Updated December 31, 2014
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Basic Information about CVPH Medical Center
CVPH Medical Center is a voluntary, not-for-profit, Article 28 organization governed by a voluntary 15 member Board of Directors. CVPH is located at 75 Beekman Street in Plattsburgh with satellite services at a number of other authorized locations as follows:

<table>
<thead>
<tr>
<th>Service Location</th>
<th>Address</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>H.K. Freedman Renal Center</td>
<td>91 Plaza Boulevard</td>
<td>Plattsburg, NY</td>
</tr>
<tr>
<td>CVPH Health Center</td>
<td>159 Margaret Street</td>
<td>Plattsburg, NY</td>
</tr>
<tr>
<td>CVPH Ambulatory Surgery Center</td>
<td>77 Plaza Boulevard</td>
<td>Plattsburg, NY</td>
</tr>
<tr>
<td>CVPH Diagnostic Center</td>
<td>89 Plaza Boulevard</td>
<td>Plattsburg, NY</td>
</tr>
<tr>
<td>CVPH Rehabilitation Services</td>
<td>179 Tom Miller Road</td>
<td>Plattsburg, NY</td>
</tr>
<tr>
<td>Dialysis Satellite at Elizabethtown Park Street</td>
<td>Elizabethtown, NY</td>
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<tr>
<td>CVPH Rehab at PARC</td>
<td>295 New York Road</td>
<td>Plattsburg, NY</td>
</tr>
<tr>
<td>CVPH Valcour Imaging</td>
<td>16 Degrandpre Way</td>
<td>Plattsburg, NY</td>
</tr>
<tr>
<td>CVPH Open MRI</td>
<td>118 Consumer Square</td>
<td>Plattsburg, NY</td>
</tr>
<tr>
<td>CVPH Dental Center</td>
<td>603 Cornelia Street</td>
<td>Plattsburg, NY</td>
</tr>
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</table>

The New York State Department of Health Office of Health Systems Management has licensed CVPH for the following overnight beds:

- **328 Total**
  - 222 Medical/Surgical
  - 34 Psychiatric
  - 21 Maternity
  - 20 Long Term Care
  - 14 Intensive Care
  - 10 Pediatric
  - 7 Coronary Care

Note: in this report, “CVPH Medical Center,” “CVPH,” and “the hospital,” are used interchangeably to describe the same entity - CVPH Medical Center. In addition, Community Health Assessment and Community Health Needs Assessment are used interchangeably as well to describe the same collaborative document.

This report focuses on the process and outcome of the identification and prioritization of health needs. The Clinton County Community Health Assessment, which meets both NYS’s requirements of the County, and the IRS’s requirements of CVPH, contains more detailed information and data on the health status of the population and distribution of health issues based on analysis of demographic factors and identification of the main health challenges facing the community as well as a discussion of the contributing causes of the health challenges including broad determinants of health.
1. Mission Statement
CVPH is committed to serving the community. The mission of CVPH is to provide quality healthcare for the North Country. The vision, or organizational purpose, is that CVPH, through collaboration and integration, provides high quality outcomes; exceptional patient, employee and provider experiences; and improves the health and well-being of those we serve. CVPH’s values are guiding beliefs the organization operates upon. They are respect, teamwork, quality, communication, trust, compassion, accountability, and service. These values are embodied by leadership and staff at CVPH.

2. CVPH Service Area
Clinton County, New York represents the primary service area (PSA) for CVPH Medical Center. CVPH is the only hospital in Clinton County and the majority (80%) of all patients discharged from CVPH originate from Clinton County as seen in the list of volume by zip code below. In fact, CVPH has an 82% market share and had 8,079 discharges in 2011; there were 9,839 total discharges from Clinton County in 2011. Clinton County has a population of 82,000 people, 49% female and 51% male, and is approximately 1,000 square miles with 79 people per square mile which is lightly populated compared to most of New York State. Like most of northern New York, Clinton County does not have a racially and ethnically diverse population; over 93% of the population is White, non-Hispanic. The highest populated age range is 45-64 (28% of total population) although from 2010 to 2020, the percent change in the 65 plus age range is projected to be 22%. The median household income in Clinton County is $49,000 and the poverty level is 13.8%. A high school diploma or GED is the highest level of education completed by 54% of the population age 25 and older. Median income and education levels are lower in Clinton County then the rest of New York State [see Attachment A] [Source: SPARCS data & US Census Bureau].

<table>
<thead>
<tr>
<th>Zip</th>
<th>City</th>
<th>Discharges</th>
<th>% of Total</th>
<th>Cumul %</th>
</tr>
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<tr>
<td>12901</td>
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<td>35%</td>
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<tr>
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<tr>
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<tr>
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<td>12979</td>
<td>ROUSESFPOINT (NY)</td>
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<td>12912</td>
<td>AU SABLE FORKS (NY)</td>
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<td>12981</td>
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<td>MASSENA (NY)</td>
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<td>LAKE PLACID (NY)</td>
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<td>86%</td>
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<td>LYON MT (NY)</td>
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<td>86%</td>
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<td>12993</td>
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<td>1%</td>
<td>87%</td>
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<td>12920</td>
<td>CHATEAUGAY (NY)</td>
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<td>87%</td>
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<td>ELIZABETHTOWN (NY)</td>
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<td>88%</td>
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<td>12986</td>
<td>TUPPER LAKE (NY)</td>
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<td>1%</td>
<td>89%</td>
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<td>REDFORD (NY)</td>
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<td>89%</td>
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<tr>
<td>12956</td>
<td>MINEVILLE (NY)</td>
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<td>1%</td>
<td>90%</td>
</tr>
<tr>
<td>12974</td>
<td>PORT HENRY (NY)</td>
<td>52</td>
<td>1%</td>
<td>90%</td>
</tr>
</tbody>
</table>

Data Source: SPARCS
Essex, Franklin, and eastern St. Lawrence County are considered the secondary services area (SSA) for tertiary services not available at hospitals in those counties. CVPH’s has a 10% market share and had 1,736 discharges in 2011; there were 17,612 total discharges from the secondary service area in 2011. The demographic characteristics and health needs of these Counties reflect those in Clinton County. The service area has remained unchanged.

The graph on the left represents inpatient market share in CVPH’s primary service area which is Clinton County. The graph on the right represents inpatient market share in CVPH’s secondary service area which is Essex, Franklin, and Eastern St. Lawrence Counties. 

Data Source: SPARCS
3. Public Participation

A. Participants: CVPH has worked with the Clinton County Health Department (CCHD) to complete the Community Health Assessment (CHA) which informs both the hospital Community Service Plan (CSP) and county Community Health Improvement Plan (CHIP) as required by NYS. A multidisciplinary group was involved in assessing community health needs in Clinton County with public participation solicited via a survey sponsored by the Adirondack Rural Health Network (ARHN) and a Community Health Planning Session sponsored by CVPH Medical Center and the Clinton County Department of Health. In 2011, CVPH Medical Center and the CCHD began participating in the ARHN. The ARHN is a regional multi-stakeholder coalition established in 1992 that conducts community health planning activities by providing the forum for local public health services, community health centers, hospitals, community mental health programs, emergency medical services, and other community-based organizations to assess regional needs and the effectiveness of the rural health care delivery system. Since 2002, the ARHN has been recognized as the leading sponsor of formal health planning for Essex, Fulton, Hamilton, Saratoga, Warren and Washington Counties, and since 2011 Clinton and Franklin counties have been included. Regular meetings of critical stakeholders from all eight counties have resulted in a systematic approach to community health planning and the development of regional and local strategies to address health care priorities.

Additionally, CVPH and the CCHD sponsored a Community Health Planning Session to educate stakeholders on the health needs of Clinton County, discuss the 2013-2017 Prevention Agenda priorities, and identify and prioritize two Prevention Agenda areas to focus on in Clinton County. A wide range of over 50 stakeholders attended the meeting including representatives from the following:

- Town of Plattsburgh
- Behavioral Health Services North
- Home Care
- Planned Parenthood
- SUNY Plattsburgh
- Eastern Adirondack Health Care Network
- Clinton Community College
- Medical Home
- Clinton County Legislature
- Community Representatives
- Board of Health
- Clinton County Youth Bureau
- Child Care Coordinating Council
- Clinton County Office for Aging
- TDC (The Development Corp)
- City of Plattsburgh
- Clinton County Mental Health
- Red Cross
- Cornell Cooperative Extension
- American Heart Association
- Town of Saranac
- NYSDOH

B. Outcomes: Between December 5, 2012 and January 21, 2013, ARHN conducted a survey of selected stakeholders representing health care and service-providing agencies within an eight-county region. The purpose of the study was to provide feedback from community service providers in order to: 1) guide strategic planning, 2) highlight topics for increased public awareness, 3) identify areas for training, and 4) inform the statewide prevention agenda. The 81 question survey was developed through a collaborative effort by a seven-member survey ARHN subcommittee representing county public health departments and hospitals in the region during the fall of 2012 with the following results identified.
Key Survey Results

- The top emerging issues in the region include increases in obesity and related health issues, increases in substance abuse, and mental illness.
- The population groups identified most in need of targeted interventions are: the poor, children, individuals with mental health issues, the elderly, and substance abusers.
- Only about half of survey respondents reported being familiar with the NYS Department of Health Prevention Agenda priority areas.
- Among the five NYS Prevention Agenda priority areas, chronic disease was ranked as the area of highest community need and agency interest.
- The agenda area of HIV, STIs, and vaccine preventable diseases was ranked lowest in terms of overall interest and concern.
- The individual issues of greatest importance to survey respondents were the general health and safety of the physical environment, diabetes prevention, substance abuse, mental health screening and treatment, and the prevention of heart disease.
- Current involvement in efforts related to NYS Health Agenda issues is highest for addressing the health of women, infants, and children, and for prevention of chronic disease.
- Clinton County respondents indicated the lowest level of current involvement with efforts to prevent substance abuse. Only one-in-four reported being involved in substance abuse efforts, which was lower than in the rest of the region.
- When asked to rate the effectiveness of current local efforts to address major health issues, the results were middling and a large portion of respondents indicated that they did not know, which suggests that additional information and publicity may be needed for health activities in the region.
- Education is the dominant strategy currently used to address major health issues in the region.
- Technology is not highly utilized by health service providers and their clients in the region. A slight majority of respondents agreed that technology enhancement should be a top priority for the region.
- The top future concern for stakeholders was funding. Regional health care organizations expressed concerns about reimbursement rates and expectations of reduced funding through government payments and other grants.

### Ranking of NYS Health Agenda issue areas

<table>
<thead>
<tr>
<th>Issue Area</th>
<th>Percent selecting each priority by ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevent chronic disease</td>
<td>Most</td>
</tr>
<tr>
<td>Promote mental health; prevent substance abuse</td>
<td>39.7</td>
</tr>
<tr>
<td>Promote healthy, safe environment</td>
<td>22.5</td>
</tr>
<tr>
<td>Promote healthy women &amp; children</td>
<td>22.1</td>
</tr>
<tr>
<td>Prevent HIV/STIs; promote vaccines</td>
<td>11.5</td>
</tr>
<tr>
<td></td>
<td>4.2</td>
</tr>
</tbody>
</table>

The Clinton County Community Health Planning Session was held on June 12, 2013. The outcome of the session led to the identification of two Prevention Agenda priorities for Clinton County to focus on discussed further in the assessment section.

