COMMUNITY HEALTH ASSESSMENT AND IMPROVEMENT PLAN

2016 - 2018

Rockland County Department of Health
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Community Outreach

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And the **Rockland County Public Health Priorities Steering Committee**, including representatives from:

ARC of Rockland
Bon Secours, Good Samaritan Hospital Suffern
Dominican College
Fidelis Care
HACSO Community Center
Helen Hayes Hospital
Hudson River Healthcare
Immigration Coalition of Rockland
Jawonio, Inc
Lower Hudson Valley Perinatal Network
Mental Health Association of Rockland
Nyack Hospital
POW'R Against Tobacco
Planned Parenthood Hudson Peconic
Refuah Health Center
Rockland Alliance for Health
Rockland County Department of Mental Health
Rockland County Department of Social Services
Rockland County Office of the Aging
VCS, Inc.

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INTRODUCTION

This purpose of this Community Health Improvement Plan (CHIP) is to outline a course of action that addresses the factors influencing health conditions of Rockland County residents. Using the New York State Department of Health (NYSDOH) Prevention Agenda as a guide, the two most significant health concerns and one health disparity for the county were identified through a collaborative data review process in early 2016. This CHIP is the culmination of that process and was developed through the joint efforts of Rockland County Department of Health, Nyack Hospital, and Good Samaritan Hospital, in association with the varied community partners who comprise the Rockland County Public Health Priorities (PHP) Steering Committee (acknowledged on the previous page). It is the hope of this collaborative group that the utilization of evidence based approaches with predetermined goals, improvement strategies and measurable objectives will improve overall health and reduce health disparities. The chosen priority areas for this three-year CHIP cycle (2016 – 2018) are: Preventing Chronic Diseases; and Promoting Healthy Women, Infants and Children. Additionally, the group decided to work cooperatively towards diminishing the effects of socioeconomic conditions that may be contributing to health disparities within Rockland. Problems connected to lack of culturally sensitive health care and increased access to care for all residents are areas that the committee intends to address.

This CHIP will serve as the guidance document for Rockland County Department of Health and its PHP partners and is expected to grow and change over the three-year improvement cycle. Annual CHIP summit meetings are planned, at which the community at large will be able to give input on the data being collected and evaluate progress in the county. It is anticipated that any midstream adjustments necessary to reach the ultimate chosen priority goals, or choose new goals, will be made following these events.

EXECUTIVE SUMMARY

The Rockland County Department of Health works diligently with community partners to create and implement interventions aimed at preventing disease and increasing wellness among the diverse population it serves. Based on the findings of the previous Rockland County Community Health Assessment, the Prevention Agenda priority areas chosen in 2013 were: 'Prevention of Chronic Diseases', and 'Prevention of HIV, Sexually Transmitted Diseases and Healthcare Associated Infections'. Several evidence-based programs were developed and deployed to meet the challenges of those prevention goals.

Data collected from these programs was reviewed in 2016, along with other crucial health and population data sets to determine effectiveness and to gauge public health need. The most current information available from US Census Bureau, CDC (BRFSS), NYSDOH (disease statistics, hospital discharges, Prevention Agenda Dashboard), DSRIP Regional Assessment (One Region, One CNA), Healthlink NY (Community Dashboard), and County Health Rankings were compiled and analyzed by the RCDOH Division of Epidemiology and Public Health Planning. This health data review was presented to the Public Health Priorities (PHP) Steering Committee in early 2016 in order for the group to designate priority areas for 2016-2018. Following the presentation, a survey was conducted among committee member organizations, including the two area hospitals and two Federally Qualified Healthcare Center's (FQHC's), to obtain input from community stakeholders directly involved with high-risk communities. The survey showed that the leading community health concerns fell under the priority areas of 'Preventing Chronic Diseases', and 'Promoting Healthy Women, Infants and Children. It also highlighted that a special focus should be placed on reducing the health disparities associated with socioeconomic inequalities within the county. Per survey findings, the change in selected priority areas was predominantly based on the analysis of the primary local county data compared with secondary NYSDOH and national data on the prevalence of chronic diseases and the increase in the pre-term births among Blacks and African Americans and Hispanics in the county.

