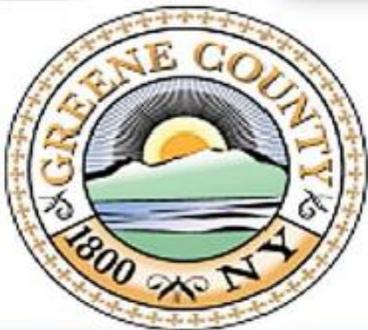


**Community Health Assessment
Community Health Improvement Plan
Greene County Public Health Department
2013-2017**





Public Health
Prevent. Promote. Protect.

Date Submitted:
November 15, 2013

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Special Thanks to The Greene County Mobilizing for Action Through Planning and Partnerships (MAPP) Committee, and to all of our partners. Your dedication, hard work, and expertise were essential to this project.

Names of Partners:

Alzheimer's Association
Catholic Charities of Columbia and Greene Counties
Columbia County Department of Health (CCDOH)
Columbia County Department of Human Services
Columbia County MAPP Team
Columbia County Public Health Leadership Team
Columbia-Greene Community College
Columbia Memorial Hospital (CMH)
Community Action of Greene County
Community Volunteers
Cornell Cooperative Extension of Columbia and Greene Counties (CCE)
Faith Based Organizations
Greene County Department of Human Services
Greene County Emergency Services
Greene County Family Planning (GCFP)
Greene County Government
Greene County Human Services
Greene County Legislature
Greene County MAPP Committee
Greene County Mental Health (GCMH)
Greene County Planning and Economic Development
Greene County Public Health Department (GCPHD)
Greene County Public Schools – Catskill School District
Greene County Sheriff's Department
Healthy Capital District Initiative (HCDI)
Healthy Weight Initiative (HWI)
Martin Luther King C Movement
New York State Department of Health (NYSDOH)
Northeast Career Planning
Rip Van Winkle Tobacco-Free Action
Rural Health Network of Greene County (RHN)
Twin County Recovery Services
Ulster-Greene ARC
Women, Infants, Children (WIC)

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SUMMARY: Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)

The CHA is a mandated reporting requirement of the New York State Department of Health. It is coordinated and written by the local department of health, using quantitative and qualitative measures to systematically collect and analyze data, to understand the health of our County. Community Health Assessment data inform community decision making, the prioritization of health problems, and the development, implementation and evaluation of Community Health Improvement (CHIP) Plans.

The CHIP is the action phase in response to the assessment process. Counties were instructed to select two from the following Prevention Agenda Priority Health Areas, with the goal of making specific changes in Community Health and reducing health disparities:

- *Prevent Chronic Diseases*
- *Promote a Healthy and Safe Environment*
- *Promote Healthy Women, Infants and Children*
- *Promote Mental Health and Prevent Substance Abuse*
- *Prevent HIV, STIs and Vaccine Preventable Disease*

Further requirements include the determination of

- Focus areas
- Goals
- Objectives

Mobilizing for Action Through Planning and Partnerships (MAPP)



In continuance of the collaborative process initiated in 2008, for our 2010-2013 Community Health Assessment, Greene County Public Health Department (GCPHD) continues to utilize The MAPP process, for the 2013-2017 CHA. MAPP is a community-wide strategic planning tool for improving public health. It is a method to help communities prioritize public health issues, identify resources for addressing them, and take action. Greene County Public Health Department used the MAPP process for the 2010-2013 CHA, to foster collaboration, decision making, and community awareness.

The MAPP process within Greene County was interrupted in August 2011 by Hurricane Irene, when emergency response took precedence over other Agency activity. The County response to this catastrophic event is summarized below.

The Committee reconvened in December 2011 to discuss ongoing response to Hurricane Irene.

COMMUNITY HEALTH ASSESSMENT

Description of Greene County:

Greene County is situated between the Hudson River to the east and the Catskill Mountains to the south and west. It is bordered by Albany County to the north, Rensselaer County to the northeast, Columbia County to the east, Ulster County to the south, Delaware County to the west and Schoharie County to the northwest. The county is located just two hours north of New York City. It's scenic beauty, and an impressive array of outdoor recreational opportunities make it a popular weekend destination. Skiing and snowboarding, golf, hiking, mountain and road biking, fishing, hunting, swimming in our numerous lakes and streams, boating on the Hudson River, and a natural landscape that has been attracting artists and visitors to the area for decades, make the County an attractive destination.

Greene County is a New York State county with a unique history. Named after the revolutionary war general Nathaniel Greene, Greene County was formed by dividing Albany and Ulster Counties in March, 1800. Likely one of the most famous references to the area is in Washington Irving's short story, Rip Van Winkle. The county is also home to the oldest surviving house in upstate New York, the Bronck House. Built in 1663, the stone Bronck House, with a strong Dutch influence, is now a museum, open for public tours. Catskill is home to Cedar Grove, the Thomas Cole National Historic Site. Thomas Cole was the founder of the Hudson River School, a 19th century American art movement that focused on the portrayal of American landscape and it's thematic elevation through historic and narrative representation. The Hudson River School of Art

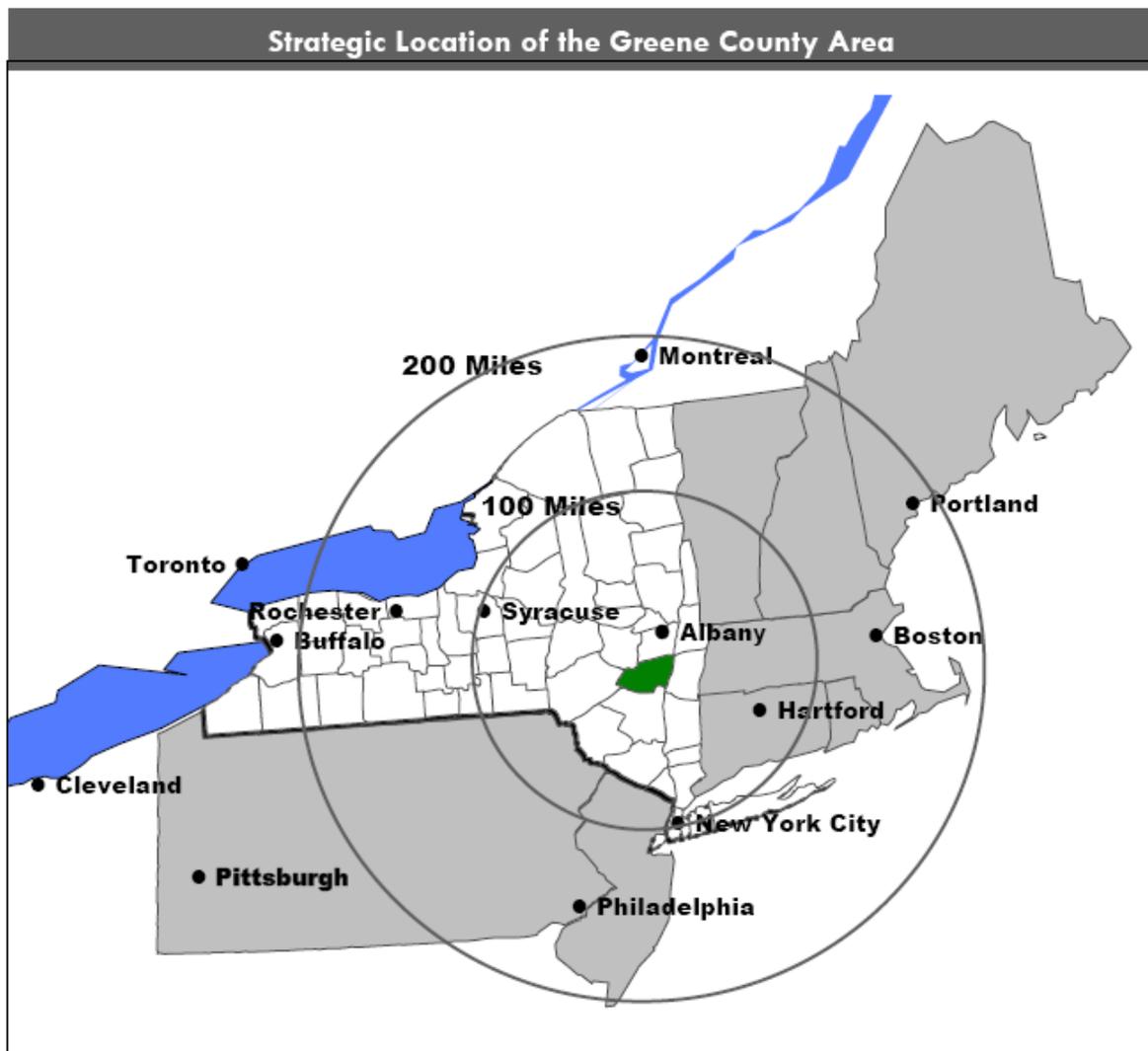
is defined by the works of such artists as Asher B. Durand, Frederic Church and George Inness.

The County is mainly rural; featuring historic villages and towns, The Catskill Mountains, Hudson River and many attractions that make the county a “year round” vacation destination for the New York metropolitan and Tri-State areas.

Columbia and Greene Counties have a unique relationship, sharing many similarities and yet each maintaining their own unique character. They are linked across the Hudson River, with its rich historical and cultural heritage, and share the responsibilities as well as the recreational opportunities of riverfront communities. The Counties are connected by the Rip Van Winkle Bridge, part of the New York State Thruway Authority. Many organizations and services are shared between the two counties, such as Columbia Memorial Hospital, Columbia Greene Community College, Catholic Charities, the Columbia County Community Healthcare Consortium, the Humane Society, Twin County Recovery Services, and many other human service agencies. Because of the proximity, small population and shared resources, many of these agencies work closely together to the benefit of both communities. Residents of each, travel between the two counties for services, employment, recreation and cultural amenities. The counties also share the distinction of being a popular tourist destination for many in the New York metropolitan area.

It is important to note that Greene County no longer has a hospital within it’s geographic bounds. Greene County Public Health Department (GCPHD) enjoys a close relationship with Columbia Memorial Hospital (CMH), working together on many community health initiatives including the Community Health Assessment.

While CMH, located in Columbia County, is our closest local hospital, Greene County residents commonly access care in Albany and Kingston, as the Statewide Planning and Research Cooperative System (SPARCS) data reflects. In response to a GCPHD request for the other local hospitals to come to our MAPP table The Healthy Capital District Initiative (HCDI), not only participated in the Greene County MAPP process, but provided valuable data-sets and comparisons.



(<http://greenebusiness.com/files/docs/Appendix-MarketingProfile-Greene.pdf>)

Greene County Public Health Department:

MISSION STATEMENT: The Greene County Public Health Department and the Greene County MAPP Committee

Greene County Public Health Department is dedicated to providing sufficient resources to protect and improve the overall health and well-being of its residents

VISION STATEMENT:

Our 6 Commitments:

- Commitment to people

- Commitment to service
- Commitment to a healthy community
- Commitment to preservation
- Commitment to growth
- Commitment to leadership

Commitment to people

We are committed to all residents of Greene County, encouraging growth, self-Improvement, and support.

Commitment to service

We are committed to supporting existing services and the promotion of equitable access to high quality health care and preventative care.

We are committed to providing support for our vulnerable populations.

Commitment to a healthy community

We are committed to providing a safe and nurturing environment for residents of all ages with the necessary tools to work towards optimal health.

We are committed to offer improved availability of healthy food options and educational opportunities to facilitate healthy choices.

We support existing substance abuse programs and will work actively toward prevention.

We are committed to ensure mental health outreach, treatment, and service that is available and accessible to all residents.

Commitment to preservation

We are committed to the preservation and responsible promotion of our county's clean and healthy environment.

We are committed to providing educational access and incentives to promote environmentally sound programs for the community, fostering respect for our scenic environment.

Commitment to growth

We are committed to the responsible expansion of resources which create an educated, skilled and economically sound community, in a healthy and environmentally prudent way.

We are committed to sensibly planned growth, to attract visitors, and new residents and encourage current residents to remain within the Greene County community

Commitment to leadership

We are committed to serving our population with respect and dedication, and to promoting innovative and responsible solutions, so that our residents may have the resources to achieve health, wellness and a satisfying quality of life at every stage.

Our vision for the future...

WE ARE COMMITTED TO OPPORTUNITY, EQUALITY AND THE CONTINUAL BETTERMENT OF GREENE COUNTY.

Greene County Public Health Department (GCPHD), the County's local health department is dedicated to the preservation and promotion of the health of our residents. Departmental operations are overseen by the Director of Public Health, County Administrator, Board of Legislators, Medical Director, Medical Professional Advisory Committee and Health Committee. Greene County Public Health Department is a Partial Service Health Department with environmental services provided by the District Environmental Health program located in Oneonta, NY.

The Department has recently transitioned from a Certified Home Health Agency to a Licensed Home Care Services Agency which resulted in a name change from Greene County Public Health Nursing Service to Greene County Public Health Department.

Services include:

Diagnostic and Treatment Center (DTC)-

DTC handles communicable disease, immunization and lead case management. The communicable disease staff does investigation and surveillance for any positive New York State Department of Health (NYSDOH) reportable disease (as identified by the CDC) for Greene County residents. This requires that the DTC staff communicate with physician offices regarding symptoms and treatment, for electronic reporting to the NYSDOH. In cases where additional information such as food and travel history is necessary, DTC staff will contact patients directly.

Rabies prevention and education are an important function of this department. DTC staff handles all animal bite reports for Greene County residents. Bite reports require follow up with the victim and the animal owner regarding the incident situation and regulations regarding the confinement of the animal, to monitor its health status. GCPHD is concerned about the human aspect of rabies. If the animal cannot be identified, or located to be assured it is physically well, GCPHD advises the victim to contact their physician concerning the possibility of Rabies Post Exposure Prophylaxis (PEP). Anytime a bite/exposure to a wild animal is reported, it is ideal that the wild animal be tested for rabies, if not, Rabies PEP is authorized by the County with the patient seeking medical advice from their physician. GCPHD works with Emergency Department personnel in the surrounding hospitals regarding rabies, as well as the local animal control, The New York State Department of Environmental Conservation and local law enforcement.

Rabies Vaccine Clinics for cats, dogs and ferrets are organized and staffed through this department with the help of local volunteers. Local veterinarians administer the vaccines. The Clinics are scheduled in the Spring, Summer and Fall at seven locations throughout the County and are extremely well attended.

DTC participates in the Vaccine for Children Program (VFC) which allows our agency to offer all the childhood vaccines to those who are uninsured or underinsured in Greene County. Adult vaccines are also available to residents slightly over cost, with ability to bill Medicare, Senior Blue and some third party insurances. A sliding fee scale is utilized for anyone who can show financial hardship regarding payment for their vaccine.

DTC may perform lead poisoning and prevention case management for any child with elevated lead levels. GCPHD staff works with the NYSDOH Environmental office in Oneonta to identify lead sources in the home, and with pediatricians and parents, to provide case management until acceptable lead levels are achieved.

Greene County Family Planning

Greene County Family Planning (GCFP) is a Title X funded Family Planning Clinic that provides low cost reproductive health care to Men, Women and Teens. The clinic is staffed by Nurse Practitioners under the oversight of our Medical Director. GCFP provides low cost or free same day appointments for the following contraceptive methods: oral contraceptives, Nuva Ring, Ortho Evra patch, Depo Provera injections, diaphragms, condoms, (male and female), Mirena, Paragard and Skyla IUD's, and Nexplanon implants. They also provide free plan B emergency contraception, and offer walk in appointments for the copper IUD as emergency contraception.

As the County's STD clinic, GCFP provides screening and treatment for the following STD's: gonorrhea, Chlamydia, herpes, HPV, syphilis and trichomoniasis. In addition, rapid HIV testing for men and women are provided, with referrals to care if the results are positive. GCFP screens for the following cancers: breast, uterine, cervical, testicular, skin, and prostate.

GCFP provides preconception counseling and level 1 infertility testing to men and women, and assessment, counseling and referrals for women once they become pregnant.

GCFP enrolls male and female clients in presumptive eligibility Medicaid for the Family Planning Benefit program and full Medicaid for pregnant women on the day they are seen.

The full time health educator provides outreach and educational programming to the 6 school districts in Greene County, the Greene County Departments of Social Services, Probation, Human Services, and Mental Health; Twin Counties Recovery Services, The Mental Health Associations PROS program in both Greene and Columbia counties, The Red Door, Riverside Recovery, the Northeast Parent and Child Society and Parenting Program through Cornell Cooperative Extension, Columbia Greene Community College, Community Action's networking meeting, the Early Childhood Learning Centers of Greene County, and Questar's Alternative Learning Classes.

Nursing Services

Public Health Nurses serve at the forefront of community health. Services they provide include flu Clinics, and Emergency point of dispensing (POD) Clinics; direct care for

Diagnostic and Treatment Center Service including, immunization administration, rabies follow up and vaccine, rabies clinics, and communicable disease follow up; birth certificate screening for The Early intervention program to identify potential birth anomalies which would warrant Early Intervention services; representation of Greene County Public Health Department at community meetings , committees and community health outreach opportunities including Women, Infants and Children (WIC), Department of Human Services, and Suicide Prevention.

Nurses also provide Maternal child services include health guidance home visits for postpartum Mothers and newborns, and liaison services for Columbia Memorial Hospital's obstetrical unit for postpartum and newborn referrals. In this role a maternal child nurse will meet with new Mothers and offer support as well as a Health guidance teaching home visit.

CHILDREN'S SERVICES

Early Intervention Program

The Early Intervention Program (EIP) is designed to help parents to help their child reach their developmental potential. It serves children under the age of three who have developmental delays or diagnosed conditions which have a high likelihood of causing a developmental delay. The EIP provides many services, such as speech, physical or occupational therapies, nursing, nutrition, special instruction and service coordination etc. to children and their families.

EIP is administered by the EI Official/Director of Services for Children with Special Health Care Needs who oversees 3 service coordinators and 1 account clerk typist employed by the county. Providers have provider agreements with the state. Any approved Early Intervention Provider who holds an agreement with the state could potentially provide EI services in Greene County. There are approximately 35 providers that currently serve Greene County. This includes agency and independent providers. There have been some capacity issues in providing Occupational Therapy services in the Greenville, Oak Hill and East Durham areas. Some of these issues are related to geography as well as payment issues experienced through the implementation of the State Fiscal Agent which began in April of 2013.

Child Find Program

The Child Find Program's (CFP) purpose is to identify children with developmental delays or diagnosed conditions. Outreach is accomplished by mailing letters to all new Greene County parents, screening all birth registration data for indications of need, attending and participating in community events and visiting health care practitioners. All EI/PHCP/CSHCN/CF staff has participated in outreach activities.

Preschool Program

Greene County Preschool Education Program serves eligible Greene County children ages 2 1/2 through 5 years of age who are classified as “a Preschool Child with a disability”.

The Director of Services for Children with Special Needs oversees the Preschool Program.

Preschool Special Education staff includes, 1- Assistant Director of Services for Children with Special Needs/Preschool Municipal Representative, 1-part time senior account clerk, 1- Account Clerk Typist, and 1- Account Clerk. Part -time clerical worker maintains children’s files by requesting mandated information from providers and/or school districts.

Account Clerk Typist main tasks include: maintenance of school district spreadsheets, accounts receivable, i.e., Medicaid, Automated Voucher claims, and refunds.

Account Clerks main tasks include: Accounts payable, which includes verifying vouchers for monthly billing, as well as statistical data for MPAC and all fiscal reports.

The Assistant Director of Services for Children with Special Needs/Preschool Municipal Representative attends monthly Committee (CPSE) meetings for new referrals, review of program meeting, as well as an annual review to determine ongoing eligibility at the following Greene County school districts: Catskill, Coxsackie-Athens, Cairo-Durham, Gilboa-Conesville, Greenville, Hunter-Tannersville, Ravena-Coeymans-Selkirk, Windham-Ashland-Jewett, Margaretville, and Onteora.

Accomplishments have continued to center on providing adequate provider coverage for all cases requiring services. Recent changes to Medicaid billing requirements have increased the amount of staff time and attention to ensure necessary documentation is received.

Children With Special Healthcare Needs

The Children with Special Health Care Needs (CSHCN) Program is a resource and referral program for children through age 21 who have a diagnosis that requires them to seek more medical care than most other children (Diagnoses include but are not limited to Autism, Cerebral Palsy, Diabetes, Deafness, Downs Syndrome, & Spina Bifida,).The focus of the program is to ensure that those children have a “medical home”, a health care provider and health insurance. Calls to this program are answered by the 3 Service Coordinators with oversight by the EIO/Director of Services for Children with Special Needs. The Director of Services for Children with Special Needs participates in the Office of People with Developmental Disabilities (OPWDD) Subcommittee which actively looks at and discusses services available to Greene County residents and any new needs that might exist.

Physically Handicapped Children’s Program

The Physically Handicapped Children’s Program (PHCP) is a financial assistance program for families of children through the age of 21 who have special needs and diagnoses. In Greene County, past practice has limited the scope of children served to those who have diagnosed hearing, orthodontic and/or motor conditions. Families are

screened for financial eligibility. Referrals to this program are received by the 3 Service Coordinators. Payments by the families, as eligible according to the federal poverty guidelines, and to the medical providers are completed by the Program Coordinator. Oversight is provided by the by the EIO/Director of Services for Children with Special Needs. In addition all calls to the Greene County Disability Council are referred to Children's Service staff for resource referrals.

Public Health Emergency Preparedness

The Public Health Emergency Preparedness Branch of the Greene County Public Health Department is responsible for program activities that increase Greene County's ability to effectively respond to a range of public health threats, including infectious diseases, natural disasters, and biological, chemical, nuclear, and radiological events. Funding for these activities has been provided by the Centers for Disease Control and Prevention since 2002 as a grant. The Public Health Emergency Preparedness (PHEP) grant is administered through New York State Department of Health who also establishes continuing, annual, and quarterly project goals that reflect the national public health preparedness capabilities.

The intent of PHEP funding is targeted specifically for the development of an emergency-ready public health department that is flexible and adaptable. Activities that are completed on an annual basis under PHEP funding include: the implementation of project goals; coordination with other agencies; development plans and distribution of materials; in-service trainings, exercises, conduction of community engagement meetings; management of both medical and non-medical volunteers; and ensuring necessary reports/documentation are completed and submitted in a timely manner.



Response to Hurricane Irene

Below is an excerpt from Greene County's Response to Tropical Storm Irene:

"On August 28th 2011, Greene County was significantly impacted by Tropical Storm Irene. The storm had been classified as a hurricane as it worked its way up the eastern coast of the United States and it was predicted to significantly impact New York City and Long Island areas. As a result many people evacuated that area and many people came up the "safe" Catskill Mountains. Additionally state resources had been deployed to staging sites near the predicted impact area.

The hurricane damage was minimal in the NYC area however the shift of the weather pattern put the storm on a direct path to Greene, Schoharie and Ulster Counties. The three counties share a mountain range with peaks above the level of the storm. As the storm approached, its speed slowed over the mountains and contributed a significant amount of precipitation. The brunt of the storm dumped between 7 and 18.2 inches of rain officially between the onset and the time it wound down on the evening of the 28th. Scattered showers added more rain throughout the night. The impact from this storm was solely related to the volume of water in an area already saturated from a wet summer. There was comparatively little wind related damage reported.

The county EOC was opened at 8 am on August 28th and a State of Emergency declared at 8:43 am. The EOC staff fielded phone calls and assisted with coordinating response resources to the affected communities of Windham, Prattsville, Jewett, Lexington, Ashland, Catskill, Cairo and Durham. The county Emergency Management

Plan was utilized however after only a couple of hours, the scope of the disaster exceeded the scope of the county's abilities and the State Office of Emergency Management was contacted for assistance.