C. Public Notification: The ARHN survey subcommittee members identified potential respondents to participate in the survey. ARHN members from each of the counties were asked to generate a list of relevant stakeholders from their own communities who would represent the full range of program and service providers. As such, the survey population does not necessarily represent a random sampling of health care and service providers, but an attempt at a complete list of the agencies deemed by the ARHN to be the most important and representative within the region. The survey was administered electronically using the web-based Survey Monkey program and distributed to an email contact list of 624 individuals identified in the stakeholder list created by the subcommittee. Ultimately, 285 surveys were completed during the six-week survey period, a response rate of 45.7 percent.
A comprehensive list was developed that included many community stakeholders to attend the Clinton County Community Health Planning Session. In addition to direct mailing to the majority, invitations were also extended through email, flyer distribution, at a variety of community meetings and about two dozen direct calls and personal emails to some of the stronger stakeholders. Local representatives from the media, including the Press Republican (Clinton County’s only daily newspaper), attended the session.

4. Assessment and Selection of Public Health Priorities
A collaborative process and defined set of criteria were used to identify two NYS Prevention Agenda priorities for Clinton County by engaging multiple organizations, having stakeholder sessions, and using data and information to make a rational decision in selecting two priorities as well as a disparity. The CCHD and CVPH were intimately aligned during the assessment process and identification of health needs based on the Prevention Agenda priorities. The steps included:

1. Data collection from multiple sources including publically available health indicator data and data collected from the ARHN survey
2. Selection of first round of focus areas using ARHN prioritization matrix
3. Community retreat and ARHN “Dot” method for selection of second round of focus areas
4. Selection of final focus areas by Community Health Assessment Team using the data and results of the community retreat to come to a consensus on the selection of final focus area priorities

The process of identifying the important healthcare needs of the residents of Clinton County involved both data analysis and consultation with key members of the community. The data was collected from multiple sources including publically available health indicator data and data collected from the ARHN survey discussed in the public participation section of this plan. The health indicator data is collected and published by New York State and contains over 300 different health indicators. Last year, ARHN undertook a project to systemize this data into a relational database to provide improved access and analysis. The results of this analysis provide a statistical assessment of the health status for the region and each county therein.

Using the results of the indicator analysis, the survey and other community assessments, a group of community stakeholders met on June 12, 2013 to identify and prioritize the current healthcare challenges for the residents of Clinton County. The Strategic Community Health Planning Session was facilitated by the CCHD and CVPH Medical Center. Participants consisted of fifty representatives from agencies and organizations across the local public health system. The meeting facilitators provided a historical perspective of the CHA, CHIP, and CSP process, introduced the revised Prevention Agenda areas and provided data overview of the focus areas within each Prevention Agenda area along with regional community survey results. Robert Martiniano, Project Director from School of Public Health provided an overview of Clinton County Health Indicator Data. Martiniano reviewed how over 450 different data points were selected to develop multiple data health indicator layers for Clinton County. Some were required by the NYSDOH for completion of the CHA (17 NYSDOH Prevention Agenda Focus Areas), while other data was selected to better identify the actual health needs of the community. County-level demographic data, in addition to the health indicator data was reviewed against benchmarks of the NYS Prevention Agenda and Upstate NY region. It was explained how a Severity Score method was developed by the Regional Group of the local health departments to help identify health concerns. However, it was not enough to identify health trends and many elements that were scoring lower than the benchmarks but not severely in the 17 Focus Areas.
Because of the amount of data contained within the 17 Focus Areas, representatives from the CCHD and CVPH conducted a first critical review process using a prioritization worksheet developed by the ARHN. The prioritization method used categories of need, feasibility, and impact and scoring levels of low, medium, or high feasibility to prioritize focus areas. This review process resulted in seven out of the seventeen NYSDOH Prevention Agenda Focus Areas to be selected for review during the Planning Session. The attendees were broken into eight smaller groups composed of approximately six people. They were asked to review the top seven Focus Areas and were encouraged to challenge the data during the small group break out portion of the community engagement process.

The Focus Areas reviewed by the smaller groups were:

1. Built Environment
2. Chronic Disease Preventive Care and Management
3. Obesity
4. Preconception and Reproductive Health
5. Substance Abuse and Mental Health – Promote Well-Being
6. Tobacco Use and Second Hand Smoke Exposure
7. Vaccine Preventable Diseases

The break out groups met for approximately 1.5 hours. Each participant was supplied with three dots to use to vote for their top three focus areas by placing their dots on seven different posters identifying the selected Focus Areas as recommended by the ARHN. Results of voting: Substance Abuse and Mental Health – Promote Well Being (31); Built Environment (31); Chronic Disease Preventative Care and Management (28).

After the community session, a smaller group was formed consisting of county, community, and hospital representatives, to refine the focus areas. The subgroup felt that while mental, emotional, and behavioral well-being is essential (Focus Area #1), the infrastructure must be strengthened (Focus Area #3); the downstream impact of a strengthened infrastructure would be the promotion of mental, emotional, and behavioral well-being. This shift is further justified based on responses in the AHRN survey which Clinton County respondents indicated the lowest level of current involvement with efforts to prevent substance abuse – only one in four reported being involved which was lower than in the rest of the region. Discussion within the subgroup occurred regarding whether we, as a county, should select two or three focus areas. During the last CHA and CSP process, chronic disease was selected as a focus. The group concluded that positive momentum has been made in chronic disease over the past three years and there would be a downstream impact from focusing on built environment and mental health seen in chronic disease management (see Attachment C).

Based on analysis of the available health data, community surveys, input from stakeholders and discussions at the regional and local levels, the following Prevention Agenda focus areas have been identified as the significant priority health needs in Clinton County that will be of major focus for the next 3-4 years. In order of priority they are:

1. Strengthen Infrastructure Across Systems (Promote Mental Health and Substance Abuse)
2. Built Environment (Promote a Healthy and Safe Environment)
3. Disparity: Low socioeconomic/low income population
5. Plan for Action
CVPH and the CCHD, using objectives developed by the New York State Prevention Agenda, identified current programs addressing the identified issues and created the following plan of action for utilizing existing programs and resources and for creating new initiatives to address them. A set of measurable outcomes for each priority area has been developed and will be tracked and adjusted as needed through regular meetings with CVPH, CCHD, and other stakeholders. While some objectives are organization specific, the overall successes of the focus areas are a group effort. In addition, the priorities tie to CVPH’s Strategic Plan and overall mission of enhancing the health of North Country residents (see Attachment B). CVPH is committed financially as well devoting $10,000 specifically for the initiatives in this plan. Please note, additional money is budgeted for ongoing community health initiatives.

Health Priority 1: Focus Area – Strengthen Mental, Emotional, and Behavioral (MEB) Infrastructure Across Systems (New York State Prevention Agenda Topic - Promote Mental Health and Prevent Substance Abuse) (detailed action plan on page 11)

The purpose of this priority is to coordinate efforts of the MEB service providers in Clinton County to strengthen community MEB infrastructure. The following statistics from the CHA were used as support and rationale in the selection of this as a priority community health need:

- In Clinton County the rate of age-adjusted suicides per 100,000 population and the overall rate of self-inflicted injury hospitalizations per 10,000 population in Clinton County are significantly worse than their respective rates in the ARHN region or in Upstate New York but both are trending downward.
- The rate of self-inflicted injury hospitalizations for ages 15 to 19 per 10,000 population in Clinton County is more than double the Upstate New York rate and 40% higher than the ARHN rate.
- For Clinton County the rates of individuals served in mental health settings per 100,000 for ages 8 and below (607.0), ages 9 – 17 (1,431.0), and ages 18 – 64 (644.0) are higher than the respective rates in the ARHN region or in Upstate New York.
- Substance abuse is a significant problem in Clinton County with 21.1% of adults binge drinking within the last month ('08/'09) as compared to 18.1% in New York State and the Prevention Agenda Benchmark of 17.6%.
- In Clinton County the percentage of alcohol related crashes ('09-'11) was 4.3% as compared to 3.2% in Upstate, 2.8% and in all of NY State.
- In Clinton County the percentage of children ages 9-17 with Serious Emotional Disturbances (SED) was 14.9% in 2011, significantly exceeding the region at 10.2%, Upstate at 7.7% and New York State at 8.4% for the same year (disparate group).
- In Clinton County the percentage of adults ages 18-64 with Serious Mental Illness (SMI) was 17.1% in 2011, significantly exceeding the Region at 12.3%, Upstate at 14.6% and New York State 7.2% for the same year.

To accomplish the task of strengthening the community infrastructure across the MEB systems in Clinton County, all of the MEB direct service providers were invited to an organizational and brainstorming session titled “Clinton County Mental Health Community Engagement Meeting” on August 29, 2013. The session involved open discussion on what was needed to be successful in addressing MEB issues locally. For each area, the group identified a wide variety of approaches to help in the development of a strategic plan to be implemented in 2014-2017. It is the intention of this community-based group of providers to meet on an ongoing basis to assess the MEB strategic planning process, assure adherence to any policy and systems changes integral as part of the strategic plan, and provided progress information back to all involved. A follow-up to the August 19th meeting, a second meeting was held on September 26, 2013 where the group reviewed, revised and approved a community based implementation plan for MEB effective January 2014. Organizational meetings are planned and will be held before the end of the calendar year.
Three objectives were identified to address this focus area. The first is identifying specific roles different sectors and key initiatives have in contributing towards MEB health promotion and MEB disorder prevention in NYS for crisis intervention within the community by December 31, 2014. This will be done by establishing communication and data linkages among specific task force groups in order to establish regular communication links to discuss and share MEB community based promotion and intervention efforts to reduce disparity across the age spectrum. As seen in the data above, the number of children with SED is high in Clinton County and identifying roles in the community to care for these children is essential. CVPH’s inpatient adolescent behavioral health unit will play a vital role in providing care to this group. CVPH will participate in multidisciplinary meetings to establish regular communication links. By the end of 2014, CVPH will develop a Behavioral Health Services Strategic Plan focusing on strategies to provide quality care to patients as well as community connections post discharge. One of the focus areas of the Strategic Plan will be on emergency department crisis intervention; CVPH will work with community partners to keep behavioral health patients out of the emergency department by directing them to the outpatient care they need.

The second objective is to establish a system to 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 by December 31, 2014. This will be accomplished by identifying a steering committing and developing a system to track at least four key MEB data indicators and a procedure for sharing and analysis of statistical data. CVPH will participate in the steering committee to identify data to track, share, submit, and monitor as a community as CVPH currently is responsible for tracking and submission of several data sets to New York State. While this data is currently not determined, some of it will be from CVPH as CVPH is the only inpatient mental health provider in Clinton County.

