

Prevention Agenda Priorities and Disparity

This document serves as the Community Health Needs Assessment, Implementation Strategy, Community Health Improvement Plan, and Community Service Plan (hereinafter, collectively known as “the Plan”) for Columbia and Greene Counties for the three-year period beginning 2019 and ending in 2021. As such, it identifies the Priorities from the 2019-2024 Prevention Agenda that will be the focus of collaborative community health improvement activities in these counties during this period. These are as follows:

- **Priority Area: Preventing Chronic Disease**

Focus areas: (1) Healthy Eating and Food Security and (2) Physical Activity. The disparity to be addressed will be obesity in adults with disabilities.

- **Priority Area: Promoting Well-being and Preventing Mental/Substance Use Disorders**

Focus areas: (1) Promote Well-being and (2) Prevent Mental and Substance Use Disorders

Data Reviewed to Identify Priorities

The selection of priorities was informed by a review of data extracted from the Community Health Needs Assessment for the six-county Capital Region (see Volume Two), prepared and presented by the Healthy Capital District Initiative (HCDI). HCDI staff presented data on a total of 9 health issues related to four Prevention Agenda Priority Areas. Available data on prevalence, emergency department visits, hospitalizations, mortality, and trends were included for each health issue. Additionally, equity data for gender, age, race/ethnicity, and neighborhood groupings were presented whenever that data was available.

Partners and Roles; Engagement of Broad Community

The Columbia County Department of Health, the Greene County Public Health Department, and Columbia Memorial Hospital, collectively known as the **Columbia-Greene Planning Partners**, worked collaboratively throughout the assessment and planning process and are committed to working jointly, both across agencies and county lines, throughout the implementation phase as well.

The Columbia-Greene Planning Partners were assisted in the assessment and planning phase by a diverse stakeholder group (see a list of members in Section E, Part 1, (page 35) that was convened on multiple occasions in the spring and summer of 2019 to review the Community Health Needs Assessment, identify the Prevention Agenda Priorities, and inform the selection of goals, objectives and interventions. This broad stakeholder group, referred to as the **Columbia-Greene Healthy People Partnership**, will continue to have a role throughout the implementation process. The Partnership will be charged with reviewing reports, monitoring progress, and providing feedback.

Evidence-Based Interventions – Identification and Selection

The selection of evidence-based interventions/strategies/activities fell largely to the Planning Partners, who frequently referenced and were strongly influenced by the discussions that occurred in the Columbia-Greene Healthy People Partnership meetings. Additional consideration was given to the community’s existing assets and resources, including programs and services that may already be delivered, gaps in the availability of or access to programs and services, and whether health disparities or inequities exist. Evidence-based interventions were selected directly from those offered in the Prevention Agenda. The Local Health Departments (LHDs) will utilize worksite nutrition and physical activity programs designed to improve health behaviors and results (Intervention 1.0.3). The LHDs will look to various county worksites, partners in other health and human services agencies, the private sector, and the local Chambers of Commerce to begin worksite program implementation. The LHDs will also implement and/or promote programs and places for physical activity (Intervention 2.3.1). Activities

in this area will include engaging key partners from organizations serving disability groups to explore how the LHDs can support an increase in leisure-time physical activity among the people they serve. There is particular interest in engaging partners that serve individuals with disability by virtue of a mental illness, and particularly those groups that are peer-led.

For the second priority, *Promoting Well-being and Preventing Mental and Substance Use Disorders*, the LHDs will increase availability of and access to opioid overdose reversal medication (Naloxone) and provide trainings to prescribers, pharmacists and consumers (Intervention 2.2.2). The LHDs will also promote the integration of trauma-informed approaches in training staff and implementing program and policy (Intervention 2.2.6).

For its part in addressing the Prevent Chronic Disease Priority area, Columbia Memorial Hospital (CMH) is committed to Administering an Exercise program for patients in its Inpatient Psychiatric Unit, Provide education on healthy food choices for patients in its Inpatient Psychiatric Unit, Participate in the Columbia-Greene Breastfeeding Coalition, Provide a variety of onsite employee wellness support tools and options.

To address the Prevention Agenda Priority of Promoting Well-being and Preventing Mental Health and Substance Use Disorders, CMH will do the following: Participate in the Columbia-Greene Addiction Coalition,

Convene the Controlled Substance Awareness Committee, and Offer Peer Support to Individuals with Addiction in the Emergency Department.

Progress and Improvement Tracking, with Process Measures

Throughout the implementation period, it will be essential for the Columbia-Greene Planning Partners to monitor progress and identify improvements made as a result. Progress and improvement tracking for the activities of the Local Health Departments will make use of the following measures: the number of worksites that submit a response to the survey and how many agree to create action plans; the number of employees reached through these efforts; the number of competitions and participants in the Chamber of Commerce administered “Challenges” focused on physical activity, nutrition, and stress management; the number of worksite-hosted wellness educational sessions and monitor continued engagement through Year Three of implementation; the number of Physical Activity Guides provided to the community; the number of community members reached; the number of websites with a link to the guide; the number of partners working with adults with disabilities that are engaged in the work; the number of outlets for guides; the number of naloxone trainings; the number of naloxone kits provided; and the number of Public Health detailing interactions with prescribers and pharmacists focusing on naloxone.

To evaluate its contribution to Preventing Chronic Disease (specifically, obesity-related illnesses), CMH will track the following: the number of patients participating in each session of the Psych Unit’s exercise program; the number of patients participating in each session of the Psych Unit’s Nutrition Education Program; the number of meetings of the Columbia-Greene Breastfeeding Coalition attended by at least one representative from CMH; the number of employee visits to HR Connection; the number of monthly newsletters distributed; the number of group challenges offered and the number of participants in each; the number of on-site fresh fruit and vegetable sales; the number of on-site produce deliveries; the number of employees enrolled in Employee Assistance Program; and, the number of employees enrolled in Flexible Spending Accounts

To evaluate its contribution to Promoting Well-Being and Preventing Mental and Substance Use Disorders, CMH will track the following: the active participation in and contributions to the work of the Columbia-Greene Addiction Coalition from at least one member of the CMH staff; the maintenance of an active meeting schedule of the Controlled Substance Awareness Committee and the ongoing engagement of member; the number of individuals educated about the availability of peer support; the number of individuals referred to peer support; and, the number of individuals who meet with a peer.