Throughout the day and evening hours on the 28th, the EOC received numerous phone calls from people requesting assistance, people trying to track down loved ones and people looking for a safe route to get out of the county. Resource requests were handled and additional rescue personnel were brought in from various areas of the state.

Shelter requests were flooding the EOC and the Red Cross had pre-deployed all of its resources downstate so no shelter was available. County staff along with the Cairo-Durham School district staff opened a shelter in Cairo. Impromptu shelters also opened up in many areas around the county. A second formal shelter was opened in Catskill.

Throughout the day, approximately 87 people were rescued from flooded areas by the National Guard, State deployed Swiftwater Rescue teams, State Police helicopter or local responders. Rescue operations were difficult due to the volume of debris and swiftness of the water.

The severity of damage caused significant infrastructure damage and communications through landline, cell phone or emergency services radios were severed rendering individuals in the mountaintop areas without any form of communication. The county's communications van was dispatched to Prattsville which did give that community some contact with the 911 center however the other communities had none. This communication failure lasted for three days. Radio Amateur Civil Emergency Services (RACES) team members were dispatched on Tuesday of that week to provide some communication to and from the 911 center.

Initial conversations with town officials revealed that Prattsville had an EOC established and was conducting rescue operations. Other communities initially responded that they were "monitoring" the situation. On the second day of the disaster Windham had established an EOC. Lexington, Jewett, Ashland and Hunter all had Command Posts set up but were not operating an EOC. The town of Halcott supervisor was briefed in the early hours of the 28th and she advised the EOC that she was leaving on vacation in a few hours. She left contact information for someone to act in her place.

Reports of road failures, bridge collapses, and homes being swept away in fast moving flood waters continued to come in to the EOC. County and State highway crews attempted to stabilize damaged areas wherever possible and create emergency entrance and egress points for evacuation and emergency response personnel."

"The greatest volume of rain fell in the mountaintop communities however the flood waters continued to damage other communities as they moved down the mountain. Streams and creeks in Cairo and Durham exceeded their banks and caused loss of property. In Catskill small streams also expanded and eroded foundations of homes and flooded others. In the Village of Catskill, the Catskill creek flooded and destroyed many

homes especially in the West Main St and Bushnell Ave. areas. Sunday night the flooding caused the west side of the village to be virtually isolated until Monday morning. There was one long way around to get in and out of that side of the village. Since the valley communities had ample warning, emergency vehicles had been pre-positioned and homes in the flood prone areas had been evacuated.

Sunday's efforts concentrated on life safety and responder protection. Monday concentrated on stabilizing infrastructure and sheltering those who lost their homes. On Tuesday and throughout the remainder of the week damage assessment occurred. Teams from various departments and outside agencies assisted in assessing damage and prioritizing repairs. Emphasis was on ensuring all locales had at least one point of entrance and egress. One area, County Route 6, remained isolated for more than a week due to a massive landslide. The residents there were in communication with the local command post and the county EOC through limited cell phone coverage. They were able to utilize ATV's to get out and get supplies. An air drop was utilized to deliver supplies to them on one occasion. A portable cell tower was ordered through the state for the area however due to the road erosion it was not able to get to the needed site.

The county remained under a state of emergency and Wednesday September 7th should have been the first day of school. All schools remained closed for their first three days and Windham School had to remain closed for several weeks due to the damage they endured. Schools were involved in daily conference calls with the county. Additionally additional rain fell from tropical storm Lee and recovery efforts switched back to a response mode as we monitored additional flooding from the new storm system.

Refuse pickup began on September 5th with assistance from outside municipalities. The Public Health Department scheduled numerous vaccination clinics in the affected areas. Efforts for the remainder of the time period concentrated on providing support for cleanup operations and assistance with housing and shelter needs.

From the 7th through the 12th we concentrated on transitioning activities of the EOC back to local capabilities so as to get agencies and municipalities on track with their "new normal". The EOC provided guidance and support to the agencies throughout this time period and monitored their activities."

Response to Hurricane Sandy

This late October storm did not cause the catastrophic and widespread damage in Greene County that was seen in so many other regions, Because of this, the nature of the response was far smaller than for Irene.

Public Health Education

The Public Health Educator provides educational programs for the public and professional community of Greene County, Agency staff development, and fulfills New York State Department of Health (NYSDOH) reporting requirements. Educational topics include the essential areas of public health, and other topics of importance to the

population served. The Public Health Educator provides outreach at community events as well as on-site learning opportunities. The Educator chairs the Greene County MAPP Committee, which provides a forum for agency and community participation in County health issues, and coordinates The Go Greene for Wellness, Worksite Wellness Committee which is dedicated to enhancing the health of our County workforce.

Sharps Disposal Kiosk



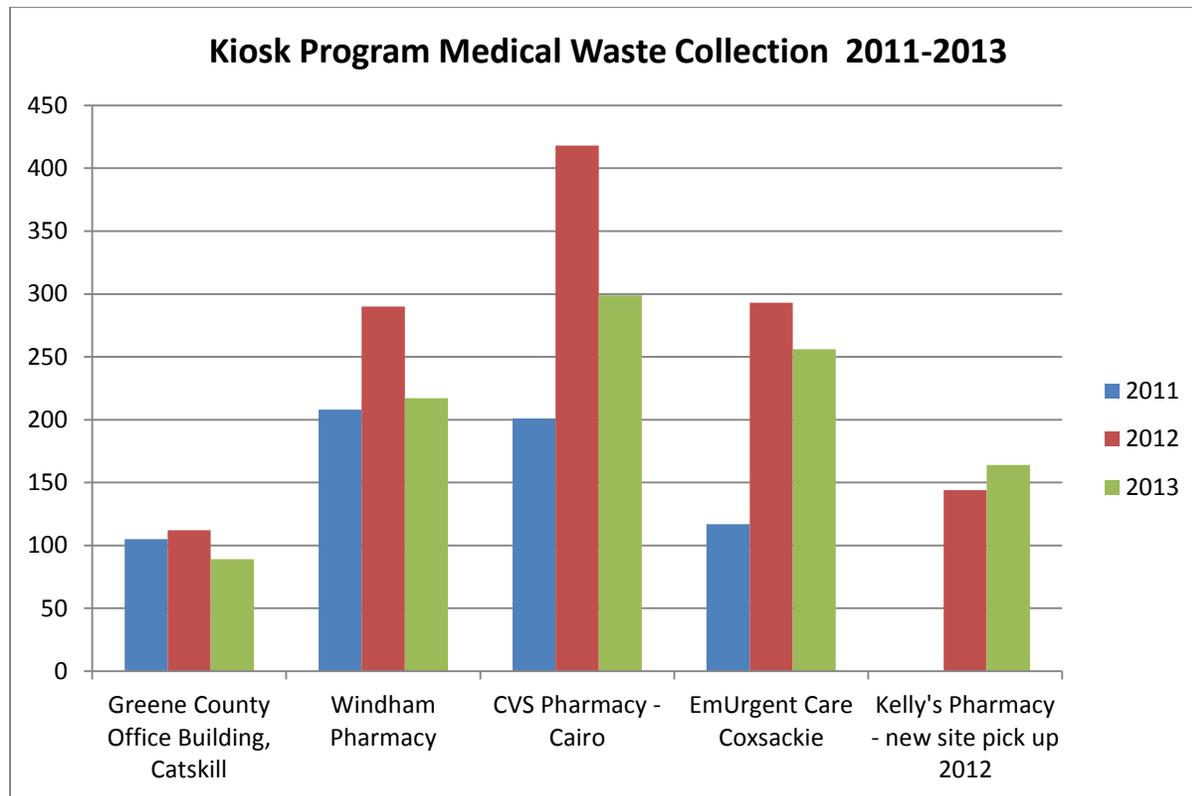
GCPHD oversees a syringe disposal program for Greene County. Partners include Project Needle Smart, Greene County Solid Waste, and the following kiosk sites:

- CVS Pharmacy, Cairo
- EmUrgent Care, Coxsackie
- Greene County Office Building, Catskill
- Kelly's pharmacy, Greenville
- Windham Pharmacy, Windham

This program provides for the safe and convenient disposal of medical sharps, as well as the distribution of sharps containers.

In November of 2013 Greene County Public Health Submitted the syringe kiosk disposal program for The National Association of County and City Health Officials, Model Practices Award.

Please see below- Kiosk Program Medical Waste Collection for 2011 - 2013 showing the pounds of sharps collected per site annually. Collection, management, distribution of individual sharps containers and deposit of sharps to either The Pines or at Catskill or Kaatterskill Care in done by Greene County Solid Waste.



GREENE COUNTY DATA

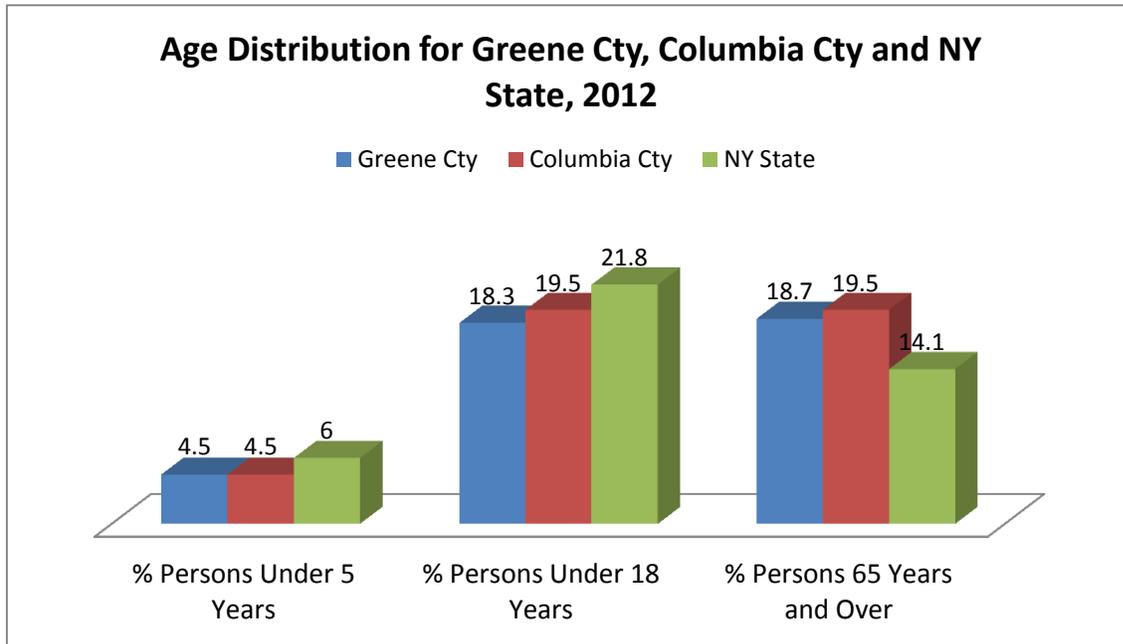
Census

	Greene County	New York
Population, 2012 estimate	48,673	19,570,261
Population, percent change, 4/1, 2010 to 7/1, 2012	-1.1%	1.0%
Population, 2010	49,221	19,378,102
Persons under 5 years, percent, 2012	4.5%	6.0%
Persons under 18 years, percent, 2012	18.3%	21.8%
Persons 65 years and over, percent, 2012	18.7%	14.1%
Female persons, percent, 2012	47.8%	51.5%

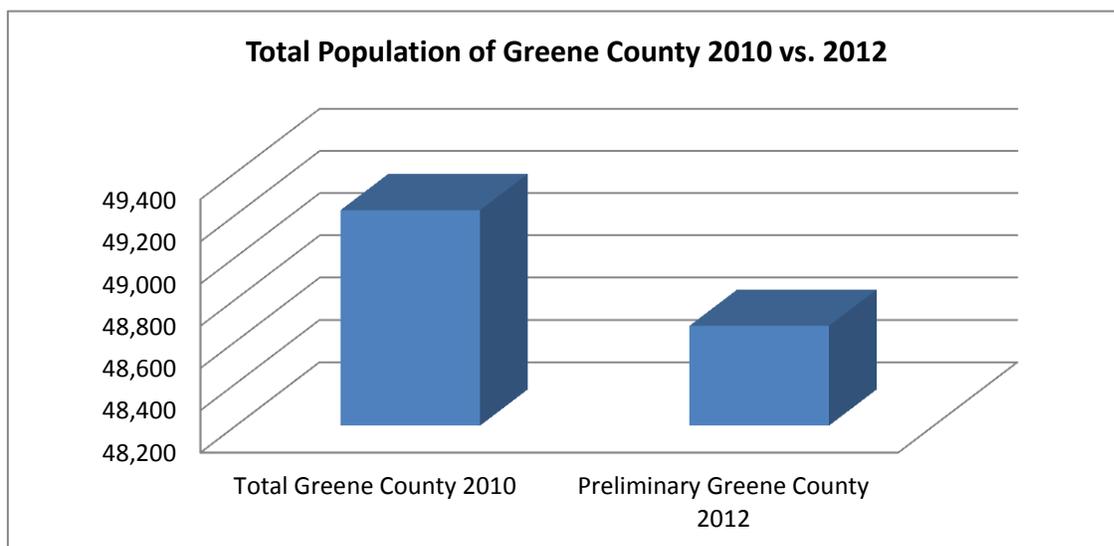
Population Change

Greene New York State has seen a 1% decline compared to a statewide growth of a similar amount. The greatest population concentration is aged 65 and older compared with a statewide concentration under 18 years of age.

Similar to neighboring Columbia County, Greene County has a higher percentage of residents over the age of 65, and a lower percentage of children both under 5 years of age and under 18 years of age (Please see below – Age Distribution for Greene Cty, Columbia Cty and NY State, 2012).

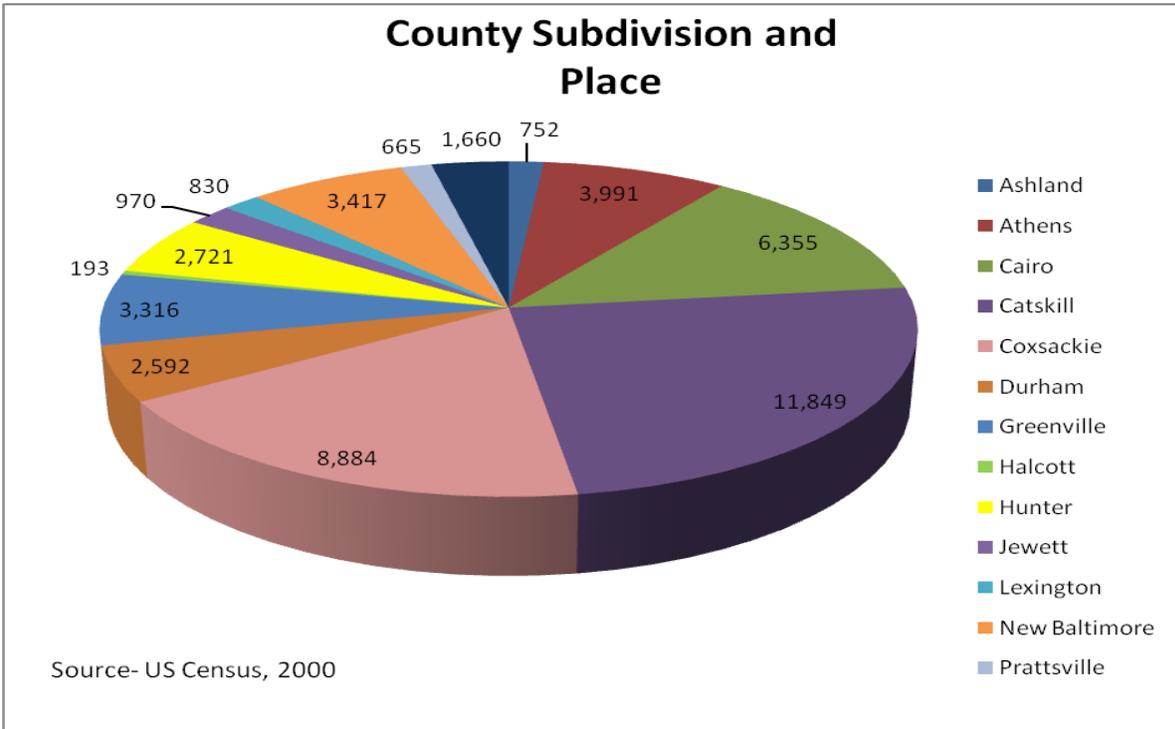


Quickfacts.census.gov



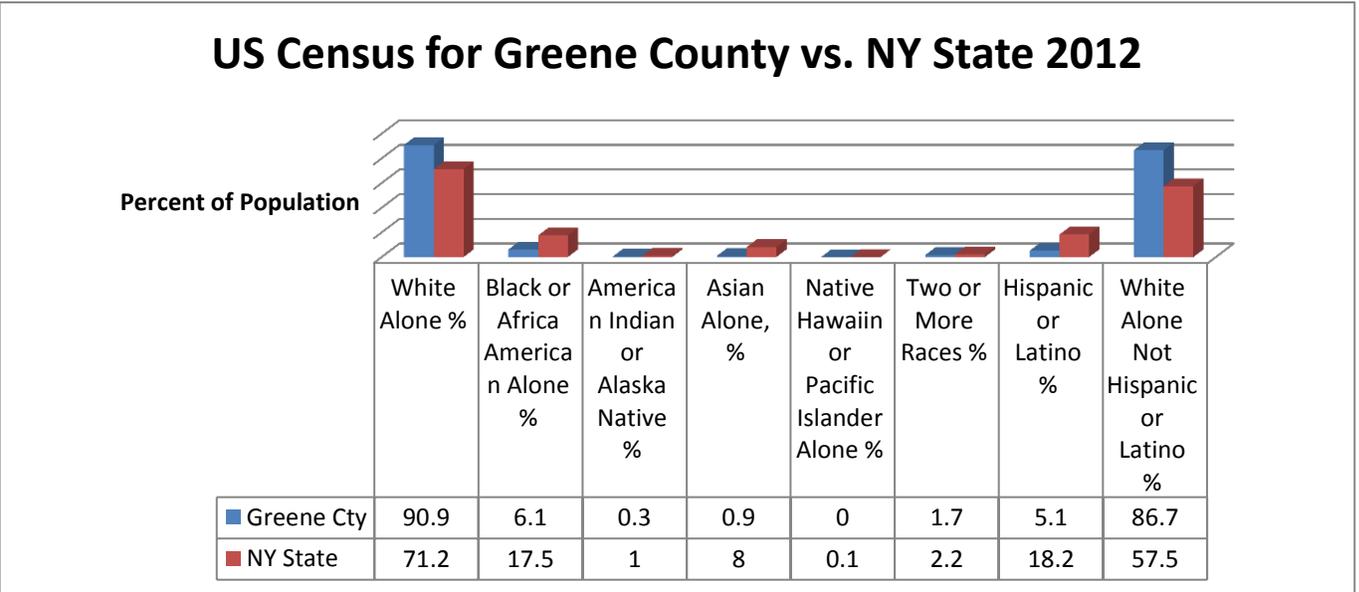
Quickfacts.census.gov

A review of Greene Counties 2010-2013 Community Health Assessment shows continued Concentration of population in Cairo, Catskill and Coxsackie (see below).



US Census, 2000

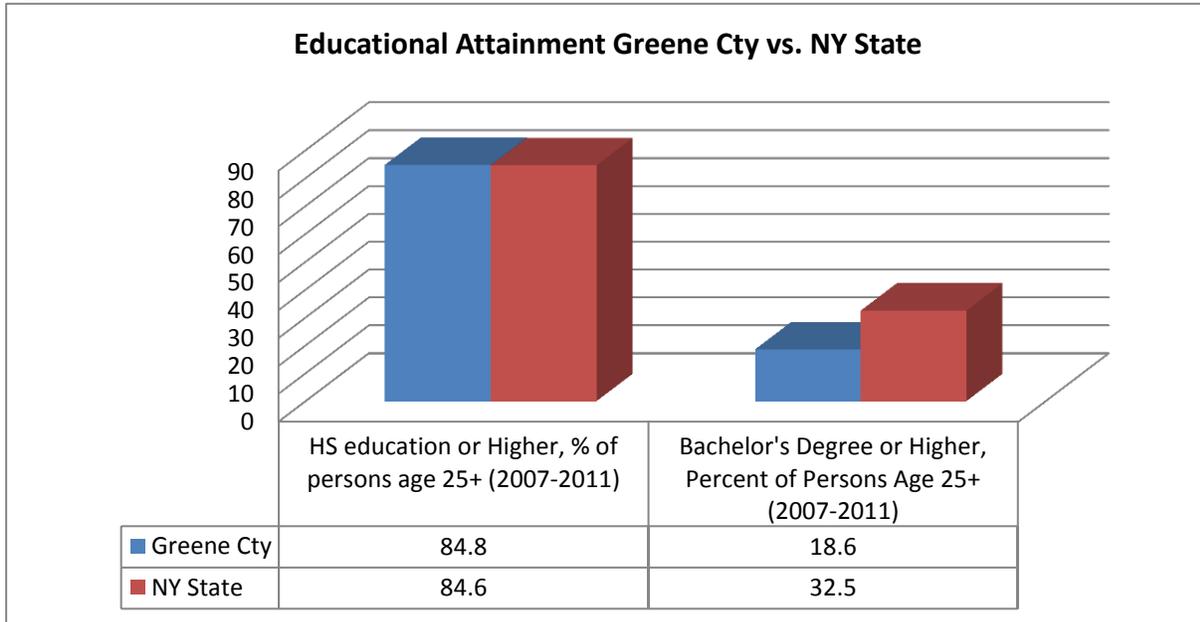
Racial Distribution



Quickfacts.census.gov

The racial makeup of Greene County is reflected in the chart above with a distribution of 87.7% White not Hispanic or Latino, 6.1 % Black or African American, and 5.1% Hispanic or Latino.

Education

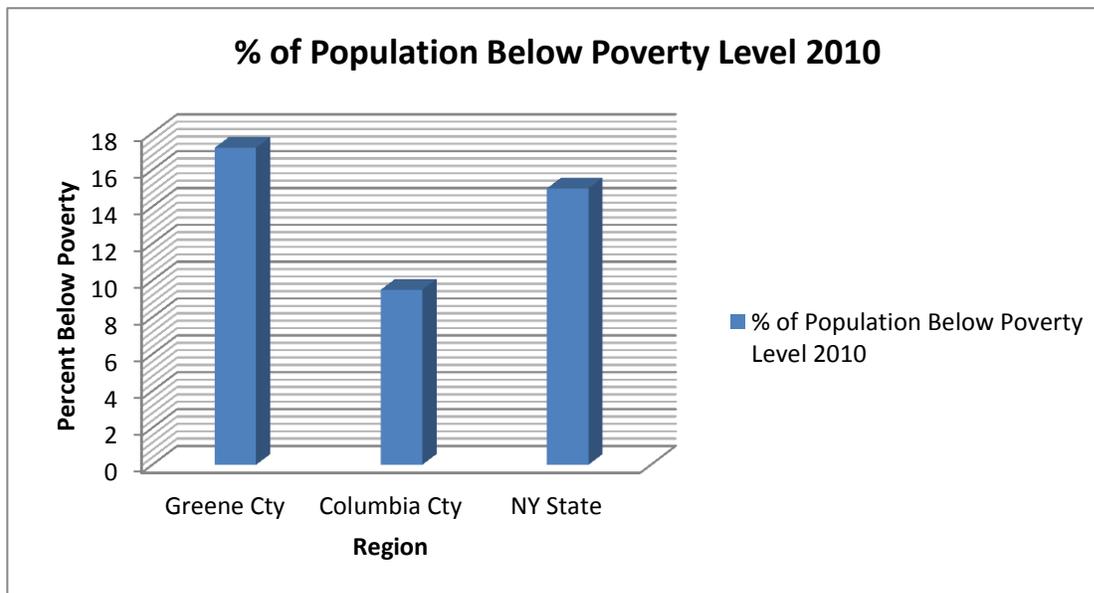


Quickfacts.census.gov

High school graduation rates remain similar to those of NY State, while the attainment of higher education lags significantly.

