planning group.

Following the meeting a follow up email was sent to partners asking them to summarize the programs they are working on along with any goals and objectives as they relate to the priority areas. The summaries were compiled and organized based on similar goals and objectives into a report which was used at the next CHIP planning group meeting in September.

Two more meetings were held in September and October to continue in the development of the CHIP. At the conclusion of the October meeting it was decided that Warren County Public staff would meet with each organization individually to finalize the CHIP.

Goals and objectives were set based on partner summaries, group feedback and current data provided by New York State Department of Health and the outcomes from the individual agency meetings.

Partners will use their current program tracking evaluation methods to report progress. Progress reports will be sent to Warren County Public Health to be compiled for reporting based on NYSDOH requirements.

Warren County's CHIP planning group will meet at least quarterly to review progress towards the established goals, report any fundamental changes to program implementation or development and make adjustments to the work plan as needed.

Summary of Changes Made

A number of changes were made to Warren County Public Health's original CHIP. The changes made focus on objectives and activities listed in the plan. The priority areas remain the same as in the original CHIP. There are several reasons these changes were made.

Prioirty 1 - Increase access to high quality chronic disease preventive care and management in both clinical and community settings received the most updates.

Due to a number of new cancers screening guidelines released since the completion of the original CHIP a number of objectives and activities that were established to meet old guidelines have been updated to reflect the new guidelines (see page?). The objectives and activities are specific to the goal of increased screening rates for breast, cervical and colorectal cancers.

Several changes were made to the activities suggested to meet the goal to promote self-care disease management to reduce hospitalization rates for diabetes asthma, and chronic lower respiratory disease. Most of the objectives set in the original CHIP had not been met. The activity to recruit individuals to be peer leaders for the Chronic Disease Self-Management program has been eliminated after feedback from seniors indicated a lack of interest in such a program. All other activities related to the peer led Chronic Disease Self-Management program were also eliminated. No new activities have been identified

at this time to replace the activities that have been removed. All of the objectives remain the same. The activities have been adjusted to better reflect the initiatives of Warren County Public Health and its partners (see page ?).

Obesity continues to be a major issue in Warren County. To combat obesity Warren County Public Health and its partners have set a goal to increase awareness of and utilization of existing programs designed to help Warren County residents meet current guidelines for nutrition and physical activity. However after review of the original CHIP there were many changes that have been made to reflect a shift in grant funding focus, incorrect reporting of data to guide an objective and the availability of new data to inform updated activities. Two activities were completely eliminated and several tweaked to align with changes to grants held by Glens Falls Hospital (see page ?).

Priority 2 - Promote mental, emotional and behavioral health (MEB)

Review of the most recent data available regarding mental health/substance abuse continues to support the need for services and programs to address the needs of Warren County residents. Because mental health and substance abuse is relatively new to public health many of the objectives and activies have not changed. Only a few minor changes mainly to the activities addressing MEB/substance abuse were made by the CHIP partners.

This CHIP document is not a complete rewrite of the original CHIP. All of the goals and many of the objectives and activities have not been met or no data has been collected at this point to demonstrate a need for an entirely new document. However, it is anticipated that a new CHIP will need to be completed in the next 3-5 years to align with the ever changing community health needs of Warren County residents.

A Regional Priority

Warren County Public Health in addition to working on its own community health priorities has expressed an interest in supporting a regional effort to address chronic disease.

As part of the community health planning and assessment process, the Community Health Assessment (CHA) Committee identified and selected Chronic Disease Prevention as a regional priority in support of the NYS Prevention Agenda 2013-2018. CHA partners will work in tandem with the Adirondack Rural Health Network (ARHN) in a variety of ways to both support strategies to address and raise awareness about Chronic Disease Prevention.

Strategies being explored and formulated on how to best support a regional priority of Chronic Disease Prevention include:

- Identifying a subject matter expert speaker(s) for the region.
- Implementing a media campaign.
- Creating Prevention Agenda projects.
- Using social media outlets and websites to raise awareness of initiatives and programs currently in place from partners and others in our region.
- Creating a new page on the ARHN website to house resources and links to evidence-based strategies.

