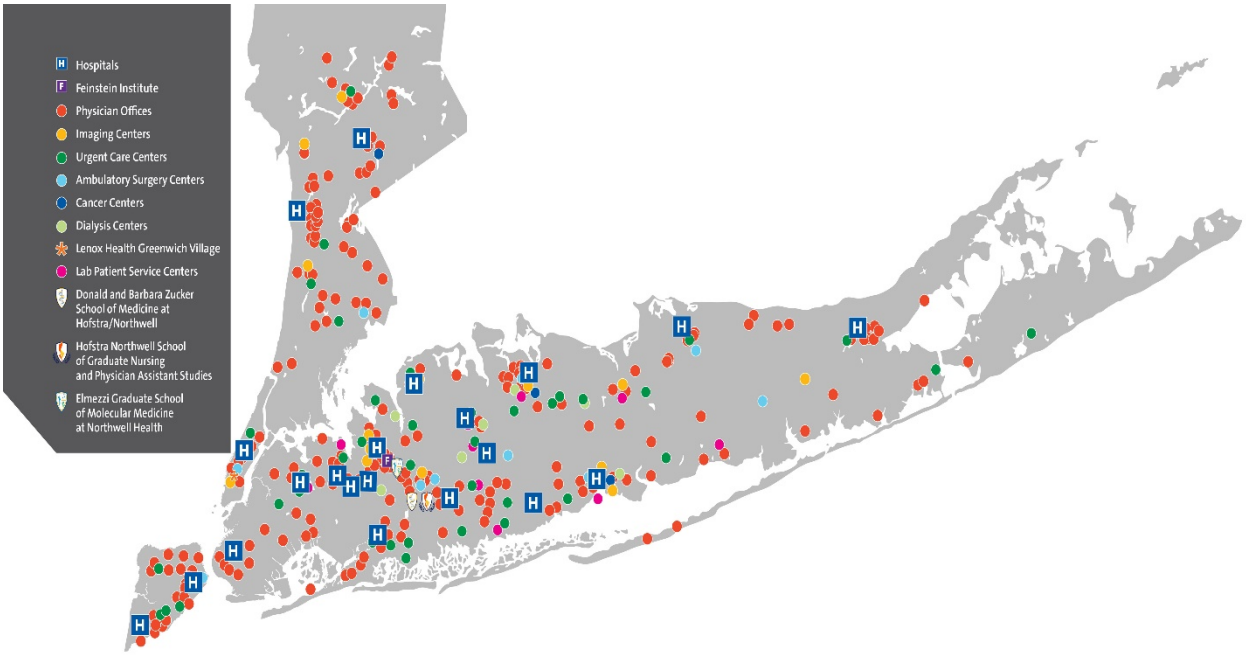
Northwell Health 2019 Community Health Needs Assessment: Westchester County Assessment

Encompassing the following Northwell Health Hospitals:

Phelps Hospital and Northern Westchester Hospital



Westchester County Health Indicator Status Since 2016 CHNA

The 2016-2019 Implementation Plan activities have had an impact in improving and meeting New York State Prevention Agenda Objectives that were related to health disparities, chronic disease, safe environments, maternal child health, STD/HIV, vaccine preventable diseases, healthcare-associated infections and behavioral health as shown below. In 2018, Northwell Health has delivered over 13,000 community health programs and over 22,000 health screenings. Examples of interventions that helped achieved these goals include robust chronic disease and cancer screening programs; implementation of culturally relevant evidence-based chronic disease self-management education; prevention of childhood obesity through school-based projects as well as promotion of policies and practices in support of breastfeeding; creation of community environments that promote and support healthy food and beverage choices and physical activity; elimination of exposure to secondhand smoke and prevention of the initiation of tobacco use by youth, especially among low socioeconomic status (SES) populations and the promotion of tobacco cessation, especially among low SES populations and those with poor mental health; and strengthened infrastructure to promote mental, emotional and behavioral wellbeing. However, the burden of health disparities, chronic disease, obesity and behavioral health issues is still present as demonstrated below by the indicators that have not met the New York State Department of Health (NYSDOH) Prevention Agenda Objectives and/or have worsened indicating the need to continue to primarily address the 2019-2024 priority agenda items of Prevent Chronic Disease and Promote Well Being and Prevent Mental and Substance Use Disorders as well as including strategies that can improve other priority areas as well.