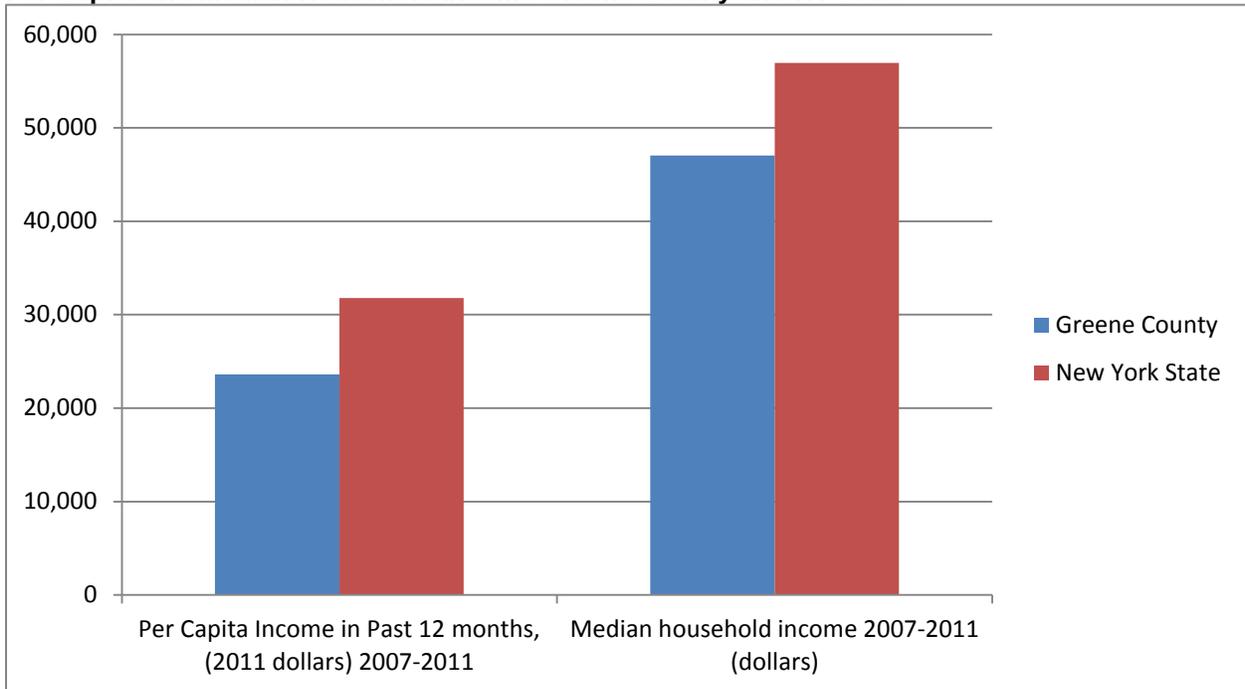
ECONOMIC DATA

Income



HCDI

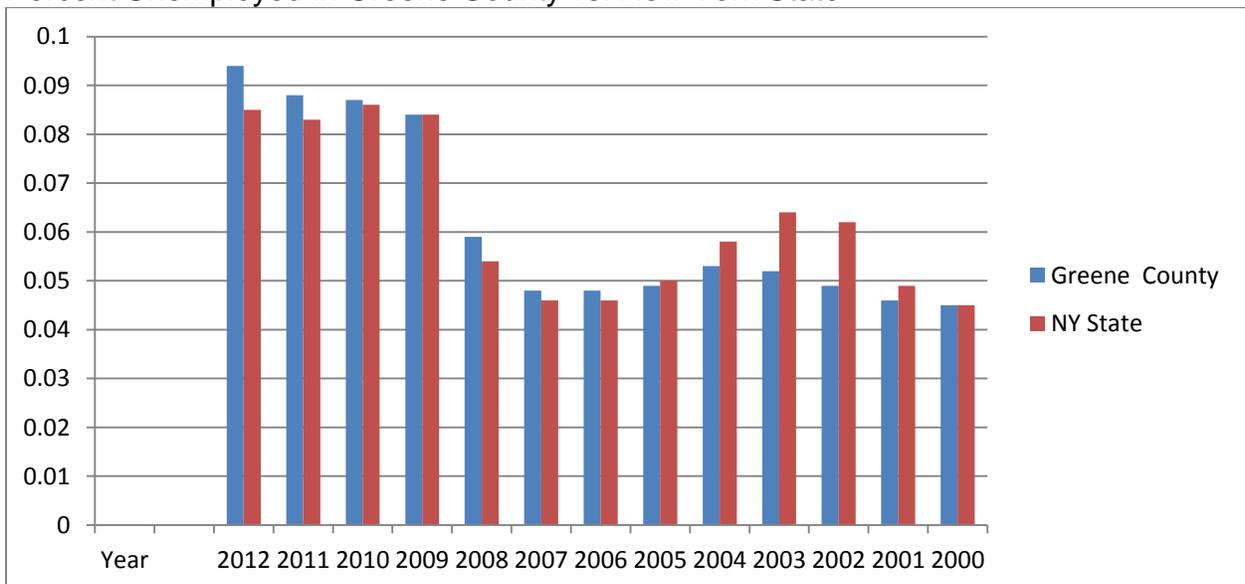
Per Capita and Median Household Income Greene County and NY State



Quickfacts.census.gov

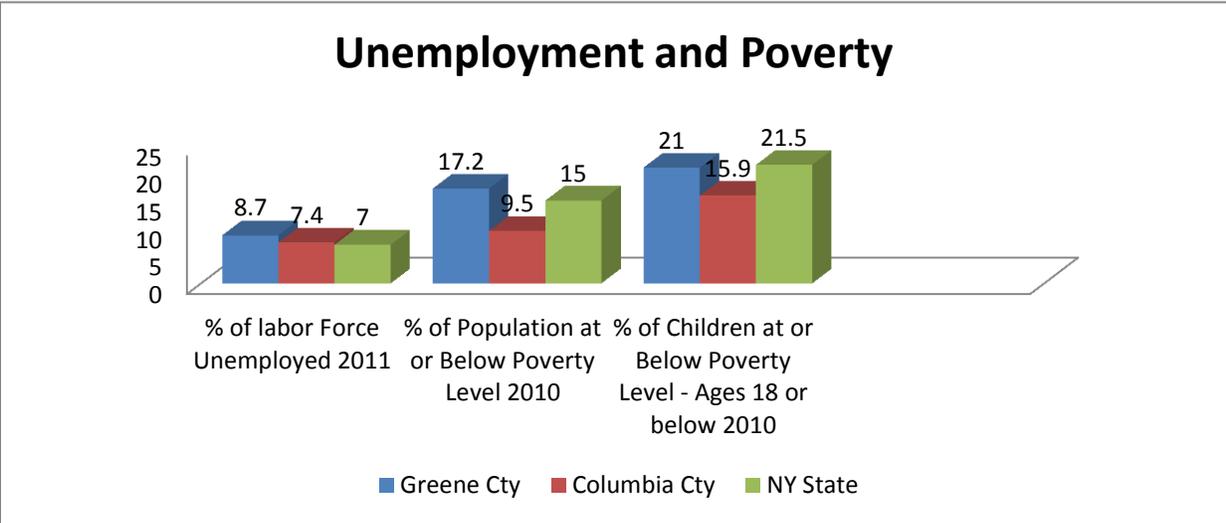
Greene County lags behind New York State in both per capita and median household income.

Percent Unemployed in Greene County vs. New York State



Quickfacts.census.gov

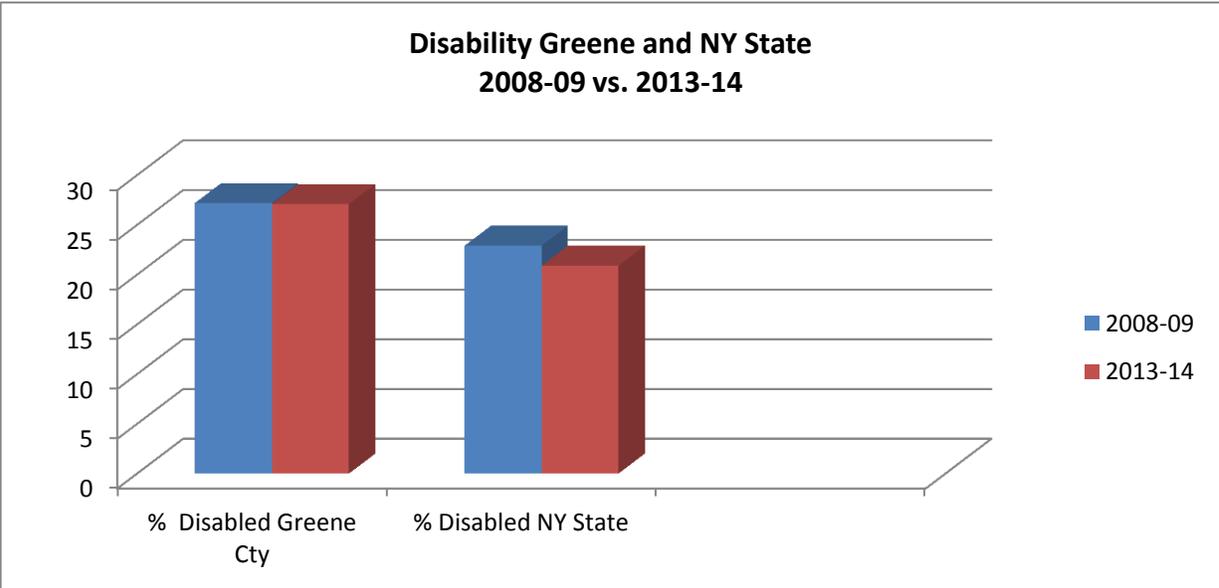
*0.1 = 10%



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From 2011 to August 2013 unemployment for Greene County has seen an improvement of 1.4% from 8.7% to 7.3% (Greene County Economic Development and Planning).

Disability

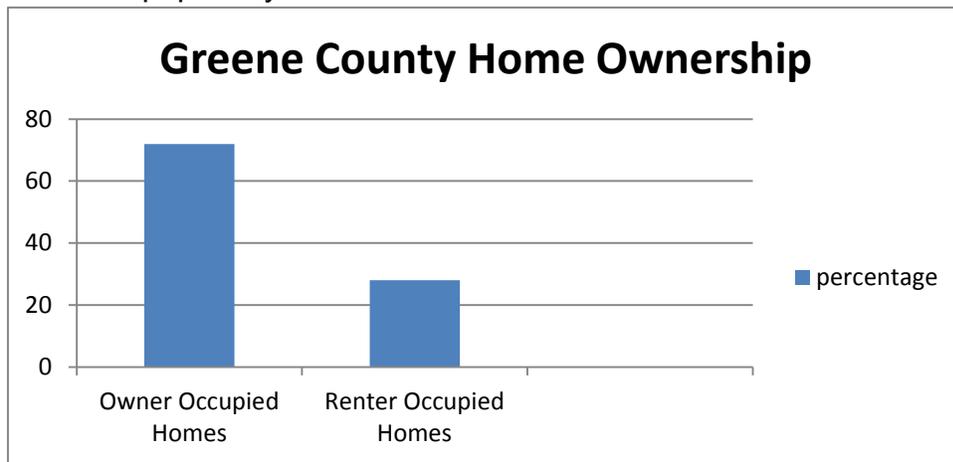


BRFSS 2008 – 2009 and 2013-2014, Preliminary

Disability among adults remains essentially unchanged in Greene County from 2008-09 – 2013-14. Greene County continues to see a higher percentage of disabled persons than New York State.

Home Ownership	Greene	NYS
Homeownership rate,	72.7%	54.8%
Housing units in multi-unit structures, percent,	17.0%	50.5%
Renter occupied Households	28%	
Median value of owner-occupied housing units (US Census State and County Quickfacts)	\$181,300	\$301,000

The area is very popular with families and individuals from the NY metropolitan area who want a country retreat. Because of its proximity, natural beauty, recreational opportunities and amenities it is a popular destination for second homeowners. Greene County has about 8,000 second or weekend properties, which further indicates the area's popularity as a vacation destination.

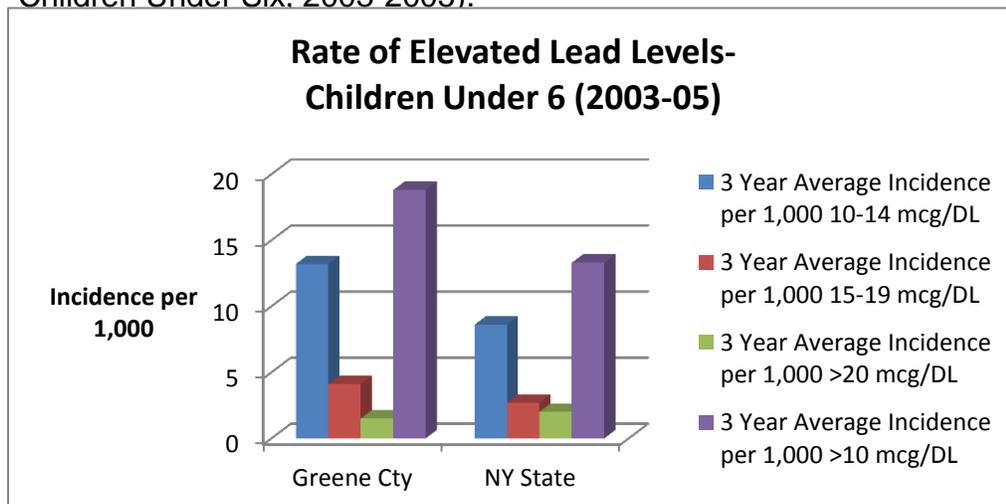


Greene County Economic Development

Lead Exposure

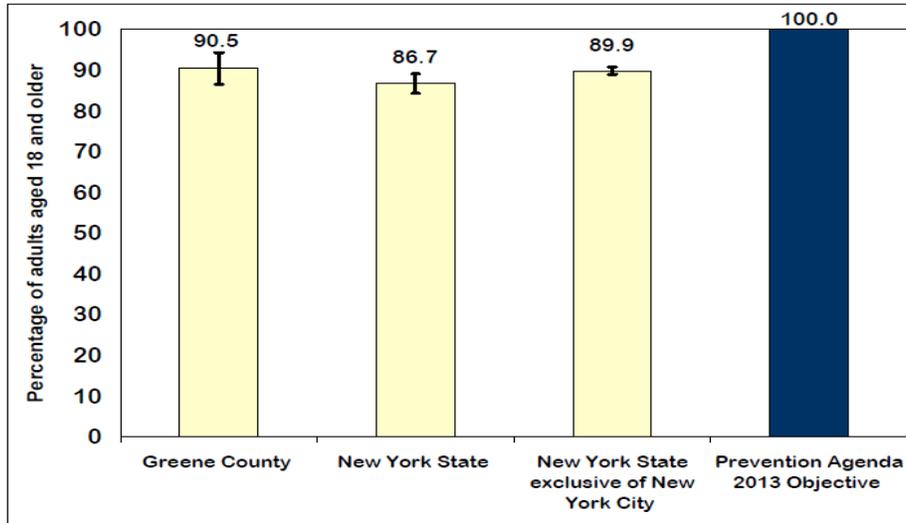
There are many older homes in Greene County, as in many of the historic New York communities. Therefore lead poisoning remains a risk from older forms of paint and building materials, especially in children under 6 years of age. Lead may persist in dust, air, water and soil. Most often childhood exposure is the result of breathing or swallowing dust from old lead paint that gets on floors windowsills, hands and toys. It can also be passed from mother to baby during pregnancy.

Because children are most vulnerable to lead exposure, New York State requires to test all children at ages 1 and 2 (Please see below – Rate of Elevated lead Levels – Children Under Six, 2003-2005).



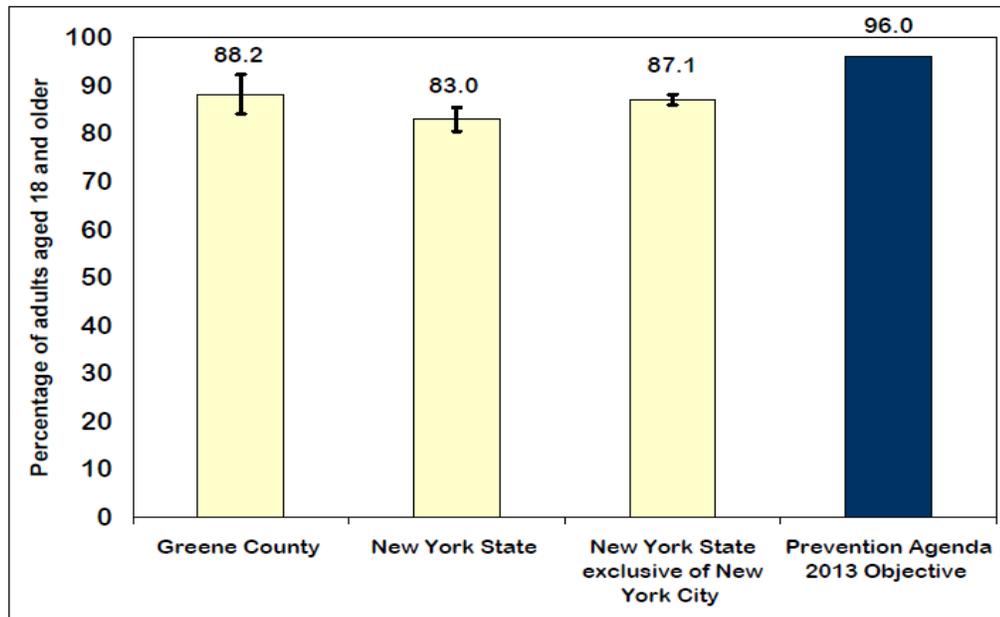
ACCESS TO CARE

Figure 1. Percentage of adults aged 18 and older with health insurance, 2009



Rates are age-adjusted to the Year 2000 US Standard Population.
Note: Error bars represent 95% confidence intervals.

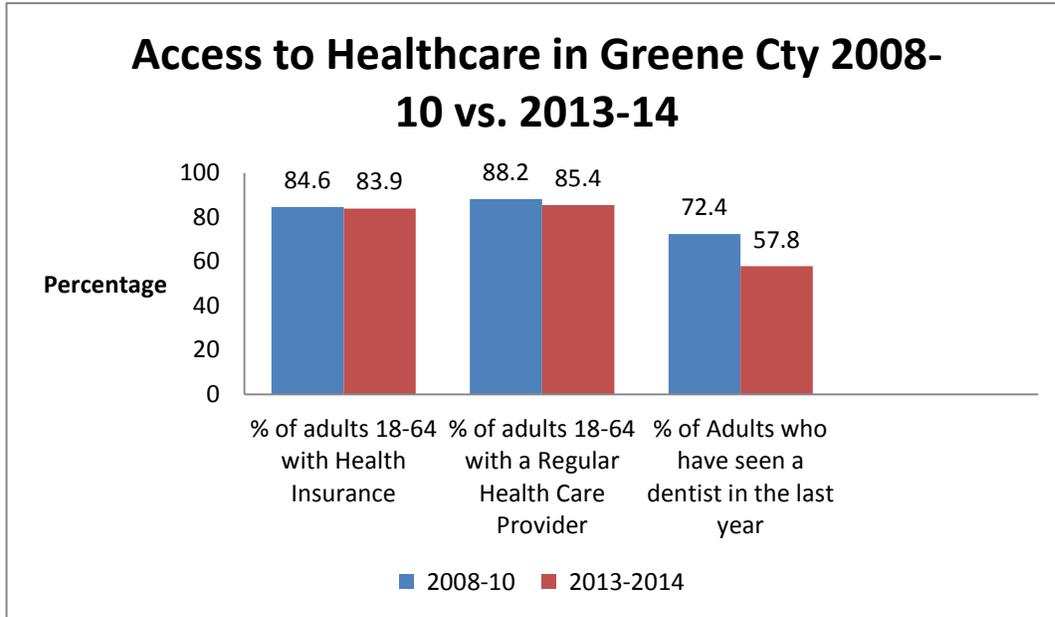
Figure 2. Percentage of adults aged 18 and older with regular health care providers, 2009



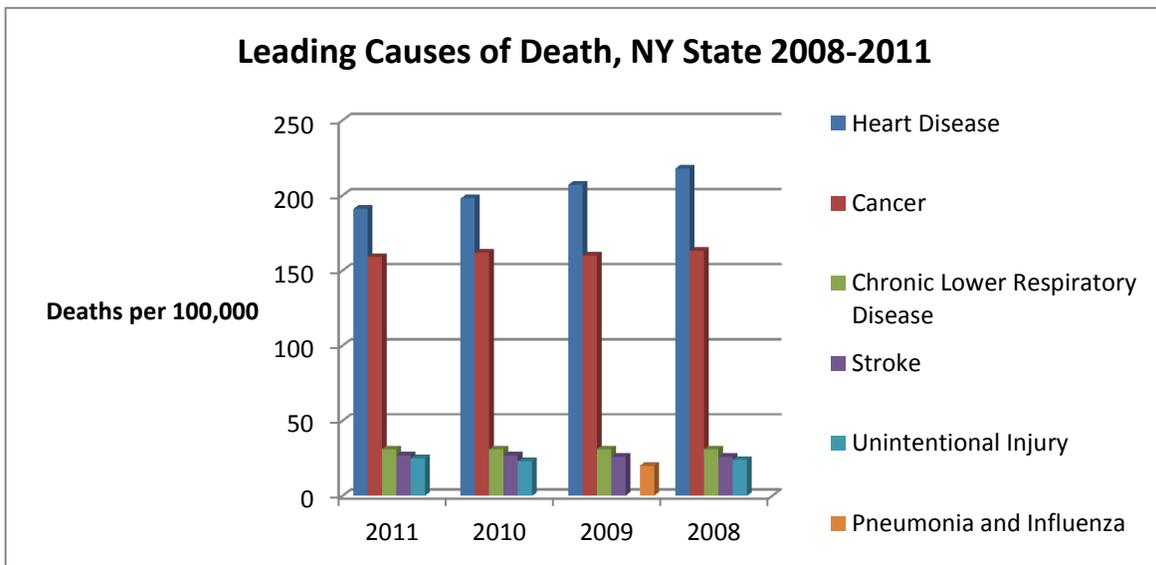
Rates are age-adjusted to the Year 2000 US Standard Population.
Note: Error bars represent 95% confidence intervals.

Preliminary data reports for 2013 show a downward trend in adult insurance coverage, percentage of adults with regular healthcare provider, and percentage of adults who have seen a dentist in the past year (please see below – Access to Healthcare in Greene County, 2008-2010 vs. 2013-14 and Check-up for Adults Within the last 12

Months). Going forward, there will be many changes in the area of access to insurance, and therefore access to medical services.