The CHA Committee, facilitated by ARHN, is made up of hospitals and county health departments working together utilizing a systematic approach to community health planning. Members include:

- Adirondack Health
- Essex County Public Health
- Franklin County Public Health
- Fulton County Public Health
- Glens Falls Hospital
- Hamilton County Public Health Services
- Inter-Lakes Health and Moses Ludington Hospital
- Nathan Littauer Hospital & Nursing Home
- UVM Health Network—Alice Hyde Medical Center
- UVM Health Network—Champlain Valley Physicians Hospital
- UVM Health Network—Elizabethtown Community Hospital
- Warren County Health Services
- Washington County Public Health Services

Warren County Public Health Implementation Strategy

Warren County Public Health/Improvement Strategy: Foster collaboration among traditional and non-traditional community partners to improve access to clinical and community preventive services	
Initiative – Brief Description/Background: Although Warren County residents are above most benchmarks for cancer screenings. Cancer remains the leading cause of death and premature death in Warren County. Increasing the number of people receiving preventative cancer screenings may decrease the impact cancer has in Warren County.	
Health Disparities Addressed: Low Socio Economic status populations with limited access to preventive screenings.	
WCPH Goal(s): Increase screening rates for breast, cervical and colorectal cancers *(Note: with new cancer screening guidance, comparison of progress towards the original screening objectives and the revised objectives is not recommended)*	
WCPH SMART Objective(s)	**Performance Measure(s)**
By 2018 increase by 5% the percentage of women age 50-74 being screened for breast cancer from 78.3%% to 83.3% % based on the most current guidelines (data from NYSDOH CHIRS)	Data from NYSDOH Community Health Indicator Reports reflect newest guidance
By 2018 increase by 5% the percentage of adults 50-75 having a sigmoid or colonoscopy from 64.2% to 69.2% based on the most current guidelines (data from NYSDOH CHIRS) (Note: National initiative is to have 80% of eligible adult population screened by 2018)	Data from NYSDOH Community Health Indicator Reports reflect newest guidance
By 2018 increase by 5% the percentage of women age 21-65 that receive cervical cancer screening from 86.6%% to 91.6% based on current guidelines (data from NYSDOH CHIRS)	Data from NYSDOH Community Health Indicator Reports reflect newest guidance
Activities	**Performance Measures**
Glens Falls Hospital Cancer Services Program working with clinical providers to promote practice-based system changes designed to increase cancer screening	Survey physicians to track changes made
Glens Falls Hospital Cancer Services Center will encourage worksite policies that support preventive care (time of for breast, cervical and colorectal screening)	Survey worksites to track changes
Warren County Public Health will work w/ Glens Falls Hospital Cancer Services to increase educational sessions to community groups and organizations that work with women who are more likely to have never or rarely (5 years or more since last screening) been screened for cervical or breast cancer.	Track the number of community groups receiving educational sessions
Warren County Public Health will work with the Glens Falls Hospital Cancer Services program to develop educational training sessions targeting health care providers, home health agencies and other community agencies about the availability of colorectal screening kits for ages 50-64 and develop a system for distributing the kits to the targeted population through the providers and community agencies.	Development of educational program and supporting resources. # of educational programs offered and attendance at each session. Track the number of screening kits distributed by

	the different agencies vs. the number of kits sent to GFH for analysis.
Warren County Public Health will work with Glens Falls Hospital Cancer Services program to develop a health care provider training to assist providers in talking about colorectal cancer screenings. Program would provide tips and conversation starters to alleviate some of anxiety that some providers may experience when talking to patients about the importance of colorectal screenings.	Development of educational program and supporting resources. Track the number of educational opportunities offered and the attendance at each session.