Implementation of the 2016-2018 Rockland County Community Health Improvement Plan requires a coordinated effort from all Public Health Priority member organizations and the public. It was evident from the survey results that enhanced collaboration is required to effect greater change. The PHP Committee will continue to hold monthly meetings, as it has done since its inception in 1997, to discuss any emerging opportunities or challenges. The RCDOH also plans to, a) initiate annual Public Health

Summits over the course of the CHIP cycle, b) provide progress reports towards meeting the specific objectives and to garner feedback from stakeholders and the public. It is expected that during these meetings, input from participants will be obtained through open forum Q&A and survey format. The collected feedback will be used as a guide to determine if modification of interventions is necessary and ultimately aid in making any midcourse adjustments. The process measures listed in the workplan will be tracked continuously, and shall be the basis of impact evaluation. These public meetings are a new addition to the Rockland CHIP planning process. By engaging county residents in this way, it is hoped that a broader set of community-based organizations will get involved, and expanded collaborations will be made possible.

The plan recommends several strategies to improve health and well-being across the lifespan for all Rockland County residents. The evidence-based interventions to be implemented are outlined in the attached workplan grids. This is truly the community's plan, designed to be implemented by community agencies, partners, and residents across the county. Working together we can envision a safe, healthy community in which to live, work and play where everyone has equal opportunity for a healthy productive life as we aspire to make Rockland the healthiest county possible.

IMPROVEMENT PLAN - 2016-2018

Rockland County is located approximately 30 miles north of Manhattan on the western side of the Hudson River. The county is a popular residence for people who commute to jobs in nearby Westchester and Bergen Counties, as well as Manhattan. This county is the smallest by area and third most dense in the state, outside of New York City, at only 115,000 total acres which includes more than 35,000 acres of preserved open space parkland.

Due to its proximity to New York City, Rockland continues to experience steady population growth over the past several years within all incorporated towns and 19 villages. The most recent population estimate from 2015 indicates that Rockland County grew by 14,350 people (4.6%) between 2010 and 2015, up to 326,037. The statewide growth rate over the same period was 2.2%. Between 2010 and 2015, all five Rockland County towns increased in number, led by the Town of Ramapo (6.8%), followed by Clarkstown (3.6%), Stony Point (3.0%), Haverstraw (2.6%), and Orangetown (2.6%). It is home to an ever-expanding diverse population, comprised of 77.5% Caucasian, 13.2% Black or African-American, 17.4% Hispanic or Latino, and 6.4% Asian residents. Consistent with what has been seen at both the state and national level, there continues to be increases in the proportion of older county residents, ages 55-85, with the largest growth being 15% in the 64-74 age group. The recent population estimates indicate steady increase in the proportion of residents speaking languages other than English, with the percentage of Spanish speakers up 9.3% since 2010. In 2016 the County Health Rankings designated Rockland County as #3 for health outcomes in New York State. With respect to health factors (health behaviors, clinical care, socioeconomic factors, physical environment) Rockland County ranked at #8 in the state. Lack of physical activity and the percentage of children living in poverty were indicators that showed room for improvement.

Between 2010 and 2014 changes in several other key factors associated with health equity of this diverse populace appear to shifting in the wrong direction. State-based hospital data has also shown upward trends in the rates of preventable hospitalizations for both Black non-Hispanics and Hispanics when compared to those of White non-Hispanics. Babies born to mothers in these same racial and ethnic groups, have exhibited increased rates of prematurity, low birthweight, and insufficient early pre-natal care. More globally, the percentages of adults experiencing housing insecurity, as well as food insecurity, are both at levels higher than rates in the region and the state. The geographic locations where these and other important health indicators seem to be most pronounced are in the ZIP Codes

associated with the villages of Haverstraw, and Spring Valley. These indicators taken in sum, provided a snapshot of the conditions that the health department and supporting community based partners are determined to correct in the upcoming years. From assisting older populations with preventing and managing chronic illnesses, to broadening the capacity of the health care landscape to engage and improve care options for all at risk groups.

HEALTH IMPROVEMENT PLANNING PROCESS

In conjunction with the data trends mentioned above, other primary and secondary data culled from local, state, and federal partners were presented to the Public Health Priorities (PHP) Committee members during the April 2016 session of the PHP Steering Committee Meeting. The Rockland County Director of Epidemiology and Public Health Planning delivered current community based health statistics from: the US Census Bureau, NYSDOH (disease rates, eBRFSS responses, Hospital Discharge data), DSRIP Regional Assessment data ('One Region, One CNA'), the NYSDOH Prevention Agenda Dashboard, the HealthlinkNY Community Dashboard, and the County Health Rankings website. Using the NYSDOH 5 Prevention Agenda Focus Areas as a guide, the group was asked to consider this synopsis of Rockland County's health and come to a consensus on the which health issues were most pressing, and could be most affected by efforts group collaboration.

