



Columbia County Community Health Assessment and Community Health Improvement Plan, 2016-2018

Cover Sheet

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Community Health Needs Assessment: Created by Healthy Capital District Initiative

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Priorities: Chronic Disease Prevention (obesity focus); Mental Health Promotion and Substance Abuse Prevention (prescription and illicit drug abuse focus).

Health Disparities: *Chronic Disease Prevention:* Youth living in the Hudson City School District have a higher percentage of students who are obese and the highest number of students who are overweight or obese compared to other public school districts in the county. The same area has high rates of poverty, higher rates of hospitalization and emergency department visits, and the City of Hudson has the largest percentage of minority populations compared to other areas of Columbia County.

Partners/Collaborators: This Community Health Needs Assessment/ Community Health Improvement Plan was completed by the Columbia County Public Health Leadership Team/Greene County MAPP Committee, including the following agencies: Columbia County Department of Health, Columbia Memorial Health, Greene County Public Health, Healthy Capital District Initiative, Catholic Charities of Columbia and Greene Counties, Coarc, Columbia County Healthcare Consortium Inc., Cornell Cooperative Extension of Columbia and Greene Counties, Hudson City Department of Youth, St. Peter's Health Partners, Apogee Center, Catholic Charities of Columbia and Greene Counties, Columbia County Department of Human Services, Columbia County Department of Social Services, Columbia County District Attorney's Office, Columbia County EMS, Columbia County Public Defender, Columbia County Sheriff's Department, Controlled Substance Awareness Taskforce of Columbia and Greene Counties, Friends of Recovery, Greene County District Attorney's Office, Greene County Mental Health, Greene County Probation, Greene County Sheriff's Department, Greene County Youth Bureau, Hudson Interfaith Counsel, Hudson River Healthcare, Mental Health Association of Columbia and Greene Counties, Twin County Recovery Services, Young People in Recovery- Hudson Chapter.

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Executive Summary

The Columbia County Department of Health (CCDOH) is deeply committed to the health, safety, and well-being of the community. CCDOH works collaboratively with community partners to monitor the health status of populations, identify health problems, and make vital community health improvements. To accomplish these activities, CCDOH regularly coordinates a Community Health Assessment (CHA), the results of which are used to develop a Community Health Improvement Plan (CHIP). This CHA/CHIP for 2016-2018 was composed by the Healthy Capital District Initiative (HCDI) and summarizes Columbia County demographic and health data from a variety of sources and presents a community plan for making measurable improvements in health priority areas: **Chronic Disease Prevention and Mental Health Promotion and Substance Abuse Prevention.**

Our CHIP addresses the priority areas listed above because they were identified and highlighted as priority areas in the data, presented by HCDI. Both of the priority areas chosen were present in our previous CHIP cycle (2013-2017). This cycle will aim to focus more on youth when addressing the issue of unhealthy weight in Columbia County. In addressing Substance Abuse Prevention, the focus will be towards community education and mobilization. Not only reach those who are addicted to obtain the services they need, but also breaking the stigma so that available services are accessible. These are the areas in which the greatest health improvement impacts can be realized relative to the current health status of Columbia County residents.

In the area of chronic disease, several examples of poor health outcomes among community members were identified in the CHA. There are high rates of obese/overweight school aged and preschool children. There are also high rates of heart disease, stroke, chronic lower respiratory disease/chronic obstructive pulmonary disease, and lung cancer. Many of these diseases can be prevented through health behaviors such as physical activity, eating a healthy diet, abstaining from tobacco use and substance abuse, and by early preventive screenings.

Within the Chronic Disease Prevention priority area of the CHIP, our focus is obesity prevention among children. Obesity, considered a chronic disease, is a significant risk factor for other chronic diseases and conditions, including high blood pressure, type 2 diabetes, asthma, high cholesterol, stroke, heart disease, certain types of cancer, and osteoarthritis. Overweight and obesity may also contribute to psychological distress, depression, discrimination, and prejudice. Of Columbia County public school district students, 18.7% are obese (New York State: 17.3). Among Columbia County children, overweight and obesity rates vary by school district. Hudson City School district has the highest percentage of students who are obese (23.1%; Student Weight Status, 2012-2014). Hudson will be the focus for addressing the disparate population being impacted by Chronic Disease, Obesity. The Hudson area has high rates of poverty, higher rates of hospitalization and emergency department visits for many chronic diseases, and the largest percentage of minority populations.

The CHIP activities for obesity prevention focus on physical activity and healthy eating habits because of the important role that these lifestyle factors have on preventing and managing chronic diseases. The

primary focus of the CHIP addressing youth obesity prevention will be an after-school-based obesity prevention initiative. Based on data reviewed, the Columbia County Public Health Leadership Team (Table 4) has selected 5-2-1-0 Evidence-based programming to move the dial on youth obesity in Columbia County. 5-2-1-0 is a policy level program that aims to promote daily healthy practices: 5 fruits and vegetables each day, no more than 2 hours of leisure screen time, at least 1 hour of physical activity and 0 sugary beverages.

There are seven options for implementation: K-5, Middle and High School, Out-of-School, Child Care, Health Care, and Healthy Workplaces. The Leadership Team has elected to implement the Out-of-School program for several reasons. Redistribution of students in the Hudson City School District, our focus area, has caused some upheaval in the schools in addition to pressure of standardized testing. The out-of-school based component will introduce healthy living principles into existing after school programs, starting with the Hudson Youth Center (HYC) after school program. The staff at HYC are enthusiastic about their participants overall development and are continually interested in programs promoting health, wellness and life skills. HYC staff will largely be the front lines of implementation for this program with assistance from CCDOH, Columbia Memorial Health, and Cornell Cooperative Extension of Columbia and Greene Counties. Obesity prevention in after school programs will promote healthy living strategies into practice in a less structured environment. Additionally, the Hudson after school programs reach ages K-12, ideal in our efforts to promote healthy behavior changes and prevent/reduce obesity in Columbia County youth.