The third objective is to strengthen training and technical assistance of primary care physicians, MEB health workforce and community leaders in evidence based, including culturally sensitive training, approaches to MEB disorder prevention and mental health promotion by December 31, 2017. This will be accomplished by meeting with appropriate MEB and medical care providers to access and strategize MEB integration as part of a pilot, initiating local dialogue on how to integrate MEB screening in the electronic medical record (EMR) under the Health Home Model and Medical Home system, and providing annual opportunities for primary care provider training in MEB area, specifically cultural sensitivity. CVPH will identify at least one provider representative for MEB integration discussions, engage the Champlain Valley Health Network (CVHN) Medical/Health Home Director in discussion of EMR screening and what is currently being done, and will host at least one psychiatric teaching day. Recruitment of psychiatrists is a high priority for CVPH. Recently, a new locum firm was hired to provide more continuous care for patients, but recruitment efforts will continue to focus on psychiatrists in 2014. CVPH is also committed to having primary care physicians available to care for patients and work with MEB providers to focus on the patient as a whole. To this end, CVPH is launching the Champlain Valley Family Medicine Residency which is a community hospital administered, university affiliated program. The goal is to provide high quality primary care to the region by addressing the short term needs of patients who do not have access to physicians in Clinton County, and by addressing long term projected primary care physician shortages in Clinton, Essex, Franklin, and St. Lawrence Counties. In fact, by 2018 these counties will need almost 20 additional Family Practice physicians (Source: HANYS Market Expert Physician Database, Physician Population Rates). Contingent on receiving accreditation, the first class of residents will start in 2016.

By 2017, CVPH and the CCHD are committed to demonstrating a sustained collaboration of MEB community based strategies in Clinton County that address ongoing data collection and analysis, use of “best practice” interventions and continued dialogue with community stakeholders and decision makers for MEB efforts in addition to the following proposed future actions:
• Annual planning of collaborative training targeting MEB providers, including CVPH MEB providers.
• Coordinate training opportunity for American Society of Addiction Medicine (ASAM) Certification for primary care providers, including CVPH primary care providers.
• Ongoing determination for additional data point selection for sharing with CVPH input on data points needed to make positive changes.
• Integration of MEB and primary health care, including CVPH MEB, primary care providers, and future Family Medicine Residents.

Action Plan
• **Focus Area #3:** Strengthen Infrastructure Across Systems (**Priority #1:** Promote Mental Health and Prevent Substance Abuse)
• **Overarching Goal #3.2:** Strengthen infrastructure for MEB Health promotion and MEB disorder prevention by 2017.
• **CVPH Vice President Oversight:** Rosemary Reif, VP Patient Care Strategic Operations

<table>
<thead>
<tr>
<th>Objective</th>
<th>Strategies</th>
<th>Partners</th>
<th>Essential Service/Spectrum of Prevention</th>
<th>2014 Performance Measures &amp; Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identify specific roles different sectors (e.g. governmental and nongovernmental) and key initiatives (e.g. Health Reform) have in contributing towards MEB health promotion and MEB disorder in NYS for crisis intervention within the community by December 31, 2014.</td>
<td>-Establish regular communication and data linkages among specific task force groups (i.e. housing dev., suicide prev. etc.) to discuss/share MEB community based promotion and intervention efforts to reduce disparity across the age spectrum. -CVPH, taking into consideration community MEB roles, will develop a Behavioral Health Strategic Plan focusing on strategies to provide quality care to patients as well as community connections post discharge.</td>
<td>-Clinton County Community Services -Behavioral Health Services North (BHSN) -Eastern Adirondack Health Care Network -Champlain Valley Family Center -National Alliance on Mental Illness (NAMI) -CVPH Medical Center -Office for the Aging -Child Care Coordinating Council</td>
<td>1,4</td>
<td>Changing Organizational Practices Fostering Coalitions and Networks</td>
</tr>
<tr>
<td>2. Establish a system to 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 by December 31, 2014.</td>
<td>-Develop system to track at least four key MEB data indicators. -Develop procedure for sharing and analysis of statistical data at a minimum quarterly. -Identify steering committee representing inpatient (CVPH), public, and private sectors.</td>
<td>-Clinton County Community Services -BHSN -Eastern Adirondack Health Care Network -Champlain Valley Family Center -NAMI -CVPH Medical Center</td>
<td>1,3</td>
<td>Changing Organizational Practices</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-At least 2 meetings with CVPH participation will be held (mid-year and year ending) -CVPH plan developed by December 31, 2014.</td>
</tr>
</tbody>
</table>
UPDATE: December 31, 2014

CVPH is working with its many partners in the community to determine met and unmet needs in the MEB population. The county-wide effort is working to establish a system to identify key indicators and baseline targets for data. This data is required to plan and monitor county level strength-based efforts that promote MEB health and prevent substance abuse and other MEB disorders.

The five indicators chosen to monitor are:

1. Cross systems 5-day follow-up appointments to inpatient discharge;
2. Outpatient - no show rates from hospital referrals
3. Inpatient readmission rates;
4. Outpatient - Access to psychiatrists;
5. Outpatient - number who have a PCP (and or using the service).

We’re working collaboratively to develop a procedure for sharing and analysis of statistical data on a quarterly basis.
Health Priority 2: Focus Area - Built Environment (New York State Prevention Agenda Topic - Promote a Healthy and Safe Environment) (detailed action plan on page 15)

The purpose of this priority is to increase access to and affordability of physical activity and nutrition opportunities in Clinton County. The following statistics from the CHA were used as support and rationale in the selection of this as a priority:

- Nearly 1 in 12 low-income residents in Clinton County have low access to a supermarket or a large grocery store and current average annual incomes do not allow for structure health facilities membership for many individuals or families (disparate group).
- Currently the City of Plattsburgh Saranac River Trail exists only within City limits.
- Thirty-five (35%) percent of adults, 18 and older, in Clinton County are obese, compared to the Prevention Agenda benchmark (23%).
- Additionally, slightly over 20% of public school children are obese, higher than the Prevention Agenda benchmark (16.7%).
- There is also a lack of recreational and fitness facilities in Clinton County, with 4.9 per 100,000 populations compared to the 13.3 rate per 100,000 populations for the ARHN region and of 12.4 for Upstate New York.
- Thirty-three (33%) percent of age-adjusted adults, ages 18 and older, have ever been diagnosed with high blood pressure, compared to nearly 26% for New York State.
- The number of diabetes deaths are increasing and the number of hospitalizations for cardiovascular disease, diseases of the heart and coronary heart disease have increased as well corresponding directly to the obesity epidemic.

The CCHD has facilitated a local community based group for several years called the Action for Health Coalition (AFHC). This group has representatives from a wide variety of community sectors, including CVPH, which have implemented effective policy, systems and built environment changes for the last five years targeting chronic disease (tobacco/nutrition/physical activity). This group meets a minimum of six times a year, representatives are actively engaged in the community based implementation process for initiatives and all proposed efforts are performance based with appropriate measurement. The Action for Health Coalition will continue in the facilitator role for this selected Prevention Agenda issue. The group has regularly scheduled meetings and progress notes and indicators will be measured periodically to assure success and provide ongoing assessment for change if needed.

Three objectives were identified to address this focus area. The first is increasing the number of Clinton County Public Transportation (CCPT) riders to local grocery/food stores, in particular low income residents as the data above identified them a disparate group, by December 31, 2015. Cost restraints often prohibit this group of individuals from accessing healthy foods and outdoor activities negatively impacting their overall health. The first step in addressing this objective is to determine the current baseline of ridership in low income rural areas traveling to grocery/food stores and conduct a survey to determine the need for additional routes and adjust as needed. Any newly added routes will be promoted through social media, and post intervention surveys will be conducted to determine the change in ridership. To increase the number of riders, CVPH will be including a link to the CCPT website on the CVPH website (www.cvph.org) and include the CCPT bus schedule in all discharge planning packets in 2014.
The second objective is to promote four townships and four local organizations to adopt Complete Streets resolutions in support of NYS 8/11 Complete Streets Law by December 31, 2015. Meetings will occur with local town planning and zoning boards to provide information on Complete Streets concepts and they will be provided with a Complete Streets template resolution for consideration of passage. Local school districts will be provided with template information on Complete Streets concepts for walkable communities for inclusion in newsletters or posting on school website. Additionally, CCHD representatives will attend a meeting of the Clinton County Highway superintendents meeting with Town of Plattsburgh (TOP) Highway Superintendent to describe/illustrate simple changes completed in the TOP under Complete Streets. Community based support in this is essential, so in 2015 CVPH will develop a letter of support and board approved resolution in support of Complete Streets.

The third objective is by December 31, 2015 increase the percentage of residents utilizing currently available physical activity opportunities by developing and conducting public awareness campaigns promoting the current 1.3 mile City of Plattsburgh Saranac River Trail, Heart Smart Trail and Town of Plattsburgh Cadyville Park Trails and supporting and facilitating the local effort to complete the Saranac River Trail Greenway (SRTG) expansion feasibility study in adjacent townships. Additionally, CVPH will be implementing a program through the Foundation of CVPH to subsidize gym memberships for low income residents in 2014. Membership to gyms are often cost prohibitive for low-income individuals and families who could greatly benefit from its use. Long winter months in the area add an additional barrier to recreational activities within our region. To meet the needs of low-income residents, the CVPH Wellness Center at PARC has created a sliding scale fee to appeal to these individuals. For residents who have a medical necessity to go to the gym and cannot afford a membership, even at a reduced cost, the Foundation of CVPH’s proposed program will subsidize those fees with the overall goal of working together to create a healthier community.

In addition, CVPH is applying for a Diabetes Prevention Grant (it would be awarded in 2014) in partnership with the CVPH Wellness Center at PARC as diabetes deaths were identified as increasing in Clinton County. Two Wellness Center employees would be trained as Lifestyle Coaches. One would work with employees who want to go through the year long period program. The goals will be to reduce weight and increase activity. The other Coach would be working with patients or community members that are referred by their physician. Both groups of participants will be individuals who meet the eligibility requirements for Pre-diabetes; this program will not work with individuals who are diagnosed with diabetes. CVPH will seek recognition by the CDC, which indicates we are meeting the National Diabetes Prevention Program (NDPP) standards. CVPH will then offer the NDPP to other employers in the region as a billable service, and the CVPH Wellness Center will offer the NDPP as a program to community members.