Since the last community health needs assessment, the following NYSDOH Prevention Objectives[1] have:

Improved:
NYSPAO Category: Improve Health Status and Reduce Health Disparities
Premature deaths: Ratio of Hispanics to White non-Hispanics#
Age-adjusted preventable hospitalization rate per 10,000 - Aged 18+ years *
NYSPAO Category: Prevent Chronic Disease
Percentage of children and adolescents who are obese>
Age-adjusted heart attack hospitalization rate per 10,000 population*>
NYSPAO Category: Promote a Healthy Safe Environment
Rate of hospitalizations due to falls per 10,000 - Aged 65+ years*>
Rate of emergency department visits due to falls per 10,000 - Aged 1-4 years*>
Assault-related hospitalization rate per 10,000 population>
Assault-related hospitalization: Ratio of Black non-Hispanics to White non-Hispanics>
Assault-related hospitalization: Ratio of Hispanics to White non-Hispanics>
Percentage of employed civilian workers age 16 and over who use alternate modes of transportation to work or work from home#>
NYSPAO Category: Promote Healthy Women, Infants and Children
Premature births: Ratio of Black non-Hispanics to White non-Hispanics

[1] New York State Department of Health Prevention agenda Dashboard https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fdashboard%2Fpa_dashboard&p=ch&cos=60 Assessed November 2016.

Percentage of infants exclusively breastfed in the hospital*#
Maternal mortality rate per 100,000 live births>
Percentage of children who have had the recommended number of well child visits in government sponsored insurance programs*#
Percentage of children aged 3-6 years who have had the recommended number of well child visits in government sponsored insurance programs*#
Percentage of children aged 12-21 years who have had the recommended number of well child visits in government sponsored insurance programs *#
Adolescent pregnancy: Ratio of Black non-Hispanics to White non-Hispanics#
Adolescent pregnancy: Ratio of Hispanics to White non-Hispanics#

NYSPAO Category: Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare Associated Infections

Percentage of adolescent females that received 3 or more doses of HPV vaccine - Aged 13-17 years*#>

*Significant change # Did not meet NYSDOH Prevention Agenda Objective
> Continued improvement since 2010-2013 Community Health Needs Assessment

No Significant Change:

NYSPAO Category: Improve Health Status and Reduce Health Disparities

Percentage of premature deaths (before age 65 years)
Percentage of adults (aged 18-64) with health insurance#
Age-adjusted percentage of adults who have a regular health care provider - Aged 18+ years#

NYSPAO Category: Prevent Chronic Disease

Percentage of adults who are obese
Percentage of cigarette smoking among adults
Percentage of adults who received a colorectal cancer screening based on the most recent guidelines - Aged 50-75 years#
Asthma emergency department visit rate per 10,000 population
Asthma emergency department visit rate per 10,000 - Aged 0-4 years

NYSPAO Category: Promote a Healthy Safe Environment

Percentage of population that lives in a jurisdiction that adopted the Climate Smart Communities pledge
Percentage of homes in Healthy Neighborhoods Program that have fewer asthma triggers during the home revisits
Percentage of residents served by community water systems with optimally fluoridated water#