Warren County Public Health/Improvement Strategy:	
Initiative – Brief Description/Background: Preventable hospitalizations are a major burden on the health care system. A collaborative effort that includes patient and physician education, along with adoption of best practices for promoting patient disease self-management by homecare agencies may lead to a reduction in preventable hospitalizations, improved patient outcomes and a smaller burden on healthcare resources.	
Health Disparities Addressed: Low socio-economic status populations with limited community resources and high risk for development of chronic disease	
WCPH Goal(s): Promote self-care disease management to reduce hospitalization rates for diabetes asthma, and chronic lower respiratory disease	
WCPH SMART Objective(s)	**Performance Measure(s)**
By 2018 Reduce the rate of diabetes hospitalizations (primary diagnosis) by 5% from 16.3 (per 10,000) to 15.5 (per 10,000) (note: new data shows 3yr average rate at 17.1)	Data from NYSDOH Community Health Indicator Reports show 3yr average rates have actually increased
By 2018 Reduce the rate of asthma hospitalizations by 5% from 16.7 (per 10,000) to 14.4 (per 10,000)(Objective met. Current rate is 10.2). New objective is to maintain or reduce rates to below 10 per 10,000.	Data from NYSDOH Community Health Indicator Reports show Warren County asthma hospitalization rates at 10.2
By 2018 Reduce the rate of chronic lower respiratory disease hospitalizations by 5% from 52.2 (per 10,000) to 49.6 9 (per 10,000) (Note: latest data shows a rate of 51.3 per 10,000)	Data from NYSDOH Community Health Indicator Reports
Activities	**Performance Measures**
Warren County Homecare is utilizing a chronic obstruction pulmonary disease management program with patients. Coordinating w/ physician groups targeting care transition programs and initiatives.	Strategic healthcare programs 30 day re-hospitalization report for patients
Warren County Homecare is implementing diabetic foot care & education to appropriate patients. Distributing educational hand out “happy feet” to physicians groups and case management departments.	Strategic Healthcare Programs- Home health compare report
Warren County Public Health Maternal Child Health nurses will provide education about the dangers of secondhand smoke and ideas for reducing exposure to reduce childhood asthma and other problems. All patients will be offered the opportunity to enroll in a smoking cessation	Track the number of patient homes that adopt a no smoking policy in their home. Track the number of patients

care plan. They will also refer current smokers to the Glens Falls Hospital Cancer Services tobacco cessation program and NYS Smoker Quitline.	that have a Quit Smoking Care Plan. Record how many families contact at least one of the smoking cessation programs.
Warren County Public Health will work with Glens Falls Hospital to strengthen the Medicaid Health Home Program by referring eligible patients to the Medicaid Health Home Program.	Track the # of referrals

Warren County Public Health/Improvement Strategy:	
Initiative – Brief Description/Background: Increased physical activity and good nutrition play vital role in reducing chronic disease. In rural communities, access to resources that allow people to be physically active or to eat health are often limited. Current data shows Warren County residents fail to meet current benchmarks for physical activity and eating the recommended servings of fruits and vegetables.	
Health Disparities Addressed: Low socio-economic status populations with limited access to physical Activity resources and healthful foods.	
WCPH Goal(s): Increase awareness of and utilization of existing programs designed to help Warren County residents meet current guidelines for nutrition and physical activity.	
WCPH SMART Objective(s)	**Performance Measure(s)**
Increase the percentage of adults 18+ who participate in leisure time physical activity by 5% from 77.1% to 82.1% by December 2018 (screw up need to revise) (Note: this objective has been revised to using correct and current data. The original objective was developed using incorrect data)	Data from NYSDOH Community Health Indicator Reports show this number has worsened since orginal CHIP
Decrease the number of adults drinking one or more sugary drinks per day by 5% from 25.6% to 24.3% .1% by December 2018	Data from NYSDOH Community Health Indicator Reports
Activities	**Performance Measures**
Warren County Public Health will work with Glens Falls Hospital Creating Healthy Places to Live Work and Play to engage communities in a GIS mapping exercise to identify community supports for recreation and physical activity. Systematically rate each asset using the Physical Activity Resource Assessment (PARA) tool and collect baseline data to evaluate current usage.	# of joint use agreements, Complete Streets policies and other environmental changes established
Identify gaps or deficiencies in community environment and work with partners to create a revitalization plan.	Track the number of communities that start the process of creating revitalization plans.
Develop and implement strategies to increase awareness about the enhancements and promote the improvements and community support.	Conduct a survey to measure awareness