By 2017, CVPH and the CCHD are committed to demonstrating a sustained targeted community engagement of local public health system decision members, and identified “at risk” populations for lack of nutrition and physical activity, will continue to promote, through design and maintenance, healthier lifestyles through built environment and policy changes in addition to the following proposed future actions:

- Increased CCPT ridership from low-income areas will be increased by at least 15% and sustained over a two year time period.
- An additional 3 town planning/zoning boards will have adopted and implemented by resolution NYS Complete Streets concepts.
- The SRTG will have expanded outside the City of Plattsburgh boundaries and increased by 1 - 3 miles into adjacent townships.
### Action Plan

- **Focus Area #3:** Built Environment (**Priority #2:** Promote a Healthy and Safe Environment)
- **Overarching Goal #1:** Improve the design and maintenance of the built environment to promote healthy lifestyles, sustainability and adaption to climate change by 2017.
- **CVPH Vice President Oversight:** Debra Donahue, COO

<table>
<thead>
<tr>
<th>Objective</th>
<th>Strategies</th>
<th>Partners</th>
<th>Essential Service/Spectrum of Prevention</th>
<th>2014 Performance Measures &amp; Outcomes</th>
</tr>
</thead>
</table>
| 1. Increase the number of CCPT riders to local grocery/food stores by December 31, 2015. | - Determine current baseline of ridership in low income rural areas traveling to grocery/food stores (disparity).  
  - Develop and conduct community survey to determine need for additional routes or times of current routes.  
  - Identify possible route changes to increase ridership.  
  - Promote new/added route schedules to target population through the implementation of a social media plan.  
  - Conduct post intervention survey to determine change in ridership numbers.  
  - Place link on CVPH website to CCPT by 2014.  
  - Include CCPT current bus schedule in 100% of CVPH discharge planning packets. | - CCPT  
  - Joint Council for Economic Opportunity (JCEO)  
  - Clinton County Office for Aging (CCOFA)  
  - Farm’s Mkt CCHD  
  - Action for Health members  
  - CVPH Medical Center | 4  
  Fostering Coalitions and Networks  
  Changing Organizational Practices | Ridership will have increased by 10%. |
| 2. Promote four township Planning Boards to adopt Complete Streets resolution in support of NYS 8/11 Complete Streets Law by December 31, 2015. | - Meet with at least six local Planning Boards to provide information on Complete Streets concepts.  
  - Provide the six targeted Planning Boards with a Complete Streets template resolution for consideration of passage.  
  - Provide template information piece on Complete Streets concepts for walkable communities to six local school districts for inclusion in newsletters and posting on school website.  
  - Attend one Highway Superintendents meeting with TOP Highway Super to describe/illustrate simple changes completed in the TOP under Complete Streets.  
  - Develop community based support for Complete Streets at four local organizations, including CVPH. | - CCHD  
  - Action for Health members  
  - Town of P’burgh Reps.  
  - CVPH Medical Center | 3,4  
  Promoting Community Education  
  Strengthening Individual Knowledge and Skills  
  Changing Organizational Practices | - Four Clinton County Towns will pass Complete Streets Resolutions.  
  - Four community based organizations, including CVPH, will develop letters of support or Resolutions in support of Complete Streets. |
| 3. Increase percentage | - Develop and conduct public awareness campaign | - CCHD Student | 3,4 | - Community trail(s) |
Improving Health Status and Reducing Health Disparity in Clinton County

The two selected Prevention Agenda Priorities: 1) Promote Mental Health and Prevent Substance Abuse; and 2) Promote a Healthy and Safe Environment, center focus on the identified disparity in Clinton County of targeting the low socioeconomic/low income population. It has been well document that individuals with mental, emotional and behavioral (MEB) health issues often have a co-occurring illness or chronic condition that further impacts their health and quality of life. Recent research also indicates that the overall health of a community can be attained by promoting and providing opportunities for people to engage in physical activity and enhanced nutrition through built environment changes in their community.

The selected Prevention Agenda Priorities and their developed work plans for 2014-2017 have been designed to impact both areas through defined health initiatives throughout the local public health system. The work plans illustrate community collaboration and partnership that promote policy, systems and built environment changes that once implemented will increase opportunity for access to both physical activity and nutrition opportunity for two of our most at risk populations on each end of the age spectrum.

Plans outlined to strengthen the MEB infrastructure locally include the major providers of services in the community. The enhanced coordination of role identification, data collection, and sharing will allow the community to treat the patient as a whole taking into consideration their socioeconomic status. In particular, one objective identified was focusing on strengthening training and technical assistance of primary care physicians and MEB providers and leaders in cultural sensitivity. There is a “culture of poverty” and training providers to better understand this will have downstream effects on the overall health of the individual as this population is often struggling with co-occurring medical conditions, drug, and substance abuse. In fact, Community Health
Assessment data indicates high rates of suicide; self-inflicted injury; MEB service provided to those ages 9 – 17 and 18 – 74; binge-drinking; alcohol-related crashes; children between the ages of 9-17 with Serious Emotional Disorder (SED); and adults between the ages of 18 and 64 with Serious Mental Illness (SMI).

Nearly 1 in 12 low income residents in Clinton County have low access to grocery stores, 35% of adults are obese, and 20% of children are obese. Through the plan designed to Promote a Healthy and Safe Environment, efforts to improve access to a wider variety of healthy foods will impact the high rates of overweight and obesity among children and adults. One of the objectives identified within this priority is increasing the percentage of residents utilizing physical activity opportunities. This is often cost prohibitive for low income individuals, so CVPH is working to establish a program that would subsidize gym memberships for low income individuals. In addition, plans to expand awareness of and promote walking/biking/running opportunities along our existing multi-use trails and planned trail expansion will increase physical activity opportunity.

Planning for a robust community that embraces concepts designed to improve health behavior and wellness concepts through policy, systems and built environment changes has begun to see results on our county. Local decision makers, elected officials and administrative staff of local business, agencies and organizations have collectively integrated these concepts into their strategic plans and limited budgets over the last 6-8 years. The plans drafted and outlined in this Plan demonstrated a willingness and “political will” to continue in this direction.

**UPDATE: December 31, 2015**

This target population is low income residents in rural areas with one or no vehicle thus limiting the individual/family’s access to large food markets and greater nutrition opportunity. Geographic areas with the highest need are being identified via data collection; health indicators for “food deserts” (distance from supermarkets and nearest public transportation pick up); as well as participation in community support programs (WIC, SNAP, etc). The data sample collected will be used to determine potential changes in public transportation route. It will also spur strategic plans to develop a system to increase food opportunities in the identified areas in the county.

Community-based efforts are focused on specific target groups in communities/locations in Clinton County with access to public transportation and/or physical activity opportunities. This effort is supported with community surveys, use audits and performance measures built into the Clinton County CHIP. The County is tracking on three trails daily.

The number of people reached by the end of 2014 falls between 12,000-15,000.
6. Dissemination of Plan to Public

CVPH Medical Center will actively disseminate the CHA, CSP, and CHIP to the public. The plan will reside conspicuously in PDF format in the Health & Wellness section of www.cvph.org (the CHA will remain posted until two subsequent CHA reports have been posted). Various marketing efforts will then drive the community to the Health & Wellness section to view and download the plan. These efforts include a press release sent to all local media outlining the plan; interviews with the media (as appropriate); regular posts on social media sites such as Facebook and Twitter; and mentions in a variety of print and online communications produced by CVPH. Other communication channels will be considered throughout the year to help disseminate the plan.

Electronic and hard copies will be provided to:

- All CVPH Board Members;
- All Action for Health Coalition members;
- Appropriate partner agencies in the community not currently engaged in the CSP/CHIP/CHA process to solicit their participation;
- County Legislative Health Committee and to all County Legislatures;
- The Clinton, Essex and Franklin Library System;
- Townships and Municipalities in Clinton County;
- Copies to Plattsburgh State University Library and Clinton Community College Library;
- Anyone else who requests a hard copy (free of charge)

Community presentations will include:

- AFH members to their Directors or oversight Boards;
- Community meetings (Rotary, Kiwanis, etc);
- Targeted local elected officials;
- Clinton County Board of Health;
- Plattsburgh Press Republican Editorial Board;
- Foundation of CVPH;
- The North Country Chamber of Commerce;
- The Clinton County Development Corp;
- And all other appropriate and identified community stakeholders.

Active distribution throughout the community will assure continued community engagement in this important strategic planning tool to improve health. Distribution and community presentations will also help build the grassroots need to address health improvement efforts across the county by engaging both traditional and nontraditional partners in sustainable and permanent community-based interventions.
7. Maintaining Engagement & Tracking Progress

Active engagement with others in the community to implement change is challenging given diminishing resources and reduced public health infrastructure on the national, state and local levels. Efficient and effective use of what remains requires unprecedented collaboration and cooperation by everyone, not just by the agencies or organizations whose primary mission directly relates to health issues. Higher level decision makers from agencies and organizations in the community now participate in the process demonstrating an actionable level of commitment to the health of the community not seen 10-15 years ago. In part these changes in Clinton County can be traced back to the mid 2000’s when the Mapping Our Way through Planning and Partnership process began, next to the active Action for Health community partnership. This metamorphosis has taken time, community engagement is not easy, but the foundation has been laid and the community health structure for change built to maintain engagement.

To accomplish the task of strengthening the community infrastructure across the MEB systems in Clinton County, a group of MEB direct service providers was brought together to form a working group. It is the intention of this community based group of providers to meet on an ongoing basis to assess MEB strategic plan process, assure adherence to any policy and systems changes integral as part of the strategic plan, provided progress information back to all involved, and if needed, make real time mid-course corrections as needed.

The CCHD has facilitated a local community based group for several years called the Action for Health Coalition. This group has representatives from a wide variety of community sectors that have implemented effective policy, systems and built environment changes for the last five years targeting chronic disease. This group meets a minimum of six times a year, representatives are actively engaged in the community based implementation process for initiatives and all proposed efforts are performance based with appropriate measurement. The Action for Health Coalition will continue in the facilitator role for this selected Prevention Agenda issue of Built Environment. The group has regularly scheduled meetings and progress notes and indicators will be measured periodically to assure success and provide ongoing assessment for change if needed.

The task now is to continue to imprint these efforts in the community to pursue improved health individually, for the community and the health system that surrounds them. The challenge ahead will require continued collaboration of resources, coupled with ongoing strategic planning and political will to support the health improvement effort in Clinton County. As part of this effort, CVPH in collaboration with the CCHD will be planning a “road show” in 2014 to meet with key community members and organizations (listed above in section 6) to distribute the CHA/CHIP/CSP, answer any questions, and explain why impacting the health of Clinton County takes multidisciplinary participation.
APPENDICES

Attachment A: Demographics

Attachment B: Strategic Plan Goals

Attachment C: Spectrum of Prevention

Attachment D: Community Assets, Resources, and Community Health Assessment Team

Attachment E: References
## Attachment A: Demographics

<table>
<thead>
<tr>
<th>Population, 2012 estimate - % of Total</th>
<th>Clinton</th>
<th>Essex</th>
<th>Franklin</th>
<th>St. Lawrence</th>
<th>Combined</th>
<th>New York</th>
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</thead>
<tbody>
<tr>
<td>Age range 0-4</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>6%</td>
<td>5%</td>
<td>6%</td>
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<tr>
<td>Age range 5-14</td>
<td>11%</td>
<td>10%</td>
<td>11%</td>
<td>12%</td>
<td>11%</td>
<td>12%</td>
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<tr>
<td>Age range 15-24</td>
<td>17%</td>
<td>11%</td>
<td>14%</td>
<td>19%</td>
<td>17%</td>
<td>14%</td>
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<td>Age range 25-44</td>
<td>25%</td>
<td>24%</td>
<td>27%</td>
<td>23%</td>
<td>25%</td>
<td>27%</td>
</tr>
<tr>
<td>Age range 45-64</td>
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<td>31%</td>
<td>28%</td>
<td>27%</td>
<td>28%</td>
<td>27%</td>
</tr>
<tr>
<td>Age range 65plus</td>
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<td>18%</td>
<td>13%</td>
<td>14%</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>Age range 85plus</td>
<td>2%</td>
<td>3%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
</tbody>
</table>

| Female persons, percent, 2012         |        |       |          |             | 49.1%    | 47.7%    | 51.5%    |
| Population, percent change, 2010-2020 - % Change | -3% | -1% | 1% | -2% | -2% | 2% |
| Age range 0-4                         | -5%     | -10%  | -17%     | -7%         | -9%      | 8%       |
| Age range 5-14                        | -12%    | -6%   | -4%      | -7%         | -8%      | 1%       |
| Age range 15-24                       | -22%    | -23%  | -26%     | -18%        | -21%     | -11%     |
| Age range 25-44                       | 3%      | 9%    | 12%      | 11%         | 8%       | 3%       |
| Age range 45-64                       | -4%     | -7%   | -2%      | -10%        | -6%      | -3%      |
| Age range 65plus                      | 22%     | 16%   | 23%      | 18%         | 19%      | 19%      |
| Age range 85plus                      | 8%      | 8%    | -6%      | 10%         | 7%       | 0%       |