NYSPAO Category: Promote Healthy Women, Infants and Children

Percentage of preterm births#
Percentage of children aged 0-15 months who have had the recommended number of well child visits in government sponsored insurance programs #
Percentage of children (aged under 19 years) with health insurance#
Adolescent pregnancy rate per 1,000 females - Aged 15-17 years
Percentage of unintended pregnancy among live births
Unintended pregnancy: Ratio of Black non-Hispanic to White non-Hispanic#
Unintended pregnancy: Ratio of Hispanics to White non-Hispanics#
Unintended pregnancy: Ratio of Medicaid births to non-Medicaid births#
Percentage of women (aged 18-64) with health insurance#

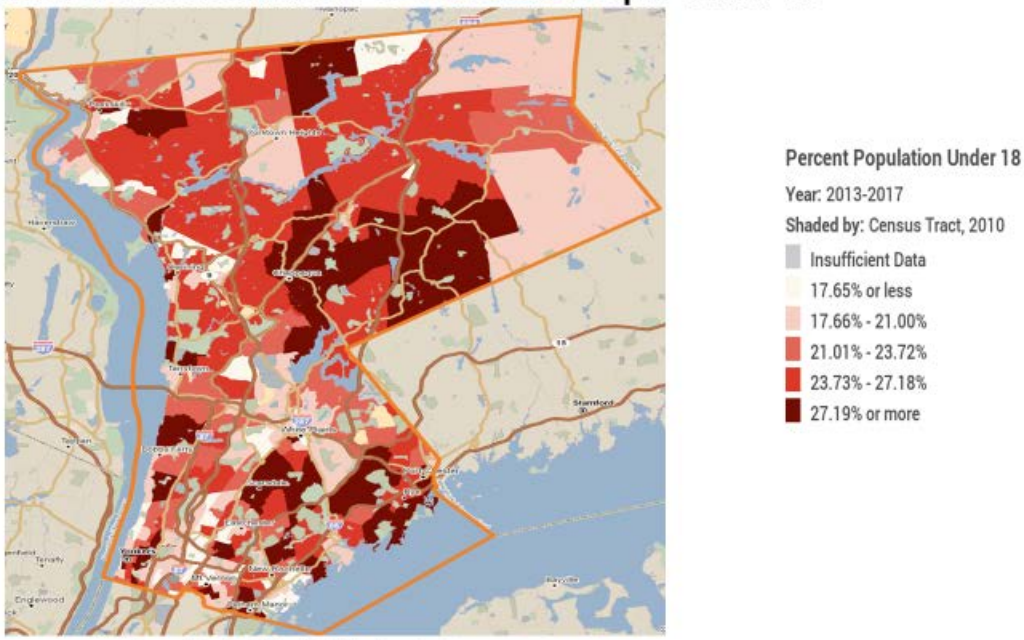
NYSPAO Category: Promote Mental Health and Prevent Substance Abuse
Age-adjusted percentage of adults with poor mental health for 14 or more days in the last month
Age-adjusted percentage of adults binge drinking during the past month#
NYSPAO Category: Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare Associated Infections
Percentage of children with 4:3:1:3:3:1:4 immunization series - Aged 19-35 months#
Percentage of adults with flu immunization - Aged 65+ years #
Newly diagnosed HIV case rate per 100,000 population
Difference in rates (Black and White) of newly diagnosed HIV cases
Difference in rates (Hispanic and White) of newly diagnosed HIV cases
Gonorrhea case rate per 100,000 women - Aged 15-44 years
Primary and secondary syphilis case rate per 100,000 men#
Did not meet NYSDOH Prevention Agenda Objective

