

Saratoga County

Community Health Improvement Plan

2013-2017

Saratoga County Public Health Nursing Service

Community Health Improvement Plan (CHIP)

Introduction

The purpose of this Community Health Improvement Plan (CHIP) is to develop a plan to address the top two healthcare priority areas identified in the Saratoga County Community Health Assessment. Through collaborative efforts of Saratoga County Public Health, Saratoga Hospital, the Adirondack Rural Health Network and other partners we have developed our CHIP for Saratoga County. The results of this CHIP are to provide Saratoga County Public Health and its partners with a comprehensive approach, this includes our identification of goals and objectives develop improvement strategies and performance measures with measurable and time-framed targets that address the following priority areas:

Priority 1 - *Prevent Chronic Disease through reduction of Obesity at each age level (infants to adults)*

Priority 2 - *Promote Mental, Emotional and Behavioral health & Prevent Substance Abuse throughout our county.*

Priority 3 - *Prevent Chronic Disease by increasing access to high-quality chronic disease preventive care and management in clinical and community settings.*

New York State's Prevention Agenda 2013 - 2017

Saratoga County Public Health Nursing Service 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 2013-17 is New York State's Health Improvement Plan for 2013 through 2017, 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 communities 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

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- 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 Community Health Needs Assessment, these priority areas were used as a foundation for determining the most significant health needs for Saratoga 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 identifying the important healthcare needs of the residents of Saratoga County involved both data analysis and consultation with key members of the community. The initial round of priority setting was a collaborative effort of both the Saratoga County Public Health and Saratoga Hospital. They were charged to identify and prioritize the health needs of Saratoga County in relation to the New York State Prevention Agenda. Since that initial round of meetings, there have been two subsequent meetings that involved stakeholders from the community to discuss their priorities and concerns. It is from these collaborative meetings that Saratoga Public Health has identified our top three priorities.

The Saratoga Community Health Council held meetings in April & June 2014 to identify stakeholders that were interested in working collaboratively with us. The stakeholders include: CAPTAIN Youth and Family Services, Catholic Charities, Christ Episcopal Church; Food Pantries from Corinth, First Baptist Church & Greenfield; Cornell Cooperative Extension, Domestic Violence & Rape Crisis Services, Four Winds – Saratoga; Franklin Community Center, Mechanicville Area Community Services Center, Moreau Community Center; Peaceful Acres Horses, Planned Parenthood Services of Northeastern New York, Saratoga Center for the Family, Saratoga Chamber of Commerce, Saratoga Community Health Center, Saratoga County Chamber of Commerce, Saratoga EOC, Saratoga Farmers Market, Saratoga Hospital, Saratoga County Mental Health, Saratoga Springs City School District, Shelters of Saratoga, Skidmore College, The Community Hospice, The Prevention Council and Saratoga County Infant Toddler Mental Health Task Force.

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Needs not met in the Community Health Improvement Plan

The Saratoga County Public Health Agency recognizes several other areas of need for the county that are under the Prevention Agenda Topic – Prevent HIV/STDs, Vaccine-Preventable Disease and Healthcare-Associated Infections. This agency will address these needs separately and within the Work plans of the Immunization Action Plan and Sexually Transmitted Disease Programs.

The agency recognizes that while all the currently available data indicates that the rates for all STD in Saratoga County are below the Prevention Agenda Benchmarks, trending appears to indicate increasing numbers of cases at an unfavorable rate. The STD team led by the agency STD coordinators has identified that the rate of chlamydia in young adults (20-24) females and males is increasing at an unacceptable rate. Our goal will be to decrease STD Morbidity and HIV/STD disparities in our county.

The Immunization Team will continue under the IAP Work plan to improve Childhood and Adolescent Immunization Rates and work towards decreasing the burden of Pertussis disease, through promotion of vaccines, especially the Tdap vaccine. Further efforts will be made to decrease the burden of disease caused by Human Papillomavirus (HPV) by promoting education, awareness, outreach and referral for adolescents to acquire the HPV vaccine.

❖ Our Vision

A Healthy Saratoga County

❖ Our Mission

To assess, improve and monitor the health status of our community

Saratoga County Public Health/Improvement Strategy:

Prevent Chronic disease by decreasing obesity in children and adults

Initiative:

Obesity is a major contributor to many chronic diseases such as cardiovascular disease, diabetes, and several types of cancer. Increasing physical activity and improving nutrition are keys to obesity prevention and control. In Saratoga County the percentage of children who are obese is increasing as they age. The large majority of adults are not participating in physical activity or eating the recommended servings of fruits or vegetables.

Health Disparities Addressed: Low socio-economic status populations and rural populations have limited access to healthier foods and physical activity resources.

Saratoga County Public Health (SCPH) Goal(s):

To increase awareness of and utilization of programs designed to help Saratoga County residents meet current guidelines for nutrition and physical exercise.