| White alone, percent, 2012 (a)         | 92.8%   | 94.8% | 84.1%    | 94.0%       | 91.4%    | 71.2%    |
| Black or African American alone, percent, 2012 (a) | 4.2% | 2.8% | 6.6% | 2.5% | 4.0% | 17.5% |
| American Indian and Alaska Native alone, percent, 2012 (a) | 0.4% | 0.5% | 7.5% | 1.1% | 2.4% | 1.0% |
| Asian alone, percent, 2012 (a)         | 1.2%    | 0.8%  | 0.5%     | 1.0%        | 0.9%     | 8.0%     |
| Hispanic or Latino, percent, 2012 (b)  | 2.6%    | 2.6%  | 3.2%     | 2.1%        | 2.6%     | 18.2%    |

| Language other than English, percent age 5+, 2007-2011 | 6.4% | 6.4% | 9.2% | 6.1% | 7.0% | 29.5% |
| High school graduate or higher, percent age 25+, 2007-2011 | 84.1% | 87.9% | 83.3% | 86.4% | 85.4% | 84.6% |
| Bachelor's degree or higher, percent age 25+, 2007-2011 | 21.5% | 24.8% | 17.4% | 18.9% | 20.7% | 32.5% |
| Mean travel time to work (mins), workers age 16+, 2007-2011 | 19.3 | 20.4 | 19.5 | 20.6 | 20.0 | 31.4 |

| Median household income, 2007-2011       | $49,260 | $46,629 | $43,673 | $43,390 | $45,738 | $56,951 |
| Persons below poverty level, percent, 2007-2011 | 13.8% | 12.2% | 16.9% | 17.6% | 15.1% | 14.5% |

| Land area in square miles, 2010          | 1,037.85 | 1,794.23 | 1,629.12 | 2,680.38 | 7,141.58 | 47,126.40 |
| Persons per square mile, 2010            | 79.1     | 21.9    | 31.7     | 41.8      | 43.63    | 411.2    |

<table>
<thead>
<tr>
<th>PSA/SSA Payer Mix</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>38.90%</td>
</tr>
<tr>
<td>Blue Cross</td>
<td>19.13%</td>
</tr>
</tbody>
</table>
Attachment B: Strategic Plan Goals

STRATEGIC PLAN
GOALS
2012 – 2017

1. **FOSTER EMPLOYEE COMMUNICATION, DEVELOPMENT, AND ENGAGEMENT**
   DESTINATION GOAL: Attain 75th percentile for employee satisfaction scores.

2. **CREATE AN EXCEPTIONAL PATIENT EXPERIENCE**
   DESTINATION GOAL: Achieve top Twenty-fifth percentile for Press Ganey Patient Satisfaction Scores for ECC, Inpt, Outpt and ASC. Achieve 50th percentile on 100% of the HCAHPS questions.

3. **VALUE = QUALITY AND FINANCIAL HEALTH**
   DESTINATION GOAL: Be recognized for quality and cost efficiencies through improved performance as measured by benchmarks of the Top 100 Hospitals indicators.

4. **INFORMATION AND KNOWLEDGE THROUGH TECHNOLOGY**
   DESTINATION GOAL: Information is understandable, secure, accessible, and improves decision making.

5. **BUILD PHYSICIAN INTEGRATION**
   DESTINATION GOAL: The medical community and CVPH have an integrated systems approach evidenced by maximized reimbursement for high quality outcomes.

6. **DEVELOP AFFILIATIONS AND PARTNERSHIPS**
   DESTINATION GOAL: CVPH is part of an established integrated healthcare system consisting of:
   
   - Defined affiliation with an academic Medical Center.
   - Defined relationship with regional hospitals.
   - Established partnerships with other organizations to provide care across the continuum (e.g., PCP’s, nursing home(s), academic institutions, and public health organizations).

<table>
<thead>
<tr>
<th>Medicaid</th>
<th>18.74%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial</td>
<td>13.10%</td>
</tr>
<tr>
<td>Other</td>
<td>10.13%</td>
</tr>
</tbody>
</table>
Attachment C: Spectrum of Prevention

**Spectrum of Prevention:** The Clinton County Health Department and CVPH embraced the Spectrum of Prevention in the 2005 Clinton County Community Health Assessment document and work accomplished through MAPP (Mobilizing for Action Through Planning and Partnership) process as a method to illustrate meaningful work accomplished in the community and to provide a framework for policy/system and built environment change in our County. The Spectrum is still used to help guide the community toward health improvement related to the identified seven areas outlined within the Spectrum of Prevention.

<table>
<thead>
<tr>
<th>Area</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influencing Policy and Legislation</td>
<td>Changes in local, state and federal laws have potential for achieving the broadest impact across a community. Effective formal and informal policies lead to widespread behavior change and ultimately change social norms.</td>
</tr>
<tr>
<td>Mobilizing Neighborhoods and Communities</td>
<td>Meeting with communities to prioritize community concerns such as violence, unemployment and keeping families together, so that these needs may be addressed along with the health departments</td>
</tr>
<tr>
<td>Changing Organizational Practices</td>
<td>Changes in internal regulations and norms, allows organizations to affect the health and safety of its members and the greater community.</td>
</tr>
<tr>
<td>Fostering Coalitions and Networks</td>
<td>Coalitions and expanded partnerships are vital to public health movements and can be powerful advocates for legislative and organizational change. From grassroots partners to governmental coalitions, all have the potential to develop a comprehensive strategy for prevention.</td>
</tr>
<tr>
<td>Educating Providers</td>
<td>Providers have the influence within their fields of expertise to transmit information, skills, and motivation to their colleagues, patients and clients. They can become front line advocates for public health encouraging the adoption of healthy behaviors, screening for risks and advocating for policies and legislation.</td>
</tr>
<tr>
<td>Promoting Community Education</td>
<td>Community education goals include reaching the greatest number of people possible with a message as well as mass media to shape the public’s understanding of health issues.</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Strengthening Individual Knowledge and Skills</td>
<td>This is the classic public health approach and involves nurses, educators and trained community members in working directly with clients in their homes, community settings or clinics in order to promote health.</td>
</tr>
</tbody>
</table>

Figure 1 Spectrum of Prevention Copyright 2000-2013 Contra Costa Health Services Contra Costa County, California, USA

Spectrum of Prevention, first developed by Larry Cohen, then Director of the Prevention Program on Contra Costa County Health services, a Public Health Dept. in California, based on the work of Dr. Marshall Swift.
## Spectrum of Prevention
### Clinton County 2010 – 2013
### Summary of Accomplishments: Access to Quality Healthcare

<table>
<thead>
<tr>
<th>Influencing Policy and Legislation</th>
<th>- CVPH Medical Center developed and supported the implementation of the Adirondack Regional Medical Home Pilot.</th>
</tr>
</thead>
</table>
| Mobilizing Neighborhoods and Communities | - CCHD facilitated awareness of insurance opportunities through existing programs (WIC) and other health care services programs.  
- CCHD staff served on community based program boards, liaison to social services and other groups addressing local access to care issues. |
| Changing Organizational Practices | - CCHD advanced the Improved Pregnancy Outcome Program (IPO) after NYSDOH MOMS funding was redesigned. |
| Fostering Coalitions and Networks | - CVPH participated in the Community-based Care Transitions program as part of a 16 hospital consortium in Upstate NY.  
- CCHD partner member of the Adirondack Medical Home Model Program  
- CCHD expanded level of partnership with local providers to improve health outcomes for pregnant women and young children.  
- CCHD sustained partnership with local Child Care Coordinating Council.  
- Community agency representatives continued Mental Health committee designed to provide suicide education to targeted sectors of community.  
- Members of the local public health system facilitated and participated in process to implement community suicide prevention hotline.  
- Women’s Service Line Lactation Clinic established in community. |
| Educating Providers | - CVPH continued sponsorship along with Plattsburgh State University, Clinton Community College, and the CCHD of the EXPLORE program to bring educational programs to local health care providers.  
- Maintained regularly scheduled free HIV testing at local Planned Parenthood  
- Office/CCHD/Aids Council.  
- CCHD newsletter distributed to providers promoting immunizations clinics offered by county.  
- CCHD/CVPH expanded Cancer Screening Services opportunities through local doctor offices.  
- CCHD applied for and received Pediatric Obesity grant to work with pediatric providers.  
- Local public health system members provided new suicide prevention information and hotline number to all local health care providers along with community agencies and organizations. |
| Promoting Community | - CVPH participated in the Big Latch On, an international event to promote breastfeeding along with development of the CVPH Lactation Clinic to help mothers breastfeed their babies. |
## Education

- Bone marrow registry drives were held in conjunction with blood drives conducted by the North Country Regional Blood Center at CVPH (provides blood for CVPH and four other hospitals).

- Main Streets Go Blue colorectal cancer awareness promotion was held at CVPH in conjunction with the Clinton County Cancer Services.

- CVPH car seat safety inspections coordinated with Safe Kids Adirondack.

- Know Your Stats about Prostate Cancer CVPH community lecture and awareness held in conjunction with the American Urological Association and National Football League.

- CVPH free fasting cholesterol and glucose tests, blood pressures and colorectal cancer assessments held on National Wear Red Day.

- CVPH promoted cancer survivorship through Eat Dessert First in conjunction with the Cancer Society/Relay for Life.

- Sponsored Shine On, an overnight event held at the CVPH Wellness Center to promote self-awareness for approximately 180 pre-teenage girls.

- Free stroke assessments conducted at CVPH.

- Free blood pressure screenings were available weekday mornings in the CVPH lobby.

- Free community lectures were held at CVPH including benefits of exercise, herbal medicines, sports injury prevention, colorectal cancer, prostate cancer, MOLST, diabetes.

- CVPH recruited several physicians in multiple specialties to meet community needs.

- Eastern Adirondack Health Care Network expanded the number of chronic disease trainers/facilitators in the community and the number of sessions offered.

## Strengthening Individual Knowledge and Skills

- CVPH in collaboration with CCHD and JCEO launched the Diabetes Self-Management Education Program which evolved into the CVPH Diabetes Education Center which is self-sustaining and earned the American Diabetes Association Education Recognition Certificate.

- CCHD provided student internship opportunities in family development, nursing, pharmacy and nutrition.

- Local Office for the Aging provided similar student intern opportunities.

- Social media plan was implemented to increase awareness of new suicide prevention hotline number targeting residents.

- CCHD sponsored a weight management program (KIDSHAPE/FLASH) in 2012-2013.

