

# **Columbia Memorial Hospital Community Health Assessment Community Service Plan/ Implementation Strategy 2016-2018**

1. **Counties Served:**

Columbia County  
Greene County

2. **Contact Information:**

Columbia Memorial Hospital: Mary Daggett, BS, RN  
Director Community Health Services and Grants  
71 Prospect Ave  
Hudson, New York 12534  
518-828-8013  
[mdaggett@cmh-net.org](mailto:mdaggett@cmh-net.org)



**Page left blank**

## **Table of Contents:**

<b>Executive Summary .....</b>	<b>Page 4</b>
<b>Report .....</b>	<b>Page 9</b>
<b>1. About Columbia Memorial</b>	
• <b>Mission Statement</b>	
• <b>Description of Community and Services Provided</b>	
<b>2. Summary of Health.....</b>	<b>Page 12</b>
<b>3. Identification of Priorities .....</b>	<b>Page 17</b>
<b>4. Prevention Agenda Priorities and Health Disparity.....</b>	<b>Page 20</b>
• <b>Implementation: Work Plan Charts.....</b>	<b>Page 25-28</b>
<b>5. Process to Maintain Partner Engagement.....</b>	<b>Page 29</b>
<b>6. Dissemination Plan.....</b>	<b>Page 29</b>
• <b>Appendix.....</b>	<b>Page 30-31</b>



# Columbia Memorial Health



## **Executive Summary:**

### **1. Prevention Agenda Priorities 2016-2018:**

Columbia Memorial Hospital (CMH) in collaboration with local Health Departments and multiple community agencies assumes the responsibility of an ongoing needs assessment for the New York State Counties of Columbia and Greene. CMH's Community Service Plan supports and complements the Community Health Needs Assessment/ Community Health Improvement activities of Columbia and Greene Public Health Departments during 2016-2018. The Community Health Needs Assessment was developed in collaboration with local Departments of Health in Columbia and Greene Counties, local agencies and the Healthy Capital District Initiative (HCDI) which provides guidance on planning issues for six counties in the Capital Region. Included in the six counties are Saratoga, Schenectady, Albany, Rensselaer, Columbia and Greene. This report focuses on Columbia and Greene Counties; however, the Community Health Assessment information includes all counties in the Capital region.

### **Prevention Agenda Priorities:**

- **Priority Area:** Prevent Chronic Disease
  - **Focus Area:** Reduce Obesity in Children and Adults
  - **Disparity:** Women Infants and Children (WIC) population
- **Priority Area:** Promote Mental Health and Prevent Substance Abuse
  - **Focus Area:** Prevent Substance Abuse and Other Mental Emotional Behavioral Disorders with a focus on Opioid Abuse
- **Priority Area:** Promote Healthy Women Infants and Children (CMH Addition)
  - **Focus Area:** Child Health with a focus on School-based Dental Health Services

The priority areas selected and the corresponding work plans have been designed to impact the community through the initiatives outlines in this report. The plan will illustrate community collaboration and partnerships that promote policy changes and opportunities for our at-risk populations to participate.

### **2. What has changed:**

In our last Community Service Plan the hospital identified the needs in the Communities of Columbia and Greene and developed an extensive infrastructure to support those needs. Some of the initiatives included:

Expanding capacity for Mental Health crisis in the Emergency Department; expanding capacity in the Psychiatric Department (inpatient and outpatient); expanded primary care capacity; recruited new Primary Care and Specialty Physicians (Copake, Valatie, Coxsackie and Catskill); improved access to Oral Health Services (Mobile Dental Health Services Program); active participation in the planning, coordination and implementation of the Delivery System Reform Incentive Payment Program (DSRIP); improved infrastructure for Primary Care Capacity in Greene County; advanced integration of services across settings; embarked on a plan to affiliate with Albany Medical Center; expanded Rapid Care capacity in Copake with walk in service capacity; recruited an Addiction Specialist in our out-patient services (CMH Addiction Service, located in Hudson) and increased membership in local coalitions.

We have chosen the same priority areas that we selected in 2013 because we have identified that these topics continue to be issues in Columbia and Greene Counties. Our focus has shifted from the “Promote Mental Health and Prevent Substance Abuse” priority area for Mental Health to Opioid Abuse because it has been identified as a growing problem in the counties we serve. We have also added the priority area “Promote Healthy Women, Infants and Children” with a focus on school-based dental health services because we have identified that there is a barrier of insurances accepted by the dentists in Columbia and Greene Counties and both counties are designated Dental Health Professional Shortage Areas (HPSA).

**Affiliations:**

In 2016, CMH and Albany Medical Center completed all regulatory requirements necessary to move forward with an affiliation with Albany Medical Center. The agreement is intended to yield improved access to primary and specialty care in a more seamless experience for patients.

**3.Data review:**

In collaboration with over thirty agencies, businesses and community leaders, CMH reviewed data to assess the needs of the communities we serve. The Columbia-Greene Public Health Priority Workgroup was led by Greene County Public Health, Columbia County Department of Health, and Columbia Memorial Hospital. Columbia and Greene counties share similar demographic characteristics and health metrics. For this reason the counties elected to align efforts around mutually-selected priority areas. The

Prioritization Workgroup was the end product of the collaborative decision. Three meetings were held during the prioritization process on: February 12<sup>th</sup>, March 2<sup>nd</sup>, and March 16<sup>th</sup>. During these meetings, HCDCI presented health indicators related to the five Prevention Agenda Priority Areas and then facilitated discussions. The Power Point data presentations used during these meetings were made available to the Workgroup members, and the general public on the HCDCI website ([www.hcdiny.org](http://www.hcdiny.org)). Data analysis was based on the CHNA (see attached) and the DSRIP Community Needs Assessment located at [https://www.health.ny.gov/health\\_care/medicaid/redesign/docs/community\\_needs\\_assessment\\_guidance.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/docs/community_needs_assessment_guidance.pdf) , and the Capital Region Community Health Survey Results (pages 298-325 in CHNA). The type of data that was reviewed in the above documents included the sociodemographic, mortality, hospitalizations, ED visits and Expanded Behavioral Risk Factor Surveillance Survey (EBRFSS), County Health Rankings and NYSDOH data.

#### **4. Partners roles in the assessment and implementation processes:**

Over thirty community agencies representing Columbia and Greene Counties were involved in the Community Health Assessment process. All partners contribute to the assessment and implementation process through participation in surveys and county work groups. Partner agencies contribute staff time, computer support, operating facilities and resources to the workgroups. The agencies are committed to the assessment of community needs, identification of evidence based programs to meet the needs, and the evaluation of the progress of those programs. The Greene County Mobilizing for Action through Planning and Partnerships (MAPP) community group and the Columbia County Public Health Leadership Group, which Columbia Memorial participates in, will support the development of a joint-county task force for each Priority Area. Community health partners who work in each respective priority area will comprise each Priority Area-focused task force. Each task force will meet on a monthly basis, and community partners responsible for priority area actions will provide updates on ongoing

and projected activities and interventions. The task force teams will be responsible for alignment and guidance of all countywide activities related to each Priority Area.