In addition to our larger goal of reducing the prevalence of obesity among public school children by 10% from 18.7% to 16.8% by December 31, 2018, we will have several benchmark process measures to monitor progress of our initial implementation of 5-2-1-0 at HYC. By December 31, 2016 we hope to achieve the following: Begin implementation in HYC; Select two 5-2-1-0 strategies to be the focus of implementation at HYC; Implement 5-2-1-0 in two After School programs in the Hudson City School District and one in the rest of Columbia County. In addition to our process measures, the 5-2-1-0 evidence-based programming provides surveys and data collection tools to monitor progress. Columbia Memorial Health will also be providing BMI scales to track progress of program participants. Full list of process and outcome measures can be found in work plan (Attachment 5).

Actions to decrease the high obesity rates among children were included in the plan because instilling healthy habits in children is prevention at its best. Including children will result in generating maximum impact on health status and can bring about positive health outcomes for generations. After school programs historically bridge the rigid structure of school with crucial decisions made surrounding physical activity and healthy eating at home.

Mental health issues and substance abuse are prevalent in Columbia County. Problem areas of note are prescription and other drug abuse (Opioid Emergency Department 27.6 per 100,000 [2015]), alcohol abuse, binge drinking, underage drinking, alcohol-related motor vehicle injuries and deaths, suicide, mental disorders such as depression and anxiety, co-occurring disorders, self-inflicted injury, stigma,

difficulty accessing mental health services and substance abuse services, and scarcity of preventive services.

Within the Mental Health Promotion and Substance Abuse Prevention priority area of the CHIP, the focus is prescription and illicit drug abuse prevention. It has been identified as a major problem in Columbia County and also a growing problem nationwide. In 2014, 20% nationwide aged 12 and older reported using prescription drugs for nonmedical purposes (National Institute on Drug Abuse, 2016). Prescription drugs are often easily accessible, and abuse of those drugs can lead to severe health consequences and even death.

To accomplish the goals set forth for reduction in drug use, CCDOH, the Columbia Memorial Health Pain Management Committee and participating agencies of the Columbia- Greene Controlled Substance Awareness Taskforce (CSATF) will implement dimensions of Project Lazarus, an evidence-based initiative that assisted a North Carolina county in reducing opioid overdoses by 82%. This model promotes 1) Public Awareness, 2) Coalition Action, and 3) Data and Evaluation via seven dimensions of prevention: 1) Community Education, 2) Prescriber Education, 3) Hospital Emergency Department Policies, 4) Diversion Control, 5) Pain Patient Support, 6) Harm Reduction, and 7) Addiction Treatment. Many of these preventative measures are already being implemented by the CSATF. Our group will be working towards enhancing those initiatives that already exist and put into motion other dimensions of the model where local communities are lacking.

The Columbia-Greene Controlled Substance Awareness Task Force (see attachment 5: workplan for list of agencies involved) and the work groups associated (Prescriber work group and Prevention/Education work group) are working to rectify this public health crisis. Process measures for monitoring through CHIP implementation include increasing number of, and access to medication drop boxes in the county to remove unneeded prescription medications, the number of drug take back days held annually, amount of medication collected from drop boxes, the number of communities/ school districts hosting drug awareness/education forums, the number of participants in these events, the number of community members trained in Naloxone, and the number of Naloxone revivals in Columbia County. Full list of process and outcome measures can be found in work plan (Attachment 5). All agencies involved with the Columbia-Greene Controlled Substance Awareness Taskforce will have a hand in implementing the activities of Project Lazarus as well as collecting data for evaluation.

Aside from health issues in the priority areas, the county experiences other health concerns. Columbia County has the second highest rate of Lyme disease in New York State. There is a high infant mortality rate and a high percentage of pregnant women with late or no prenatal care. Other community issues include lead exposure, motor-vehicle related injuries, shortage of affordable housing, economic instability, and lack of widely-available public transportation.

Although the county experiences these problem areas, there are areas in which the county is doing well. For example, there is a low violent crime index, and compared to the state, the county has a lower

breast cancer mortality, lower diabetes hospitalization rate, lower diabetes mortality, lower teen pregnancy rate, and lower rates of many sexually transmitted diseases.

Columbia Memorial Health has been an important partner as both of our agencies are working collaboratively to address the health needs of Columbia County residents in the hospital's Community Services Plan and in CCDOH's CHIP. Numerous other agencies and individuals have also contributed their expertise, time, and passion to this planning process, and they will continue to be invaluable partners in developing and implementing community health improvement activities, and in evaluating and measuring community health improvement outcomes. Various other community and regional agencies are also equipped and experienced to tackle Columbia County's health issues. Agencies such as those in the local public health system and those listed in Attachment 3: 2015 Columbia-Greene Interagency Yellow Pages have been, and will continue to, strategically address community health concerns and work to prevent of disease. Collaboration and team work will be necessary in tackling health improvement activities.

Maintenance of collaborative efforts will be overseen by the Columbia County Public Health Leadership Team. This group meets bimonthly to discuss implementation efforts of the CHIP, discussing updates, barriers and successes as they arise. Meeting of this group will act as a reminder for CHIP partners for their role in CHIP implementation and tracking responsibilities.

Thank you for taking the time to review this Community Health Assessment and Community Health Improvement Plan. This plan will form the foundation of many community health improvement activities, helping Columbia County to be a healthier, safer place to live, work, learn, and play. The Columbia County Department of Health and partners welcome your questions, suggestions, and participation in the improvement process; please contact us at (518) 828-3358 or ccdoh@columbiacountyny.com.