- CCHD implemented a WIC and Senior Grocery Tour program initiated in 2013.
## Spectrum of Prevention
### Clinton County 2010 – 2013
### Summary of Accomplishments: Physical Activity/Nutrition (Chronic Disease)

| Influencing Policy and Legislation | All City of Plattsburgh Parks and Playgrounds went tobacco free in 2010.  
Clinton Community College developed/implemented a restrictive tobacco use policy on grounds.  
City of Plattsburgh Recreation Dept. established work site employee rates for membership.  
Health community supported implementation of NYSDOH and NYSDOE implementation of BMI measurements in local school districts.  
City of Plattsburgh established tobacco free footbridges policy in 2011.  
Champlain Centre Mall went tobacco free on all grounds including vehicles in 2012.  
ATFN participated in SUNY Plattsburgh Tobacco Free Grounds Committee in 2012/13.  
ATFN assisted in the development and establishment of the July 2013 Clinton County Government No Tobacco Ordinance on all county operated grounds. |
| --- | --- |
| Mobilizing Neighborhoods and Communities | AFH conducted Complete Streets Surveys in ten Clinton County communities with Office for the Aging and provided information back to municipalities in 2011.  
AFH supported the establishment of a second community garden site in the City of Plattsburgh in 2011 and a third community garden in the Village of Champlain in 2012.  
AFH supported the expansion of the Town of Plattsburgh Disc Golf course from 9 to 18 holes.  
AFH provided three Complete Streets trainings targeting stakeholders and decision makers in county (Elected Officials, Planners, Engineers, Health Educators, etc.).  
CCHD applied for and received the ACHIEVE grant from NACCHO and brought a local team of ten for training on (Policy, Systems/Built Environment) PSE concepts in 2010.  
The Clinton County Public Transportation program (CCPT) applied for and received funding to mount bike racks on three CCPT buses. |
| Changing Organizational Practices | The Town of Plattsburgh revised TOP Master Plan to now include Complete Streets concepts and TOP Recreation Master plan to provide additional physical activity opportunities.  
CCHD Healthy Schools NY established Wellness Policies in six local school districts.  
CCHD conducted CATCH (Coordinated Approach to Child Health) training in targeted local schools in 2011.  
CCHD implemented Healthy Plates initiative at one area restaurant to meet developed nutrition guidelines in 2012. |
CCHD established Sugar Sweetened Beverage policies at WPTZ, CVPH Medical Center, City of Plattsburgh Recreation Dept., and Swarovski Co. in 2011.

CCHD established vending machine policy at CVPH Medical Center and City Recreation Department in 2011.

North County Healthy Heart Network facilitated Health Care Provider Office system changes in electronic health records to prompt/document evidence based treatment of tobacco at CVPH (In-Patient).

Behavioral Health Services North PROS program, expanded services to include two tobacco related groups, “Learning About Healthy Living” Educational Group and Tobacco Cessation Group

- To support the new programs, changes were made to the paper system to assess tobacco use by participants and level of dependence.
- Developed policy to restrict tobacco use to one location away from doorways.

<table>
<thead>
<tr>
<th>Fostering Coalitions and Networks</th>
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</thead>
<tbody>
<tr>
<td>CCHD became a partner member of the Adirondack Medical Home Model Program.</td>
</tr>
<tr>
<td>CCHD facilitated the Action for Health Coalition addressing chronic disease.</td>
</tr>
<tr>
<td>Action for Health (AFH) supported the Town of Plattsburgh Complete Streets community based partnership.</td>
</tr>
<tr>
<td>CCHD supported the Saranac River Trail Greenway expansion effort into additional townships.</td>
</tr>
<tr>
<td>CCHD applied for and received the NYSDOH Healthy Schools grant and began implementation of School Health Index survey and active participation of school wellness committees in target schools.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Educating Providers</th>
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</thead>
<tbody>
<tr>
<td>ATFN continued to supply local providers with tobacco and cancer prevention information.</td>
</tr>
<tr>
<td>Local tobacco prevention advocates provided tobacco Quitline information to all local health care providers.</td>
</tr>
<tr>
<td>Eastern Adirondack Health Care Network increased effort to distribute annual Get Moving Guide through local health provider offices.</td>
</tr>
<tr>
<td>North Country Healthy Heart Network provided:</td>
</tr>
<tr>
<td>- On-site evidence based treatment of tobacco presentations at healthcare provider sites throughout the county and region.</td>
</tr>
<tr>
<td>- Technical assistance supporting changes to electronic health records throughout the county and region identifying tobacco users.</td>
</tr>
<tr>
<td>Adirondack Medical Home advocated for changes in EMR and on-site training.</td>
</tr>
<tr>
<td>North Country Healthy Heart Network sponsored Planned Parenthood of the NCNY, NP to</td>
</tr>
</tbody>
</table>
| Promoting Community Education | become certified in Tobacco Treatment Specialist/UMDNJ certification training.  
ATFN provided bi-monthly newsletter disseminated to healthcare providers (Clinton, Essex, Franklin and Hamilton Counties) on topics germane to tobacco: products; prevalence; treatment, etc. from the North Country Healthy Heart Network’s Tobacco Cessation Center.  
North Country Healthy Heart Network sponsored “Grand Rounds” at CVPH Medical Center - Pharmacotherapy for Tobacco Cessation, Nicole Lodise, PharmD.  
CCHD sponsored a provider Motivational Interviewing training in March 2013.  
CCHD sponsored a How to Write a Physical Education Plan workshop in 2013.  
CCHD initiated series of WIRY radio interviews on a variety of topics including chronic disease.  
CCHD piloted Worksite Wellness policies in one large company in 2010.  
Eastern Adirondack Health Care Network expanded the number of chronic disease trainers/facilitators in the community and the number of sessions offered.  
The Saranac River Trail launched in May 2013 with other community members.  
North Country Tobacco Cessation Center Facebook page developed and promoted to public: www.facebook.com/tobaccocessationcenter  
North Country Healthy Heart Network, Inc. website: www.heartnetwork.org developed and promoted to public.  
Adirondack Tobacco Free Network, Reality Check and Healthy Heart Network regularly placed letters to the editor promoting tobacco free resolutions, policies and restrictions locally.  
CVPH Center for Occupational Health and Wellness provided several opportunities for CVPH employees to lead healthier lifestyles including assessing current fitness programs (Zumba, Yoga, Healing Touch, Tai Chi), introduced new programs (Weight Watchers at Work), established walking programs with both an inside CVPH and hospital grounds/neighborhood walking routes, worked with Wellness Center at PARC to better fit offerings to needs of CVPH employees, offered free one hour one on one nutrition counseling for employees with a CVPH dietitian, and offered ongoing programs on employee fatigue and meditation.  
CVPH established a farmer’s market on a weekly basis to make available fresh produce.  
CVPH worked with Nutritional Services to modify its cafeteria offerings going to more healthful nutritional offerings and fewer high-caloric items and eliminated the deep fryer.  
“Raising Healthy Kids,” a Twitter event led by a CVPH pediatrician was held. |
| Strengthening Individual Knowledge and Skills | ATFN facilitated “one on one” opportunities for public and county employees to learn methods to reduce/eliminate tobacco use prior to the 7/1/13 Clinton County No Tobacco Ordinance.  
CCHD distributed Healthy Schools NY newsletter quarterly to all local school administrators for sharing with staff/public.  
CCHD supported implementation of the Biggest Loser program with City of Plattsburgh Recreation Dept. targeting teens and adults.  
CCHD established two new NAPPSAC (Nutrition and Physical Activity Self-Assessment for Child Care) sites in Clinton County.  
CCHD implemented Healthy Plates initiative at one area restaurant to meet developed nutrition guidelines.  
CCHD developed and implemented a plan for sustained grocery store tours through WIC and senior population in county.  
CCHD held community worksite event titled “$’s and Sense: What’s Health Got to Do With It”  
Tobacco cessation counseling for employees and community members were offered at Champlain Centre Mall just prior to new No Tobacco Policy implemented on all grounds in 2012. |
Attachment D: Community Assets, Resources, and Community Health Assessment Team

Community Assets and Resources: The following organizations and groups have been participating in ongoing and strategic efforts to impact health in Clinton County since 2012.

Local & State Government

Town offices in Clinton County:
Altona, Ausable, Beekmantown, Black Brook, Chazy, Champlain, Clinton, Dannemora, Ellenburgh, Moeers, Peru, Plattsburgh, Saranac, Schuyler Falls
City of Plattsburgh
City of Plattsburgh Recreation Department
Clinton County Mental Health
Clinton County Nursing Home
Clinton County Board of Health
Clinton County Office for the Aging
Clinton County Department of Social Services
Clinton County Legislature
Clinton County Youth Bureau
Town of Plattsburgh Recreation Department
Town of Plattsburgh Planning Office
Village of Champlain
Village of Keeseville
Village of Rouses Point

Hospitals
CVPH Medical Center
CVPH Board of Directors
CVPH Mental Health
Foundation of CVPH Medical Center
Foundation of CVPH Board of Directors

Health Care Providers
Behavioral Health Services North, Inc.
Adirondack Rural Health Institute
Champlain Valley Family Center
North Country Home Services
North Country Medical Home Model
Planned Parenthood of the North Country
Mountain View Pediatrics
Plattsburgh Primary Care Health Partners
Plattsburgh Pediatrics
Health Care of Rochester
AIDS Council of NENY

Libraries
Clinton County Library System

Schools
Ausable Valley School District
Beekmantown Central School
Chazy Central School
Clinton Community College
CV Tech of Clinton County
Northern Adirondack Central School
Northeastern Clinton Central School
Peru Central School
Plattsburgh City School District
Saranac Central School
SUNY Plattsburgh
SUNY Plattsburgh Presidents Office

Community Based Organizations
American Cancer Society
American Red Cross
Advocacy and Resource Center
Child Care Coordinating Council
Clinton County RSVP
Cornell Cooperative Extension
Eastern Adirondack Health Care Network
Joint Council for Economic Opportunity
National Alliance on Mental Illness
Senior Citizens Council of Clinton County
United Way of the Adirondack Region

Local Businesses
Media Central
North Country Chamber of Commerce
Plattsburgh Press Republican
Swarovski
The Development Corp
WIRY Radio Station
WPTZ Television
The following organizations and individuals participated in the CHA/CSP/CHIP process:

**CHA/CSP/CHIP Leadership Committee**
Laurie Williams
Coordinator of Health Education
Clinton County Health Department

Kati Jock
Manager, Strategic Planning & Network Development
CVPH Medical Center

Jerie Reid
Director of Public Health
Clinton County Health Department

Nancy Smith
Director of Prevention Services
Clinton County Health Department

Sara Rowden
Clinton County Legislator

**Clinton County Action for Health Coalition Current Members:**
American Cancer Society
Behavioral Health Services North
Child Care Coordinating County
City of Plattsburgh Recreation Department
Clinton County Health Department All Divisions
Clinton County Mental Health
Clinton County Office for the Aging
Clinton County Planning and Transportation
Clinton County Youth Bureau
Cornell Cooperative Extension & 4H Club
CVPH Medical Center Administration
CVPH Mental Health Unit
The Development Corporation
Eastern Adirondack Health Care Network
Foundation of CVPH
PARC Wellness Center
SUNY Plattsburgh Sports and Wellness Program
SUNY Plattsburgh Nursing Department
Town of Plattsburgh
Town of Plattsburgh Planning Department
Town of Plattsburgh Recreation Department
Attachment E: References

Adirondack Rural Health Institute Technical Assistance One Broad Street Glens Falls NY


CVPH Medical Center
Implementation Strategy

Needs Identified in the Community Health Needs Assessment

2013
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Plan for Action .......................................................... Page 3

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Needs Identified in the CHA not Included in this Implementation Plan  Page 8

Other CVPH Activities to Advance the Health of the Community Page 9

Approval ................................................................. Page 9
Executive Summary
CVPH Medical Center, located in Plattsburgh, New York, is committed to providing quality healthcare for the North Country. The vision, or organizational purpose, is that CVPH, through collaboration and integration, provide high quality outcomes; exceptional patient, employee and provider experiences; and improves the health and well-being of those we serve. CVPH’s values are guiding beliefs the organization operates upon. They are respect, teamwork, quality, communication, trust, compassion, accountability, and service. These values are embodied by leadership and staff at CVPH.