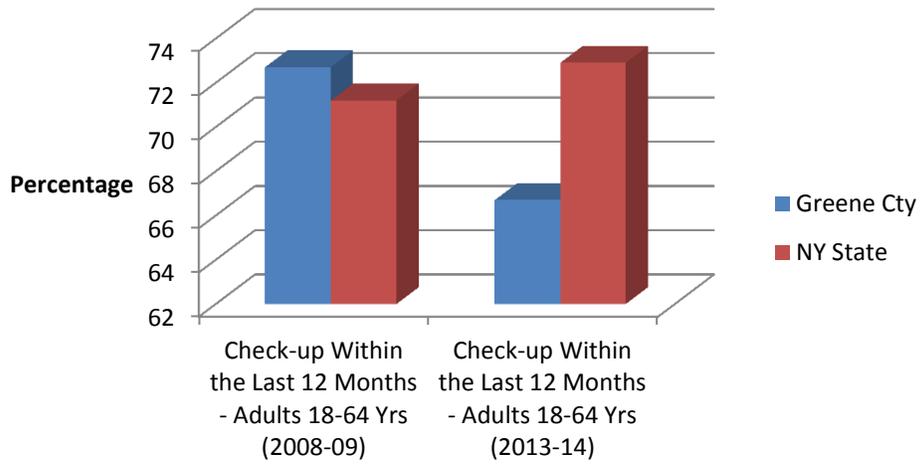


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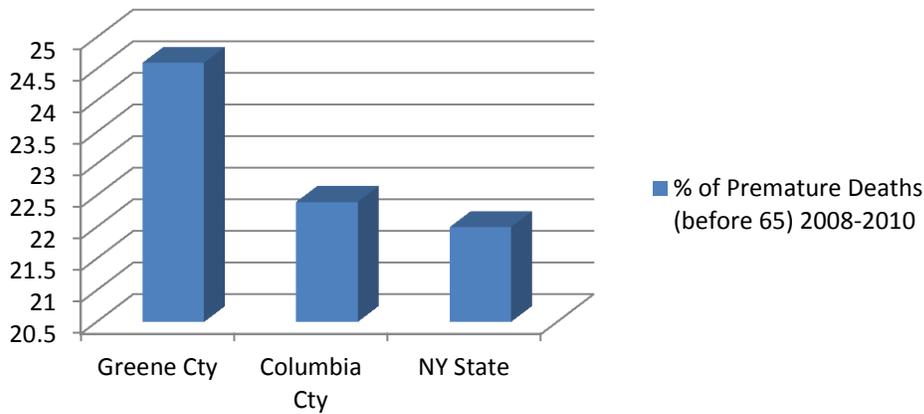
www.health.ny.gov/statistics/leadingcauses_death

Check-up for Adults Within the Last 12 Months



NY State expanded BRFSS 2008-2009. Greene County Expanded BRFSS 2013-2014

% of Premature Deaths Before Age 65 (2008-2010)



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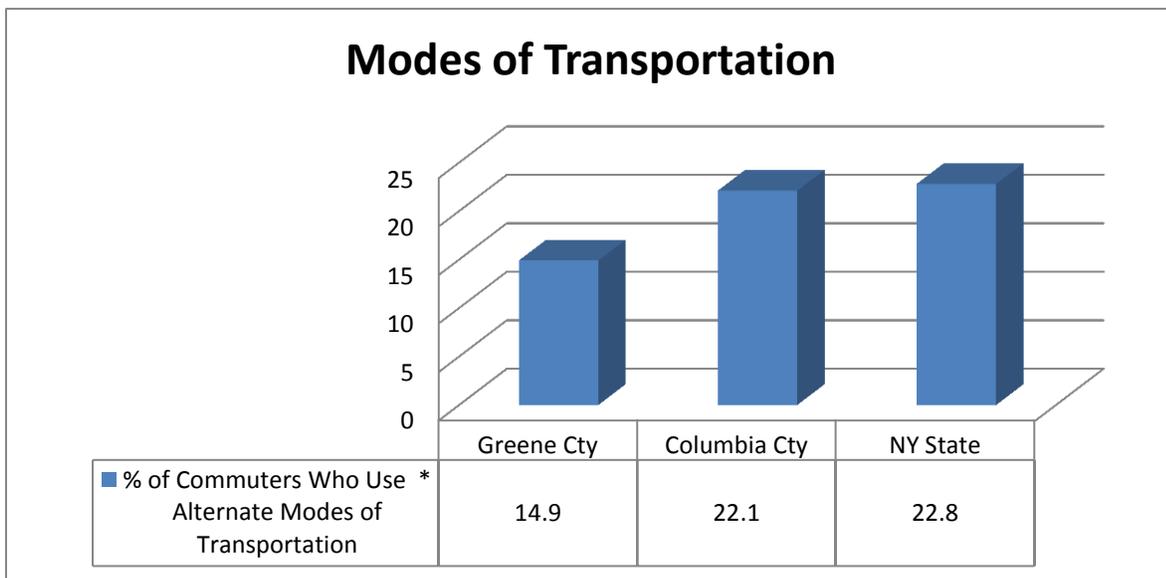
TRANSPORTATION

Indicator	YEAR	ROS	Columbia County		Greene County	
		Rate	Rate	Significance	Rate	Significance
% of commuters who use alternate modes of transportation ¹	2007-2011	22.8	22.1		14.9	
<i>Number:</i>			6,604		2,965	

1- Alternate modes of transportation include public transportation, carpool, bike, walk, and telecommute

Transportation has a profound effect on our ability to access medical care, education, employment and opportunities of all kinds. In a rural county it has a profound impact not only on personal mobility, but quality of life.

Due to the overwhelmingly rural nature of the county, transportation is mainly by private means,

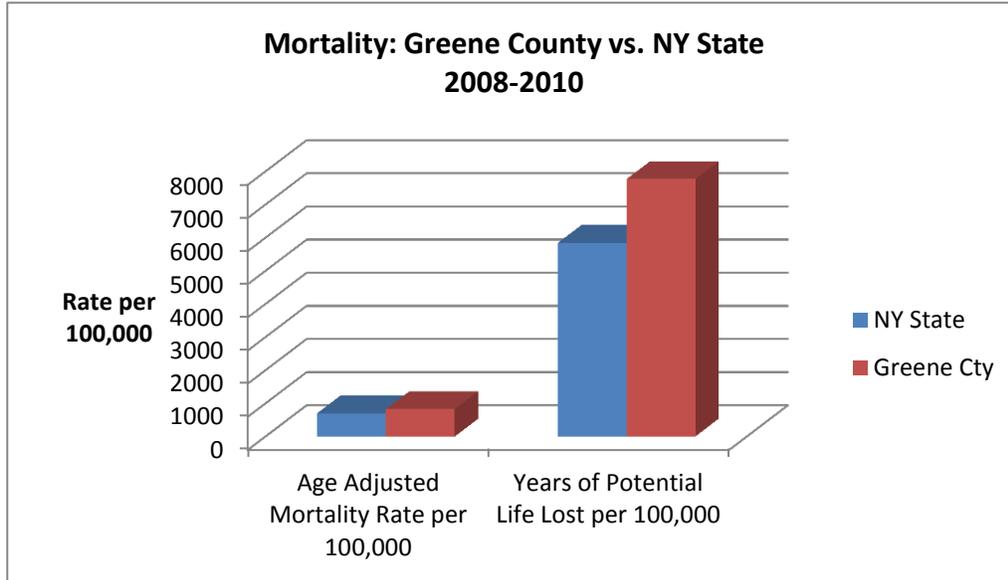


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*Alternative modes of transportation include public transportation, carpool, bike, walk and telecommute.

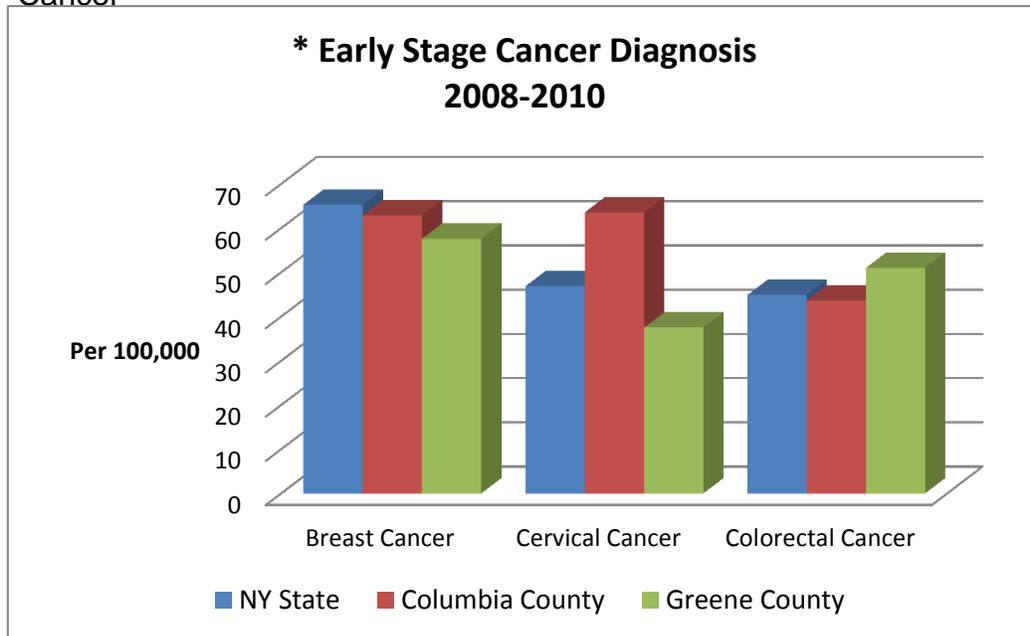
Medical transportation is available to Medicaid recipients through The Greene County Department of Social Services, and for homebound patients 60 years of age and older through the Department of Human Services.

HEALTH INDICATORS



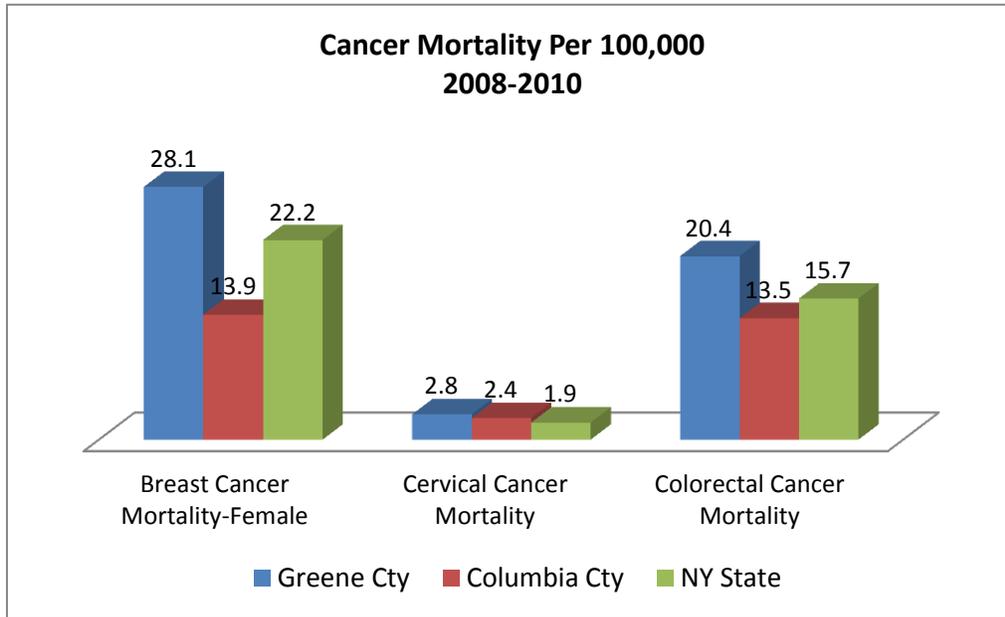
HCDI

Cancer

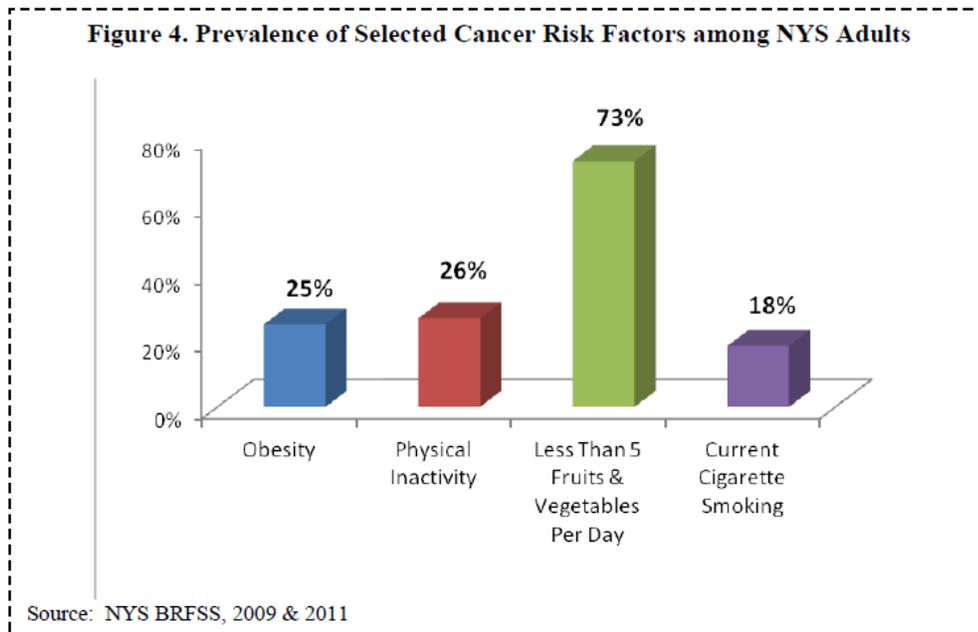


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*Early stage defined as confined to organ of origin at diagnosis



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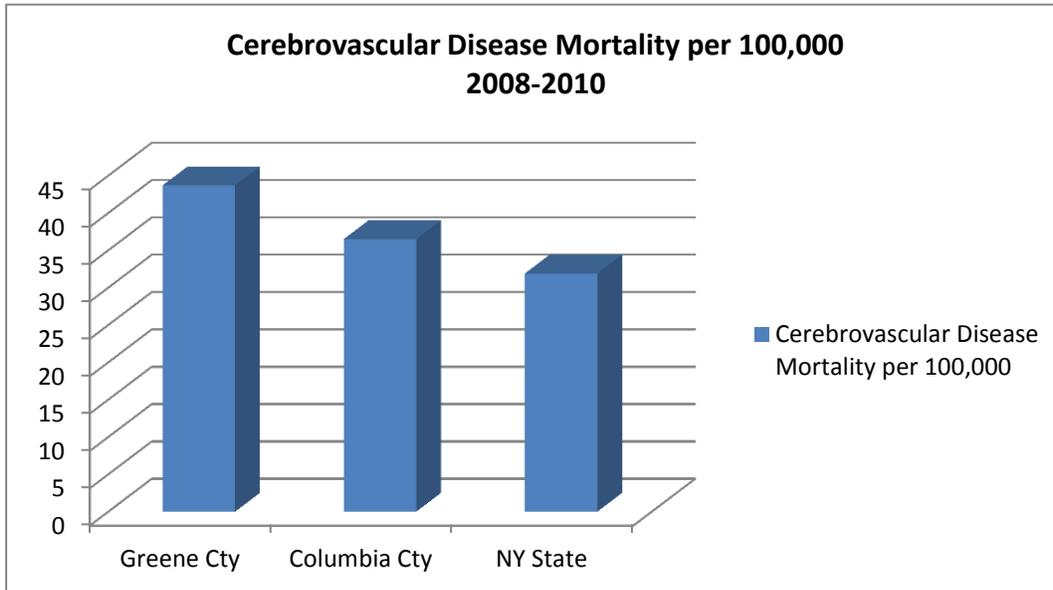


Although familial and environmental components cannot be ignored, early detection and treatment are important in both disease progression and outcomes.

Regarding disease prevention, lifestyle and behavioral factors contribute to overall risk of disease, please see above.

Circulatory

Regarding Coronary Artery Disease (CAD) and Congestive Heart Failure (CHF), hospitalization rates for Greene County residents are higher than New York State rates and slightly higher than those for Columbia County.



HCDI

Likewise Cerebrovascular or Stroke mortality is higher in Greene than in New York State overall.

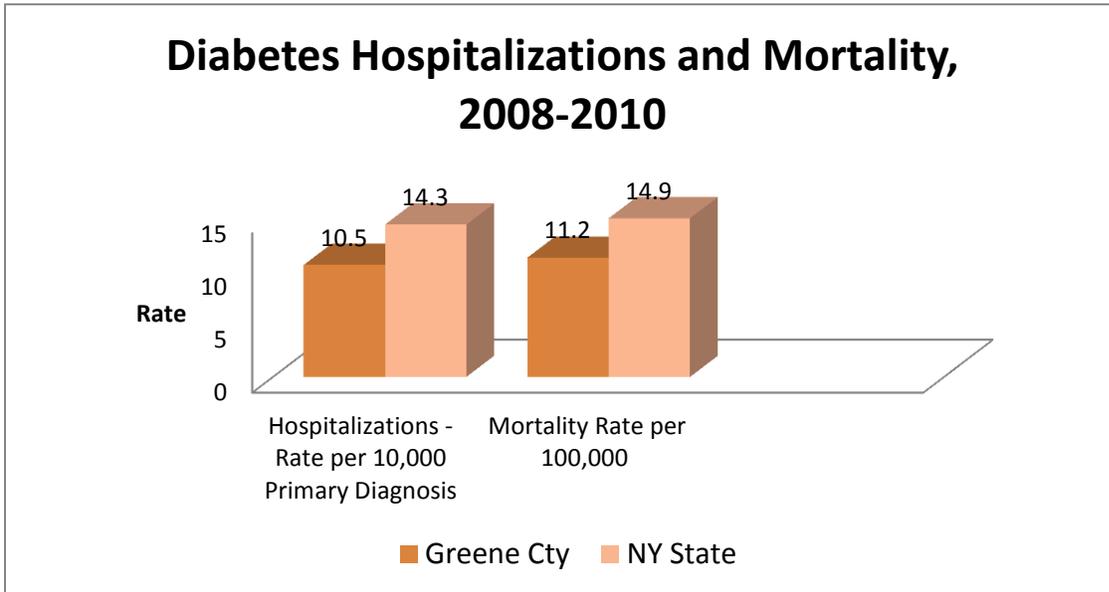
Lifestyle or behavioral factors, early diagnosis and access to care all play a role in these disease outcomes.

Diabetes

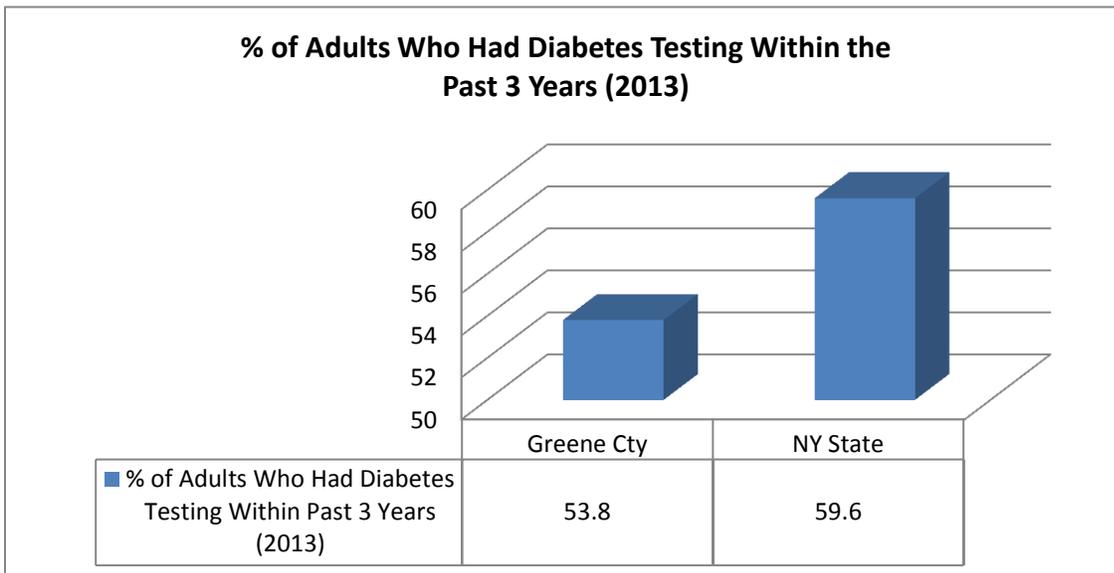
Another major risk factor for cardiac and circulatory disease is diabetes (Please see below – Diabetes Hospitalizations and Mortality, 2008-2010). Additionally, there are many undiagnosed persons with diabetes, and an even greater number who don't understand or recognize their risk of disease. According to the CDC's Fast Facts on Diabetes, Diabetes affects 25.8 million, or 8.3% of the US population, with 7 million people undiagnosed. Additionally, only 11% of the 79 million at risk for diabetes, are aware of that risk (www.cdc.gov/diabetes/pubs/factsheet). Thus when we see an increase in the rate of diabetes (Please see below – Percentage of Adults With Diabetes, Greene County vs NY State), from 2009 to 2013, it is difficult to determine

what part of that increase is attributable to better diagnosis. As with other health guidelines, the goal of tighter controls has been the trend in diabetes.

Looking at testing rates for adults (Please see below– Percentage of Adults Who Had Diabetes Testing Within the Past 3 years), Greene County has a somewhat lower rate than NY State overall.

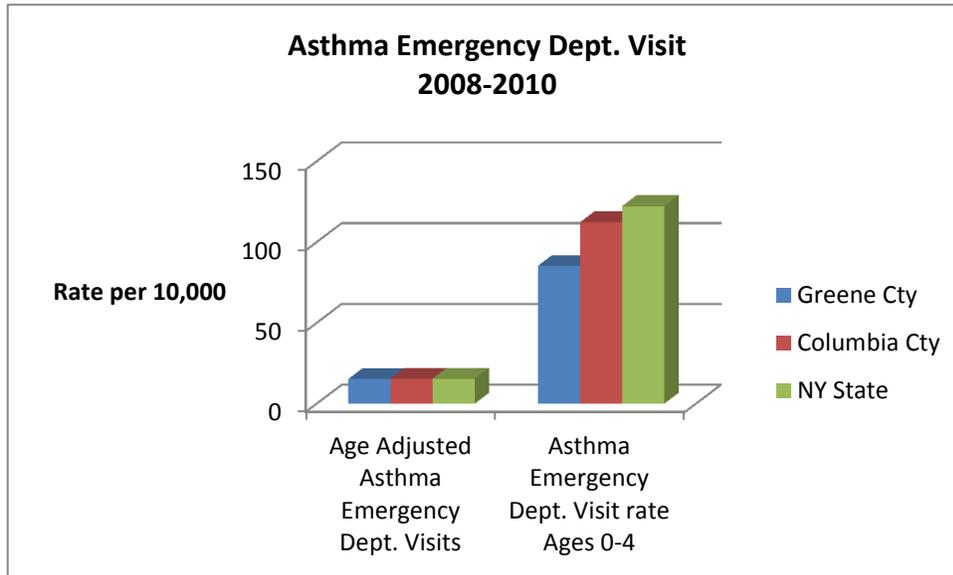


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New York State Expanded Behavioral Risk Factor Surveillance System 2013-2014

Respiratory



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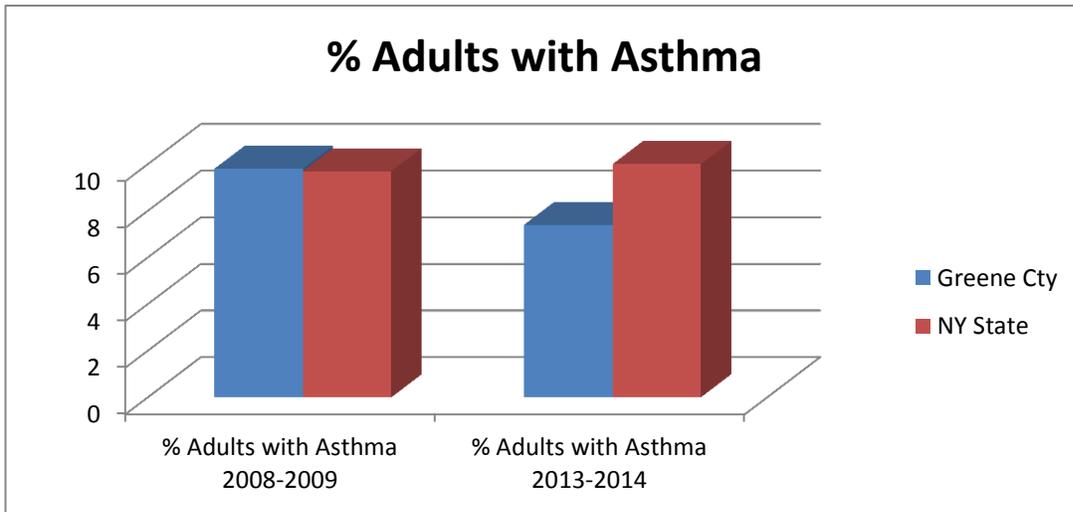
Age adjusted rates of emergency department visits for asthma are similar for Columbia and Greene Counties and New York State.