Prior to the discussion, there was agreement that work devoted to preventing chronic illnesses being delivered in the county are integral to overall public health and should remain a priority in the new Community Health Improvement Plan. The committee was asked to evaluate the information provided and to ultimately vote on two of the remaining focus areas are of most concern to the populations that they regularly serve and know best. The committee was also asked to choose from a list of health disparities that they felt had the greatest impact on the health of that same clientele, which the member organizations could concentrate on alleviating through this implementation plan. Consideration was also given to what evidence based programs could be put into place that will align and bolster, or serve to reduce gaps within, the concurrently operating DSRIP initiatives throughout the region.

A survey developed by the RCDOH was distributed to each member of the PHP Committee via survey monkey along with the county health analysis presentation. At the close of the data collection, 75% of the PHP member organizations had contributed their input, and from those organizations the top-ranking focus area chosen as a second priority was 'Promote Healthy Women, Infants and Children',

followed by 'Promote Mental Health and Prevent Substance Abuse', 'Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare-Associated Infections', and 'Promote a Healthy and Safe Environment'. Open ended responses were also collected throughout the survey to determine which facets of community health should be given the most attention in the interventions to be planned. Areas of most concern were the increased incidence of low birthweight and premature births to women that are Black or African-American, as well as those that are Hispanic. Additionally, data indicating a lack of early prenatal care being sought by women in the same groups was alarming. The committee decided to work collaboratively to improve these trends, enlisting a combined front towards improving positive birth outcomes in multiple high risk towns and villages within Rockland.

PREVENTING CHRONIC DISEASE

Caring for healthy people is an important component of health care. Educating these people about health and promoting health seeking behaviors can help postpone or prevent illness and disease. In addition, detecting health problems at an early stage increases the chances of effectively treating them, often reducing suffering and costs. Even when preventive care is ideally implemented, it cannot entirely avert the need for acute care. Delivering optimal treatments for acute illness can help promote quicker recovery and reduce the long-term consequences of illness.

Chronic diseases cannot simply be treated once as they must be managed over time. Management of chronic disease often involves promotion and maintenance of lifestyle changes and regular contact with a provider to monitor the status of the disease. For patients, effective self- management of chronic diseases can mean the difference between normal, healthy living and frequent medical problems or disability. However, for many individuals, appropriate preventive services, timely treatment of acute illness and injury, and meticulous management of chronic disease can positively affect mortality, morbidity, and quality of life.

The leading causes of death for Rockland residents continue to be heart disease and Cancer. Leading a healthy lifestyle (avoiding tobacco use, being physically active, and eating well) greatly reduces a person's risk for developing chronic disease. Access to high-quality and affordable prevention measures (including screening and appropriate follow-up) are essential steps in saving lives, reducing disability and lowering costs for medical care. The Rockland County Division of Health Promotion and Chronic Disease Prevention plans to maintain and improve its outreach and educational services given in conjunction

with its hospital partners, Nyack Hospital and Good Samaritan, as well as Federally Qualified Health Center its partners Hudson River Healthcare and Refuah Healthcare Center. The development and initiation of enhanced disease prevention and maintenance courses like the National Diabetes Prevention Program, Diabetes Self-Management Program, and Chronic Disease Self-Management Program, are scheduled to be given at more locations, times, and in multiple languages in the coming years. These and other collaborative efforts are planned to continue throughout this implementation cycle utilizing staff, funds and other resources provided from grant opportunities, the county, the local hospitals, the FQHC's, regional DSRIP PPS partners.

A wide array of internally operated programs, and external offered educational services designed for outside agencies to maintain have been offered for decades through the RCDOH's large and productive Division of Health Promotion and Chronic Disease Prevention. Interventions spanning the life spectrum are in place; from childcare center nutritional and school physical activity programs, to farmer's market and CSA initiatives, and to senior citizen physical activity and disease education programs. Using the current health data as a guide, the division aims to curb troubling trends in several important indicators. The current data indicates that approximately 47, 339 individuals (22.6%) of the adults in Rockland County are classified as obese. Although this percentage is slightly below the NY Prevention Agenda goal of 23%, there exists a high percentage of adults who are classified as overweight or obese (63.7%) when compared to the region and the state. In a similar fashion, the percentage of residents with physician-diagnosed prediabetes (6.9%) is comparatively higher than the region and state, while those with physician diagnosed diabetes appears to be on target (7.6%). Health behavior indicators also reflect a need for advanced education and environmental changes with the percentages for measures regarding the consumption of fast food multiple times per week and participation in leisure time physical activity falling short of neighboring county rates. Clearly there is a base population in which chronic disease prevention efforts are suitable and timely.