Credits

Community Health Assessment and Community Health Improvement Plan (2016-2018)

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Attachment 2: Partners/Collaborators

Thank you to those who contributed their time and expertise to planning for a healthier Columbia County! Our apologies to any who may have been inadvertently left out of the credits.

Part I: Introduction

The Columbia County Department of Health

The Columbia County Department of Health (CCDOH), the county’s local health department, is dedicated to the protection and promotion of the health of the residents of Columbia County through prevention of disease, use of science, and the assurance of quality health care.

CCDOH is mandated by the State of New York, derives public health authority through State public health law, and is governed by the county Board of Health. CCDOH is led by the Public Health Director who is responsible for safeguarding the public’s health. A Medical Director, Board of Health, Health Committee (of the County Board of Supervisors), Professional Advisory Committee, and multiple task force committees provide administrative guidance and consultation to CCDOH.

Dedicated, skilled professionals fulfill the CCDOH mission: to protect, preserve, and promote the health of the people of Columbia County. They provide a wide array of services to community members of all backgrounds through the following programs: Administration, Early Intervention and Preschool Services, Environmental Health, Maternal Child Health, Communicable Disease, Immunization, Migrant Health, Public Health Preparedness, and Public Health Education (Table 1).

Table 1: Columbia County Department of Health programs, activities, and services

| Program | Activities and Services |
|---|---|
| Administration | Personnel issues, budgets, billing, contracts, grants, and financial matters. |
| Home Care | Short-term, intermittent home care services: skilled nursing; physical, occupational, and speech therapy; aide services with a skilled service; medical social worker. |
| Early Intervention and Preschool Services | <u>Early Intervention</u> : Services to infants and toddlers under the age of three with developmental delays. <u>Preschool</u> : Services to eligible three to five year olds with developmental delays. Services include: speech, occupational and physical therapies, special education, counseling, and more. |
| Environmental Health | Regulatory programs in accordance with the NYS Sanitary Code and other regulations; emergency on-call services; food service establishments; Adolescent Tobacco Use Prevention; beaches and pools; Clean In-Door Air Act; children’s camps; campgrounds; festivals and mass gatherings; Healthy Neighborhoods, home safety assessment program; childhood lead poisoning prevention; DEC programs and hazardous spill response; temporary residences; rabies clinics and responses; migrant housing; mobile home parks; public water; realty and private subdivisions; individual on-lot sewage development; and more. |
| Maternal Child Health | Home visits to help new mothers and families; education; breastfeeding information; Nurse Navigator Program based at Catskill Women’s Health; Physically Handicapped Children’s Program; Children with Special Healthcare Needs program; Child passenger safety education and car seat installations; lead poisoning prevention. |

| | |
|---|---|
| <p>Public Health (Communicable Disease, Immunization, Migrant Health, and Public Health Preparedness)</p> | <p><u>Communicable Disease</u>: Investigation and reporting of disease outbreaks according to Public Health Law; patient education; directly observed therapy for patients with tuberculosis. STD Clinic: (Free, confidential, no appointment needed) Every Wednesday from 4:30-5:30 PM; STD testing, treatment, and counseling; HIV testing, counseling.</p> <p><u>Immunization</u>: Outreach clinics and education in the community to promote vaccination; In-office immunization clinic: (By appointment) Tuesday from 1:00-3:30 PM; and every third Tuesday of the month from 4:00-6:00 PM; many types of vaccines offered.</p> <p><u>Migrant Health</u>: Services for seasonal farm workers and their families (in Columbia, Greene, Rensselaer, and Dutchess Counties); Spanish speaking community outreach worker; screening for blood pressure, diabetes, sexually transmitted diseases, and tuberculosis; immunizations; education; transportation to medical appointments and interpretation.</p> <p><u>Public Health Preparedness</u>: Emergency planning, response, education.</p> |
| <p>Public Health Education</p> | <p>Collaboration with partners on healthy policies, systems, and environments; Community Health Assessment/Improvement Plan; workshops, campaigns, and outreach focused on prevention and health.</p> |

Part II: Columbia County

Overview of Columbia County

The best country roads will take you to beautiful Columbia County, a mainly rural county located in the northeastern region of the Mid-Hudson Valley in upstate New York. The county is bordered on the north by Rensselaer County in the Capital District, on the south by Dutchess County, on the east by Berkshire County of Massachusetts, and on the west by the Hudson River, opposite Greene County. A weekend or summer home to many, especially New York City residents, it is less than 150 miles north of the major metropolitan area of New York City, and less than 50 miles south of Albany and New York’s Capital District. The county is easily accessible by the New York State Thruway and rail, bus, and air lines. +quote from Columbia County Tourism

With a total area of approximately 635 square miles, the county includes the City of Hudson, 18 towns (Ancram, Austerlitz, Canaan, Chatham, Claverack, Clermont, Copake, Gallatin, Germantown, Ghent, Greenport, Hillsdale, Kinderhook, Livingston, New Lebanon, Stockport, Stuyvesant, and Taghkanic), and four villages: Chatham, Valatie, Kinderhook, and Philmont. The county is governed by the Board of Supervisors, which is led by the Chairman of the Board of Supervisors.

The natural environment offers a great escape – residents and visitors can enjoy the Hudson River and the historic Hudson Athens Lighthouse, state parks, hiking trails, skiing, golfing, community gardens, and views of the Catskill and Taconic Mountains. With a mainly rural landscape, Columbia County has over 45 farms as well as farmers’ markets. At many farms, people can pick their own produce, like apples,

blueberries, strawberries, and pumpkins. Groups such as Columbia County Bounty place an emphasis on supporting local farms and buying local foods to help maintain a strong economy, preserve the environment, and encourage healthy eating. Also, there are many schools with vegetable gardens; those schools educate students about the importance of healthy eating and growing your own food. Many schools participate in School Partners in Gardening (SPIG), a collaborative which facilitates the sharing of gardening information and resources to enhance the education of children.