CVPH is the sole not-for-profit, Article 28 provider in Clinton County with 328 beds – 222 Medical/Surgical, 34 Psychiatric, 21 Maternity, 20 Long Term Care, 14 Intensive Care, 10 Pediatric, and 7 Coronary – and approximately 10,000 inpatient discharges per year. Clinton County, New York represents CVPH’s service area. CVPH has an 82% market share in Clinton County, and the majority (80%) of CVPH’s total discharges originate from Clinton County. The remaining volume comes from Essex, Franklin, and eastern St. Lawrence counties for tertiary services not available at hospitals in those counties. The demographic characteristics and health needs of these Counties reflect those in Clinton County.

In addition to inpatient services, CVPH offers emergency medical and ambulatory surgery services, as well as a full range of other outpatient services at various sites. These include the following:
- H.K. Freedman Renal Center
- CVPH Diagnostic Center
- CVPH Rehab at PARC
- CVPH Health Center
- CVPH Rehabilitation Services
- CVPH Valcour Imaging
- CVPH Dental Center
- CVPH Ambulatory Surgery Center
- Dialysis Satellite at Elizabethtown
- CVPH Open MRI

This report summarizes the plans for CVPH to address community health needs identified through the Community Health Needs Assessment (CHNA) conducted jointly by CVPH and the Clinton County Health Department by 1.) describing how CVPH plans to meet the health need or 2.) explaining why CVPH does not intent to meet the health need.

Note: in this report, “CVPH Medical Center,” “CVPH,” and “the hospital,” are used interchangeably to describe the same entity - CVPH Medical Center. In addition, Community Health Assessment and Community Health Needs Assessment are used interchangeably as well to describe the same collaborative document.

This report focuses on how CVPH plans to meet identified health needs. The Clinton County Community Health Assessment, which meets both NYS’s requirements of the County, and the IRS’s requirements of CVPH, contains more detailed information and data on the health status of the population and distribution of health issues based on analysis of demographic factors and identification of the main health challenges facing the community as well as a discussion of the contributing causes of the health challenges including broad determinants of health.

Identification of Health Needs
CVPH has worked with the Clinton County Health Department (CCHD) to complete the Community Health Assessment (CHA) which informs both the hospital Community Service Plan (CSP) and county Community Health Improvement Plan (CHIP). A collaborative process, including more than 15 regional hospital and health department partners, and a defined set of criteria were used to identify health challenges in Clinton County by engaging multiple organizations, having stakeholder sessions, and using data and information to make a rational decision in selecting pressing health needs as well as a disparity. The CCHD and CVPH were intimately aligned during the assessment process and identification of health needs based on the New York State Prevention Agenda priorities. The results of the CHA show that based on analysis of the available health data, community surveys, input from stakeholders and discussions at the regional and local levels, the following New York State Prevention Agenda focus areas have been identified as the significant health challenges in Clinton County that will be of major focus for the next 3-4 years. In order of priority they are:

4. Strengthen Infrastructure Across Systems (Promote Mental Health and Substance Abuse)
5. Built Environment (Promote a Healthy and Safe Environment)
6. Disparity: Low socioeconomic/low income population

**Plan for Action**
CVPH and the CCHD, using objectives developed by the Prevention Agenda, identified current programs addressing the identified issues and created the following plan of action for utilizing existing programs and resources and for creating new initiatives to address them. A set of measurable outcomes for each priority area has been developed and will be tracked and adjusted as needed through regular meetings with CVPH, CCHD, and other stakeholders. While some objectives are organization specific, the overall success of the focus areas is a group effort. In addition, the priorities tie to CVPH’s Strategic Plan and overall mission of enhancing the health of North Country residents. CVPH is committed financially as well devoting $10,000 specifically for the initiatives in this plan. Please note, additional money is budgeted for ongoing community health initiatives.

The following plan outlines the challenges, strategies, activities, and outcomes for each of the two Prevention Agenda focus areas identified as needs in the CHA. The plan includes existing Hospital programs, services, and resources that will continue to address priority health needs. Some activities will require CVPH to secure grant funding before they can be implemented. Many of the strategies and activities address risk factors associated with multiple health problems. For examples, strategies to increase physical activity will affect heart disease and diabetes. These strategies might also have a positive impact on reducing obesity specifically in children. The strategies and activities outlined will be implemented in coordination with CCHD.

**Health Priority 1:** Focus Area - Strengthen Mental, Emotional, & Behavioral (MEB) Health Infrastructure Across Systems (New York State Prevention Agenda Topic - Promote Mental Health and Prevent Substance Abuse)
Community Health Need: The following statistics from the CHA were used as support and rationale in the selection of this as a priority community health need:

- In Clinton County the rate of age-adjusted suicides per 100,000 population and the overall rate of self-inflicted injury hospitalizations per 10,000 population in Clinton County are significantly worse than their respective rates in the ARHN region or in Upstate New York but both are trending downward.
- The rate of self-inflicted injury hospitalizations for ages 15 to 19 per 10,000 population in Clinton County is more than double the Upstate New York rate and 40% higher than the ARHN rate.
- For Clinton County the rates of individuals served in mental health settings per 100,000 for ages 8 and below (607.0), ages 9 – 17 (1,431.0), and ages 18 – 64 (644.0) are higher than the respective rates in the ARHN region or in Upstate New York.
- Substance abuse is a significant problem in Clinton County with 21.1% of adults binge drinking within the last month ('08/'09) as compared to 18.1% in New York State and the Prevention Agenda Benchmark of 17.6%.
- In Clinton County the percentage of alcohol related crashes ('09-'11) was 4.3% as compared to 3.2% in Upstate, 2.8% and in all of NY State.
- In Clinton County the percentage of children ages 9-17 with Serious Emotional Disturbances (SED) was 14.9% in 2011, significantly exceeding the region at 10.2%, Upstate at 7.7% and New York State at 8.4% for the same year (disparate group).
- In Clinton County the percentage of adults ages 18-64 with Serious Mental Illness (SMI) was 17.1% in 2011, significantly exceeding the Region at 12.3%, Upstate at 14.6% and New York State 7.2% for the same year.

To accomplish the task of strengthening the community infrastructure across the MEB systems in Clinton County, all of the MEB direct service providers were invited to an organizational and brainstorming session titled “Clinton County Mental Health Community Engagement Meeting” on August 29, 2013. The session involved open discussion on what was needed to be successful in addressing MEB issues locally. For each area, the group identified a wide variety of approaches to help in the development of a strategic plan to be implemented in 2014-2017. It is the intention of this community-based group of providers to meet on an ongoing basis to assess MEB strategic plan process, assure adherence to any policy and systems changes integral as part of the strategic plan and provided progress information back to all involved. A follow-up to the August 19th meeting, a second meeting was held on September 26, 2013 where the group reviewed, revised and approved a community based implementation plan for MEB effective January 2014. Organizational meetings are planned and will be held before the end of the calendar year. Three objectives and corresponding strategies were identified to address this focus area.

Objective #1 & Strategies: Identify specific roles different sectors and key initiatives have in contributing towards MEB health promotion and MEB disorder prevention in NYS for crisis intervention within the community by December 31, 2014. This will be done by establishing communication and data linkages among specific task force groups in order to establish regular communication links to discuss and share MEB community based promotion and intervention efforts to reduce disparity across the age spectrum. As seen in the data above, the number of children with SED is high in Clinton County and identifying roles in the community to care for these children is essential. CVPH’s inpatient adolescent behavioral health unit will play a vital role in providing care to this group. Another strategy to address this need is for CVPH to develop a Behavioral Health Services Strategic Plan focusing on strategies to provide quality care to patients as well as community connections post discharge. One of the focus areas of the Strategic Plan will be on emergency department crisis intervention; CVPH will work with community partners to keep behavioral health patients out of the emergency department by directing them to the outpatient care they need.

Partners: Clinton County Community Services, Behavioral Health Services North, Eastern Adirondack Health Care Network, Champlain Valley Family Center, National Alliance on Mental Illness (NAMI), CVPH Medical Center, Office for the Aging, Child Care Coordinating Council

Outcomes: CVPH will participate in at least two multidisciplinary meetings to establish regular communication links as the sole inpatient provider. By the end of 2014, CVPH will develop a Behavioral Health Services Strategic Plan.
**Objective #2 & Strategies:** Establish a system to 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 by December 31, 2014. This will be accomplished by identifying a steering committee and developing a system to track at least four key MEB data indicators and a procedure for sharing and analysis of statistical data.

**Partners:** Clinton County Community Services, Behavioral Health Services North, Eastern Adirondack Health Care Network, Champlain Valley Family Center, NAMI, CVPH Medical Center

**Outcomes:** CVPH will participate in the steering committee to identify at least 4 data points to track, share, submit, and monitor as a community as CVPH currently is responsible for tracking and submission of several data sets to New York State.

**Objective #3 & Strategies:** Strengthen training and technical assistance of primary care physicians, MEB health workforce and community leaders in evidence based, including culturally sensitive training, approaches to MEB disorder prevention and mental health promotion by December 31, 2017. This will be accomplished by meeting with appropriate MEB and medical care providers to access and strategize MEB integration as part of a pilot, initiating local dialogue on how to integrate MEB screening in electronic medical record (EMR) under the Health Home Model and Medical Home system, and providing annual opportunities for primary care provider training in MEB area, specifically cultural sensitivity. Recruitment of psychiatrists is a high priority for CVPH. Recently, a new locum firm was hired to provide more continuous care for patients, but recruitment efforts will continue to focus on psychiatrists in 2014. CVPH is also committed to having primary care physicians available to care for patients and work with MEB providers to focus on the patient as a whole. To this end, CVPH is launching the Champlain Valley Family Medicine Residency which is a community hospital administered, university affiliated program. The goal is to provide high quality primary care to the region by addressing the short term needs of patients who do not have access to physicians in Clinton County, and by addressing long term projected primary care physician shortages in Clinton, Essex, Franklin, and St. Lawrence Counties. In fact, by 2018 these counties will need almost 20 additional Family Practice physicians (Source: HANYS Market Expert Physician Database, Physician Population Rates). Contingent on receiving accreditation, the first class of residents will start in 2016.

**Partners:** Clinton County Community Services, Behavioral Health Services North, Eastern Adirondack Health Care Network, Champlain Valley Family Center, NAMI, CVPH Medical Center, Champlain Valley Health Network (CVHN) Northern Adirondack Medical Home (CVPH)

**Outcomes:** CVPH will identify at least one provider representative for MEB integration discussions, engage the CVHN Medical/Health Home Director in discussion of EMR screening and what is currently being done, and will host at least one psychiatric teaching day. CVPH will continue psychiatrist recruitment efforts as a high priority in 2014. CVPH will, contingent on receiving accreditation, have the first class of residents in 2016.