PROMOTING HEALTHY WOMEN, INFANT, AND CHILDREN

Enhancing the health of the youngest generation, ultimately increases the overall chances that a population will attain its healthiest state. This important goal can only be reached by focusing strategic interventions at all levels of the lifepath associated with child bearing; from preconception and interconception health, to healthy pregnancies and births, to ultimately ensuring the well-being and

healthy opportunities throughout childhood. Addressed under this area are a variety of disease conditions, health behaviors, and environmental factors that influence the basic health and quality of life for women, children, and families.

The available data at the time of this plan demonstrates an expressed need for enhanced work in this prevention area. Only 62.3% of women age 18-44 saw a doctor for a routine check-up last year as compared to NYS rate of 72.5%. 33.3% of women had a discussion with their health care provider in planning for a healthy pregnancy compared to the NYS rate of 39.3% and 44.1% in the Mid-Hudson Region. This is of importance because studies have shown that more than 50 % of pregnancies are unplanned. Vital Records data as of April 2015, showed that the ratio of Black Non-Hispanic preterm births to those of White non-Hispanics is 2.25, which is well above the Prevention Agenda goal of 1.42. The same ratio for Hispanic preterm births is 1.74, higher than the goal of 1.12, and has been deviating consistently since 2008. Within Rockland it has been shown that these rates are more pronounced in the villages of Spring Valley and Haverstraw.

The health of school aged children in Rockland has also become a major concern given findings in databases maintained internally by the Health Department. Referrals from pediatricians regarding elevated blood lead levels have risen markedly during 2016. Extensive outreach is planned to curb this trend through both environmental and educational means. The long term detrimental effects of elevated blood lead on young brain development can be avoided with increased community awareness. The towns with the oldest housing stock, that likely have the highest risk for lead paint exposure are typically the same locations where health disparities are the more pronounced. The health providers in those same locations have historically shown the lowest uptake of appropriate immunizations for young children. The immunization rates obtained from NYIIS for some high needs school districts have been below the Immunization Action Plan's (IAP) workplan targets for several years. Provider outreach and education, given jointly with the 2 area hospitals assistance is planned to curb this problem. These same partners are hoping to also increase rates of TDAP uptake in partners of birthing mothers and primary caregivers by offering vaccine at time of birth, with hopes of preventing the spread of pertussis to infants across the county.

This Prevention Agenda priority are is a new edition to the RCDOH improvement plan, but it is a task that has been embedded in its purpose since inception. Services for women and children are offered in sites throughout the county, including: the Family Planning Services Clinic, the Women, Infant, the Children Clinic, and the Childhood Immunization Clinic. Coordination of appropriate service delivery is

also maintained through coalitions and partnerships. RCDOH regularly engages with members of the Lower Hudson Valley Perinatal Network, the birthing centers at Good Samaritan Hospital, Nyack Hospital and Refuah Heath Center, as well as county-wide health care providers via the Rockland County Immunization Coalition. These various community linkages have become extremely important recently in the face of continued staff and clinic reductions at the RCDOH. Much of the work planned in this priority area is expected to be completed by outside partners with the RCDOH acting as an educator and evaluator. It is expected through the coordinated interventions designed with these direct-care partners that a stronger network of health provision will be forged that will reduce current risks exhibited across the spectrum of care and improve the health attained by Rockland's future generations.

EVALUATION

The following grid outlines the specific goals, objectives, and process measures and shall act as the progress report for tracking. In addition to reviewing these goals at the standard monthly PHP meetings, annual public health summit meetings are planned for 2017 and 2018 to do the same. Progress in attaining the predetermined goals will be discussed at these events which will be organized by the RCDOH. This type of community engagement is a new addition to the RCDOH CHIP process and is expected to enhance effectiveness of the partnerships in place. The purpose of these summits is to open the channels of communication with all stakeholders involved and garner productive advice. It is expected that during these meetings input from participants will be obtained through open forum Q&A and survey format. The assembled group will be asked to recommend guidance concerning the appropriateness of the interventions in place. Collected feedback will then be used as a barometer to gauge if fine tuning of interventions should occur or midcourse adjustments be made. Meeting dates and times will be made available to the public through social media, the Rockland County website, and through traditional press releases. Similarly, this full Community Health Improvement Plan will be made available on the Rockland County main page, and the Rockland County Department of Health website in early 2017. http://rocklandgov.com/departments/health/