## **5. Community Engagement:**

The broad community is engaged in our plan through CMH participation in the Capital Region Health Survey, which is located on page 298 in the CHNA and through participation in local coalitions which are listed below. Approximately 400 residents from both Columbia and Greene Counties were surveyed. Results from the survey showed that almost one third (32%) of the participants expressed that reducing obesity in both teens and adults was the most important health-related issue to address in their community. Improving both substance abuse treatment and awareness programs was considered most important by 29% of the participants, followed by improving both preventive care and management for chronic diseases (23%) and reducing tobacco use (14%).

### **Coalition -Lead Agency:**

- Columbia Greene Breastfeeding Coalition- Columbia Memorial Health
- Lyme Disease Task Force- Columbia County Department of Health
- Suicide Prevention Task Force- Columbia and Greene County Mental Health
- Mobilizing for Action through Planning Partnerships- Greene County Public Health
- Columbia County Public Health Leadership- Columbia County Department of Health
- Community Service Boards- Columbia and Greene County Mental Health
- Columbia-Greene Controlled Substance Awareness Taskforce-Columbia and Greene Mental Health
- Delivery System Reform Improvement Payment Project Teams (DSRIP- AMC)

## **6. Evidence –based interventions/ strategies/ activities:**

As noted in the Community Health Assessment (page 59), Greene County is listed as having one of the highest obesity rates in the Capital Region. The Evidence-based interventions and strategies have been selected for the priority areas listed on the NYS Prevention Agenda which is located on the Department of Health website [http://www.health.ny.gov/prevention/prevention\\_agenda/2013-2017/](http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/) .

### **Priority Area 1: Prevent Chronic Disease supporting programs/ processes**

- Participation with the “8 Steps to Becoming a Breastfeeding Friendly Hospital” initiative
- Support for the Columbia County Department of Health with implementing the 5-2-1-0 program.



- Support for the Greene County Public Health Department plan to develop and implement a Community Weight Loss Contest and Maintenance Program which is a multi-level intervention in the community that encourages physical activity and improved nutrition for Greene County residents.

**Priority Area 2: Promote Mental Health and Prevent Substance Abuse**

- CMH in collaboration with team members is implementing the components of Project Lazarus into the Columbia-Greene Controlled Substance Awareness Taskforce. This is a public health model that asserts that drug overdose deaths are preventable and communities are ultimately responsible for their own health. The evidence based model includes: utilization of data and experience to empower communities and individuals to prevent medication and drug overdoses, present responsible pain management and promote substance abuse treatment and support services. Agencies and CMH providers are active participants in the project model and implementation process.

**Priority Area 3: Promote Healthy Infants, Women and Children**

- CMH will continue to implement the Columbia Memorial Mobile Dental Health Program and CMH School Based Dental Program. The program ensures second and third grade students are provided with dental sealants and dental services and oral health education is available for students in participating School Districts located throughout Columbia and Greene Counties.

**7. How are progress and improvement being tracked to evaluate impact?**

Progress and improvement will be tracked through the MAPP committee meetings at Greene County and Columbia County Public Health Leadership committee meetings which continue to meet bi-monthly and actively work on the Columbia and Greene CHIPs/CSP goals. The type of information collected will include:

- Number of individuals participating in programs
- Number of programs being held related to priority areas of concern
- Poundage collected in drop-boxes (Medication collection boxes)
- Monitoring for increases in women breastfeeding (WIC population)
- Tracking increases in the number of trainings (breastfeeding support)

## **Report:**

### **About Columbia Memorial Hospital/ Columbia Memorial Health:**

Columbia Memorial Hospital (AKA Columbia Memorial Health) is 501 (c) (3) non-profit organization, advanced multi-specialty healthcare system serving more than 100,000 residents in Columbia, Greene and Dutchess Counties at 40 Care Centers, including 17 Primary Care and 23 Specialty Care Centers, located throughout the region. In addition, CMH's inpatient hospital, located in downtown Hudson, has served our region since 1893.

### **Mission**

**The mission of Columbia Memorial Health is to provide our communities with safe, high-quality, comprehensive healthcare services in a dignified and compassionate environment.**

## **1. Description of Community**

### **Columbia County:**

Columbia Memorial Health is the primary hospital servicing both Columbia and Greene Counties. Columbia County has a population of 62,674 and is the most rural county in the Capital Region (98.5 pop/ sq. mile). Columbia has the highest median age of 46.0 years. 15.7% of the population is 14 years or younger, while 18.9% are 65+ years of age. Chatham has the largest population 14 years of age or younger in Columbia County at 16.8%. Chatham also has the 2<sup>nd</sup> lowest non-White population (9.4%) and 2<sup>nd</sup> lowest Hispanic population (4.0%). Hudson has the largest neighborhood non-White population at 18.7% and the largest Hispanic population at 7.4%. Columbia County has the 2<sup>nd</sup> lowest poverty rate in the Capital Region at 9.8%, however the Median Household Income of \$57,336 was below that of the Capital Region. Columbia County also has the 2<sup>nd</sup> highest percentage of population 25+ years with less than a

high school education in the Capital Region. Hudson has the highest percentage in the county of the population 25+ years with less than a high school education at a rate of 20.8%.

**Greene County:**

Greene County has a population of 48,928 and was the most rural county in the Capital Region (75.2 pop/ sq. mile). The county's population has the 2<sup>nd</sup> highest median age at 44.5 years and the lowest percentage of population 0-14 years of age (14.8%) while 18.3% were 65+years of age. Catskill neighborhoods have the largest population 0-14 years of age at 18.0%. It was also noted that the area has the 3<sup>rd</sup> smallest non-White population at 9.9% in the Capital Region, but the 2<sup>nd</sup> largest Hispanic population at 5.1%. Coxsackie/Athens had the largest non-White population at 17.6% as well as the largest Hispanic population at 8.6%. Greene County has the lowest Median Household Income at \$49,655, as well the largest population below poverty in the Capital Region at 15.1%. Cairo/Durham had the highest neighborhood poverty rate at 22.0%. Greene has the largest population 25+ years of age with less than a high school education at 13.6% and Coxsackie/Athens had the largest population of 25+ years with less than a high school education at 18.3%.