Warren County Public Health will work with Glens Falls Hospital Creating Healthy Places to Live Work and Play to conduct a community nutrition assessment to collect information regarding consumer's food-related behaviors and perceived community assets and barriers to accessing healthy foods.	Completion of community assessment
Warren County Public Health will work with Glens Falls Hospital to strengthen chronic disease messaging throughout Warren County. Warren County Public health will utilize the Glens Falls Hospitals "Good Move" Campaign	# the number of community and worksites displaying "Good Moves" materials.

Warren County Public Health/Improvement Strategy:	
Initiative – Brief Description/Background: Warren County residents suffer from a variety of mental, emotional and behavioral issues including substance abuse. Data suggests that Warren County residents have a significant need for services to address MEB issues. Warren County Public Health in collaboration with Community partners want to raise awareness about the need for resources along with increasing access to screenings and raising awareness about existing resources.	
Health Disparities Addressed: At risk youth and mothers, low-socio economic populations with limited access to MEB resources.	
WCPH Goal(s): Decrease the impact of MEB issues in Warren County by promoting MEB resources and creating collaboratives with community partners to better identify at risk populations.	
WCPH SMART Objective(s)	**Performance Measure(s)**
Reduce the rate of self-inflicted hospitalizations from 12.6 to 11.9 per 10,000 population by 2018	NYSDOH CHIRs data
Reduce the rate of people 9 – 18 yrs. of age served in ED for Mental health from 179.1 to 170.2 per 100,000 by 2017	NYSDOH CHIRs data
Reduce the percentage of adults reporting poor mental health from 12.1% to 10.0% by December 2018	NYSDOH CHIRs Data
Activities	**Performance Measures**
Warren County Public Health will screen all clients that enroll in the MOMS program for post-partum depression using the Edinburgh Postnatal Depression Scale and make appropriate referral to providers.	# of clients screened and referrals made.
Warren County Public Health will work with providers to have all pregnant women screened for depression using the Edinburgh (EPDS) as part of normal check-up.	# of providers that incorporate the EPDS as part of regular care.
Warren County Homecare will conduct depression assessment for adult patients of the homecare program and make appropriate referrals as needed	# of patients identified and referred for services
Warren Washington County Office of Community Services will work to develop and implement school based mental health services	# of schools that adopted school based mental health

	services
Warren Washington County Office of Community Services, Council for Prevention will educational opportunities for school and communities regarding suicide prevention programs that target adolescent and/or adult audiences	# of educational programs conducted and number of participants.
Warren County Public Health will work with Warren Washington County Office of Community Services to develop a plan to bring health education and programming to populations that utilize mental health services. Warren County Public Health will meet with several mental health community sites to assess the needs of the populations served by them.	Scheduling and completing initial meetings with Mental Health Providers. Document meetings Conduct planning meetings to identify the needs of the population receiving services. Completion of abbreviated needs assessment.
Warren County Public Health working with Community Services will strive to bring evidence based health messaging and programming to the population utilizing mental health services.	Identify and implement evidence based programs that will address the needs of the population. Track the # of people participating in the programming.

Evaluation Plan

Warren County Public Health will work with Glens Falls Hospital and its community partners to develop an evaluation plan that includes both process and outcome evaluation. Warren County Public health will make sure the evaluation plan meets the requirements of New York State Department of Health and the needs of our partners. Progress reports shall be tracked through quarterly partner meetings. The information gathered at these meetings will be used to provide updates as required by NYSDOH. The quarterly discussions will also be used to share successes and challenges along with helping to formulate any mid-course corrections that may be needed to meet he established goals and objectives.

Dissemination

The Warren County Community Health Improvement Plan and the Warren County Community Health assessment can be found at the Warren County health Services website www.warrencountyny.gov/healthservices/ .Copies of both reports will be shared with various community agencies and partners. Warren County Public Health will also publicize the reports in various mailings and reports. Hardcopies will be made available at no-cost to anyone who requests one.