IMPLEMENTATION WORKPLAN

PRIORITY AREA 1 – PREVENT CHRONIC DISEASE

Focus Area #1: Reduce Obesity in Children and Adults							
Goal	***Outcome Objectives***	***Evidence Based Interventions/ Strategies/Activities***	***Process Measures***	***Partner Roles***	***Partner Resources***	***Timeframe***	***Addresses Disparity?***
Create community environments that promote and support healthy food and beverage choices and physical activity	Reduce the percentage of Rockland County adults ages 18 years and older who are overweight or obese by 5%.	Creating Healthy Schools and Communities (CHSC) - Corner Store Initiative. Reach out to small stores in designated high-needs areas to educate and assist in procuring & displaying approved healthier food options; Improved Nutrition Environment - Coordination of the list of Farmer's Markets in Rockland, providing it to the public via website and media; Provide community-based nutrition education lectures and events Lose to Win Programs (LTW) programs offered at worksites and in the local hospitals	Number of Rockland business that sign a commitment for Healthy Meeting Guidelines and modified vending machine options Number of small food retail venues in the community that increases access to healthier foods through increased availability, and improved pricing, placement, and promotion Number of educational sessions held, and associated number of attendees	RCDOH Division of Health Promotion and Chronic Disease Prevention (HPCDP) a facilitator, evaluator and outreach; Hudson River Health Care as coordinator; RCDOH as nutrition subject-matter experts Nyack Hospital and Good Samaritan Hospital as partners in offering LTW programs	All parties involved will be sharing staff, space for trainings, and data	01/01/2016 - 12/31/2018	Yes. Programs will be deployed in areas with the greatest known health disparities
	Decrease the percentage of adults ages 18 years and older who consume one or more sugary drinks per day by 5%.	Sugar Sweetened Beverage Program - outreach to Rockland County employers to have worksite vending machines reduce the number of unhealthy beverages and snacks high in sodium; Convert vending machines in County-Owned buildings to contain 66% low-calorie beverage options; Healthy Meeting Guidelines - educate and enlist local businesses to serve water and healthy snacks at all meetings held	Number of Rockland business that sign a commitment for Healthy Meeting Guidelines and Sugar Sweetened Beverage modified vending machine options Number vending machines meeting new policy guidelines Number of adults served by these worksite changes	RCDOH - HPCDP as Coordinator; Local businesses enrolled to be facilitators	RCDOH to share staff and data collected Businesses to provide access to vending facilities	Ongoing	No
	Increase the proportion of Rockland municipalities that have passed and implemented complete streets policies by 3.	Complete Streets Initiative (CDC); coordinate environmental changes to communities that increase opportunities for safe physical activity and better health	Number of new municipalities that adopt Complete Streets Policies. Number of roadway projects begun around schools and hospitals, that will follow Complete Streets practices. Number of communities that develop and/or implement a community or transportation plan that promotes walking	Rockland County Inter Departmental Workgroup (IWG) comprised of Health, Transportation, Local Government boards as coordinator; Good Samaritan Hospital and Nyack Hospital as Partners in developing new walking courses	All IWG members to provide staff Municipalities to provide funds for appropriate equipment during new projects	01/01/2016 - 12/31/2018	Yes. Communities to be targeted are those with the greatest health need.