Greene County rates of emergency department visits for children 4 and under are lower than both Columbia County and New York State rates.

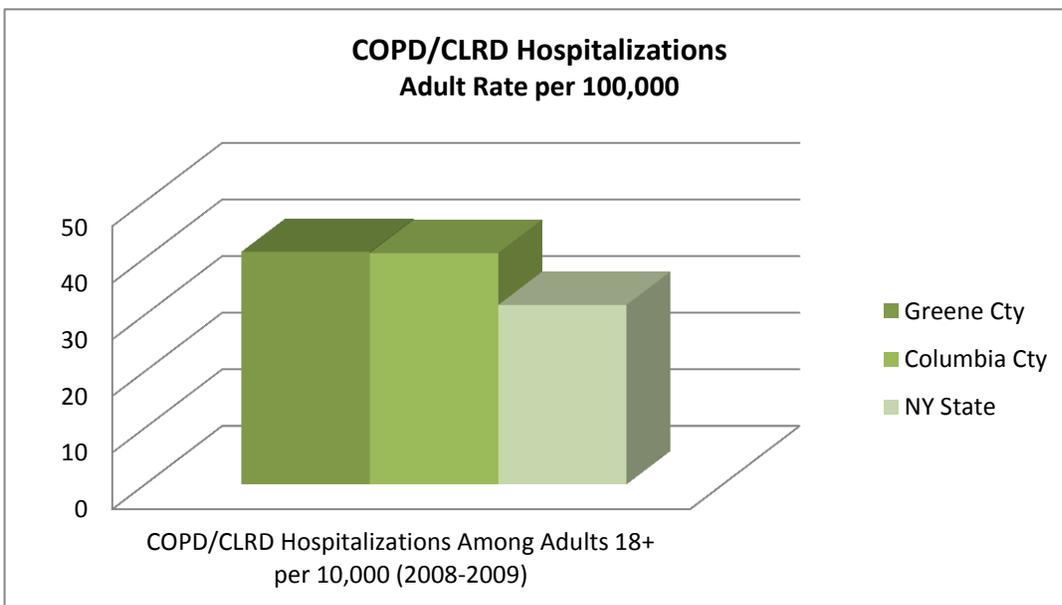
Preliminary data for 2013 show a reduction in the incidence of asthma amongst adults in Greene County (Please see below - % of Adults with Asthma), when comparing NY State and Greene County rates in 2008 – 2009 and 2013-2014.

Chronic obstructive Pulmonary Diseases (COPD) and Chronic Lower Respiratory Disease (CLRD) includes Chronic Bronchitis, Emphysema and Asthma. Smoking and environmental exposures are causative factors.

Adults in both Greene and Columbia Counties have a higher rate of COPD and CLRD hospitalizations than New York State overall (Please see below – COPD/CLRD Hospitalizations).

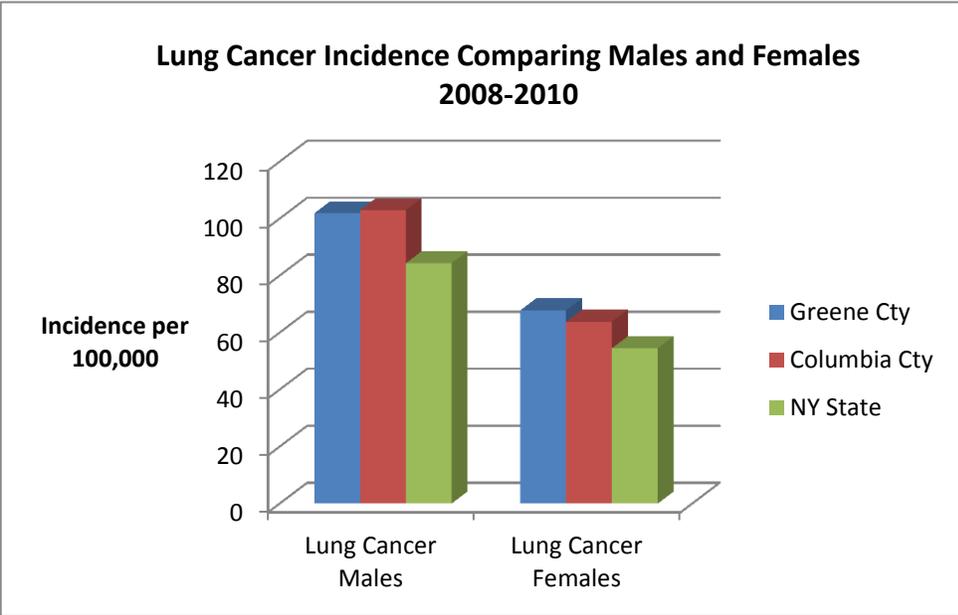


BRFSS 2008-2009. BRFSS for Greene County 2013-2014



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Lung Cancer rates are higher in Greene than in New York State overall Please see below – Lung Cancer Incidence, 2008-2010). With males having a slightly higher rate in Columbia County and females having a slightly higher rate in Greene County. Persistently high smoking rates are a contributing factor (preliminary numbers for 2013 show Greene County with a smoking rate of 29% compared to a 16% rate for New York State overall).



HCDI

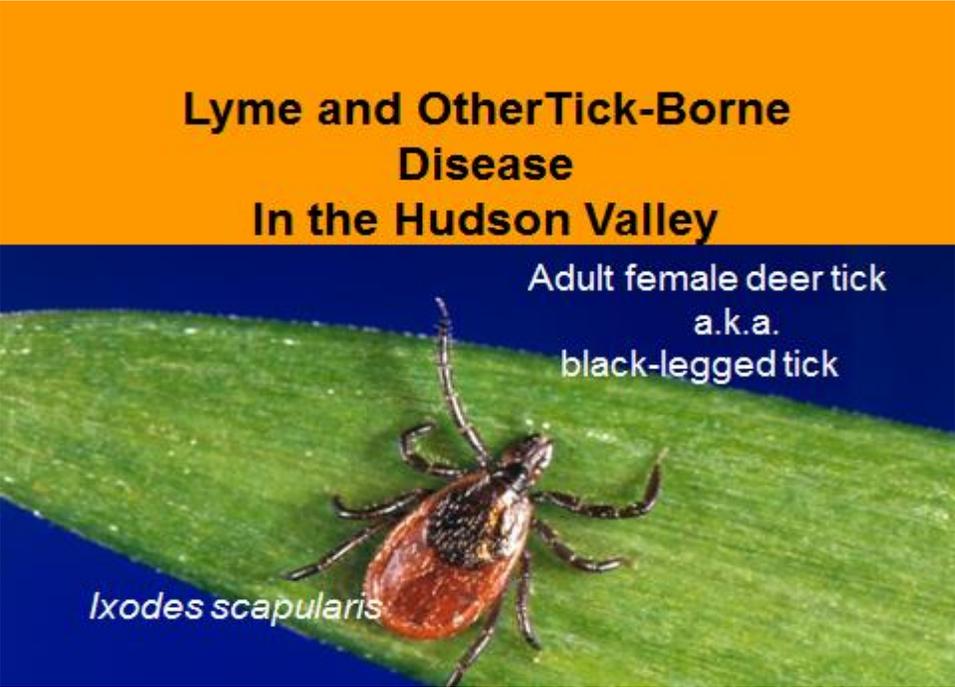
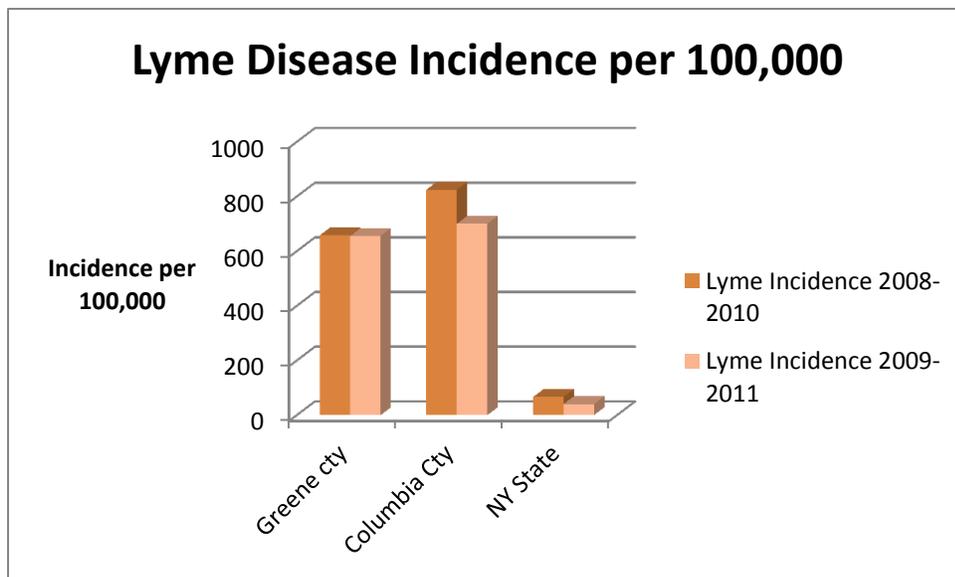
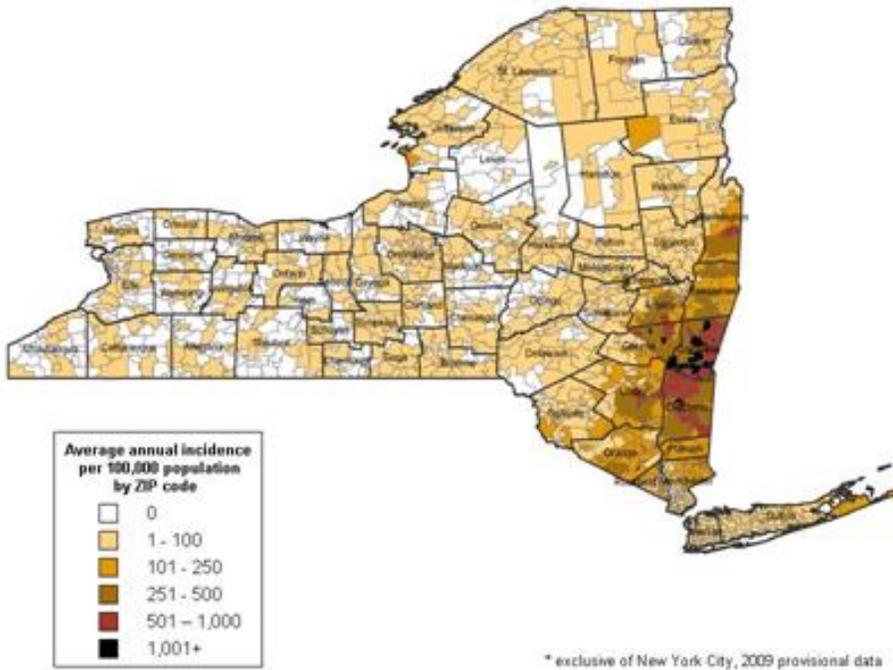


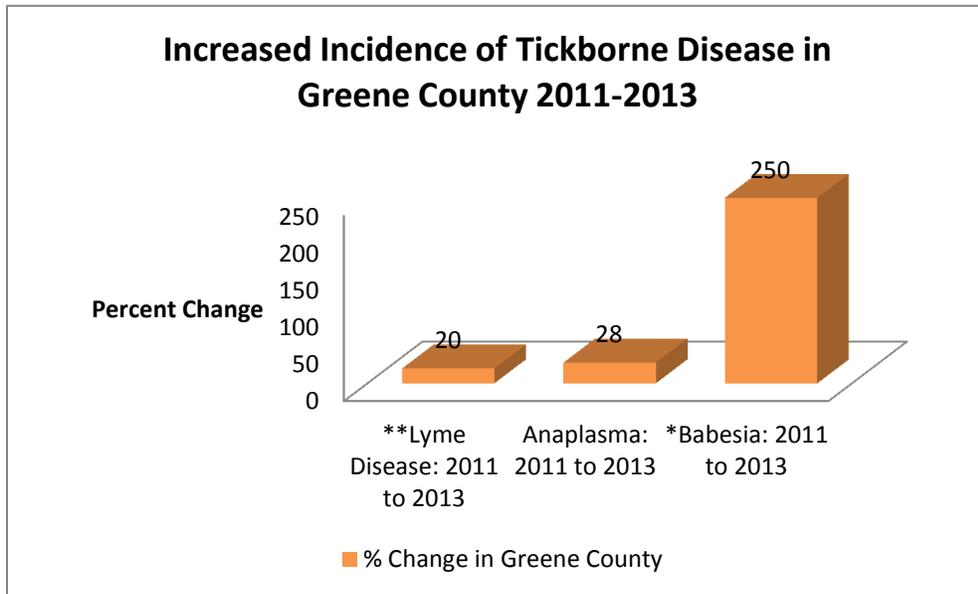
Photo Courtesy of Cornell Cooperative Extension

Lyme Disease in New York State 2003 – 2009*



HCDI

Lyme and other Tick-borne diseases persist as an important and evolving health issue within our region, with ample anecdotal and data driven examples to demonstrate the range and severity of this issue.

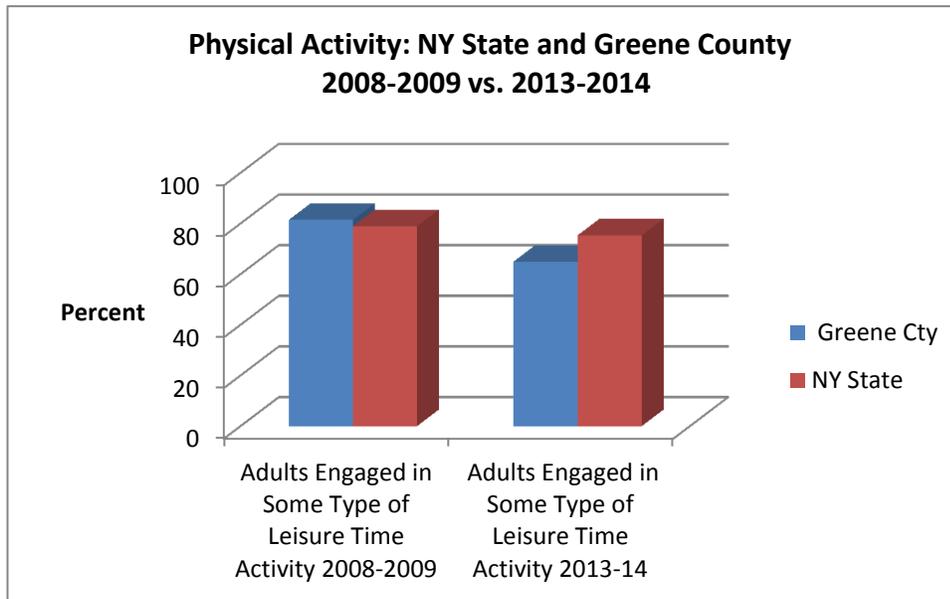


Data Provided by The New York State Department of Health – Percent change in rate of Lyme, Anaplasma and Babesia from 2011 to 2013

** *Greene County is a Sentinel Surveillance* county which provides an alternative to population-based surveillance for the collection and analysis of individual patient-related information and more limited monitoring of antimicrobial resistance trends. The lyme numbers below represent the 20% of positives reported to the county. Due to the high numbers of lyme this represents a sampling. * The other tick borne diseases, Anaplasma and Babesia are also noted and are increasing, but it is unclear what portion of that increase may be due to increased awareness and testing.

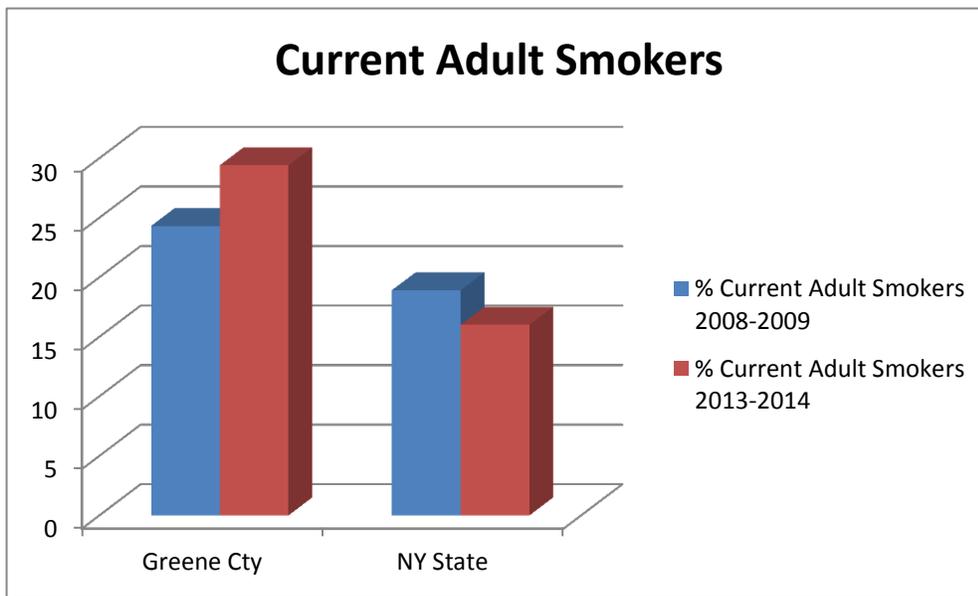
Lifestyle and Behavioral Factors

Preliminary data for 2013 (BRFSS 2013-2014), shows a reduction in adults participating in leisure time activity (Please see below – NY State and Greene County 2008-09 and 2013-14). Not surprisingly there is an increase in the number of adults who are obese (Please see below – Obesity NY State and Greene County 2008-09 vs. 2013-14). Because of the link to circulatory diseases, cancer, arthritis and a global impact on health and well-being, this is an important trend to recognize and address.



HCDI and BRFSS Preliminary Report 2013-2014

Smoking

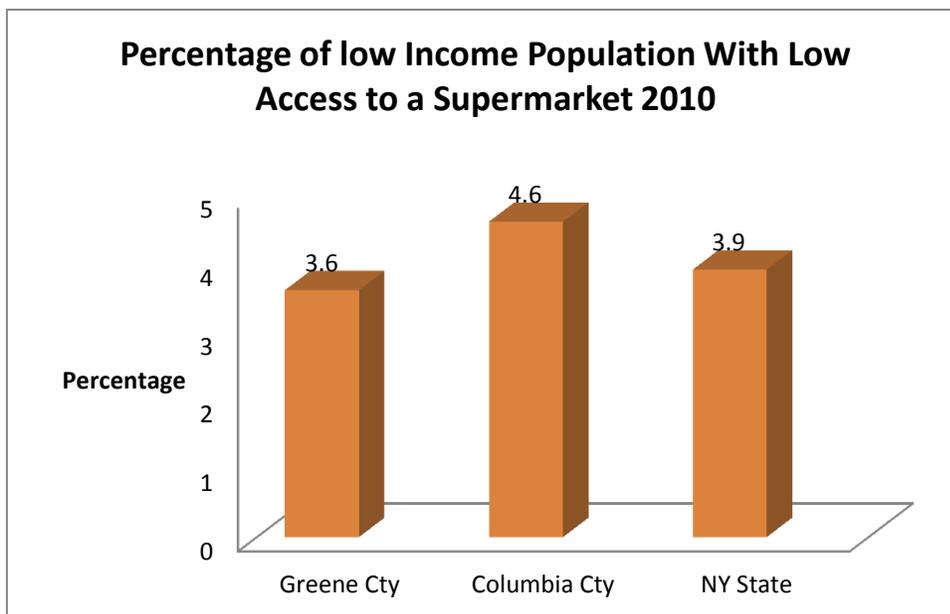


HCDI and BRFSS Preliminary Report 2013-2014

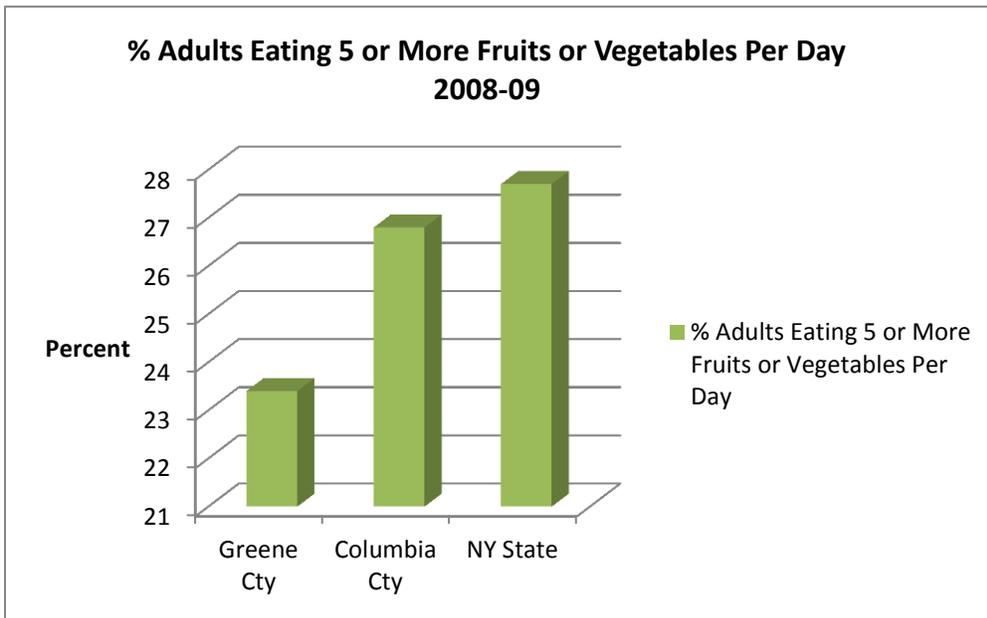
Persistently high smoking rates have been an ongoing issue in Greene County (please see above – Current Adult Smokers). Smoking remains a serious health, financial and environmental burden on individuals, families and our community, the clear link between tobacco exposure, and significant disease, seems not to provide sufficient motivation for many smokers to quit. Local initiatives through Rip Van Winkle Tobacco-Free Action provide education, media awareness campaigns and policy based solutions.