**Figure 1: Selected Sociodemographic Indicators for Columbia and Greene Counties**

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

Selected Sociodemographic Indicators, Columbia County, Capital Region, and New York State, ACS 2009-2013					Selected Sociodemographic Indicators, Greene County, Capital Region, and New York State, ACS 2009-2013				
	Columbia County		Capital Region	NYS		Greene County		Capital Region	NYS
	#	%	%	%		#	%	%	%
Population	62,674				Population	48,928			
% <5 years of age	2,859	4.6	5.3	6.0	% <5 years of age	2,236	4.6	5.3	6.0
% 5-14 years of age	6,927	11.1	11.7	12.1	% 5-14 years of age	5,008	10.2	11.7	12.1
% 15-19 years of age	4,089	6.5	7.2	6.8	% 15-19 years of age	3,335	6.8	7.2	6.8
% 65-74 years of age	6,489	10.4	7.8	7.3	% 65-74 years of age	5,067	10.4	7.8	7.3
% 75+ years of age	5,326	8.5	7.0	6.5	% 75+ years of age	3,855	7.9	7.0	6.5
Median Age		46.0	40.2	38.1	Median Age		44.5	40.2	38.1
% Non-white	5,914	9.4	14.9	34.4	% Non-white	4,854	9.9	14.9	34.4
% Hispanic	2,515	4.0	4.4	17.9	% Hispanic	2,479	5.1	4.4	17.9
% <100% FPL	5,911	9.8	11.3	15.3	% <100% FPL	6,881	15.1	11.3	15.3
% < 18 yrs. < 100% FPL	1,496	12.7	15.5	21.7	% < 18 yrs. < 100% FPL	1,843	21.1	15.5	21.7
Median Household Income		\$57,336	\$60,722	\$58,003	Median Household Income		\$49,665	\$60,722	\$58,003
% speak English "< very well"	1,016	1.7	2.9	13.4	% speak English "< very well"	1,228	2.6	2.9	13.4
% 25+ yrs. < HS education	5,807	12.8	8.8	14.8	% 25+ yrs. < HS education	4,766	13.6	8.8	14.8
% with Disability	8,699	14.3	11.8	10.9	% with Disability	6,694	14.6	11.8	10.9

Columbia Memorial Health’s network of Care Centers is anchored by the Hospital Campus in Hudson and the Greene Medical Arts building in Catskill, and also features offices in Columbia, Greene and Dutchess Counties. Services are located in the towns of Cairo, Catskill Copake, Coxsackie, Ghent, Hudson, Red Hook, Valatie and Windham, New York. Listed below are the services provided by Columbia Memorial Health.

- **Cairo**  
Cairo Family Care
- **Catskill**  
Bone and Joint Center  
Cardiology Endocrinology Gastroenterology  
Lab Blood Draw Services  
Medical Imaging  
Nephrology  
Pediatrics  
Physical Therapy  
Primary Care (Three Practices)  
Women’s Health Center
- **Chatham**  
Chatham Family Care
- **Copake**  
Callan Family Care  
Copake Rapid Care
- **Coxsackie**  
Coxsackie Medical Care
- **Ghent**  
Sleep Lab

• **Hudson**

Addiction Services  
Bone and Joint Center  
Breast Care  
Cardiology  
Emergency Department & Fast Care  
Endocrinology  
Family Birth Place  
Gastroenterology  
Hospital Care & General  
Surgery  
Lab Blood Draw Services  
Medical Imaging  
Nephrology  
Orthopedic Surgery  
Pain Management  
Pediatrics  
Primary Care (Two Offices)  
Physical Therapy  
Pulmonology  
Rheumatology  
Sleep Medicine  
Spine Institute  
Urology  
Vein Care

• **Red Hook (Dutchess County)**

Broadway Family Care

• **Valatie**

Cardiology  
Lab Blood Draw Services  
Medical Imaging  
Primary Care (Three Practices)  
Rapid Care

• **Windham**

Windham Medical Care

## 2. Summary of Health:

The Community Health Needs Assessment was developed by the Healthy Capital District Initiative (HCDI) which can be accessed on our website [columbiamemorialhealth.org](http://columbiamemorialhealth.org). The CHNA identified significant leading health issues in the Capital Region. The following are the leading health issues in Columbia and Greene Counties:

### *Chronic Disease:*

- Columbia's adult current asthma prevalence (16.9%), was higher than the Rest of State (10.5%)
- Hudson neighborhood had 1.7 times the asthma ED visit rate and 1.2 times the asthma hospitalization rate as the Rest of State.
- Columbia's adult smoking rate of 23.5% was higher than Rest of State at 18.0%

- The County's lung cancer incidence (76.9/100,000) lung cancer mortality (59.6/100,000), CLRD hospitalization rate (29.8/10,000) and CLRD mortality (47.7/100,000) rates were higher than Rest of State (68.6, 46.1, 28.6, and 36.8);
- Hudson had 1.6 times the CLRD ED visit rate and 1.6 times the CLRD hospitalization rate compared to Rest of State;
- Columbia's coronary heart disease mortality rate (147.1/100,000) was significantly higher than Rest of State (131.6), but showed a decreasing trend over the last decade;
- Columbia's colorectal screening rate of 59.3% was lower than Rest of State (70.0%), while the county's colorectal cancer incidence rate (51.8/100,000) and mortality rate (19.3/100,000) were both higher than Rest of State (41.2 and 13.9);
- Columbia's mammography screening rates were lower than Rest of State for women 40 years of age and older (68.0% vs 77.8%) with a decrease in the rate from 2008-09 to 2013-14;
- The County's childhood obesity rate of 18.7% was higher than Rest of State (17.3%).
- Greene's adult smoking rate of 24.5% was higher than Rest of State (18.0%);
- The County's lung cancer incidence (76.7/100,000), lung cancer mortality (60.7/100,000), and CLRD mortality (41.5/100,000) rates were higher than Rest of State (68.6, 46.1, and 36.8);
- Catskill neighborhood had 1.5 times the CLRD hospitalization rate compared to Rest of State;
- Greene's adult diabetes prevalence rate of 10.2% was higher than Rest of State (8.2%);
- Greene's heart attack hospitalization rate (16.2/10,000) was higher than Rest of State (15.2), but showed a decreasing trend over the last decade;
- The County's coronary heart disease mortality rate of 134.8/100,000 was higher than the Rest of State (131.6), but also showed a decreasing trend over the last decade;
- Greene's stroke mortality rate of 23.4/100,000 was higher than Rest of State (21.4);
- Cairo/Durham neighborhood had a stroke hospitalization rate 1.5 times greater than Rest of State;
- Greene's colorectal screening rate of 67.8% was lower than Rest of State (70.0%), while the county's colorectal cancer incidence rate (46.2/100,000) and mortality rate (16.7/100,000) were both higher than Rest of State (41.2 and 13.9);
- Greene's mammography screening rates were lower than Rest of State for women 40 years of age and older (67.6% vs 77.8%) with a decrease in the rate from 2008-09 to 2013-14;
- The County's female breast cancer incidence (137.5/100,000), late stage incidence (47.9/10,000) and mortality (28.7/100,000) rates were all higher than Rest of State (133.2, 42.7, and 20.9).
- Greene's adult obesity rate of 31.4% and childhood obesity rate of 20.8% were both higher than Rest of State (27.0%, and 17.3%).
- About 30.2% of Greene residents did not practice leisure time physical activity, a rate higher than Rest of State (26.2%).