Goal	*Outcome Objectives*	*Evidence Based Interventions/ Strategies/Activities*	*Process Measures*	*Partner Roles*	*Partner Resources*	*Timeframe*	*Address Disparity?*
Prevent childhood obesity through early child care and schools	Reduce the percentage of Rockland County school aged children who are overweight or obese by 5%. Increase the number of school districts whose competitive food policies meet or exceed the Institute of Medicine recommendations; particularly in school districts with the largest BMI disparities	Creating Healthy Schools and Communities (CHSC) grant; focused on enhancing nutrition and physical activity standards at schools within the East Ramapo Central School District Comprehensive School Physical Activity Program (CSPAP) - Partnerships with Little Leagues and Public Concession stands for healthier options (Town and County Parks & Recreation facilities) Eat Well, Play Hard in Child Care Settings; nutrition and meal reimbursement program to improve the quality of meals served in family day care homes, child day care centers, after school programs, emergency shelters and adult day care programs	Number of key community locations that adopt and/or implement nutrition and beverage standards, including sodium standards Number of Districts, and individual schools, that adopt Comprehensive School Wellness Policies Number of school staff trained in the physical and nutritional curriculum	RCDOH - HPCDP as coordinator, evaluator, and educator ERCSD as facilitator on-site Board of Cooperative Educational Services (BOCES) as administrative facilitator	RCDOH to share staff and data collected School districts to share staff, and space for meetings and or trainings	01/01/2016 - 12/31/2018	Yes; communities to be targeted are those with the greatest health need.
Expand the role of public and private employers in obesity prevention	Increase by 10% the percentage of small to medium worksites that offer a comprehensive worksite wellness program for all employees and that is fully accessible to people with disabilities	Worksite Wellness Program; support and sustain wellness programs/activities at workplaces in Rockland County to improve employee health and reduces risk factors for chronic disease Healthy Meeting Guidelines, as above Sugar Sweetened Beverage Program, as above Advertise Farmer's Market schedules, and enlarge reach of CSA opportunities at Rockland worksites to increase availability of fruits and vegetables	Number of sites engaged by program staff to begin initiate wellness and breastfeeding programs Number of new workplaces contacted in developing a worksite wellness program Number of worksite health fairs participated in Number of staff from worksites attending trainings/networking meetings to increase the sustainability of efforts Number of community venues/sites that promote physical activity through signage, worksite policies, social supports and/ shared use/joint use agreements	RCDOH - HPCDP as coordinator, educator and evaluator Nyack Hospital, Good Samaritan Hospital, and enrolled businesses as facilitators	RCDOH to share staff and educational materials Hospitals and businesses to share staff and provide access to rooms and vending machines	01/01/2016 - 12/31/2018	Yes; communities to be targeted are those with the greatest health need.

	Increase the percentage of employers with support or designated areas for breastfeeding at the worksite by 10%	Identify and promote breast feeding messages for mother and baby through health fairs/community events Create or use existing public service announcements to promote breastfeeding, press release FB/Twitter messages, DOH website Recruit and work with worksites, daycares, pediatrician, OB's, hospitals, FQHC to become NY state breast feeding friendly sites Attend & network with breastfeeding collaboratives/coalitions/patient services, NYSDOH and WIC Conduct/participate in events for women promoting breastfeeding and reproductive health	Number of health fairs/community events attended Number of breastfeeding press releases/articles/PSA's delivered Number of worksites, daycares, pediatrician, OB's, hospitals, FQHC's becoming official NY state breast feeding friendly sites Number of breastfeeding collaboratives/coalitions/patient service meetings attended	RCDOH - HPCDP as coordinator and evaluator Nyack Hospital and enrolled businesses as facilitators	RCDOH to share staff and educational materials Nyack Hospital to share staff and provide access, training and technical assistance in educating healthcare providers	01/01/2017 - 12/31/2018	Yes. Communities to be targeted are those with the greatest health need.
Focus Area #2: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings							
Goal	***Outcome Objectives***	***Evidence Based Interventions/ Strategies/Activities***	***Process Measures***	***Partner Roles***	***Partner Resources***	***Timeframe***	***Addresses Disparity?***
Promote culturally relevant chronic disease self-management education	Decrease the rate of hospitalizations due to diabetes (any diagnosis), in the general population, and among the Hispanic and non-Hispanic Black populations by 3% Increase by at least 5% the percentage of adults with arthritis, asthma, cardiovascular disease, or diabetes who have taken a course or class to learn how to manage their condition	National Diabetes Prevention Program (NDPP) courses run by RCDOH and other community organizations (Hospitals and FQHC's) [IMPACT Grant] Chronic Disease Self-Management Program (CDSMP) courses Diabetes Self-Management Program (DSMP) courses	Number of staff or volunteers trained to facilitate the NDPP program to priority and high risk populations Number of NDPP/CDSMP/DSMP classes held Number of patients completing NDPP/CDSMP/DSMP courses, and annual participation rates associated with those classes	RCDOH - HPCDP as evaluator, and trainer of new volunteers and staff; Community partners facilitating courses given	RCDOH sharing staff and data; Good Samaritan and Nyack Hospital sharing staff, enlisting patients, providing rooms for trainings	01/01/2016 - 09/30/2018	Yes, high risk populations will be the focus of all efforts.