Nutrition

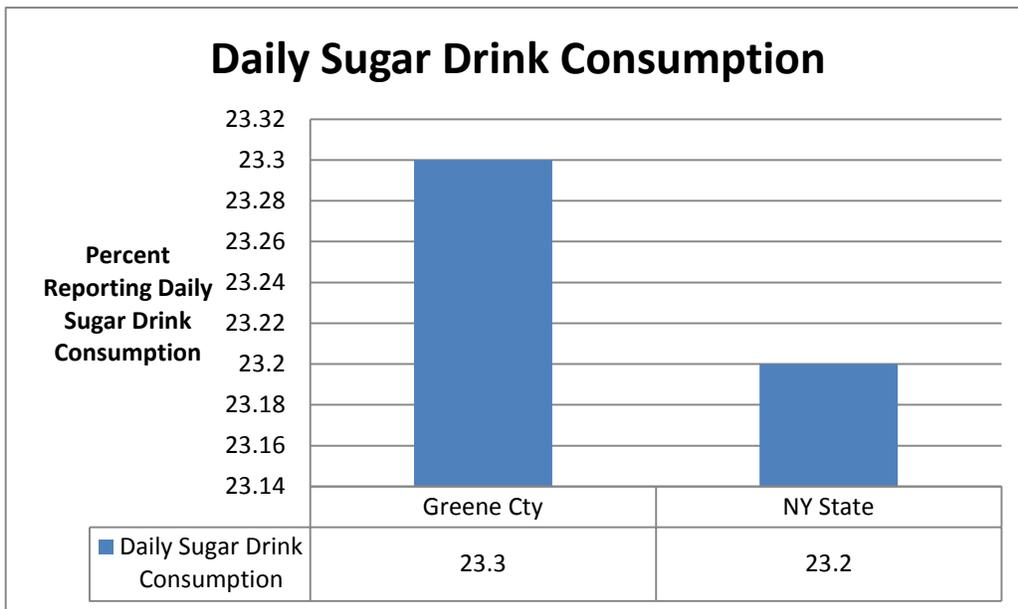
While access to supermarkets for vulnerable populations is similar to NY State (Please see below – Percentage of Low Income Population With Low Access to a Supermarket, 2010), Greene County continues to lag in adult consumption of fruit and vegetables (Please see below – Percentage of Adults Eating 5 or More Fruits or Vegetables Per Day). There may be several contributing factors including transportation to stores with produce, relative and perceived costs, and consumer knowledge of healthy nutrition. Actual access to produce may be under-reported due to home gardens and farm stands which are not counted.



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BRFSS Preliminary Report 2013-2014

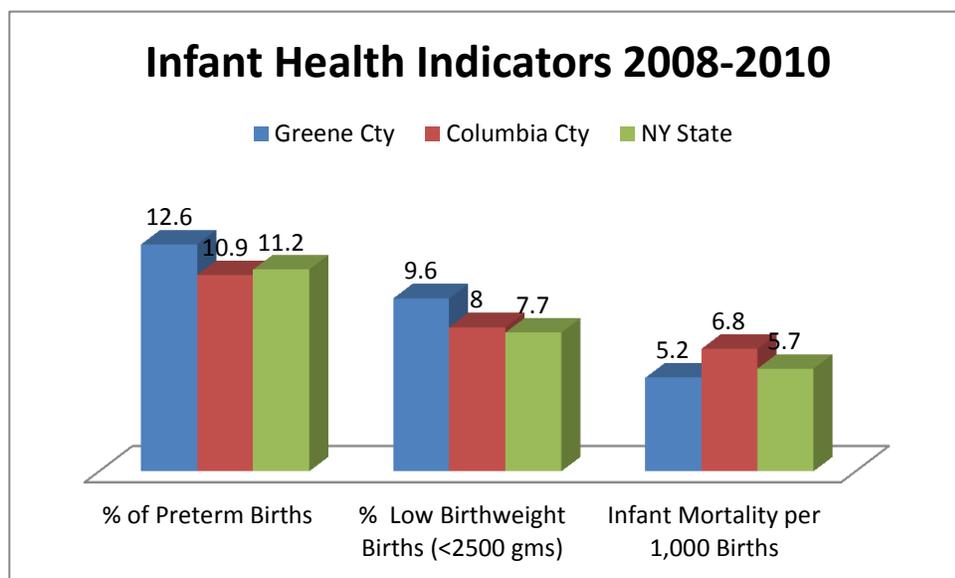


BRFSS Preliminary Report 2013-2014

While Greene is only slightly higher than NY State is Sugary beverage consumption, this is a pervasive wide ranging problem with many causes and dire health consequences. Fortunately, there has been much attention paid to this issue, and to the better choices of water, seltzers and nonfat milk. A committee of local Agency Educators who address nutrition was formed in 2012 to promote a cohesive educational message regarding nutrition, and to facilitate the distribution of information.

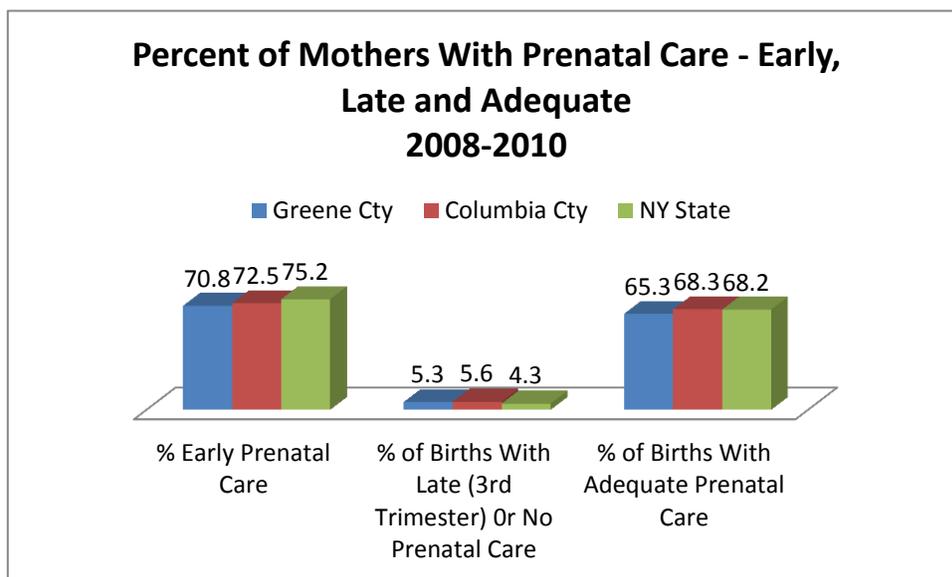
Woman, Infants and Children

Looking at three indicators of infant health, Greene County sees a higher percentage of preterm births and low birthweight babies than either Columbia County or New York State. However the County does better on infant mortality with a rate 0.5% lower than Columbia and 1.6% lower than New York State (please see below – Infant Health Indicators – 2008-2010).



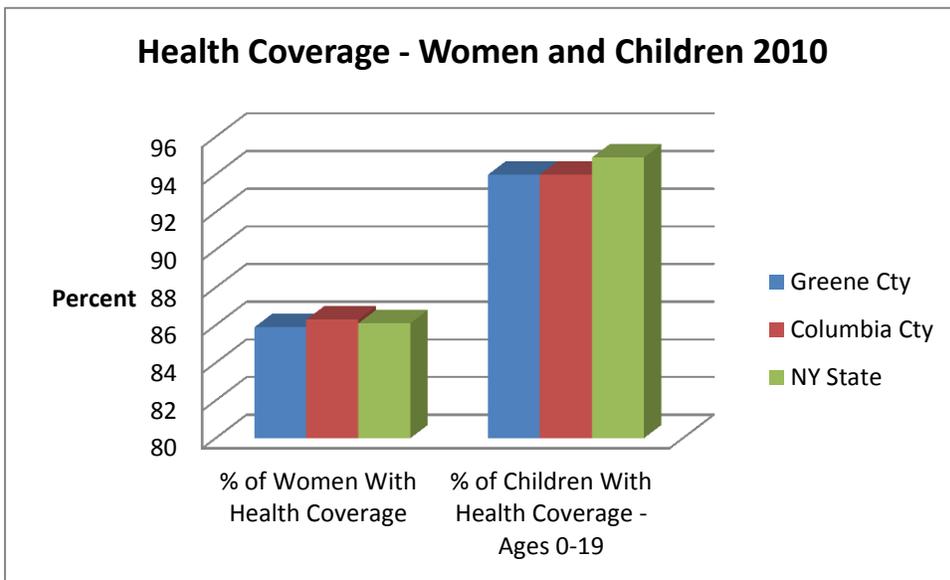
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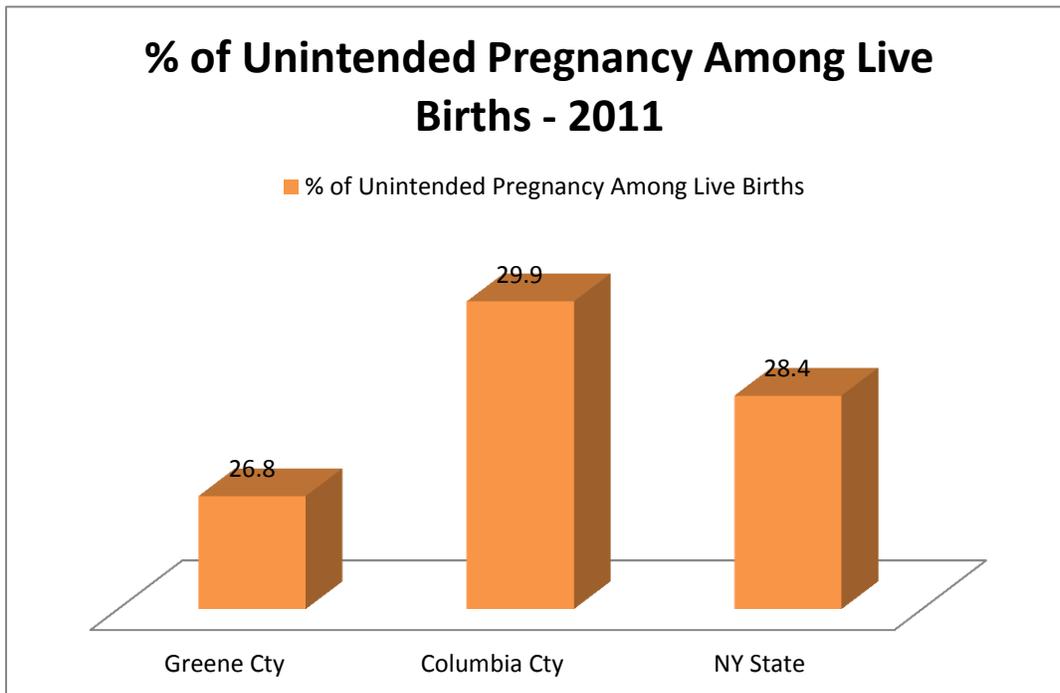
Looking at early, late and adequate prenatal care (please see below – Prenatal Care 2008-2010), Greene has a rate of adequate prenatal care of 65%, similar, but lower than either Columbia County or New York State.



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Rates of healthcare coverage for women (please see below – Health Coverage-Woman and Children 2010), the percentage of women accessing prenatal care appropriately may be partially explained by lack of coverage. Underinsurance does not show up in this data, but may play a role, as well as the percentage of unintended pregnancies, where the need for prenatal care may not be recognized or addressed early in pregnancy (please see below – percentage of Unintended Pregnancy Among Live Births).





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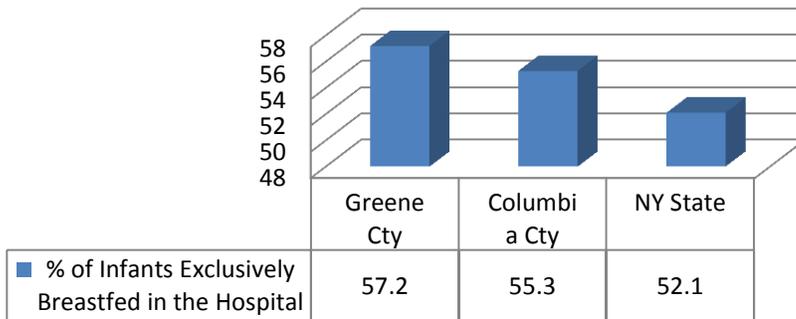
Breastfeeding

Breastfeeding supports the Prevention Agenda Goal of Reducing Chronic Disease.

According to the New York State Department of Health Report: Prevention Agenda: Increasing Breastfeeding, breastfeeding has been shown to reduce the risk of asthma, gastroenteritis, obesity, respiratory infections, and to benefit breastfeeding mothers who breastfeed for over one year by reducing the risk of breast and ovarian cancer, type 2 diabetes, cardiovascular disease, and obesity. Breastfeeding has been shown to diminish upon post-hospital discharge and over time (please see below – Percentage of Infants Exclusively Breastfed in the Hospital – 2008-2010 and Breastfeeding 2009-2011).

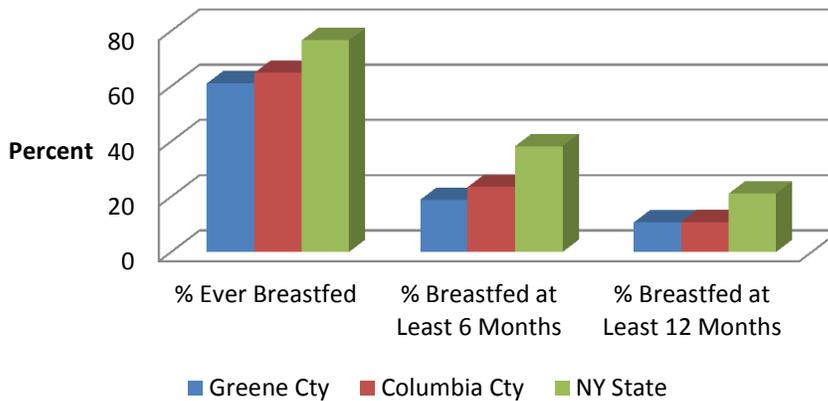
Columbia Memorial Hospital, in partnership with the Greene and Columbia County Health Departments, WIC, the La Leche League and other community advocates of breast feeding formed The Columbia Greene Breastfeeding Coalition. The Coalition provides education and support for women, families, businesses and organizations in the community on what has been recognized as an important health initiative, Greene County maintains a lactation room for women returning to the workplace, funded by the Health Weight Initiative and a grant through the Schenectady County Department of Health.

% of Infants Exclusively Breastfed in the Hospital 2008-2010



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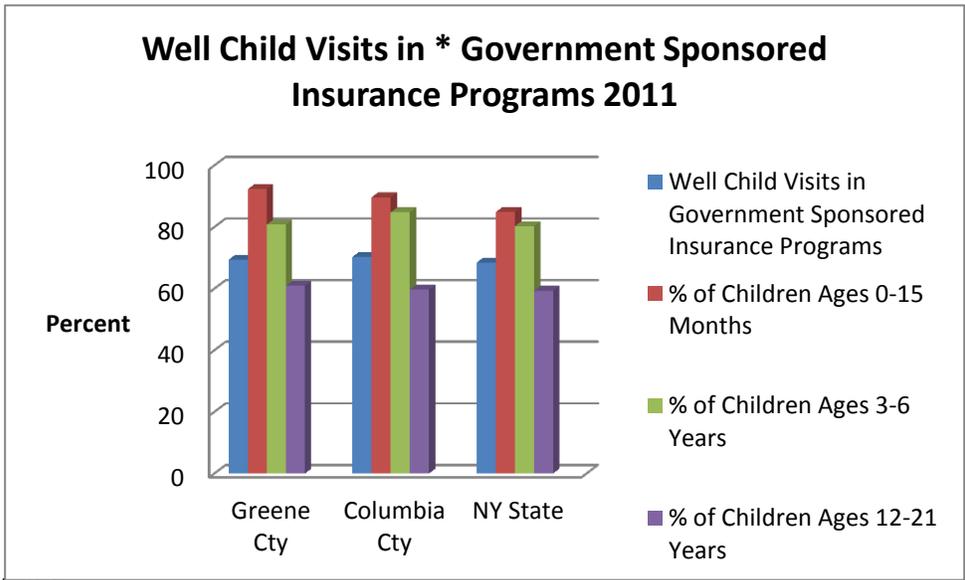
Breastfeeding 2009-2011



NY State and DOH Pediatric Surveillance 2011

Other key indicators of children’s health include (please see above Insurance Coverage – Woman and Children 2010, and below Well Child visits in Government Sponsored Insurance Programs 2011).

While percentage of children (0 -19 years of age) with any kind of health insurance is 94% in Greene County (2010), the percentage of children accessing well child care is significantly less. For ages 0-15 months 92.3 % have well child visits, higher than both Columbia County and New York State. However by 306 years the number has dropped to 80.8% for Greene, lower than Columbia County, but slightly higher than New York State. By 12-21 years (note, the children’s health coverage data above are for 0-19 years of age), the number has diminished to 60.9% for Greene County, slightly higher than both Columbia County or New York State.



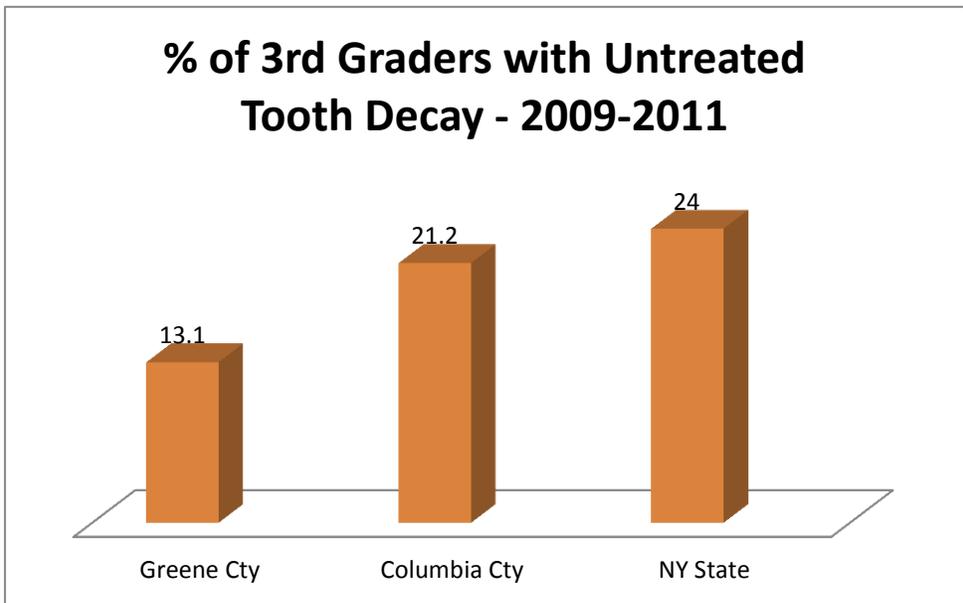
HCDI

* Includes Medicaid and Child Health Plus

Children's Dental Health

Another important indicator of child health is dental health (please see below – Percentage of 3rd Graders with Untreated Tooth Decay – 2009-2011).

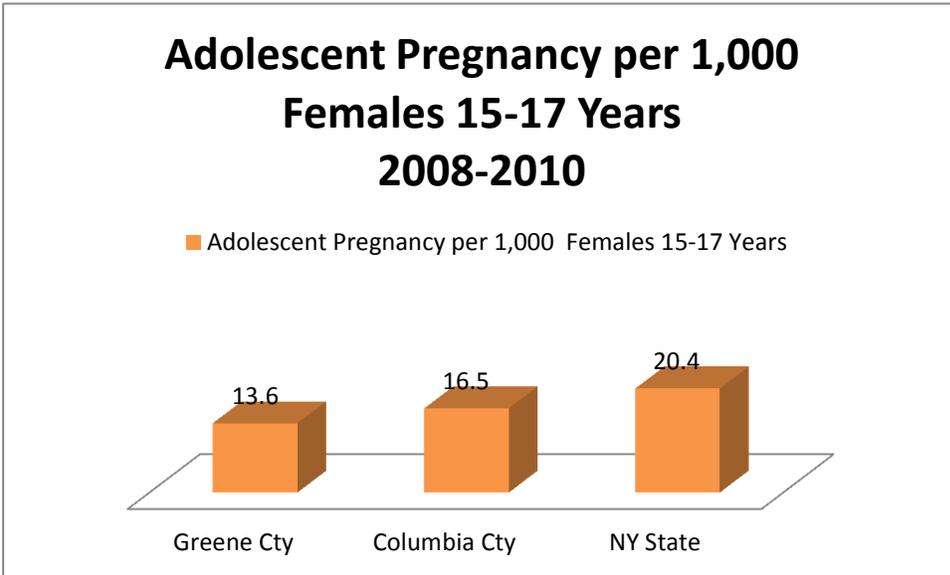
In this area Greene County has a lower rate of untreated caries in this young population. However this still represents over 10% of young children in need of dental care.



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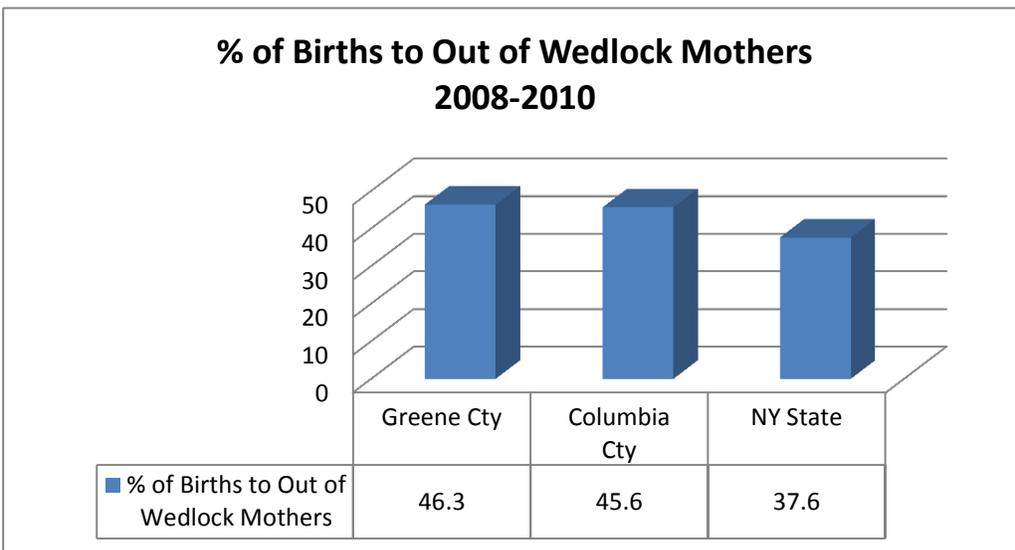
Teen Pregnancy

Because of the profound impact on both mothers, children and families, teen pregnancy is an important indicator of child, infant and maternal health (please see below – Adolescent pregnancy per 1,000 Females 15-17 Years, 2008-2010). Greene County's rate (13.6) for the years 2008-2010 is below that of both Columbia County at 16.5% and New York State at 20.4%.



HCDI

The percentage of births to single women (see below – Percentage of Births to Out of Wedlock Mothers 2008-2010), is higher for both Columbia and Greene than for New York State. According to Women's Health USA 2012, among single-headed households, those headed by an adult female were twice as likely to be poor as those headed by an adult male (Women's Health USA 2012; Women and Poverty. www.mchb.hrsa.gov).