## **Healthy and Safe Environment:**

- Columbia's incidence rate of elevated blood lead levels (10+ug/dl) in children under 6 years of age of 15.4/1,000 was significantly higher than Rest of State (8.8) and increased 225% from 2009 to 2013;
- The County's lead screening rates for children 9-17 months (50.3%) and 2 screens by 36 months (32.9%) were lower than Rest of State (53.5% and 42.1%), both screening rates showed decreases from the 2006 to 2010 birth cohorts;
- Columbia's pediatric (1-4 years) falls emergency department visit rate of 496.1/10,000 was significantly higher than Rest of State (462.1), but decreased 11% from 2009 - 2013;
- Hudson neighborhood had 1.7 times the pediatric falls ED visit rate compared to Rest of State;
- Columbia's work-related hospitalization rate for employed persons 16+ years of 197.7/100,000 was higher than the Rest of State (191.1/100,00), but was a 45% decrease from 2009 to 2013 ;
- The County's incidence rate of occupational elevated blood lead levels (10+ug/dl) for employed persons 16+ years of 55.5/100,000 was significantly higher than Rest of State (22.9);
- Columbia's rate of occupational injury ED visits in 15-19 year olds of 62.2/100,000 was higher than the Rest of State rate of 35.0/100,000.
- Greene's incidence rate of elevated blood lead levels (10+ug/dl) in children under 6 years of age of 12.6/1,000 was significantly higher than Rest of State (8.8) and increased 80% from 2009 to 2013;
- The County's lead screening rates for children 9-17 months (27.5%) and 2 screens by 36 months (27.3%) were much lower than Rest of State (53.5% and 42.1%), both screening rates showed decreases from the 2006 to 2010 birth cohorts;
- Greene's work-related hospitalization rate for employed persons 16+ years of 197.7/100,000 was higher than the Rest of State rate of 191.1/100,000, but was a 34% decrease from 2009 to 2013;
- The County's incidence rate of occupational elevated blood lead levels (10+ug/dl) for employed persons 16+ years of 38.6/100,000 was significantly higher than Rest of State (22.9).

## **Healthy Women, Infants and Children:**

- Hudson neighborhood's teen pregnancy (15-19 years) was 1.6 times higher than Rest of State;
- Columbia's early prenatal care rate of 70.5% was significantly lower than Rest of State (76.0%);
- The County's rate of late or no prenatal care (5.4%) was significantly higher than Rest of State (4.1%);

- Columbia's rate of adequate prenatal care of 63.6% was significantly lower than Rest of State (67.5%);
- Hudson neighborhood's rate of late or no prenatal care was 1.5 times higher than Rest of State;
- Cairo/Durham neighborhood's teen pregnancy (15-19 years) was 1.9 times higher than Rest of State;
- Greene's early prenatal care rate of 69.4% was significantly lower than Rest of State (76.0%);
- The County's rate of late or no prenatal care (5.8%) was significantly higher than Rest of State (4.1%);
- Greene's rate of adequate prenatal care of 65.4% was significantly lower than Rest of State (67.5%);
- Windom/Ashland/Jewett neighborhood's rate of late or no prenatal care was 2.5 times higher than Rest of State;
- Greene's rate of premature births (< 37 weeks gest.) of 11.9% was significantly higher than Rest of State (10.9%), but decreased 30% from 2009 to 2013;
- The County's rate of low birthweight (< 2.5 kg.) of 7.7% was slightly higher than Rest of State (7.6%), but decreased 38% from 2009 to 2013.

#### **Infectious Disease:**

- While Columbia's chlamydia case rate for women 15-44 years of 944.8/100,000 was lower than Rest of State (1220.3), the rate showed a 37% increase from 2009 to 2013;
- Columbia's HIV case rate of 8.8/100,000 was higher than Rest of State (7.9);
- Columbia's Lyme disease case rate of 533.9/100,000 was significantly higher than Rest of State (60.9), and the 2nd highest rate of all NYS counties.

#### **Greene County:**

- While Greene's chlamydia case rate for women 15-44 years of 1073.2/100,000 was lower than Rest of State (1220.3), the rate showed a 57% increase from 2009 to 2013;
- Greene's Lyme disease case rate of 574.3/100,000 was significantly higher than Rest of State (60.9), and was the highest rate of all NYS counties.

#### **Mental Health and Substance Abuse:**

- The National Survey of Drug Use and Health estimated 20% of Columbia residents with a mental illness and 4% with a serious mental illness;
- Columbia's mental disease and disorder ED visit rate (130.0/10,000), was higher than Rest of State (127.7), and showed a 25% increase from 2009 to 2014;



- Hudson had 1.5 times the mental disease and disorder ED visit rate and 1.6 times the hospitalization rate than Rest of State;
- Columbia's suicide mortality rate of 10.8/100,000 was higher than Rest of State (9.6);
- The self-inflicted injury ED visit rate for Columbia residents 15+ years of age of 13.9/10,000 was higher than Rest of State (8.5);
- Hudson neighborhood had 2.5 times the self-inflicted injury ED visit rates than Rest of State;
- The National Survey of Drug Use and Health estimated 2% of Columbia residents with drug dependence/abuse, and 2% needing, but not receiving, drug treatment;
- Columbia residents had higher substance abuse (any diagnosis) hospitalization rates (184.2/10,000) than Rest of State (175.0), Columbia's rate increased 13% from 2009 to 2013;
- Columbia residents had a lower substance abuse mortality rate (5.0/100,000) than Rest of State (9.3), but the rate increased 355% from 2008-10 to 2011-13;
- Columbia had an opiate-poisoning related ED visit (any diagnosis) rate of 12.6/10,000 that was lower than Rest of State (15.2), but showed an 80% increase from 2008-10 to 2011-13;
- Columbia's opiate-poisoning related hospitalization (any diagnosis) rate of 32.2/10,000 was higher than Rest of State (25.7);
- Hudson neighborhood had 1.6 times the substance abuse (any diagnosis) hospitalization rate than Rest of State;
- Germantown neighborhood had 2.2 times the opiate-related ED visit rate and 2.5 times the opiate-related hospitalization rate than Rest of State;
- The National Survey of Drug Use and Health estimated 6% of Columbia residents with alcohol dependence/abuse, and 6% needing, but not receiving, alcohol treatment;
- Columbia's adult binge drinking rate of 20.1% was higher than Rest of State (17.4%);
- Columbia's alcohol-related motor vehicle injury and death rate of 48.6/100,000 was higher than the Rest of State rate of 44.3/100,000;
- The County's cirrhosis mortality rate (9.6/100,000) was higher than Rest of State (7.2).