SCPH SMART Objective(s)	Performance Measure(s)
Decrease the percentage of obese children ages 2-4 in WIC by 5% from 15.2% to 10.2% by December 2017	Data from NYSDOH Community Health Indicator Reports
Decrease the percentage of obese children in elementary school by 5% from 27.6% to 22.6% by December 2017	Data from NYSDOH Community Health Indicator Reports
Decrease the percentage of obese children in middle and high schools by 5% from 33.1% to 28.1% by December 2017	Data from NYSDOH Community Health Indicator Reports
Decrease the percentage of obese adults by 5% from 28.9% to 23.9% by December 2017	Data from NYSDOH Community Health Indicator Reports
Decrease the percentage of adults who do not participate in physical activity by 5% from 84.6% to 79.6% by December 2017	Data from NYSDOH Community Health Indicator Reports
Decrease the percentage of adults who do not eat 5 or more fruits or vegetables/day by 5% from 71.9% to 66.9% by December 2017	Data from NYSDOH Community Health Indicator Reports
Activities	Performance Measure(s)
SCPH will work with OB/GYN offices, hospitals, pediatricians, insurance companies and WIC within the county to increase the amount of current information on breast feeding.	Assess current breastfeeding support and information given to all moms. Identify areas of need and supplement with resources and facilitate peer groups
SCPH will work with hospitals to increase the numbers of breastfed newborns. SCPH will continue to encourage and provide breastfed support to maintain the numbers of breastfed infants.	Increase county resident referrals of moms and new babies from hospitals that don't consistently refer to SCPH (<i>AMC, St. Peter's, Bellevue, and Samaritan Hospital</i>). Assess referral process from <i>Glens Falls Hospital</i> and <i>Saratoga Hospital</i> to increase these referrals as well
SCPH will work with moms through referrals, birthing classes, hospital tours, WIC, OBGYN offices to break down barriers to successful on going breast feeding.	Develop a survey to find the barriers to successful ongoing breast feeding to be able to assess the need moving forward. Survey moms before delivery and then again at 6weeks, 3 months, 6 months, and 12 months postpartum. Analyze the survey results in September 2015
Increase the number of school districts and pre-schools that have policies that meet or exceed the <i>Institute of Medicine</i> recommendations for competitive foods or sugar sweetened beverages.	Assess through a survey to all school nurses in the county the barriers to healthy food choices. Assess the food ordering and menu preparing in the schools during the 2014-2015 school year

Activities	Performance Measure(s)
SCPH will collaborate with Parent Teacher Organizations (PTO's) and the student councils of the elementary and middle schools of the county to develop an incentivized activity program for students.	To have 25% participation of all elementary and middle schools during the 2014-2015 school year
Assess education classes for all ages on nutrition and physical activity available in the county at the local daycare centers, school districts, libraries, <i>YMCA</i> 's etc.	Evaluate the number of adult classes available by June 2015 and increase where necessary
Initiate ways to increase education of healthy eating habits and increasing physical activity for adults by collaborating with <i>WIC</i> , faith based groups, farmers markets, food pantries, <i>SNAP</i> , <i>Cornell Cooperative Extension</i> , and nutritionists at the local grocery stores.	Record number of places attended and increase frequency over time
Develop community partnerships to increase comprehensive worksite wellness programs among small-to medium-sized employers	Record the number of meetings, conferences, health fairs or other events in which businesses participate
Increase awareness and education of healthy eating habits and physical activity of people of all ages via the media.	Initiate the SCPH <i>Facebook</i> page and <i>Twitter</i> account
Create a toolkit for providers on healthy eating and physical activity	Track the number of visits to the website and the number of downloads of the toolkit

Saratoga County Public Health/Improvement Strategy: Promote Mental Health and Prevent Substance Abuse	
Initiative: Residents of Saratoga County suffer from mental health issues and many of them suffer at the same time from substance abuse as well. Increasing programs, educating populations, promoting healthy mental health, and increasing access to treatment will reduce symptoms of mental illness and emotional disturbance which will improve daily functioning, decrease substance abuse as well as decrease hospitalization.	
Health Disparities Addressed: At risk youth as well as low-socio economic populations and rural populations have limited access to resources	
SCPH Goal(s): To prevent and reduce occurrence of mental, emotional and behavioral disorders among youth and adults.	
SCPH SMART Objective(s)	Performance Measure(s)
Decrease the rate from 32.5% to 27.5% of high school students who reported they had at least one drink of alcohol on at least 1 day within a 30 day period. (Data for all of NYS not just Saratoga County)	Data from CDC Youth Risk Behavior Surveillance System (YRBSS)
Decrease the rate from 18.4% to 13.4% of high school students who reported they had five or more drinks of alcohol in a row within a couple of hours on at least 1 day within a 30 day period. (Data for all of NYS not just Saratoga County)	Data from CDC Youth Risk Behavior Surveillance System (YRBSS)
Decrease the rate from 5.1% to 0.1% of high school students who reported they used cocaine, heroin, methamphetamines or ecstasy one or more times. (Data for all of NYS not just Saratoga County)	Data from CDC Youth Risk Behavior Surveillance System (YRBSS)
Decrease the rate from 21.4% to 16.4% of high school students who reported they had used marijuana one or more times. (Data for all of NYS not just Saratoga County)	Data from CDC Youth Risk Behavior Surveillance System (YRBSS)
Reduce the rate of children \leq 8 years of age served in the Emergency Department (ED) for Mental Health from 76.0 to 71.0 per 100,000 by 2017	Data from NYSDOH Community Health Indicator Reports
Reduce the rate of people 9-17 years of age served in the ED for Mental Health from 259.0 to 254.0 per 100,000 by 2017	Data from NYSDOH Community Health Indicator Reports
Decrease drug related hospitalization rate from 13.9% to 8.9% per 10,000 population by 2017	Data from NYSDOH Community Health Indicator Reports
Reduce the percentage of adults (age 18 and older) who binge drink (5 or more drinks for men and 4 or more drinks for women) during the past month from 20.1% to 18.4% by 2017.	Data from NYSDOH Community Health Indicator Reports
Activities	Performance Measure(s)
Increase the availability and awareness of prescription drug drop boxes throughout Saratoga County.	Record the number of current drop boxes by December 2014 and increase the number of drop boxes by 2017
Increase the number of support groups available for individuals suffering from mental, emotional, and behavioral health issues, and their family members.	Record the number of current support groups by December 2014 and increase the number of support groups available by 2017