**Long Term Objective & Strategies:** By 2017, CVPH and the Clinton County Health Department are committed to demonstrating a sustained collaboration of MEB community based strategies in Clinton County that address ongoing data collection and analysis, use of “best practice” interventions and continued dialogue with community stakeholders and decision makers for MEB efforts in addition to the following proposed future actions:

- Annual planning of collaborative training targeting MEB providers, including CVPH MEB providers.
- Coordinate training opportunity for American Society of Addiction Medicine (ASAM) Certification for primary care providers, including CVPH primary care providers.
- Ongoing determination for additional data point selection for sharing with CVPH input on data points needed to make positive changes.
- Integration of MEB and primary health care, including CVPH MEB primary care providers, and future Family Medicine Residents.
Long Term Outcomes: The overarching purpose of this priority is to coordinate efforts of the MEB service providers in Clinton County to strengthen community MEB in an effort to reduce the rate of suicides, self-inflicted injury hospitalizations, and alcohol and substance abuse.

Health Priority 2: Focus Area - Built Environment (New York State Prevention Agenda Topic - Promote a Healthy and Safe Environment)

Community Health Need: The following statistics from the CHA were used as support and rationale in the selection of this as a priority:

- Nearly 1 in 12 low-income residents in Clinton County have low access to a supermarket or a large grocery store and current average annual incomes do not allow for structure health facilities membership for many individuals or families (disparate group).
- Currently the City of Plattsburgh Saranac River Trail exists only within City limits.
- Thirty-five (35%) percent of adults, 18 and older, in Clinton County are obese, compared to the Prevention Agenda benchmark (23%).
- Additionally, slightly over 20% of public school children are obese, higher than the Prevention Agenda benchmark (16.7%).
- There is also a lack of recreational and fitness facilities in Clinton County, with 4.9 per 100,000 populations compared to the 13.3 rate per 100,000 populations for the ARHN region and of 12.4 for Upstate New York.
- Thirty-three (33%) percent of age-adjusted adults, ages 18 and older, have ever been diagnosed with high blood pressure, compared to nearly 26% for New York State.
- The number of diabetes deaths are increasing and the number of hospitalizations for cardiovascular disease, diseases of the heart and coronary heart disease have increased as well corresponding directly to the obesity epidemic.

The CCHD has facilitated a local community based group for several years called the Action for Health Coalition (AFHC). This group has representatives from a wide variety of community sectors that have implemented effective policy, systems and built environment changes for the last five years targeting chronic disease (tobacco/nutrition/physical activity). This group meets a minimum of six times a year, representatives are actively engaged in the community based implementation process for initiatives and all proposed efforts are performance based with appropriate measurement. The Action for Health Coalition will continue in the facilitator role for this selected Prevention Agenda issue. The group has regularly scheduled meetings and progress notes and indicators will be measured periodically to assure success and provide ongoing assessment for change if needed. Three objectives and corresponding strategies were identified to address this focus area.

Objective #1 & Strategies: Increase the number of Clinton County Public Transportation (CCPT) riders to local grocery/food stores, in particular low income residents as the data above identified them a disparate group, by December 31, 2015. Cost restraints often prohibit this group of individuals from accessing healthy foods and outdoor activities negatively impacting their overall health. The first step in addressing this objective is to determine the current baseline of ridership in low income rural areas traveling to grocery/food stores and conduct a survey to determine the need for additional routes and adjust as needed. Any newly added routes will be promoted through social media, and post intervention surveys will be conducted to determine the change in ridership. To increase the number of riders, CVPH will be including a link to the CCPT website on the CVPH website (www.cvph.org) and include the CCPT bus schedule in all discharge planning packets in 2014.

Partners: CCPT, Joint Council for Economic Opportunity (JCEO), Clinton County Office for Aging, Farmer’s Market, CCHD, Action for Health Members, CVPH Medical Center

Outcome: Ridership will increased by 10%.

Objective #2 & Strategies: Promote four townships and four local organizations to adopt Complete Streets resolutions in support of NYS 8/11 Complete Streets Law by December 31, 2015. Meetings will occur with local
town planning/zoning boards to provide information on Complete Streets concepts and they will be provided with a Complete Streets template resolution for consideration of passage. Local school districts will be provided with template information on Complete Streets concepts for walkable communities for inclusion in newsletters or posting on school website. Additionally, Clinton County Health Department representatives will attend a meeting of the Clinton County Highway superintendents meeting with the Town of Plattsburgh (TOP) Highway Superintendent to describe/illustrate simple changes completed in the TOP under Complete Streets.

**Partners:** CCHD, Action for Health, Town of Plattsburgh Representatives, CVPH Medical Center

**Outcome:** Four Clinton County Towns will pass Complete Street Resolutions and four community based organizations, including CVPH, will develop a letter of support and board approved resolution in support of Complete Streets.

**Objective #3 & Strategies:** By December 31, 2015 increase the percentage of residents utilizing currently available physical activity opportunities by developing and conducting public awareness campaigns promoting the current 1.3 mile City of Plattsburgh Saranac River Trail, Heart Smart Trail and Town of Plattsburgh Cadyville Park Trails and supporting and facilitating the local effort to complete the Saranac River Trail Greenway (SRTG) expansion feasibility study in adjacent townships. Additionally, CVPH will be implementing a program through the Foundation of CVPH to subsidize gym memberships for low income residents in 2014. Membership to gyms are often cost prohibitive for low-income individuals and families who could greatly benefit from its use. Long winter months in the area add an additional barrier to recreational activities within our region. To meet the needs of low-income residents, the Wellness Center at PARC has created a sliding scale fee to appeal to these individuals. For residents who have a medical necessity to go to the gym and cannot afford a membership, even at a reduced cost, the Foundation of CVPH’s proposed program will subsidize those fees with the overall goal of working together to create a healthier community.

In addition, CVPH is applying for a Diabetes Prevention Grant (it would be awarded in 2014) in partnership with the CVPH Wellness Center at PARC as diabetes deaths were identified as increasing in Clinton County. Two Wellness Center employees would be trained as Lifestyle Coaches. One would work with employees who want to go through the year long period program. The goals will be to reduce weight and increase activity. The other Coach would be working with patients or community members that are referred by their physician. Both groups of participants will be individuals who meet the eligibility requirements for Prediabetes; this program will not work with individuals who are diagnosed with diabetes. CVPH will seek recognition by the CDC, which indicates we are meeting the National Diabetes Prevention Program (NDPP) standards. CVPH will then offer the NDPP to other employers in the region as a billable service. The CVPH Wellness Center at PARC will offer the NDPP as a program to community members.

**Partners:** SRTG Board, Clinton County Planning Office, Action for Health Members, Foundation of CVPH, PARC Wellness Center Staff, Action for Health Members

**Outcomes:** Community trail use will increase by 10%, CVPH will implement gym subsidy program, and CVPH will receive grant approval in 2014.

**Long Term Objective & Strategies:** By 2017, CVPH and the CCHD are committed to demonstrating a sustained targeted community engagement of local public health system decision members, and identified “at risk”
populations for lack of nutrition and physical activity, will continue to promote, through design and maintenance, healthier lifestyles through built environment and policy changes in addition to the following proposed future actions:

- Increased CCPT ridership from low-income areas will be increased by at least 15% and sustained over a two year time period.
- An additional 3 town planning/zoning boards will have adopted and implemented by resolution NYS Complete Streets concepts.
- The SRTG will have expanded outside the City of Plattsburgh boundaries and increased by 1 - 3 miles into adjacent townships.

Long Term Outcomes: The overarching purpose of this priority is to increase access to and affordability of physical activity and nutrition opportunities in Clinton County to reduce obesity in adults and children, reduce the number of adults diagnosed with high blood pressure, reduce the number of diabetes deaths and hospitalizations for cardiovascular disease, diseases of the heart and coronary heart disease, and increase the number of low income residents with access to supermarkets and affordable physical activities.

Needs Identified in the CHA not Included in this Implementation Plan
CVPH, in partnership with community stakeholders, intends to address needs within the two Prevention Agenda focus areas identified as significant needs in Clinton County. It was evident early on in the Community Health Planning Process that a strategic approach to identifying and selecting priorities that would have the greatest impact on the overall health of Clinton County was necessary. By focusing on Clinton County data and survey results and using feedback from the Community Planning Session (stakeholder session), three focus areas were identified in the CHA as community health needs – Mental Health and Substance Abuse, Build Environment, and Chronic Disease Management. CVPH, in conjunction with the CCHD, has chosen to focus on Mental Health and Substance Abuse and Build Environment for the next 3-4 years. Chronic Disease was a priority area in the last CHA. The Community Health Assessment Team, comprised of CVPH, CCHD, and community representatives, felt that positive momentum has been made in Chronic Disease over the past 3 years that may not be evident yet in some of the data used to identify health needs. In addition, the Community Health Assessment Team felt that choosing Mental Health and Substance Abuse and Build Environment would have a downstream impact on Chronic Disease Management. For instance, by focusing on increasing the percentage of residents utilizing physician activity opportunities (build environment objective #3), the high rates of obesity in Clinton County could be positively impacted reducing the incidence of Chronic Disease in the obese population.

Other CVPH Activities to Advance the Health of the Community
CVPH’s Plan for Action outlined above correlates with CVPH’s strategic plan which focuses on unmet community needs, quality, growth, and physician alignment as well as the provision of community service with an emphasis on education and the promotion of healthy lifestyles. To this end, outlined below are ongoing activities CVPH sponsors to promote the health of the community.

**Cancer Services Program of Clinton County** - CVPH Medical Center oversees the New York State grant-funded Cancer Services Program (CSP) of Clinton County. The program provides Clinton County residents who have no insurance or who are underinsured with free screenings for breast, cervical and colorectal cancers. The services are provided via local providers and clinics.

**Educational and Support Programs for Cancer Survivors** - Topics for these periodic programs include sexuality and cancer, the Breast Cancer Soiree and Girls Night Out. Support groups sponsored by CVPH's Fitzpatrick Cancer Center include Treasure Chests (breast cancer), Man to Man Prostate Education; Leukemia and Lymphoma Support Group and Grief Support (not specific to Cancer). CVPH Medical Center also partners with the American Cancer Society and sponsors the Survivorship Tent at the annual Clinton County Relay for Life.

**Community Lectures** - CVPH’s ongoing community lecture series includes nutrition for those undergoing cancer therapy (Pink Ribbon Cooking). Other topics include rheumatology, congestive heart failure and diabetes.

**Adirondack Region Medical Home Pilot** - CVPH Medical Center is a founding member of the Adirondack Medical Home. The Adirondack Region Medical Home Pilot is a collaborative effort by health care providers and public and private insurers to transform the health care delivery system in this rural, upstate New York region. Its goals are to improve quality, ensure access and contain costs for health care by emphasizing preventive care, enhanced management of chronic conditions, and by assuring a close relationship between patients and their primary care providers. (adkmedicalhome.org)

**Approval**

CVPH is governed by a volunteer Board of Directors. Each year, the Board will approve the Implementation Strategy for addressing priorities identified in the most recent CHA. With the recent completion of the hospital’s CHA, this Implementation Strategy was prepared for the October 22, 2013 meeting of the Board.

CVPH Governing Board Approval:  

![Signature]

Name: John Masella  

Date: 10/22/13
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Appendix Four

Clinton County Health Department Organizational Chart

Community Health Assessment – Data Consultants

Adirondack Rural Health Network – Membership Affiliation, Steering & Community Health Planning Committee

Community Health Planning Committee – Meeting Schedule and Attendance List

Community Partners

Community Health Assessment Acronyms List