### **Greene County:**

- The National Survey of Drug Use and Health estimated 20% of Greene residents with a mental illness and 4% with a serious mental illness;
- About 17.8% of adult Greene residents indicated that they had 14+ poor mental health days in the past month, higher than Rest of State (11.8%), and an 80% increase from 2008-09 (10.0%);
- Although Greene's mental disease and disorder ED visit rate (123.4/10,000), was lower than Rest of State (127.7), it showed a 50% increase from 2009 to 2014;
- The County's mental disease and disorder hospitalization rate of 58.9/10,000 was higher than Rest of State (55.8), and showed a 35% increase from 2009 to 2014;
- Cairo/Durham had 1.3 times the mental disease and disorder ED visit rate and 2 times the hospitalization rate than Rest of State;

- The self-inflicted injury ED visit rate for Greene residents 15+ years of age of 11.8/10,000 was higher than Rest of State (8.5);
- Cairo/Durham had 2.2 times the self-inflicted injury ED visit rates than Rest of State;
- The National Survey of Drug Use and Health estimated 3% of Greene residents with drug dependence/abuse, and 2% needing, but not receiving, drug treatment;
- Greene residents had higher substance abuse (any diagnosis) hospitalization rates (216.8/10,000) than Rest of State (175.0), Greene's rate increased 30% from 2009 to 2013;
- Greene residents had a lower substance abuse mortality rate (59/100,000) than Rest of State (9.3), but the rate increased 225% from 2008-10 to 2011-13;
- Greene had an opiate-poisoning related ED visit (any diagnosis) rate of 15.8/10,000, that was higher than the Rest of State (15.2), and showed a 55% increase from 2008-10 to 2011-13;
- Greene had an opiate-poisoning related hospitalization (any diagnosis) rate of 37.9/10,000, that was higher than the Rest of State (25.7);
- Cairo/Durham neighborhood had 1.8 times the substance abuse (any diagnosis) hospitalization rate than Rest of State;
- Hunter/Tannersville neighborhood had 1.9 times the opiate-related ED visit rate, while Cairo/Durham had 2.1 times the opiate-related hospitalization rate than Rest of State;
- The National Survey of Drug Use and Health estimated 6% of Greene residents with alcohol dependence/abuse, and 6% needing, but not receiving, alcohol treatment;
- Greene's adult binge drinking rate of 25.3% was higher than Rest of State (17.4%);
- Greene's alcohol-related motor vehicle injury and death rate of 58.9/100,000 was significantly higher than the Rest of State rate of 44.3/100,000;
- The County's cirrhosis mortality rates of 8.2/100,000 were higher than Rest of State (7.2).

### **3. Identification of Priorities:**

Columbia Memorial Health was involved in a two county (Columbia and Greene) wide process to identify the priorities of the county CHIPs/CSP. The Columbia-Greene Public Health Priority Workgroup was led by Greene County Public Health, Columbia County Department of Health, and Columbia Memorial Hospital. Columbia and Greene counties share similar demographic characteristics and health metrics. For this reason the counties elected to align efforts around mutually-selected priority areas. The Prioritization Workgroup was the product of the collaborative decision. Three meetings were held during the prioritization process on: February 12<sup>th</sup>, March 2<sup>nd</sup>, and March 16<sup>th</sup>. During these meetings, HCDI presented health indicators related to the five Prevention Agenda Priority Areas and then facilitated discussions.

In the Columbia and Greene County Prioritization Meetings, many of the participating community members offered feedback, and expressed concern around the topic of substance abuse (primarily opiate abuse). Community members shared that the increased prevalence identified in the data presentation was visible in substance abuse programs in the community, and that prescription opiate abuse and heroin use was the pressing concern of the county. Community participants from the Twin County Recovery Center highlighted the comorbid issues that are intertwined with opiate abuse (e.g. increase in difficulties around housing, employment, and psychosocial wellbeing; added stress on interfamily and intercommunity dynamics; decrease in school performance of the children of opiate abusers, etc.). DOH representatives shared that although the prevalence rate (actual number of active cases) of opiate abuse does not represent a large number of lives, the incidence rate (new cases over a set period of time) was increasing at a “staggering rate.” Community members expressed their desire to address the problem proactively (preventing new cases) instead of intervening reactively (addressing those who already have a problem).

Obesity was also identified as a major concern of the community members. Meeting participants expressed shock at the prevalence of obesity among their population, specifically the overweight and obese rate of the counties’ youth. Meeting participants agreed on the need to increase leisure time activity but acknowledged this would be a difficult objective given the county’s rural nature, and the need to drive for many everyday tasks. Cornell Cooperative Extension (CCE) participants shared that they used to have a program that focused on improving nutritional decision-making via education but that the program had lost its funding. Meeting participants who focus on obesity in the county identified Hudson City as a high-need area for obesity programming. Participants were also interested in learning about the density of fast food establishments in the county.

Columbia and Greene Counties selected the following Prevention Agenda Priority Areas:

**I. Priority Area: Chronic Disease**

**a. Focus Area: Reduce Obesity in Children and Adults**

**II. Priority Area: Promote Mental Health and Prevent Substance Abuse**

**a. Focus Area: Prevent Substance Abuse and other mental Emotional Behavioral Disorders**

In addition CMH is choosing Healthy Women, Infants and Children as a third priority area with Child Health with a focus on School-based Dental Health Services as the focus area.

**III. Priority Area: Promote Healthy Women Infants and Children (CMH Addition)**

**a. Focus Area: Child Health with a focus on School-based Dental Health Services**

The Greene County Mobilizing for Action through Planning and Partnerships (MAPP) community group and the Columbia County Public Health Leadership group will support the development of a joint-county task force for each Priority Area. Community health partners who

work in each respective priority area will comprise each Priority Area-focused task force. Each task force will meet on a monthly basis and community partners responsible for priority area actions will provide updates on ongoing and projected activities and interventions. The task force teams will be responsible for alignment and guidance of all countywide activities related to each Priority Area. (See Appendix for list of collaborative partners)

Community partners collaborate with stated priority areas by providing expertise, time, facilities, computer support, and resources. All partners foster the belief that health care is a communitywide activity and is the responsibility of all constituents. Partners from Columbia County Department of Health, Greene County Public Health, Columbia Memorial Health, Greene County Mental Health, and Columbia County Department of Human Services work to guide the assessment process. These community leaders review findings and develop opportunities for improvement. More specifically the teams:

- stimulates interest and cooperation in the project among professional colleagues
- publicizes the project throughout the community
- identify the issues that the assessment model must address
- develops principles and performance guidelines for assessing the quality of communitywide health care delivery
- develops performance indicators for measuring outcomes of communitywide health care delivery
- develops ways to track and sort through community health care information
- develops and disseminates recommendations for improvement

Most recently, agency staff and providers are actively engaged in many of the Delivery System Reform Incentive Payment (DSRIP) projects. These projects under the leadership of Albany Medical Center were developed with the purpose formulating a multi-year action plan that would improve patient outcomes and lower costs. The DSRIP team members are actively working to provide incentives for Medicaid providers to create and sustain an integrated, high performing health care system that can effectively and efficiently meet the needs of Medicaid beneficiaries and low income uninsured individuals in their local communities by improving care, improving health and reducing costs. Many of the project implementation plans are parallel to the Columbia Greene priority areas of focus. These projects are based on the principles of patient- centered, transparent, collaborative, and accountable and value driven care delivery. Projects include the topics of Cardiovascular Disease Management, Asthma Management, Tobacco Cessation, Chronic Disease Preventive Care, Cancer, Integrated Delivery System, ED Triage, and Health Home at Risk Intervention Program, Behavioral Health Community Crisis Stabilization and Patient Activation Measures. CMH is an active partner in these projects. Hospital staff including the providers and community partners meets regularly to implement this plan.