Activities	Performance Measure(s)
Collaborate with school districts to increase and implement evidence-based programs to increase positive social development and healthy lifestyles.	Record the number of school classes receiving the program from the Prevention Council on <i>Too Good for Drugs</i> program as well as work to implement <i>Life Skills Training</i> program
Collaborate with local health care organizations, partners, providers, local law enforcement officers, and school districts to reduce stigma regarding mental health and substance abuse issues including suicide.	Determine opportunities to get educational information out to residents of Saratoga County as well as support social marketing campaigns
Collaborate with the <i>American Foundation for Suicide Prevention</i> to schedule mental health programs with in our county.	Investigate opportunities to increase the mental health wellness of Saratoga County residents of all ages
SCPH will work with all stake holders in the county to break down barriers to successfully remain drug and alcohol free for the teenage and young adult populations through a survey. Determine if a peer to peer mentoring program might be successful.	Evaluate survey results by December 2015 and based off of results implement a plan to educate and support teenage and young adult population
Increase the number of health fairs attended throughout the county.	Record the number of health fairs attended. In 2013-2014 school year # were attended
Increase access to psychological interventions and counseling by partnering with stakeholders in our county such as the <i>Saratoga Community Health Center</i>	Engage in opportunities to provide more residents with mental health care
Implement and conduct active screening for depression in clinical Settings such as urgent care centers, adult and pediatric offices, and ED's.	Record the number of screening completed within the county
Employ community-based strategies with <i>The Saratoga County Infant & Toddler Mental Health Task Force</i> to promote awareness of mental health and substance abuse issues, and the availability of services.	Collaborate to increase awareness and service for infants and toddlers with mental health issues

Saratoga County Public Health/Improvement Strategy:

Prevent Chronic disease by increasing access to high-quality chronic disease preventive care and management in clinical and community settings

Initiative: Hospitalizations and readmissions are costly and often avoidable. Improving education and the support for self-management can help to decrease hospitalizations and readmissions of residents of Saratoga County. A key to achieving success is breaking down barriers to patient populations that currently receive the majority of their health care in hospital settings. SCPH will partner with *Saratoga Hospital* as well as other community stake holders to achieve this goal.

Health Disparities Addressed: Low socio-economic status populations and rural populations with limited community resources are at a high risk for the development of chronic diseases

Saratoga County Public Health (SCPH) Goal(s):

To promote awareness and utilization of self-management programs designed to help Saratoga County residents reduce hospitalization rates for diabetes and congestive heart failure (CHF).

SCPH SMART Objective(s)	Performance Measure(s)
Decrease the rate of diabetes hospitalizations (primary diagnosis) by 5% from 10.7% to 5.7% by December 2017	Data from NYSDOH Community Health Indicator Reports
Decrease the rate of congestive heart failure hospitalizations by 5% from 24.7% to 19.7% by December 2017	Data from NYSDOH Community Health Indicator Reports
Activities	Performance Measure(s)
SCPH will work with agencies, hospitals, urgent care settings and doctor's offices within the county to utilize a standardized education tool for diabetic and CHF patients.	Identify areas of need especially in the rural areas within the county and supplement with the <i>ZONE</i> educational resources
SCPH will increase the use of a standardized education tool to reach all our referred physical therapy patients with diabetes and CHF.	Record the number of physical therapy patients who received the <i>ZONE</i> education tool
Promote a diabetes self-management education and training (DSME/T) program and a CHF self-management program.	Collaborate with agencies, schools, colleges, food pantries, soup kitchens, <i>Office for the Aging(OFA)</i> , and <i>Cornell Cooperative Extension</i> to get this self-management tool utilized
SCPH will work with <i>OFA</i> to recruit individuals to be peer leaders for a chronic disease self-management program for diabetes and CHF.	Record the number of individuals trained as peer leaders and the number of programs implemented