There are six public school districts in Columbia County: Chatham Central, Germantown Central, Hudson City Schools, Ichabod Crane Central, New Lebanon Central, and Taconic Hills Central. There are also private schools, such as Hawthorne Valley Waldorf School, Darrow School, Columbia Christian Academy, Academy of Christian Leadership, and Mountain Road School. Questar III BOCES is also located in the county. Columbia-Greene Community College, a two-year college which is a member of the State University of New York (SUNY) system, offers a rigorous nursing program as well as over 40 other degree and certificate programs. Special programs and opportunities to support youth in the county include the Hudson Youth Center, Greater Hudson Promise Neighborhood, Operation Unite, Family of Woodstock Child Care Council, Cornell Cooperative Extension, the Columbia County Backpack Program, the Hudson Teen Theatre Project, summer day and overnight camps (including Camp Sundown for children with severe sun sensitivity), and much more.

There is a wide range of health and human services agencies to support health and social well-being of individuals and families in Columbia and Greene Counties (Attachment 3: 2015 Columbia-Greene Interagency Yellow Pages). In 2015, the 3rd Columbia-Greene Interagency Awareness Day took place at Columbia-Greene Community College. The networking and educational event was planned *by* health and human service providers *for* health and human service providers, to raise awareness, foster collaboration, and improve upon the services provided to the residents of the twin counties. The Interagency Awareness Day Planning Committee plans to make the event every other year.

Community-based and regional organizations promote a healthy community with dignity, respect, and opportunities for all individuals. Some groups are the Hudson Pride Foundation, NAMI (an affiliate of the National Alliance on Mental Health), the AIDS Council of Northeastern New York, Camphill Association and Coarc (both support individuals with disabilities), the Veterans Association, the Women's Health Project of SUNY Albany, and food pantries, among others. Also important to the community are religious institutions; some religious affiliations of residents include Protestant Christian, Catholic, Jewish, Buddhist, and Muslim.

There is one hospital in the county, Columbia Memorial Health. It is a 192-bed acute care hospital focused on advanced surgery, primary care, and health education. It serves Columbia, Greene, and parts of northern Dutchess County. The hospital owns over 25 outlying primary and specialty care centers, and has 263 clinically affiliated providers. There are also care centers and providers in the county unaffiliated with the hospital. There are six long-term care facilities in the county, as well as adult day care and home care services.

Some emergency services in the county include the Sheriff's Department, Columbia County 911, the Emergency Management Office and Emergency Operations Center, Emergency Medical Services, hazardous materials response teams, local fire departments, a Fire Coordinator's Office, local police departments, and the Columbia County Department of Health Public Health Preparedness Program. The county has one jail, the Columbia County Jail; one prison, the Hudson Correctional Facility; a secure center for youth, the Brookwood Secure Center; and a secure center for girls, the Columbia County Girls Secure Center.

Columbia County shares a unique relationship with Greene County. The two counties, linked across the Hudson River, share many similarities and yet each maintains their own distinct character. Many organizations and services are shared between the two counties, such as Columbia Memorial Health, Columbia-Greene Community College, Catholic Charities, the Columbia County Community Healthcare Consortium, the Columbia-Greene Humane Society, Twin County Recovery Services, Inc., and many other human service agencies. Because of the proximity, small population, and shared resources, many of these agencies work closely together to the benefit of both communities. Residents of Columbia and Greene Counties travel between the two counties for services, employment, and recreation. Both counties are popular tourist destinations for many in the New York metropolitan area.

The People of Columbia County

Table 2: Population Selected Sociodemographic Indicators, Columbia County, Capital Region, and New York State, ACS 2009-2013

| Selected Sociodemographic Indicators, Columbia County, Capital Region, and New York State, ACS 2009-2013 | | | | |
|--|-----------------|----------|----------------|----------|
| | Columbia County | | Capital Region | NYS |
| | # | % | % | % |
| Population | 62,674 | | | |
| % <5 years of age | 2,859 | 4.6 | 5.3 | 6.0 |
| % 5-14 years of age | 6,927 | 11.1 | 11.7 | 12.1 |
| % 15-19 years of age | 4,089 | 6.5 | 7.2 | 6.8 |
| % 65-74 years of age | 6,489 | 10.4 | 7.8 | 7.3 |
| % 75+ years of age | 5,326 | 8.5 | 7.0 | 6.5 |
| Median Age | | 46.0 | 40.2 | 38.1 |
| % Non-white | 5,914 | 9.4 | 14.9 | 34.4 |
| % Hispanic | 2,515 | 4.0 | 4.4 | 17.9 |
| % <100% FPL | 5,911 | 9.8 | 11.3 | 15.3 |
| % < 18 yrs. < 100% FPL | 1,496 | 12.7 | 15.5 | 21.7 |
| Median Household Income | | \$57,336 | \$60,722 | \$58,003 |
| % speak English "< very well" | 1,016 | 1.7 | 2.9 | 13.4 |
| % 25+ yrs. < HS education | 5,807 | 12.8 | 8.8 | 14.8 |
| % with Disability | 8,699 | 14.3 | 11.8 | 10.9 |

Source: Bureau of Census, American Community Survey (ACS), 2009-2013

A comprehensive summary of sociodemographics identified for Columbia County by the Capital District Community Health Needs Assessment can be found on page 26 of attachment 2.

Age

Columbia County has a high percentage of people age 65 and older (18.2%, compared to the state percentage of 7.9%). The county's median age of 45.3 is higher than the state's median age of 38.0.