#### **4. Prevention Agenda Priorities Goals and Objectives:**

CMH and the local community partners have identified goals and objectives to address the prevention agenda priorities (See Charts Below).

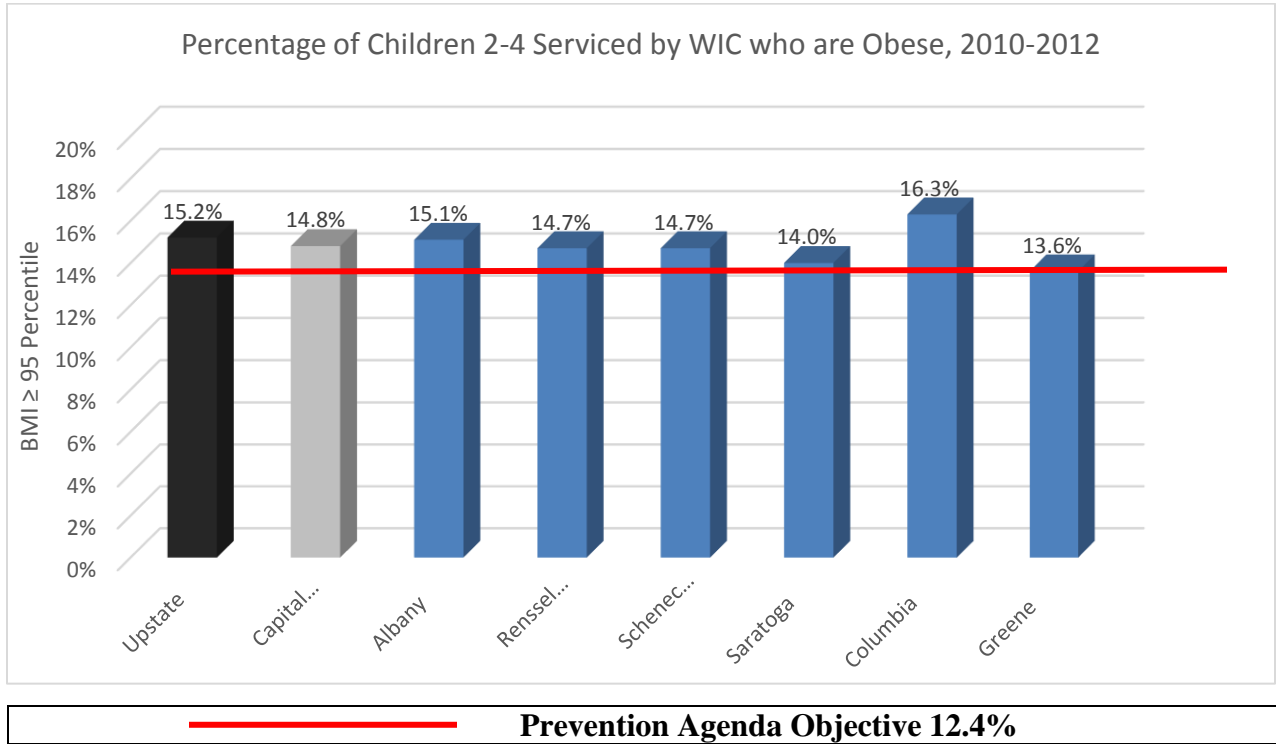
##### **Priority 1-Chronic Disease:**

CMH in collaboration with local partners formed the Columbia Greene Breastfeeding Coalition in 2003 to establish a breastfeeding- friendly care continuum. Data from 2011-2013 showed that the rate of breastfeeding in Columbia County was 72.6% and was in the 4<sup>th</sup> risk quartile compared to all NYS counties. Greene County was 73.1% and in the 3<sup>rd</sup> risk quartile. The Rest of the State was 77.9%. For exclusive breastfeeding, Columbia County was 52.1% and in the 3<sup>rd</sup> risk quartile and Greene County was 50.7% and in the 4<sup>th</sup> risk quartile. NYS was 48.2%. The approach, which begins at pregnancy through the postpartum period and during infancy, was established to promote evidence based breastfeeding education and support for mothers to meet their breastfeeding goals as well as reduce the racial/ ethnic and community disparities. The team, which consists of physicians, midwives, certified lactation counselors, community groups, nurses and pediatricians, meets monthly to achieve the goals. The coalition has been expanding and provides a two county (Columbia and Greene) approach with support for mothers and their families. Future plans include increasing the number of breastfed infants as well increasing the number of Child Care Centers and Day Care homes and worksites that support the breast feeding friendly designation status. Over the past year, four nurses have been certified as lactation counselors. This allows for counselors to be available in both Counties. To accomplish these goals, CMH staff serves as facilitators for meetings, coordinate partners, maintain minutes, identify appropriate staff, and provide resources for staff to maintain certification. The local Departments of Health staff attends coalition meetings, provide data and participate in coalition activities. Each Department of Health in both Columbia and Greene Counties commit resources to the Coalition. Community partners, actively participate in the coalition activities, attend meeting, network with the business community and Child Care providers to increase education and awareness.

Agencies from Women Infants and Children program (WIC) provide peer counselors to support new mothers and serve as a liaison to refer to professional staff as needed. The WIC population is our chosen disparity population. Columbia and Greene WIC population measure in the 4<sup>th</sup> quartile for gestational diabetes (2009-2011). The rate of gestational diabetes in the WIC population in Columbia County was 7.2% and Greene County was 9.5%. The Rest of State was 5.5%. Coalition members represent multiple community agencies and work to address disparities in the home as well as in the business community.