Goal	*Outcome Objectives*	*Evidence Based Interventions/ Strategies/Activities*	*Process Measures*	*Partner Roles*	*Partner Resources*	*Timeframe*	*Address Disparity?*
	Develop a sustainable infrastructure for widely accessible, readily available self-management interventions linked to the clinical setting, and available in multiple languages (Spanish, Creole, Yiddish)	National Diabetes Prevention Program (NDPP) courses; Chronic Disease Self-Management Program (CDSMP) courses; Diabetes Self-Management Program (DSMP) courses; 'Mamas Maravillosas!' Program at Nyack Hospital, providing diabetes prevention and self-management education in Spanish	Number of courses given in a language other than English (Spanish, Creole, Yiddish, etc.) Number or participants completing a course in a language other than English (Spanish, Creole, Yiddish, etc.) Number of referrals from RCDOH clinics to 'Mamas Maravillosas!' Program at Nyack Hospital	RCDOH as coordinator and trainer; Nyack Hospital, Good Samaritan Hospital, and Refuah Health Center as facilitators at their sites Konbit Neg Lakay as outreach partner and lead on translating materials HealthLink NY, WMC PPS, Refuah PPS, and Montifiore PPS as regional partners and facilitators	RCDOH to share staff and data collected, and to provide educational materials during trainings; Hospitals and FQHC to share staff and provide rooms Local PPS partners to provide limited funds for sustainability of the efforts	01/01/2016 - 12/31/2018	Yes, high risk populations will be the focus of all efforts.

IMPLEMENTATION WORKPLAN

PRIORITY AREA 2 – PROMOTE HEALTHY WOMEN, INFANTS AND CHILDREN

Focus Area #1: Maternal and Infant Health							
Goal	***Outcome Objectives***	***Evidence Based Interventions/ Strategies/Activities***	***Process Measures***	***Partner Roles***	***Partner Resources***	***Timeframe***	***Addresses Disparity?***
Promote Healthy Pregnancies and Birth Outcomes	Reduce the incidence of Preterm and Low Birthweight Infants in high risk racial, ethnic and economic communities by 5%	Utilize paraprofessionals such as peer counselors, lay health advisors and community health workers to reinforce health education and health care service utilization and enhance social support to high-risk pregnant women	Percentage of very low birth weight infants Rate of mother's beginning prenatal care in the first trimester Number of media campaigns and providers educated Number of 'Our Babies, Our Future' meetings held to coordinate efforts in the region	LHVPN as coordinator HACSO, Nyack Hospital Prenatal Center, Hudson River HealthCare, Good Samaritan Hospital, Head Start of Rockland to share staff, data, and resources RCDOH s evaluator of health data	All member organizations to share staff when necessary	01/01/2016 - 12/31/2018	Yes. Targeted areas of Spring Valley and Haverstraw are areas showing most health disparity
	Increase the percentage of births for which prenatal care begin in the first trimester of pregnancy by 5%	Build effective local systems and networks for outreach, engagement, referral and coordinated follow-up	Number of providers including pre-conception and inter-conception health status questions in their intake forms (EMRs). Rate of education given based on the new pre-conception and inter-conception questions Number of referrals for early prenatal care Number of women referred to Nyack Hospital's Mamas Marvilliosas! Program	Same as above	Minimal resources needed	01/01/2016 - 12/31/2018	Yes. Targeted areas of Spring Valley and Haverstraw are areas showing most health disparity