Race and Ethnicity

The race and ethnicity distribution of the county follows: 90.6% White, 4.5% Black, 3.9 % Hispanic or Latino, 0.2 % American Indian or Alaska Native, 1.6% Asian, and 2.0% individuals who self-identify as two or more races.

Just about six percent (5.8%) of the Columbia County population was foreign-born compared to 22.3% of the state population (2010-2014 Census Bureau Data). One population of note in the county is the migrant workers who provide labor at farms and other businesses, such as restaurants, landscaping and construction companies, and laundries. Their main countries of origin include: Jamaica, Mexico, and Guatemala. Spanish is the primary language for most. It is estimated (by a CCDOH professional) that over 500 migrant workers serve over 10 farms in the county during harvest time, from July through October each year.

Compared to other localities in the county, the City of Hudson has the largest percentage of minority populations. There is a large Bengali population, estimated by a community member at 400 individuals, which resides primarily in Hudson.

Language

Most Columbia County residents (93%) speak English only at home. Approximately 7% of residents (age 5 and over) speak a language other than English at home.

Education

Almost one third (30.8%) of county residents have achieved high school graduation or equivalent degree, 13.6% have a bachelor's degree, and 14.2% have a graduate or professional degree.

The high school dropout rate for the county is 7% (NYS Department of Education, 2014-2015).

Employment and Veteran Status

The local economy of the county is one of diverse small businesses, farms, employees of the State of New York, other public employees, health care workers, and commuters to businesses in the greater Albany area. The occupation distribution follows: management, business, science, and arts: 37.1%; service occupations: 18.8%; sales and office occupations: 23%; natural resources, construction, and maintenance occupations: 10.5%; and production, transportation, and material moving occupations: 10.7% (United States Census Bureau, 2010-2014 American Community Survey). Table 6 displays the

employment status of county residents. Almost five percent (4.9%) of county residents are unemployed.

**Table 3: Employment status, Columbia County and New York State, 2010-2014
(United States Census Bureau, American Community Survey 5-Year Estimates, 2010-2014)**

| EMPLOYMENT STATUS (2010-2014) | Columbia County | | NYS | |
|----------------------------------|-----------------|---------|------------|---------|
| | Estimate | Percent | Estimate | Percent |
| Population 16 years and over | 52,181 | | 15,832,743 | |
| In labor force | 32,355 | 62.0 | 10,054,448 | 63.5 |
| <i>Civilian labor force</i> | 32,354 | 62.0 | 10,030,632 | 63.4 |
| <i>Employed</i> | 29,809 | 57.1 | 9,137,540 | 57.7 |
| <i>Unemployed</i> | 2,545 | 4.9 | 893,092 | 5.6 |
| Armed Forces | 1 | 0.0 | 23,816 | 0.2 |
| Not in labor force | 19,826 | 38.0 | 5,778,295 | 36.5 |
| Percent Unemployed | (X) | 7.9 | (X) | 8.9 |

There are estimated to be 4,986 veterans in Columbia County (United States Census Bureau, 2010-2014).

Income and Poverty

The county-wide median household income is \$58,625. However, the median household income of Hudson residents is \$34,815 (United States Census Bureau, American Community Survey, 2010-2014).

In Columbia County overall, 10.4% of individuals are living in poverty (compared to the state rate of 15.6% and country rate of 13.5%).

In the county, Hispanics/Latinos have a higher rate of poverty than African Americans, and both groups have a higher rate of poverty than Whites.

Almost fourteen (13.8%) of children younger than 18 years of age in the county are living in poverty; 8.7% of adults age 25 and older are living in poverty; and 5.8% of adults age 65 and older are living in poverty (United States Census Bureau, 2010-2014 American Community Survey 5-year estimates).

Of those with no health insurance in the county, 9.9% are employed and 36.5% are unemployed.

There are numerous community programs and agencies to assist individuals and families in poverty, including Columbia County Department of Health, Columbia Opportunities, Columbia County Department of Social Services, Catholic Charities of Columbia and Greene Counties, the Columbia County Community Healthcare Consortium, Greater Hudson Promise Neighborhood, food pantries, and others. Many are described in Attachment 3: 2015 Columbia-Greene Interagency Yellow Pages.

The Community Health Assessment (CHA) and Community Health Improvement Plan (2016-2018) Process

The 2016 Capital Region Community Health Needs Assessment (CHNA) was prepared by the Healthy Capital District Initiative (HCDI) for the six counties of the Capital Region. This document (Attachment 2) provides data for Columbia County and its neighborhoods as well as compares Columbia County to the rest of the Capital Region's five other counties. The process for choosing the health priorities in Columbia County began with analyzing demographic and health data of the county from a variety of sources, compiled and presented by HCDI. A summary of the prioritization process is located in Attachment 2 on pages 39-41. A brief overview of the data reviewed by the Columbia County Public Health Leadership Team can be found on pages 25-28 of the Capital Region CHNA (Attachment 2).

The decision makers for the goals and objectives of the 2016-2018 CHA and CHIP are a part of the Columbia County Public Health Leadership Team (of which most members were also active in the MAPP process during 2010-2012 and 2013-2017). Leadership Team members represent a broad range of agencies, including: Columbia County Department of Health, Columbia Memorial Health, Columbia County Department of Human Services, Catholic Charities of Columbia and Greene Counties, Twin County Recovery Services, Inc., Columbia County Community Healthcare Consortium, and community volunteers. The decision making process was inclusive, encouraging and allowing team members to contribute their knowledge and expertise, and also to involve others from their home agency in brainstorming.

The roles of community partners in the CHA and CHIP are outlined in Table 4.