**Figure 2: Percentage of Children 2-4 Serviced by WIC who are Obese, 2010-2012;**

Source: HCDI



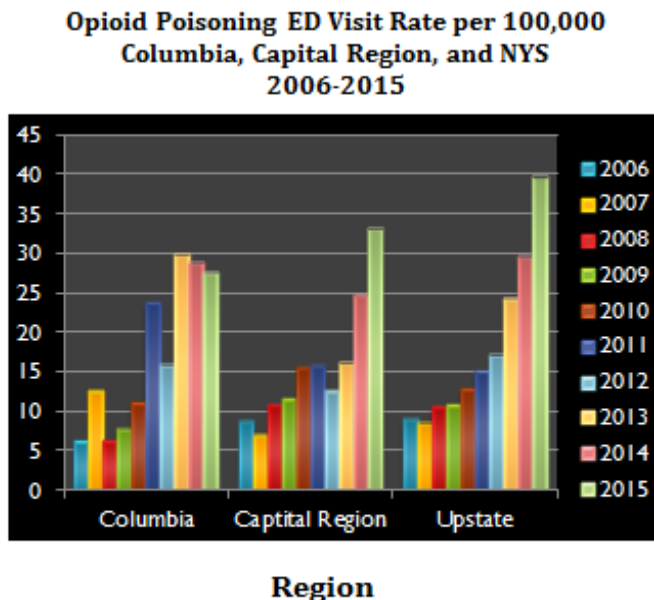
**Priority 2- Promote Mental Health and Prevent Substance Abuse:**

In 2013 CMH and community agencies collaborated to develop the Columbia Greene Controlled Substance Abuse Awareness Task Force. The team includes representatives from Mental Health agencies in Columbia and Greene Counties, law enforcement, Community based organizations, prevention specialists, physicians, Health Departments, Mental Health care providers, Administrators, and interested members of the community. CMH provides space, facilitates meetings, coordinates events and provides grant funding to increase the awareness and improve service delivery. Providers are working to prevent medication overdoses, present responsible pain management and promote substance use treatment and support services. The Local Departments of Health from Columbia and Greene Counties are members of the Task Force and service in a capacity to support all initiatives of the coalition. The local health departments have provided space for meetings for the Coalition and staff resources and serve on all associated committees related to the priority areas. Other community agencies have an active role in coordinating programs, projects and education for the community including but not limited to risk reduction education and prevention education. Community partners also facilitate meetings and record minutes for the different sub-

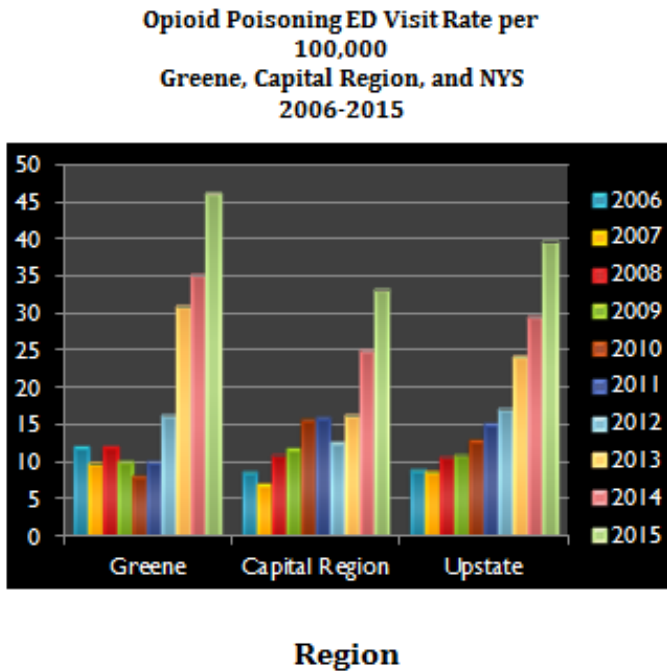
committees. The Controlled Substance Awareness Task Force is implementing the components of Project Lazarus, which is an evidence-based public health model that asserts drug overdose deaths are preventable and communities are ultimately responsible for their own health. The model components include: 1) Community Activation and Coalition Building; 2) Prescriber Education and Behavior; 3) Supply Reduction and Diversion Control; 4) Pain Patient Services and Drug Safety; 5) Drug Treatment and Demand Reduction; 6) Harm Reduction including Naloxone Training; 7) Community-based Prevention Education; and 8) Evaluation of Project Components. More specifically, the task force and two sub groups are working on some of the following initiatives:

- Improved policies on medication adherence
- Increased School based OASAS Prevention services in schools
- Interventions at area prisons (Vivatrol)
- Increased availability of Medication collection boxes (including awareness)
- Improved education regarding the signs of opioid abuse
- Expand Community capacity to administer Narcan
- Improved availability of continuing education for health professionals responsible for prescribing controlled substances
- Improved community education on behavioral health management/ prevention and risk reduction

**Figure 3: Opioid Poisoning ED Visit Rate for Columbia County residents, Capital Region and NYS 2006-2015**



**Figure 4:  
Opioid Poisoning ED Visit for Greene County residents, Capital Region**



**Priority 3 - Healthy Children:**

The CMH Mobile Dental Health Services Program has been providing on-site dental sealant services within school districts in Columbia and Greene Counties since 2007. The professional staff consists of a Dental Director, dentist, two licensed professional hygienists, a dental manager, dental assistant, biller and dental van driver. CMH maintains and provides the mobile dental unit, facilitates meetings, coordinates school based sealant programs in schools in both Columbia and Greene Counties and coordinates oral health education sessions in elementary schools. All school districts in the two counties participate in the programs and services. Students are also referred to the mobile services for screenings at the local Head Start programs. Local Departments of Health refer to the dental services and provide support through community awareness. The Mobile Dental Health services have been provided under the guidelines of the New York State Department of Health Bureau of Dental Health for multiple years. The School Based Sealant Program is also supported by local community partners and foundations interested in oral health in the outermost areas of Columbia County and the mountain top region of Greene County. Last year (2015) CMH completed a Dental Health Professional Assessment (HPSA) survey of Columbia and Greene Counties as per Federal guidelines and both Columbia and Greene Counties were designated a Dental HPSA. Columbia County scored 13 and Greene County scored 11 (out of 0-26), which defines the need for



dental service providers in both rural counties. This information supports our assessment of the underserved areas of Columbia and Greene Counties and provides the needed information regarding available dental providers in the area that accept new patients as well as Medicaid. The mobile unit reaches the distant rural communities where services are not available. Low income residents in these rural areas have limited access to oral health services and this program addresses that need. There are 12 School Districts that are the primary partners in our success.

**Goals and Objectives  
Work Plan Chart**

**Priority Area: Chronic Disease**

**Focus Area: Reduce Obesity in Children and Adults**

**Goal 1: Increase the proportion of babies who are breastfed**

**Objective Outcome 1: By December 31, 2018, Increase breastfeeding rates for all infants birthing at CMH by 5% from 58.9% to 61.9%**

**Objective Outcome 2: By 2018, Increase the breastfeeding rate at hospital discharge in Columbia and Greene Counties from 64 % to 74 %.**

<b>Interventions/ Strategies/ Activities</b>	<b>Process Measures</b>	<b>Partner Role</b>	<b>Partner Resources</b>	<b>By When?</b>	<b>Will action address disparity?</b>
Increase the number of Certified Lactation Counselors from 4 to 6.	-Monitor the number of women who are breastfeeding at discharge and 6 months  -# of counselors increased to 6  -# of individuals counseled  -# of lactation trainings being done by the CLCs  -# of education sessions held	Columbia Greene Breastfeeding Coalition Members include:  CMH (Lead) WIC, Physicians, Mid-wives, Pediatrician, OB Nurses, Public Health nurses, Community Health nurses and community agencies.	Columbia Greene Breastfeeding Coalition:  Provide education on breastfeeding  Support for women in the workplace  Support for women breastfeeding their infants	On-going	Yes: Target WIC Medicaid eligible individuals