Focus Area #2: Child Health							
Increase Breastfeeding	Increase the number of breastfeeding policies developed among Rockland based employers by 10%	Development of a breastfeeding coalition for Rockland County, to include providers, faith-based organizations, businesses and daycare centers Creation of a coalition steering committee, listserv and meeting schedule	Number of organizations engaged in the Rockland County Breastfeeding Coalition Number of organizations with high level of participation Number of emails, newsletters, contacts, and visits made by program staff	RCDOH as coordinator, trainer and evaluator	RCDOH will share staff, provide technical assistance, and supply educational materials Member organizations will share staff and training space Grant funds	01/01/2017 - 12/31/2018	Yes
	Increase the availability of breastfeeding friendly establishments found in Rockland by 10%	Hold trainings to increase breastfeeding knowledge and skills at CBO's, childcare sites, and worksites	Number of sites completing knowledge and skills trainings Number of establishments that devote lactation spaces and create breastfeeding friendly environments for employees	Rockland Business Association (RBA), Rockland Economic Development Corporation, and Rockland Women's Business Association to supply technical assistance	RCDOH to provide equipment and supplies	01/01/2017 - 12/31/2018	Yes
	Increase the rate of babies who are exclusively breastfed and duration rates of breastfeeding in Rockland County by 5%.	Hold trainings to increase breastfeeding knowledge and skills primary care practices	Number of health care providers engaged through outreach Number of providers attaining NYS Breastfeeding Friendly Practice designation		Family practitioners to share staff and provide training space Nyack Hospital and Good Samaritan Hospital to share training space	01/01/2017 - 12/31/2018	Yes
Increase well-child care	Increased rate of TDAP vaccines given to primary caregivers and spouses of birthing mothers at the time of delivery by 5%	TDAP offered and provided to spouses and caregivers at time of birth within birthing facilities	Number of facilities/providers offering this service Number of care-giving individuals immunized at each facility	RCDOH Nyack Hospital Good Samaritan Hospital	Hospitals to act as facilitators RCDOH to assist with evaluation of results	03/01/2016 - 12/31/2016	Yes

Goal	*Outcome Objectives*	*Evidence Based Interventions/ Strategies/Activities*	*Process Measures*	*Partner Roles*	*Partner Resources*	*Timeframe*	*Addresses Disparity?*
Increase well-child care	Increase the percentage of 19-35 month olds who have received the 4:3:1:3:3:1:4 immunization series (4 DTaP, 3 polio, 1 MMR, 3 Hep B, 3 Hib, 1 Varicella, 4 PCV13) by 5%	School based immunization audits in all Rockland school districts Healthcare provider based immunization audits, with a focus on those with the most disparity Outreach by Immunization Action Program (IAP) staff to pediatrician offices with lowest immunization rates Coordination of both Pediatric Immunization Coalition and Adult Immunization Coalition in the County and the Region, to enhance communication and education of local practitioner s	Immunizations rates per provider via AFIX Number of audits performed at schools and pediatrician offices Number of Coalition Meetings held Number of Rockland attendees at Coalition meetings	RCDOH as coordinator, evaluator, facilitator of IAP meetings and events NYSDOH as SME Immunization Coalition member organizations as active contributors	RCDOH will share staff, educational materials, and space for Coalition meetings NYSDOH will share staff and resources for immunizations and coalition meetings Coalition members will share staff time and room space when necessary	Ongoing	Yes, providers in the high-risk areas show the lowest rates and will be the focus of the interventions
	Increase the percentage of adolescent females age 13-17 years who have received the three-dose HPV immunization series by 5%	Continued outreach and practice audits by IAP program staff	Immunization rates per provider via AFIX Number of HPV provided for females age 13-17 at RCDOH based clinics	RCDOH as RCDOH as coordinator, evaluator, facilitator	IAP grant funds for staff time	01/01/2016 - 12/31/2018	Yes., main clientele affected will be those utilizing RCDOH clinics
	Increase the percentage of children tested for lead exposure at least twice by age three by 3%	Continued media campaigns and provider outreach Outreach to Early Learning centers and Head Start to educate parents on the need for lead testing	Number of facilities reached by program staff for educational purposes Number of public service announcements released to the public	RCDOH as coordinator, SME, and trainer Early Learning centers and Head Start as facilitator	RCDOH to provide staff for outreach, and environmental testing of homes of children with elevated blood lead levels NYSDOH to provide educational materials	01/01/2016 - 12/31/2018	Yes, areas with highest density of lead cases are those with largest health disparities

Focus Area #2: Child Health							
Goal	***Outcome Objectives***	***Evidence Based Interventions/ Strategies/Activities***	***Process Measures***	***Partner Roles***	***Partner Resources***	***Timeframe***	***Addresses Disparity?***
Reduce the prevalence of dental caries among children	Increase the proportion of children who have received protective dental sealants by 10%%	Fluoride varnish education program deployed at pediatrician and family practice providers	Number of pediatricians and/or family practice providers reached Number of children given fluoride varnish treatment Number of schools where this program is advertised to parents	RCDOH as educator, coordinator, and evaluator Local pediatricians as facilitators on-site Schools as outreach partner	RCDOH to provide nursing staff to perform outreach, education, and skilled service; also to provide varnish and educational materials via NYSDOH Providers to provide time and space for trainings Schools to deliver educational materials via administrative offices	03/01/2017 – 12/31/2018	Yes, this service is focused on communities where dental services are rare for children

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