Table 4: Roles of community partners in the Community Health Assessment and Community Health Improvement Plan

| Community Partner | Roles |
|--|--|
| Columbia County Department of Health | Coordinator of Prioritization process; CHIP development and implementation and Public Health Leadership Team |
| Coarc | Participated in prioritization process |
| Columbia Memorial Health | Member, Public Health Leadership Team; coordinator, Community Services Plan; Provide resources to collect process measures for Chronic Disease Prevention implementation; Member, Controlled Substance Awareness Taskforce |
| Catholic Charities of Columbia and Greene Counties | Member, Public Health Leadership Team |

| | |
|---|---|
| Columbia County Community Healthcare Consortium | Member, Public Health Leadership Team; Member, Controlled Substance Awareness Taskforce |
| Columbia County Department of Human Services | Member, Public Health Leadership Team; Coordinator, Controlled Substance Awareness Taskforce |
| Cornell Cooperative Extension of Columbia and Greene Counties | Member, Public Health Leadership Team; Providing staff support for implementation of Chronic Disease Prevention 5-2-1-0 afterschool program, focusing on healthy eating and physical activity |
| Greater Hudson Promise Neighborhood | A grant program that focuses on children's well-being and success in the Hudson City School District from birth through career, this program will be participating in projects under the priority areas Chronic Disease Prevention and Mental Health Promotion and Substance Abuse Prevention |
| Greene County Public Health | Contributed to Public Health Leadership Team meetings and planning |
| Healthy Capital District Initiative | Authored Capital Region CHA; Contributed to planning and development, data analysis, consultation |
| Healthy Communities New York | A grant program that focuses on healthy policies in schools to address physical activity and healthy eating, this program will be participating in the chronic disease/obesity focus area project |
| Hudson City School District | Participating in Substance Abuse Prevention initiatives; may also participate in Chronic Disease Prevention initiatives |
| Hudson Youth Center | An afterschool program that focuses on youth development that will be implementing 5-2-1-0 afterschool programming, Chronic Disease Prevention initiative |
| NYS Department of Health | Contributed to planning, data analysis, consultation, and provided ideas for evidence-based interventions |
| Other Columbia County public school districts | Participating in Substance Abuse Prevention initiatives; may also participate in Chronic Disease Prevention initiatives |
| Twin County Recovery Services, Inc. | Member, Public Health Leadership Team; Member, Controlled Substance Awareness Taskforce |
| Public Health Leadership Team | Conducted assessments, prioritization, and planning |
| Controlled Substance Awareness Taskforce | Conducted research and planning for mental health and substance abuse through workgroups (Prescriber, Prevention/Education) |

Table 5 displays the rationale for choosing the priorities and also some health disparities within the priority areas. Health disparities are differences in the quality of health and health care among different groups of people.

Table 5: Broad health priorities of the CHA and CHIP, rationale for choosing priorities, and health disparities in the priority area

| Broad Health Priority | Rationale for Choosing Health Priorities | | | Examples of Health Disparities within the Priority Area |
|--|--|---|--|---|
| | Community Health Issues | Agencies/Programs Working in the Health Priority Areas | Result of Columbia County Data Analysis | |
| Chronic Disease Prevention | <p><i>Important health problems in the county:</i></p> <ul style="list-style-type: none"> Pediatric and adult obesity Physical activity behavior Healthy eating behavior Cardiovascular disease High blood pressure Stroke Lung cancer Chronic lower respiratory disease, chronic obstructive pulmonary disease Tobacco use Diabetes Preventive health screenings | <p>CCDOH, Columbia Memorial Health, Healthcare Consortium, Cornell Cooperative Extension of Columbia and Greene Counties, Greater Hudson Promise Neighborhood, Healthy Communities NY, WIC, Greene County Public Health, NYSDOH</p> | <p>Identified as a priority in the Prioritization process via review of available data</p> | <p><i>Several Disparities:</i></p> <p>Students of the Hudson City School District have a high percentage of students who are obese and the highest number of students who are overweight or obese (compared to other school districts); Heart disease mortality rate is higher in the Greater Hudson Area and higher for Blacks; Heart disease, COPD hospitalization rates are higher for Blacks; Lung cancer is higher among males; Diabetes hospitalization and complications are higher in Hispanics; COPD/CLRD rates are highest in the Greater Hudson Area</p> |
| Mental Health Promotion and Substance Abuse Prevention | <p>Important health problems in the county:</p> <ul style="list-style-type: none"> Prescription drug abuse Opioid abuse Alcohol use Mental well-being Suicide Access to services | <p>CCDOH, Columbia Memorial Health, Columbia County Department of Human Services, Catholic Charities of Columbia and Greene Counties, Twin County Recovery</p> | <p>Identified as a priority in the Prioritization process via review of available data</p> | <p><i>Several Disparities:</i></p> <p>Hospitalization rate for mental disease is higher for the Greater Hudson Area compared to other areas in the county; Self-inflicted injury rate is higher for the Greater Hudson Area; Mor</p> |

| | | | | |
|--|----------------|---|--|--|
| | Co-morbidities | Services, Inc., Columbia-Greene Suicide Prevention Task Force, Columbia- Greene Controlled Substance Task Force, Greater Hudson Promise Neighborhood, Greene County Public Health, NYSDOH | | males are in treatment for prescription drug abuse compared to females; The has been an increase in opioid related Emergency Department rates |
|--|----------------|---|--|--|

There were some limitations to the assessment. There is a scarcity of reliable, local data on substance abuse; for instance, there is a shortage of local data of prescription drug abuse among those who are not already in treatment for substance abuse. There is also a shortage of national data on teen prescription drug abuse. There is a scarcity of local data on mental health issues.