**Objective Outcome 3: By 2018, Increase the breastfeeding rate in Columbia and Greene Counties from 64 % to 74 %.**

Interventions/ Strategies/ Activities	Process Measure	Partner Role	Partner Resources	By When?	Will action address disparity?
<p>Invite representatives from the Child Care Council to participate in coalition activities</p> <p>-Increase the number of Pediatricians aware of the availability of Certified Lactation Counselors (CLC).</p> <p>-Increase the number of breastfeeding trainings from CLCs to new mothers</p>	<p>-Identify whether the Child Care Council is a supportive partner in this initiative.</p> <p>-Identify the number of Child Care Providers willing to participate with activities related to increasing breastfeeding rates in Columbia and Greene.</p> <p>-Increase the number of Child Care Centers that achieve Breastfeeding Friendly designation from 1 to 3</p> <p>-Track the number of lactation trainings done by the CLCs.</p>	<p>CMH-Lead</p> <p>GCPH</p> <p>CCPH</p> <p>Child Care Council</p> <p>Columbia Greene Breastfeeding Coalition</p> <p>Physicians, Midwives, OB providers</p> <p>Community Partners</p>	<p>CMH- facilitates meetings, coordinates with partners, maintains minutes, provides resources to staff to maintain certification</p> <p>Certified Lactation Counselors- council all women on the OB unit and the Primary Care setting</p> <p>GCPH- Provide Data and attend meetings/activities</p> <p>CCPH-Provide Data and attend meetings/activities</p> <p>Child Care Council Director</p> <p>Columbia Greene Breastfeeding- coordinate activities</p> <p>Physicians, Midwives, OB provides, Community Partners will provide support and Certified Lactation Counselors for new mothers</p>	<p>Ongoing</p>	<p>Yes: Target WIC population Medicaid eligible women</p>

**Priority Area: Promote Mental Health and Prevent Substance Abuse**

**Focus Area: Prevent Substance Abuse and Other Mental Emotional Behavioral Disorders**

**Goal 1: Prevent non-medical use of prescription pain relievers by youth and adults with a focus on reducing opioid use.**

**Outcome Objective 1: By December 31, 2018, reduce the rate of opioid ED visits by 10% in Greene County from 158.5/100,000 to 142.6/100,000 and in Columbia County from 138.2/100,000 to 124.4/100,000.**

**Outcome Objective 2: By December 31, 2018, reduce the number of opioid related deaths in Greene County from 4 to 0 and Columbia County from 3 to 0.**

<b>Interventions/ Strategies/ Activities</b>	<b>Process Measures</b>	<b>Partner Role</b>	<b>Partner Resources</b>	<b>By When?</b>	<b>Will action Address disparity?</b>
Work with the Controlled Substance Awareness Taskforce to implement elements of Project Lazarus	-Increase the number of medication drop boxes in Columbia and Greene Counties  -Increase the number of communities and school districts hosting forums  -Increase number of Narcan trained community members  -Track the number of pounds of medications collected in the drop boxes	Columbia Greene Controlled Substance Awareness Task Force And two subgroups: Prevention Workgroup and Prescriber Workgroup  CMH- Collecting Data  Catholic Charities  CCDOH  GCDOH  School Districts	Prevention Workgroup: promote awareness, hold community events, medication drop boxes, host Drug take back days.  Prescriber Workgroup: promote provider education to encourage alternates for opiates/pain medications  CMH: Collect data on opioid related ED visits and hospitalizations	On-going	No

**Goal 1: Reduce prevalence of dental caries among children**

**Objective Outcome 1: By December 31, 2018, reduce the prevalence of dental caries among second grade children from 10% in Columbia and Greene Counties through Columbia Memorial Mobile Dental Health Program and CMH School Based Dental Program**

<b>Interventions/ Strategies/ Activities</b>	<b>Process Measures</b>	<b>Partner Role</b>	<b>Partner Resources</b>	<b>By When?</b>	<b>Will action address disparity?</b>
<p>Provide primary prevention and education in schools in Columbia and Greene Counties</p> <p>Provide sealants, screenings and treatment for school age children and children in WIC and Head Start</p>	<p>Track the number of students participating in the program</p> <p>Track the number of students with sealants provided by the program</p> <p>Track the number of children screened and received dental services through the program at WIC and Head Start</p>	<p>Dentists Schools WIC Head Start</p>	<p>CMH – facilitates the Columbia Memorial Mobile Dental Health Program and School Based Dental Program, promote programs to ensure participation in the programs</p>	<p>Dec 31, 2018</p>	<p>No</p>

## **5. Process to maintain engagement with local partners:**

CMH has been partnering with school districts and community agencies for decades to select health priorities and bring about positive changes in the health environment. Many of the coalitions and teams developed have a commitment to continue and currently are working collaboratively to obtain the funding to sustain and improve on the stated goals. The process to measure the outcomes will occur quarterly or as needed. The following coalitions have been formed and will continue to engage community partners by using experience-based methods and objective measures so that successful community health outcomes can be achieved.

- Columbia Greene Breastfeeding Coalition
- Lyme Disease Task Force
- Promise Neighborhood Advisory Committee
- Suicide Prevention Task Force
- Mobilizing for Action through Planning Partnerships (MAPP) committees
- Columbia County Public Health Leadership
- Community Services Boards in Columbia and Greene Counties
- Columbia Greene Controlled Substance Abuse Task Force
- Delivery System Reform Improvement Payment (DSRIP) Project teams

## **6. Dissemination Plan**

The plan which has been approved by the CMH Board of Trustees will be disseminated at community forums and via the CMH website located at [www.columbiamemorialhealth.org](http://www.columbiamemorialhealth.org)

## Appendix

### Collaborative Partners:

- Alzheimer's Association, Faith Outreach
- Apogee Center
- Catholic Charities
- COARC
- Columbia Greene Community College
- Columbia County Community Healthcare Consortium (Tobacco-Free Action)
- Columbia County Department of Health
- Columbia County Emergency Medical Service
- Columbia Memorial Hospital, Community Health Services
- Columbia Memorial Hospital, Mobile Dental Health Services
- Columbia-Greene Mental Health Center
- Community Action of Greene County
- Cornell Cooperative Extension
- Division of Community Services (Greene County)
- Eddy visiting Nurse Association
- Greene County Department of Social Services
- Greene County Human Services
- Greene County Family Planning
- Greene County Legislature
- Greene County Mental Health
- Greene County Public Health

- Healthy Capital District Initiative
- Hudson City School District
- Mobilizing for Action Through Planning and Partnership (MAPP)
- Rural Health Network
- St. Peter's Health Partners
- St. Peter's Health Partners (Health Program and Promotion)
- St. Peter's Health Partners (Tobacco-Free Health System)
- Twin County Recovery Services
- Upper Hudson Planned Parenthood
- Columbia County Community Healthcare Consortium
-