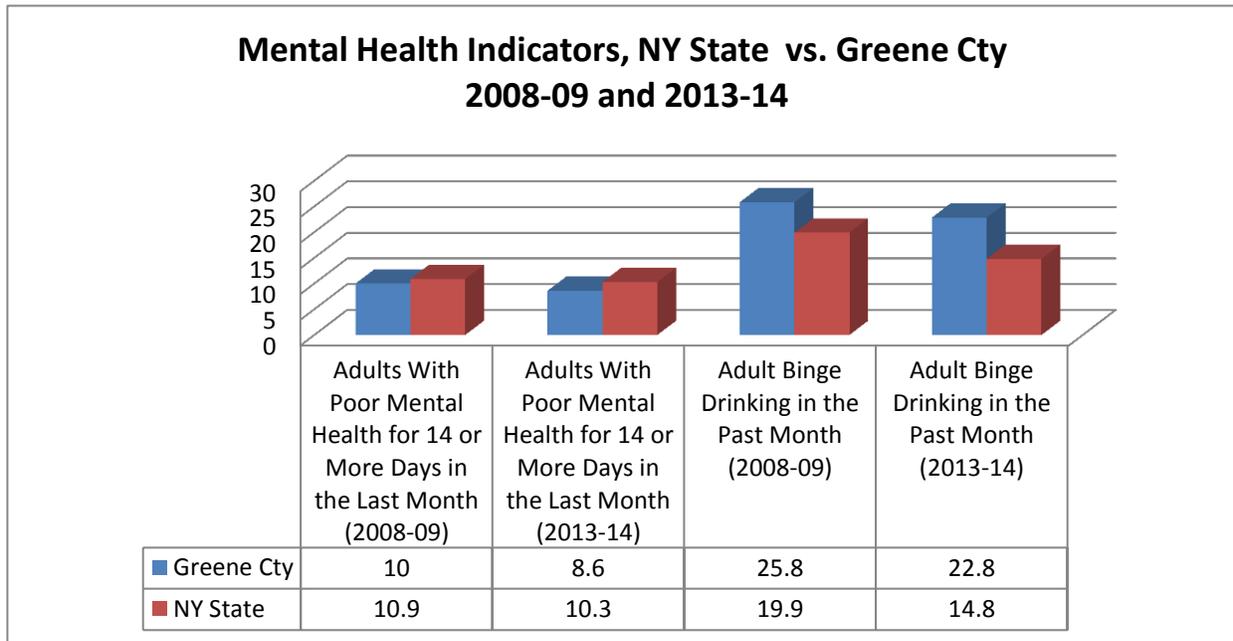
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Mental Health Indicators

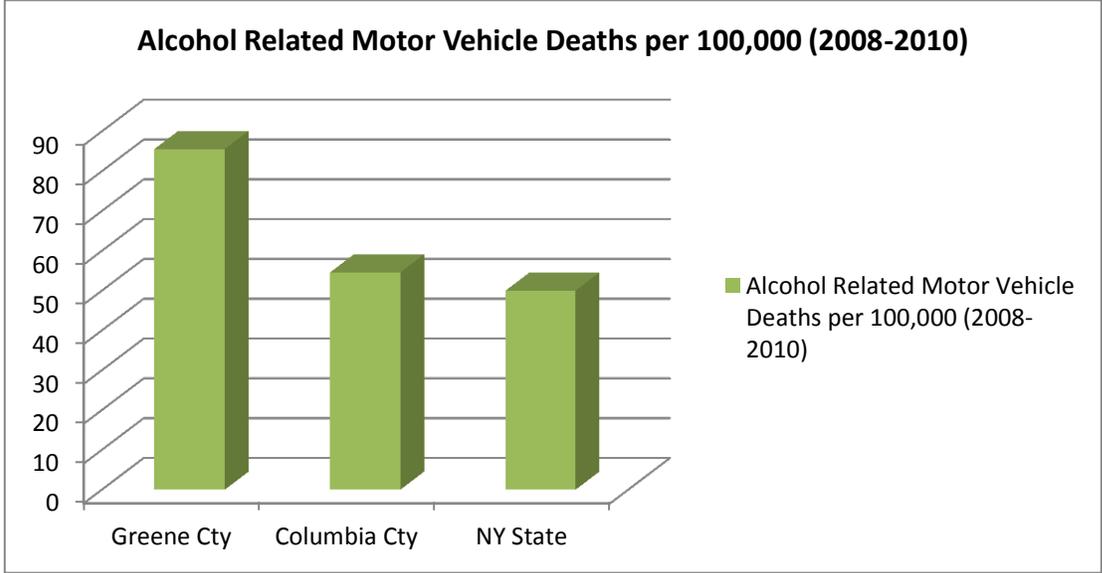
BRFSS data shows Greene residents with similar rates of “Poor Mental Health” days as overall New York State residents (please see below – Mental Health Indicators, New York State vs Greene County, 2008-2009 and 2013-2014), while rates of Adult Binge Drinking continues to surpass State levels (Please see below - Mental Health Indicators). Alcohol related motor vehicle death rates, are also higher than New York State Columbia County (please see below-Alcohol Related Motor Vehicle Deaths per 100,000; 2008-2010).

Cirrhosis mortality (please see below – Cirrhosis Mortality Rate, 2008-2010). Is significantly higher in Greene County compared to Columbia County or New York State. Cirrhosis is caused by scar tissue that forms in the liver in response to damage. Causative factors include chronic alcohol abuse hepatitis and other disease states.

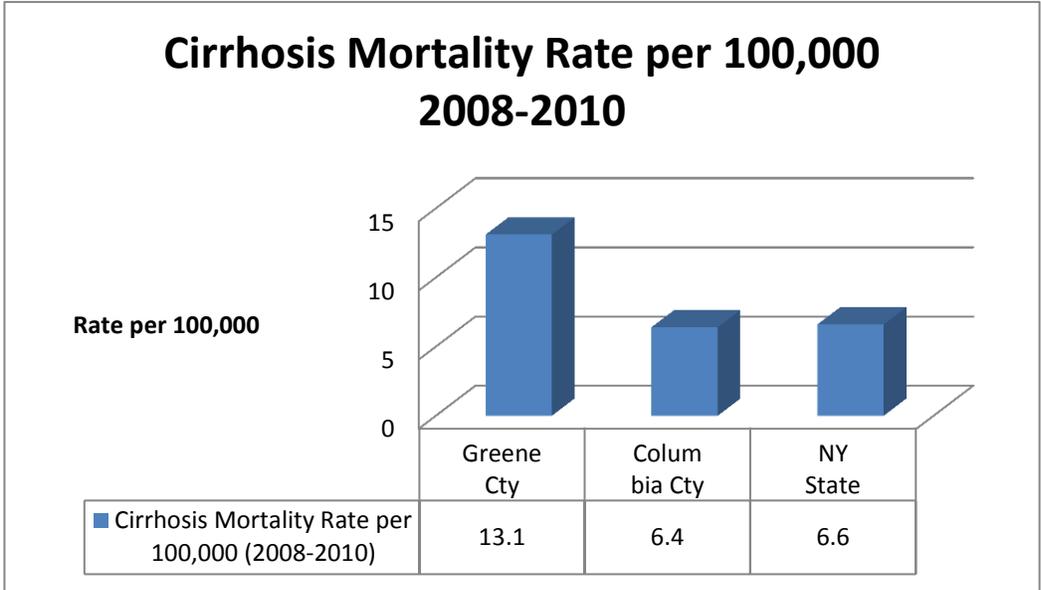
Suicide rates are higher in Columbia and Greene than NY State rates. Statistics regarding these tragic events are confounded by many reporting factors (Please see below – Suicide Mortality Rate).



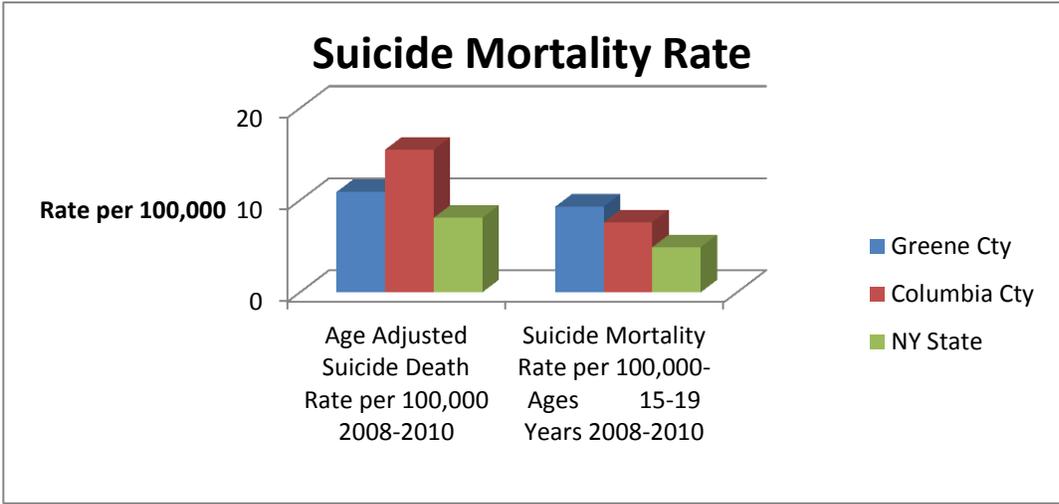
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Columbia and Greene County’s, continue to work together to promote awareness through school programming, events such as the “Out of Darkness Walk” and prevention services.

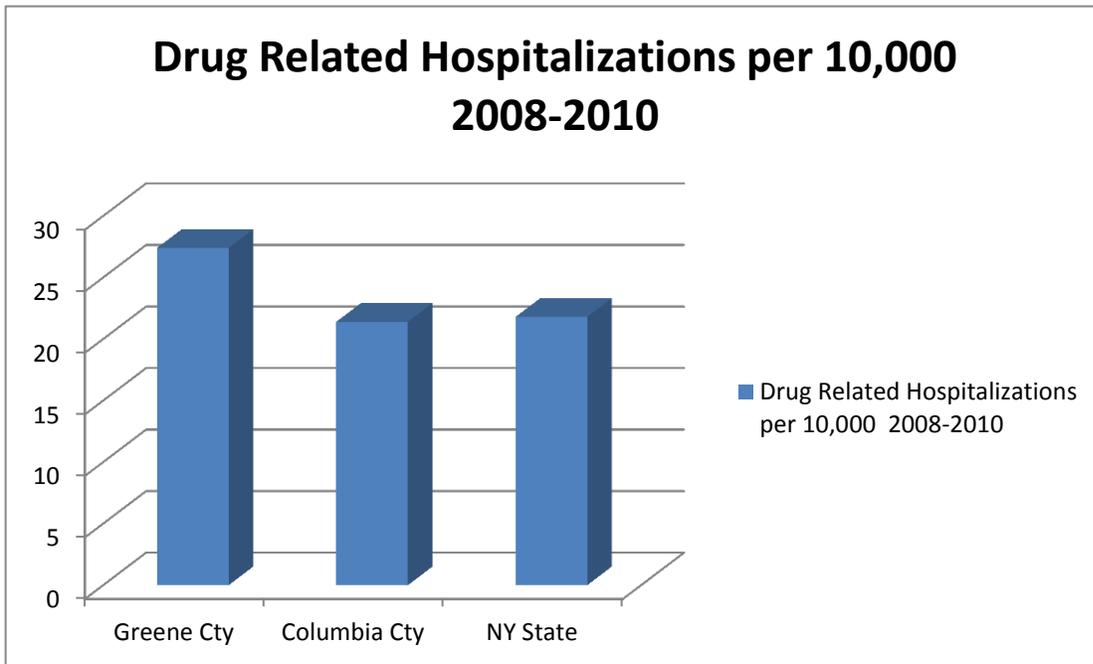
Substance Abuse

Prescription drug and narcotic abuse has increased exponentially on both a National and local level (please see below– Drug Related Hospitalizations Per 10,000, 2008-2010 and Upstate Poison Control-Prescription Drug Overdose). In response to a growth of Substance abuse locally, agencies from both Columbia and Greene Counties have formed the Columbia-Greene Controlled Substance Awareness Task Force to address issues pertaining to prescription drug use, misuse and abuse. We are particularly focused on the abuse of prescription narcotics, such as Hydrocodone, and the impact this has on our community and its residents.

An important part of the Task Force's initial goals has been to gather information from multiple agencies and sources (please see below – trend for Primary Substance at Admission, 2002-2011 and Trend for Admissions With a Primary, Secondary, or Tertiary Prescription Drug, 2002-2011). Information can be elusive, embedded in hospitalizations for other diagnoses, or eluding detection. Some of the data being discussed by the Task Force may be seen below. Age related usage trends, with Columbia and Greene combined, shows some differences regionally (please see below - Admissions with a Primary, Secondary or Tertiary Prescription Drug by Age, 2011). Because of the complexity of this issue, the Task Force has established two subcommittees; one addressing prescriber guidelines, and another focusing on prevention. Issues include pain management, points of access to medications, drug disposal, patient and consumer education, infant (please see below – Newborn Drug Related Discharge Rate per 10,000 Newborn Discharges, 2008-2010), child and teen safety, addiction services, and simply adequate recognition of the scope of the problem within our community.

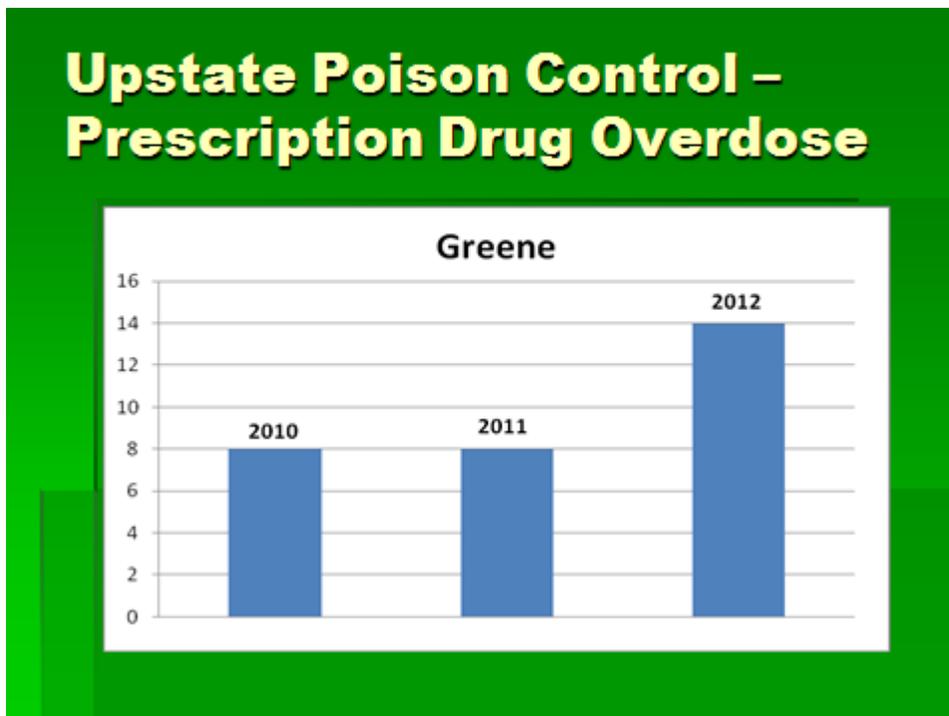
Because of the susceptibility and vulnerability of youth to this issue, Catholic Charities has applied for and been awarded a grant through the American Medical association, the focus of which is education and awareness in the schools. In furtherance of these goals, school based education will be provided in both Greene and Columbia Counties. The program will also feature a youth poster contest and media outreach campaign, and education for parents and community members.

The Systems of Care (SOC) Framework is a coordinated network of services that is organized to meet the needs of children and families. GCPHD participated in the Greene County Mental Health presentation of the SOC to the Greene County Community.



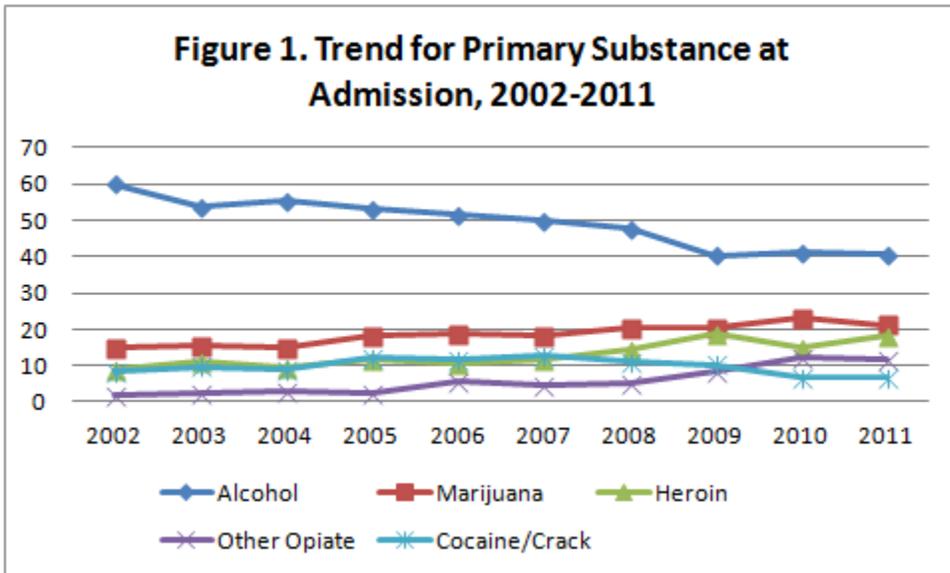
HCDI – Rate of hospitalizations per 10,000

Percentage of calls to the Poison Control Hotline for prescription drug overdose, by year:

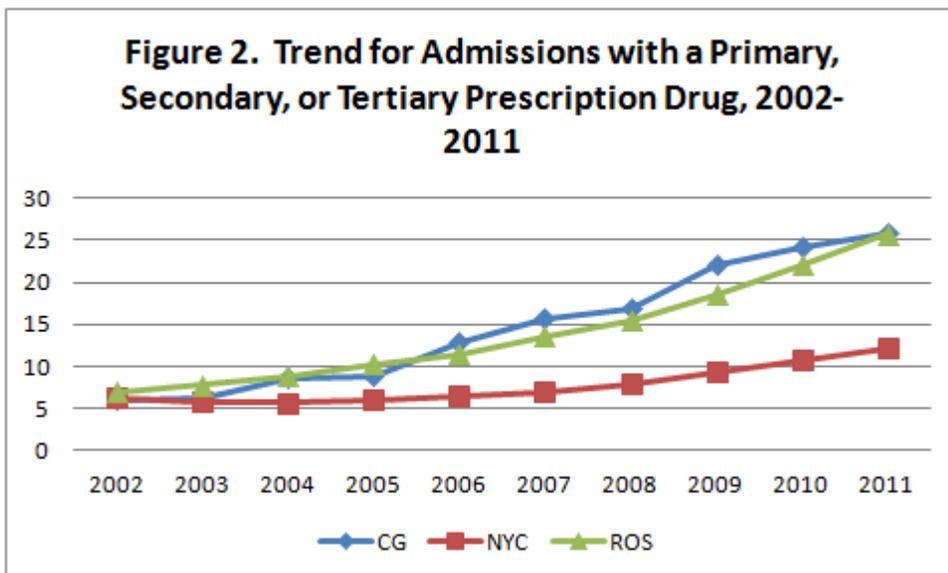


Upstate Poison Control

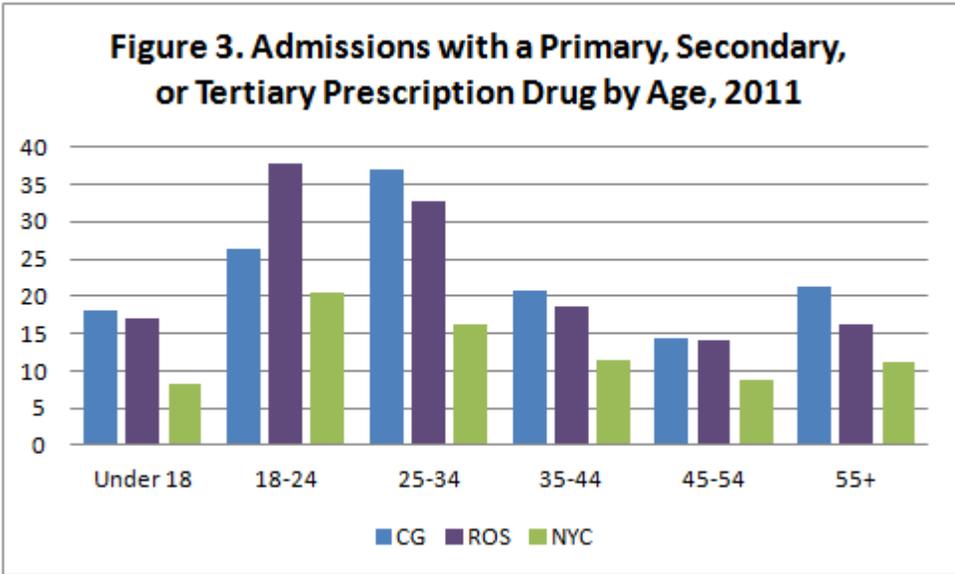
From 2002 to 2011, the percentage of admissions who reported alcohol as their primary substance decreased from 60% to 41%, while other opiates increased from 2% to 12% (Please see below – Trend for Primary Substance at Admission, 2002-2011). The percentage of admissions who had a primary, secondary or tertiary prescription drug increased from 6% to 26% for Columbia and Greene County residents (please see below – Trend for Admissions with a Primary, Secondary, or Tertiary Prescription Drug, 2002-2011). Finally, 2011 trends by age and region can be seen below (Please see-Admissions with a Primary, Secondary, or Tertiary Prescription Drug by Age 2011)



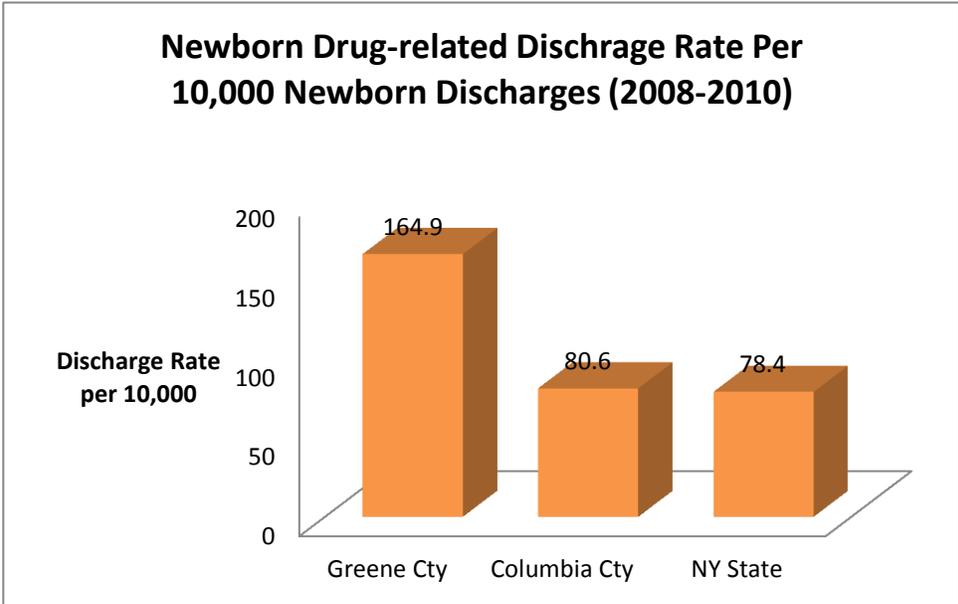
NY State OASAS Data Warehouse 2011 – Courtesy of The Controlled Substance Abuse Committee



NY State OASAS Data Warehouse 2011 - Courtesy of The Controlled Substance Abuse Committee



NY State OASAS Data Warehouse 2011 -
 Courtesy of The Controlled Substance Abuse Committee
 *CG Columbia and Greene Counties
 *ROS Rest of State
 *NYC New York City



HCDI

THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

Both the CHA and the CHIP promote ongoing collaboration between The Greene County Public Health Department, The Columbia County Department of Health, Columbia Memorial Hospital, local agencies and the public to discuss and assess local determinants of health, establish common goals and best practices, and to support those goals through cooperative effort.