Part III: Columbia County Community Health Improvement Plan (2016-2018)

The Columbia County health priorities for 2016-2018 are: (1) Chronic Disease Prevention; and (2) Mental Health Promotion and Substance Abuse Prevention. Our CHIP prioritized those areas because they were identified and highlighted as priority areas in the CHA. They are the areas in which the greatest health improvement impacts can be realized relative to the current health status of Columbia County residents. The process for choosing these priorities is described in detail on pages 39-41 of the Community Health Needs Assessment.

I. Chronic Disease Prevention Priority

Broad Overview:

Focus Area 1:

Within the Chronic Disease Prevention priority area of the CHIP, one focus is obesity prevention among children. Obesity, considered a chronic disease, is a significant risk factor for other chronic diseases and conditions, which for youth, means dangerous health risks across the lifespan. This includes high blood pressure, type 2 diabetes, asthma, high cholesterol, stroke, heart disease, certain types of cancer, and osteoarthritis. Overweight and obesity may also contribute to psychological distress, depression, discrimination, and prejudice. Of Columbia County public school district students, 18.7% are obese (New York State: 17.3). Among Columbia County children, overweight and obesity rates vary by school

district. Hudson City School district has the highest percentage of students who are obese (23.1%; Student Weight Status, 2012-2014).

The CHIP activities for obesity prevention focus on physical activity and healthy eating habits because of the important role that these lifestyle factors have on preventing and managing chronic diseases. The primary focus of the CHIP addressing youth obesity prevention will be an after-school-based obesity prevention initiative.

The out-of-school based component will introduce healthy living principles into existing after school programs. Obesity prevention in after school programs will help promote healthy living strategies into practice in a less structured environment. After school programs historically bridge the rigid structure of school with crucial decisions made surrounding physical activity and healthy eating at home.

Actions to decrease the high obesity rates among children were included in the plan because instilling healthy habits in children is prevention at its best. Including children will result in generating maximum impact on health status and can bring about positive health outcomes for generations.

Focus Area 1: Chronic Disease Prevention

An overview of the community health improvement activities follows. **Please refer to Columbia County CHIP work plan for planning, implementation, and evaluation of community health improvement activities for further details regarding goals, objectives, expected outcomes, and evaluation (Attachment 5).**

A. Obesity Prevention- After School Component

Goal: Reduce obesity in children by working with **a)** at least two after school programs in Hudson City School District and **b)** one after school program in a Columbia County School district outside of Hudson to incorporate physical activity and healthy eating principles in the after school programming.

Objectives:

- Reduce prevalence of obesity among public school children by 10% from 18.7% to 16.8% by December 31, 2018.
- By December 31, 2018 implement evidence-based programming- 5*2*1*0 Out- of-School in three existing after school programs. Gain support of after school program staff and parents to support the strategies of 5*2*1*0; Increase amount of overall physical activity in Columbia County youth in after school programs; Increase amount of fruits and vegetables consumed by Columbia County youth in after school programs.
- Reduce prevalence of obesity among students of the Hudson City School district by 10% from 23.1% to 20.8% by December 31, 2018.
- Develop a Chronic Disease Coalition by May 31, 2017.

Proportion/sample of population involved and how the team will have access to them: We will be working with administrators and staff of the after school programs, who will be directly working with the youth we are attempting to reach.

How/if it addresses decreasing disparities: Students of the Hudson City School District have a higher percentage of students who are obese compared to other public school districts in the county. The Hudson area has high rates of poverty, higher rates of hospitalization and emergency department visits for many chronic diseases, and the largest percentage of minority populations.

Collaborating agencies: CCDOH, Hudson City Youth Center, Cornell Cooperative Extension of Columbia and Greene Counties, Columbia Memorial Health, Healthy Communities NY. Specific contributions can be found in the workplan (Attachment 5).

Assets: The Afterschool programs (Hudson City Youth Center, Greater Hudson Promise Neighborhood, Hudson City School District- Bluehawk Nation) are well attended in the Hudson City School District.

CCDOH has a working relationship with administrators at Hudson City School District and many teachers from the physical activity burst implementation that was a project of the 2014-2017 CHIP cycle.

Cornell Cooperative Extension of Columbia and Greene Counties works with afterschool programs, providing lessons on gardening and healthy habits.

Healthy Communities NY is already working in the area of healthy policies and activities (especially regarding physical activity and nutrition) in Hudson City School District.

Columbia Memorial Health will provide “BMI Scales” to provide tracking data for participating youth.

Challenges: Consistency in implementation and modeling healthy habits are essential in the success of this strategy. Implementation is in the hands of the staff of the afterschool programs.

Evaluation and Improvement: See Attachment 5: Work plan.

How we will scale up the operation if successful: Expand program to additional school districts. Expand program into school day.

If available, what lessons have you learned from past experiences addressing this issue: CCDOH implemented physical activity bursts in the classroom in the 2013-2017 CHIP cycle. Program coordinators had a good working relationship with public schools in the county. Redistribution of students in Hudson City School district has created some upheaval- CHIP committee decided out of school youth engagement would be ideal for creating changes in health behaviors.

I. Mental Health Promotion and Substance Abuse Prevention Priority

Overall Focus: Prescription Drug Abuse Prevention

Broad Overview:

Focus Area 1:

Within the Mental Health Promotion and Substance Abuse Prevention priority area of the CHIP, one focus is prescription drug abuse prevention-specifically, opioid overdose reduction- among all residents of Columbia County. It has been identified as a major problem in Columbia County and also a growing problem nationwide. Unlike many health indicators, prescription drug abuse is seen in diverse populations. In 2014, 20% nationwide aged 12 and older reported using prescription drugs for nonmedical purposes (National Institute on Drug Abuse, 2016). Prescription drugs are often easily accessible, and abuse of those drugs can lead to severe health consequences and even death. The community health improvement efforts for prescription and illicit drug abuse prevention will work to increase the awareness of opiate abuse, reduce the supply of opiates in the community and create open communication for seeking treatment. Objectives will include targeting students, parents, and community members. The Columbia-Greene Controlled Substance Awareness Task Force and the work groups associated (Prescriber work group and Prevention/Education work group) are working to rectify this public health crisis. Impending objectives include increasing number of, and access to medication drop boxes in the county so to remove unneeded prescription medications from the community. There will be an education component, promoting awareness in each school district in the county by creating opportunity for naloxone trainings and informational community forums.

Focus Area 1: Prescription Drug Abuse and Illicit Drug Use Prevention Among All Columbia County Residents

Please refer to Columbia County CHIP work plan for planning, implementation, and evaluation of community health improvement activities for further details regarding goals, objectives, expected outcomes, and evaluation (Attachment 5).

Goal: Prevent nonmedical use of prescription and illicit drugs by all residents of Columbia County.

Objective: Reduce number of Opioid-related Emergency Department Admissions from 100 (2014) to 75 by December 31, 2018.

Background: To accomplish the goals set forth for reduction in drug use, CCDOH, the Columbia Memorial Health Pain Management Committee and participating agencies of the Columbia- Greene

Controlled Substance Awareness Taskforce (CSATF) will implement dimensions of Project Lazarus, an evidence-based initiative that assisted a North Carolina county in reducing opioid overdoses by 82%. This model promotes 1) Public Awareness, 2) Coalition Action, and 3) Data and Evaluation via seven dimensions of prevention: 1) Community Education, 2) Prescriber Education, 3) Hospital Emergency Department Policies, 4) Diversion Control, 5) Pain Patient Support, 6) Harm Reduction, and 7) Addiction Treatment. Many of these preventative measures are already being addressed by the CSATF. Our group will be working towards enhancing those initiatives that already exist and put into motion other dimensions of the model where local communities are lacking.

Collaborating agencies and partnerships: Catholic Charities of Columbia and Greene Counties, CCDOH, Greene County Public Health, Columbia-Greene Controlled Substance Task Force Prevention Work Group (The Prevention/Education Work Group is made up of members of Catholic Charities of Columbia and Greene Counties, Columbia and Greene Counties' public health departments, Columbia and Greene Counties' Departments of Human Services, representatives from Columbia Memorial Health, Twin County Recovery Services, Inc., as well as others. This group is made up of committed professionals and individuals who expressed excitement about carrying out the project and ensuring its sustainability). Other community health and human service agencies and professionals will be partners in the efforts to distribute informational materials. Specific contributions can be found in the work plan (Attachment 5).

Proportion/sample of population involved and how the team will have access to them: The project will target all community members in both counties, including parents. There will be a focus on educating at-risk youth between the ages of 12-21 throughout Columbia and Greene Counties. Between 2012-2014, there were a total of 12 opiate-related Emergency Department visits, with 6 occurring in 2014, among ages 12-21 in Columbia County, a rate of 65.0/100,000. We will put emphasis on working with the schools to address these populations. Catholic Charities prevention educators are already working in the school system.

Assets: The Controlled Substance Task Force, along with its work groups and the Columbia Memorial Hospital Pain Management Committee, have been meeting regularly to address controlled substance abuse in the two counties. Catholic Charities prevention educators are already working in the school systems and have a good working relationship with the school system. Many school districts are already working to address promoting awareness.

Challenges: Accuracy of data self-reported data; limited evidence-based practices in the field; Reaching community members at risk of illicit drug and controlled substance use and abuse.

Measurable goals/outcomes: CCDOH and the members of the Controlled Substance Awareness Taskforce will be tracking the following short and long term process measures to determine impact of activities: the number of communities/ school districts hosting forums, the number of participants in these events, the number of Drug Take backs held annually, the number of Medication Drop boxes added, the number of community members trained in Naloxone, Amount of medications collected, the number of Naloxone revivals.

Evaluation and Improvement: See Attachment 5: Work plan.

How we will scale up the operation if successful: Expand prevention work to more organizations and groups. Initially we will work on enhancing dimensions of the Project Lazarus model that are already in effect (i.e. community education, prescriber education, addiction treatment). Scaling up the project will mean working towards incorporating dimensions of the model that are lacking in the community (i.e. Hospital Emergency Department policies, Diversion control, Pain patient support, Harm Reduction).

If available, what lessons have you learned from past experiences addressing this issue: Collaboration is especially crucial in our efforts to address substance abuse.

Engagement

CCDOH staff will maintain rapport with collaborating agencies and community members by conducting regular meetings of the Columbia County Public Health Leadership Team. This meeting will address the status of CHIP Implementation efforts to ensure that lead agencies are getting the support they need from stakeholders while allowing for adjustments to be made as necessary.

Each priority will have a regularly meeting taskforce. Substance Abuse prevention is discussed at the quarterly Controlled Substance Awareness Taskforce and monthly subcommittees (Prevention/Education, Pain Management). Development of Chronic Disease Taskforce will be an initiative of this CHIP.

Dissemination

The executive summary of this document will be posted to the CCDOH website: <https://sites.google.com/a/columbiacountyny.com/health/>. The full document will be sent to all members of the Columbia County Public Health Leadership Team, all CCDOH staff, the CCDOH Board of Health, members of the Columbia-Greene Controlled Substance Awareness Taskforce, the Chairman of the Columbia County Board of Supervisors, Directors of Columbia County partner agencies, Administrators of the School Districts of Columbia County, and community libraries in Columbia County.

References

National Institute on Drug Abuse. (2016, August). Misuse of Prescription Drugs. Retrieved from

<https://www.drugabuse.gov/publications/misuse-prescription-drugs/summary>.