Beginning in 2008, with the 2010-2013 CHA, Greene County Public Health Department utilized the MAPP process as a forum for community discussion and decision making. For the current 2013-2017 CHA, The MAPP Committee, (and Subcommittees when established), met monthly (Please see below – Appendices 6a – 6f for selected data presentations), with the Subcommittees presenting pertinent data to The MAPP Committee.

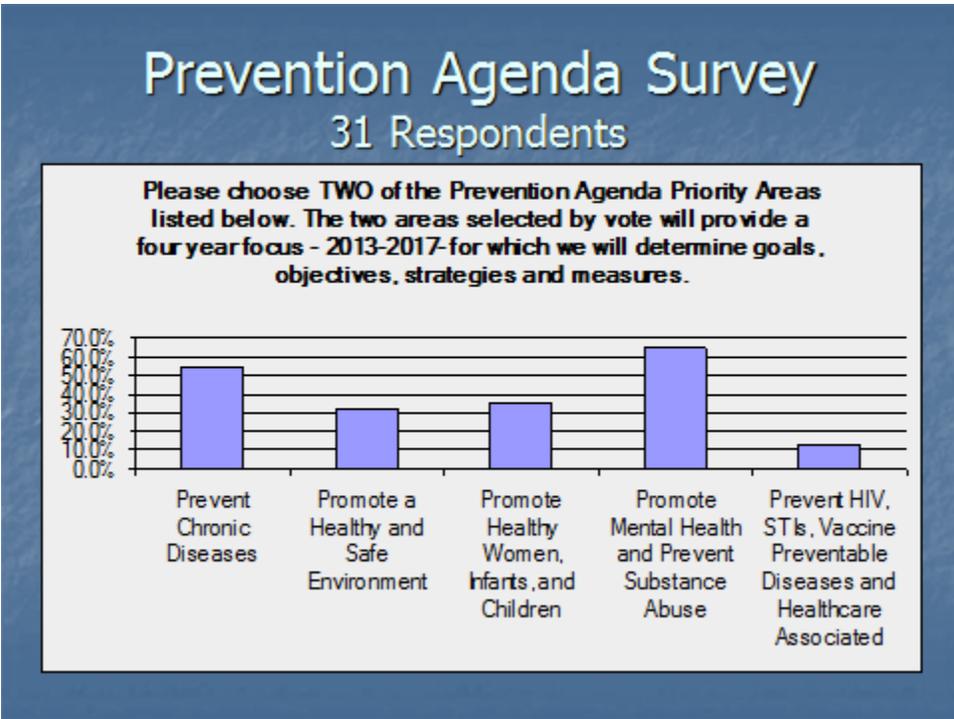
New York State Prevention Agenda Priorities were described and discussed:

- Prevent Chronic Disease
- Promote a Healthy and Safe Environment
- Promote Healthy Women, Infants and Children
- Promote Mental Health and Prevent Substance Abuse
- Prevent HIV, STDs, Vaccine Preventable Diseases and Healthcare Associated Infections

Reporting requirements, specific goals and evidence based interventions were discussed along with ongoing data review.

It is important to note that The Greene and Columbia County Departments of Health and Columbia Memorial Hospital worked closely together throughout this process, sharing data resources and participating in each other's planning and Committees. The ability to collaborate within and between agencies and Counties is a strength of both Counties. Not only do we share several agencies in common, but work closely on many projects and initiatives.

The Greene County MAPP Committee was surveyed (please see below – Prevention Agenda Survey) to determine our broad focus on the Prevention Agenda Indicators: Prevent Chronic Disease and Promote Mental Health/Prevent Substance Abuse. These Indicators are in alignment with those of The Columbia County Department of Health and Columbia Memorial Hospital.



Subcommittees were then formed for each Prevention Agenda Priority Area, and additional data was presented, reviewed and presented to the Full Greene County MAPP Committee, along with potential programming areas and opportunities.

Following extensive review of local data and initiatives the Subcommittees voted to narrow the possible focus areas to three each under each of these Prevention Agenda Indicators:

The selected focus areas were:

Prevention Agenda Priority Area: Prevent Chronic Disease

A. Objective 1.0.2: by December 31, 2017, reduce the percentage of adults ages 18 years and older who are obese.

B. Objective 1.1.2: by December 31, 2017, increase the percentage of adults ages 18 years and older who participate in leisure-time physical activity.

C. Objective 2.1.1: by December 31, 2017, decrease the prevalence of any tobacco use (cigarettes, cigars, smokeless tobacco) by high school age students.

Prevention Agenda Priority Area: Promote Mental Health/Prevent Substance Abuse

A. Objective 2.1.2: by December 31, 2017, reduce the percentage of youth ages 12-17 years reporting the use of non-medical painkillers.

B. Objective 3.1.4: by December 31, 2017, support efforts to integrate mental, emotional and behavioral (MEB) disorder screening and treatment into primary care.

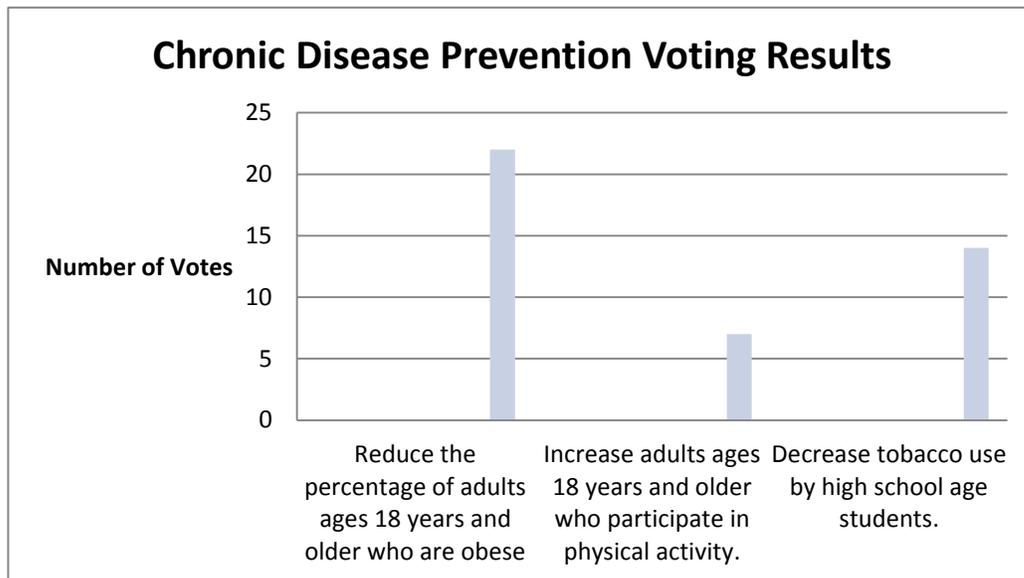
C. Objective 3.2.1: by December 31, 2017, identify indicator data and establish baseline targets for data required to plan and monitor county-level, strengths-based efforts that promote MEB health and prevent substance abuse and other MEB disorders.

The Subcommittees reviewed additional data for each of these areas, and then presented the results to The MAPP Committee.

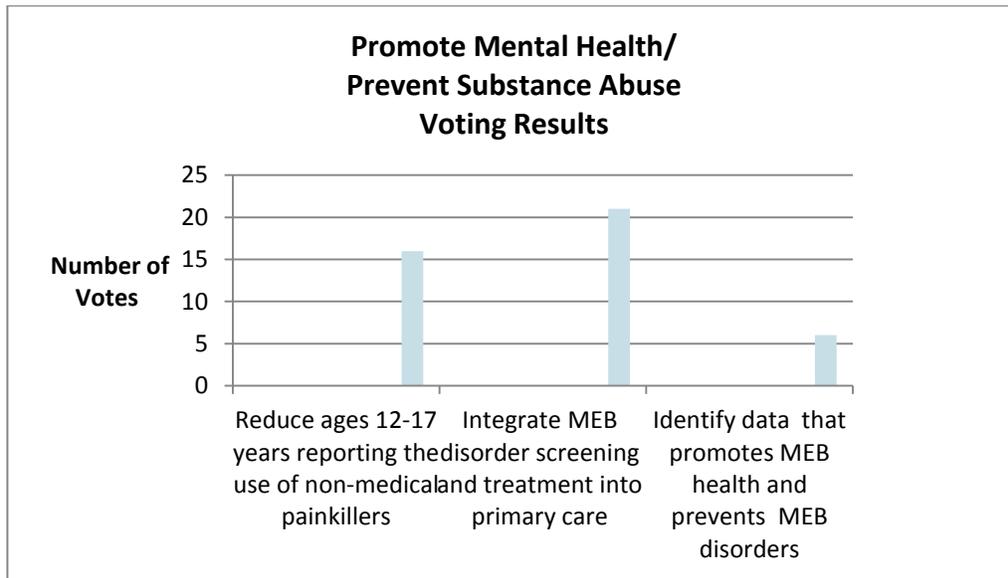
Our focus areas were determined by surveying The Greene County MAPP Committee, via online survey utilizing Survey Monkey. 43 Respondents completed the survey with results seen below.

Greene County MAPP Committee, 2013 Prevention Agenda Priority Voting Results

CHRONIC DISEASE PREVENTION	Percentage
Reduce the percentage of adults ages 18 years and older who are obese	51%
Increase adults ages 18 years and older who participate in physical activity	16%
Decrease tobacco use by high school age students	32%



PROMOTE MENTAL HEALTH/PREVENT SUBSTANCE ABUSE	Percentage
Reduce ages 12-17 years reporting the use of non-medical painkillers	37%
Integrate MEB disorder screening and treatment into primary care	48%
Identify data that promotes MEB health and prevents MEB disorders	13%



New York State Prevention Agenda: CHRONIC DISEASE PREVENTION
Reduce the percentage of adults ages 18 years and older who are obese

Strategies are based on increases in physical activity, improving nutrition, supporting breastfeeding, and providing education around these issues.

We have several partners in this area including The Rural Health Network’s Healthy Weight Initiative, The Go Greene for Wellness Committee, which coordinates wellness initiatives for Greene County Employees and their families, The Catskill School District, Cornell Cooperative Extension and The Women, Infants, Children (WIC) Supplemental Nutrition Program, WIC Peer Breastfeeding Counseling Program.

The Healthy Weight Initiative:

I. PROMOTE WEIGHT LOSS

A. Enroll county residents into the weight-loss program “Manageable Challenges”, in partnership with The New York State Academy of Family Physicians, by hosting 2 weight-loss contests

B. Media & Web Site Campaign

1) Publicize, reach out to weight-loss “coordinators,” & use Network’s list serve to promote the weight-loss program.

2) Supplement the contest activities with media and web site campaigns.

C. Smaller Portions at Smaller Prices

1) Conduct research into the practice of restaurants offering smaller portions at smaller prices.

Contact restaurants to establish a pilot program; share results of survey showing 90% of County respondents said they support such a program.

Promote program through media and RHN's listserve.

II. PROMOTE A HEALTHY DIET

A. Promote Coxsackie Farmer's Market

1) Through newspaper ads, a bonus match for purchases, and email listserve.

B. Establish or Promote One Additional Farmer's Market

C. Make Farmer's Markets More Accessible to Supplemental Nutrition Assistance Program (SNAP) and Women, Infants, Children (WIC) Recipients

1) Work with State agencies, local agencies to create EBT capacity

2) Facilitate acquisition of equipment & training

3) Disseminate promotional material to SNAP recipients

III. PROMOTE ACTIVITY

A. Continue 8-Week Greenwalks Program

1) Continue our annual 8-week county-wide walking program to promote the life-long habit of walking by creating an on-line enrollment form, publicizing it, and offering raffle prizes as incentives.

B. Increase Awareness of Hiking and Biking Trails

1) Completion of a Comprehensive Countywide trail map

2) Outline County-wide campaign activities;

3) Develop list locations needing signs and purchase signage

Additionally, The Rural Health Network (RHN) was awarded a grant from the Dyson Foundation to create nutrition/physical activity programs in Catskill and Cairo-Durham school districts. RHN has worked closely with The Catskill School District on the following initiatives:

Healthy dinner program. A healthy dinner is served to the community once per month throughout the school year. Educational materials are provided as well.

Food lab class in the middle school where students learn about and create their own healthy snacks.

Grow labs to grow vegetables inside the school.

Healthy Mentor Program. In collaboration with Cornell Cooperative Extension, The RHN will implement a Healthy Mentor program in the Catskill Schools. This train-the-trainer program involves recruiting older students to serve as instructors for the younger students.

Cornell Cooperative Extension of Columbia and Greene Counties:

Cornell Cooperative Extension of Columbia and Greene Counties provides the Eat Smart New York! Program to low-income families, individuals, seniors, and youth. For program eligibility, low-income is defined as participating in a means-tested program,

including being eligible for or receiving SNAP benefits, WIC, Head Start, SSI, or Medicaid. The program is funded through the USDA and is part of SNAP-ED funding. The program offers free nutrition education to groups in all communities in Greene County. Each group can receive anywhere between 1 to 8 nutrition lessons covering a variety of topics. Each lesson is between 30 to 90 minutes long and includes a demonstration/tasting of a nutritious recipe. We also table at community events where our population is likely to frequent, providing a mini-lesson and nutrition education materials.

The 2014 plan goals for Eat Smart New York:

- Increase the consumption of fruits and vegetables
- Decrease the consumption of sugar sweetened beverages
- Increase physical activity as part of a healthy lifestyle and maintain calorie balance during each stage of life

Greene County's Eat Smart New York program plans to reach 420 participants with direct education (participants fill out paperwork) by providing 150 education sessions. We also plan to reach 760 participants with indirect education (no paperwork is required) by providing 60 education sessions.

The Eat Smart New York Program conducts outreach and educational programs through Greene County's food pantries, including building a healthy plate, and healthy recipe options.

Women, Infants and Children:

WIC Breastfeeding Peer Counselors:

The WIC Program of Catholic Charities of Columbia and Greene Counties, promotes breastfeeding for the health of mothers and children. To facilitate successful breastfeeding, WIC provides Breastfeeding Peer Counselors to promote and support breastfeeding women and their families outside usual clinic hours and outside the WIC clinic environment.

Counselor's responsibilities include:

Provide emotional support to mother and significant other.

Provide the mother with advice on aspects of normal breastfeeding.

Provide anticipatory guidance to reduce the occurrence of problems.

Provide information on the effects of food, medications and home remedies on lactation with guidelines addressed in training.

Acts as an advocate for breastfeeding in the community.

Understands how the cultural attitudes and practices of their community impact on breastfeeding.

Assists in teaching breastfeeding classes.

Provides information on additional sources of help to the breastfeeding mother.

Uses accepted communication skills.

Be able to demonstrate and discuss the following:

- a) Various positioning techniques for mother and baby

- b) Increasing or decreasing milk supply, including proportion of hindmilk/foremilk
- c) Manual expression of breast milk, and safe and effective collection and storage of milk

To support mothers returning to employment to continue breast feeding upon return to work, The Greene County Office Building in Catskill, and Columbia Memorial Hospital have dedicated lactation rooms.

The Greene County Office lactation room was made possible through funding from the Health Weight Initiative of the Rural Health Network, with additional funding from Schenectady County Public Health Services.

The Breastfeeding Coalition of Columbia and Greene Counties
The Breastfeeding Coalition, with membership from Columbia Memorial Hospital, the Greene and Columbia County Departments of Health, WIC, and the La Leche League, this committee works to support breast feeding women, through education and outreach.

In recognition of World Breastfeeding Week, the Committee had a refreshment and information table at Columbia Memorial Hospital, with educational resources and materials for families and hospital staff. Committee members contacted local agencies representing women and children to attend this event. Prior to the event Catholic Charities hosted a presentation for agencies who work with mothers and children, on benefits and issues surrounding breast feeding.

Lactation Room, Greene County Public Health Department



Community environmental support for no cost, easily accessible outdoor recreation includes:

- Athens Riverfront Park: Walking path
- Catskill: Main Street measured walking trail
- Catskill: Jefferson Heights: Measured walking trail

Catskill: Dutchman's Landing Park Walking path
Cairo: Angelo Canna Town Park: Walkng path, tennis courts, and sportsfields.
Coxsackie Riverfront Park: Walking path
Hunter: Walking path
Windham: The Windham Path

The above represent only a fraction of the recreational opportunities in Greene County, which features numerous hiking paths, parks and children's playgrounds.

To provide additional opportunities for recreation, The Catskill School hosts the following initiatives:

An evening Hall Walking program for students, staff and the community.

Fitness Center access for students, staff and community year round including weekends.

Walk to Talk Program: Students walk from school to a local Adult living facility and engage in planned activity with senior residents. Students then walk back to school at the conclusion of the one hour program, Please see Appendix 5, for a complete program description.

A Turkey Trot for all grade levels 1-6.

Intramural non-competitive sports program.

Bike racks to encourage bike/walk to school.

Strict adherence to food protocols in cafeterias, vending machines, and "social events".

"Spring Rush" event for students and community members.

In partnership with Blue Shield of Northeastern New York (BSNENY) and The Rural Health Network's Healthy Weight Initiative (HWI), Greene County has initiated a wellness program for employees and families. The "Go Greene for Wellness" employee wellness initiative includes fitness and yoga classes, health and wellness seminars, and participation in HWI's community-wide health initiatives, such as the "Biggest Loser Contest" and "Greenwalks". The Go Greene for Wellness Committee includes representatives from Greene County Public Health Department, Greene County Human Resources, The Greene County Administrator, Blue Shield of Northeastern New York, Fitness Professionals on Demand and The Healthy Weight Initiative. The Committee is dedicated to promoting the health and wellbeing of the Greene County workforce, through coordinated educational and wellness opportunities.

Our goal for Prevention Agenda Priority: Reduce the percentage of adults ages 18 years and older who are obese is to decrease the percentage of obese adults in Greene County by 5% in the period 2014-2017, from 29.2% to 27.7%.

New York State Prevention Agenda: PROMOTE MENTAL HEALTH AND PREVENT SUBSTANCE ABUSE

Support Efforts to Integrate other Mental Emotional Behavioral (MEB) Disorders Screening and Treatment into Primary Care.

Greene County Mental Health

The Community Health Integration Project (CHIP) is an outreach co-location program of the Greene County Mental Health Center. Since 2007, CHIP has provided mental health screening, assessment and treatment for persons aged 18 or older in satellite clinics located within primary care physician offices throughout rural Greene County.

The goals of this project is to increase awareness of good mental health practices, provide outreach and prevention services, and to screen all county residents for signs and symptoms of depression, anxiety and substance abuse.

The six satellite clinics are staffed by Mental Health Specialists, who are trained to treat a range diagnosis, from adjustment and transitional issues to severe and persistent mental illness. The Mental Health Specialist joins with the patient to form a treatment team with the Primary Care Physician and nursing staff, collaborating with the team to work towards a successful outcome for the patient. In addition to treatment, Mental Health Specialists provide linkage and referral to many community-based resources.

Prevention, including increasing community awareness of good mental health for wellness, is a focus of CHIP. CHIP works in cooperation with other county government offices, such as Public Health Nursing Service and Greene County Adult Protective Services, to screen home-bound seniors and others for anxiety, depression and substance abuse. Public speaking engagements and presentations have been provided to further promote the health and wellness of Greene County residents.

Rural Health Network (RHN)

In partnership with Greene County Mental Health, The RHN is working to expand access to mental health services (with the potential of expansion to alcohol and substance abuse services). To further this goal, The RHN has created an innovative, program that integrates access to behavioral health with those settings where medical care is traditionally accessed.

The Network continues its commitment by creating several patient-friendly screening and counseling sites throughout the County. A household survey, by The RHN of Greene County showed that 90% of County residents visited their primary care doctor within the past year. Locating screening and counseling services in the primary care office may therefore reach an extended demographic.

Program description

1) Screen individuals for behavioral health problems in primary care offices & provide counseling sessions based on the aforementioned screenings.

Given the high percentage of Greene County residents who see their primary care doctor regularly, this program has the potential to reach a significant percentage of

County residents, to provide services as needed and to raise awareness of issues surrounding Mental Health and the availability of local services..

2) Develop and conduct an anti-stigma campaign and an on-going web-based campaign to increase the percentage of people who feel mental illness is a condition or disease, and alcoholism, prescription drug abuse and illicit drug abuse are diseases and addictions and not a choice or personal irresponsibility.

3) Recruit primary care doctors) participating in the “co-location” counseling program in which counselors are co-located in primary care physician offices.

Our goal for Prevention Agenda Priority Area:

Support Efforts to Integrate Mental Emotional Behavioral (MEB) Disorders Screening and Treatment into Primary Care

Is to achieve a 10% increase in capacity for the period 2014-2017.

Columbia Memorial Hospital has worked closely with both the Greene County and Columbia County Departments of Health in the determination of focus areas, and will work towards our common goals in the Prevention Agenda Priority Areas:

Chronic Disease Prevention

Promotion of Mental Health and Prevention of Substance Abuse

The MAPP process has allowed GCPHD to build relationships with our community partners, who are strongly committed to improving the health of Greene County residents. We look forward to working together over the next three years to successfully achieve our goals.

COMMUNICATIONS STRATEGY

Communication strategies include:

Distribution of the Greene County CHA and CHIP for 2013-2017 to all of our MAPP partners, and upon request

Presentation of the Greene County CHA and CHIP on the Greene County Public Health Department website.

APPENDICES:

Appendix 1 Interagency Awareness Day Yellow Pages 2013

Appendix 2 Healthy Capital District Initiative Data Sets

Appendix 3 Catskill School District Walk to Talk Program

Appendix 4a MAPP Presentation September 2012

Appendix 4b MAPP Presentation November 2012

Appendix 4c MAPP Presentation February 2013

Appendix 4d MAPP Presentation April 2013

Appendix 4e MAPP Presentation June 2013

Appendix 4f MAPP Presentation September 2013 (With special thanks to Public Health Intern Victoria McGahan)

REFERENCES

2012 - 2017 NYS Comprehensive Cancer Control Plan: www.Cancerconsortium.com.

CDC.gov/diabetes/pubs/factsheet

DASH New York. Prevention Agenda: Increasing Breastfeeding: www.health.ny.gov

Greene County's Response to Tropical Storm Irene

Healthy Capital District Initiative (HCDI) Data-sets (Appendix 2):

Health data categorized by Prevention Agenda Priority Area

Health data: mortality, hospitalizations, emergency department visits by subpopulation (NYSDOH Statewide Planning and Research Cooperative System (SPARCS)); provided by Healthy Capital District Initiative in 2013 with technical support from the Finger Lakes Health System Agency)

- Prevention Agenda 2013-17 indicators
- Prevention Agenda 2008-12 indicators
- Community Health Indicator Reports
- County Health Indicators by Race/Ethnicity
- Communicable Disease Annual Reports
- The Pediatric Nutrition Surveillance System (PedNSS)
- New York State Office of Alcoholism and Substance Abuse Services Data Warehouse
- NYS Child Health Lead Poisoning Prevention Program
- NYS Kids' Well-being Indicator Clearinghouse (KWIC)

New York State Expanded Behavioral Risk factor Surveillance System, July 2008-June 2009, Prevention Agenda Report, Greene County:
www.health.ny.gov/statistics/brfss/expanded/2009/prevention_agenda/county/docs/greene

New York State Expanded Behavioral Risk Factor Surveillance System 2013-2014 Preliminary (4 – Month) Data Report. Greene County:
www.health.ny.gov/statistics/brfss/expanded/2009/prevention_agenda/county/docs/greene.pdf

New York State Department of Health Pediatric Nutrition Surveillance 2011:
www.health.ny.gov > Nutrition Data and Statistics

New York State Department of Health - www.health.ny.gov/statistics/leading-causes-death

OASAS Data Warehouse 2011: www.oasas.ny.gov

Women's Health USA 2012; Women and Poverty. www.mchb.hrsa.gov

US Census Bureau, American Fact Finder, 2010

US Census: Quickfacts.census.gov