Worsened:
NYSPAO Category: Improve Health Status and Reduce Health Disparities
Premature deaths: Ratio of Black non-Hispanics to White non-Hispanics#<
Preventable hospitalizations: Ratio of Black non-Hispanics to White non-Hispanics#<
Preventable hospitalizations: Ratio of Hispanics to White non-Hispanics#<
NYSPAO Category: Prevent Chronic Disease
Rate of hospitalizations for short-term complications of diabetes per 10,000 - Aged 6-17 years<
Rate of hospitalizations for short-term complications of diabetes per 10,000 - Aged 18+ years<
NYSPAO Category: Promote a Healthy Safe Environment
Assault-related hospitalization: Ratio of low-income ZIP codes to non-low-income ZIP codes<
Rate of occupational injuries treated in ED per 10,000 adolescents - Aged 15-19 years*
Percentage of population with low-income and low access to a supermarket or large grocery store*
NYSPAO Category: Promote Healthy Women, Infants and Children
Premature births: Ratio of Hispanics to White non-Hispanics
Premature births: Ratio of Medicaid births to non-Medicaid births
Exclusively breastfed: Ratio of Black non-Hispanics to White non-Hispanics<
Exclusively breastfed: Ratio of Hispanics to White non-Hispanics<
Exclusively breastfed: Ratio of Medicaid births to non-Medicaid births<
Percentage of live births that occur within 24 months of a previous pregnancy*#
NYSPAO Category: Promote Mental Health and Prevent Substance Abuse
Age-adjusted suicide death rate per 100,000 population#<
NYSPAO Category: Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare Associated Infections
Gonorrhea case rate per 100,000 men - Aged 15-44 years*<
Chlamydia case rate per 100,000 women - Aged 15-44 years*<
Primary and secondary syphilis case rate per 100,000 women#
*Significant change # Did not meet NYSDOH Prevention Agenda Objective
< Continued worsening since 2010-2013 Community Health Needs Assessment

Demographic Profile

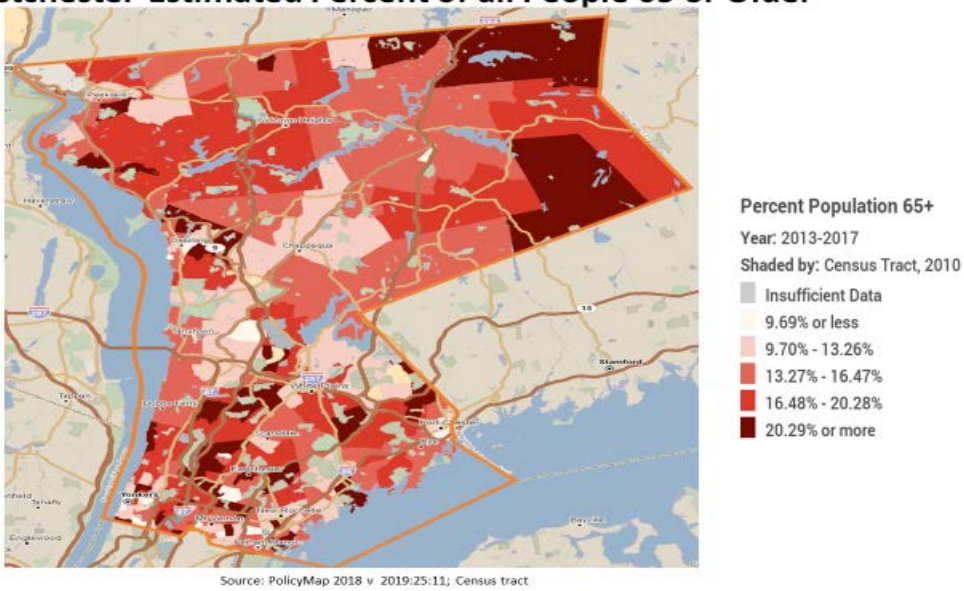
Our primary service areas in Westchester include two community hospitals, Northern Westchester Hospital and Phelps Memorial Hospital Center. Westchester County has a population of 977,114 that is 52% female and has an age distribution of 22% aged less than 18 years, 33% aged between 18 and 44 years old, 28% aged 45 to 64, and 17% over 65 years of age. The following maps highlight the area with densities of children and older adults.

Westchester-Estimated Percent of all People Under 18



Source: PolicyMap 2018 v 2019:25:11; Census tract

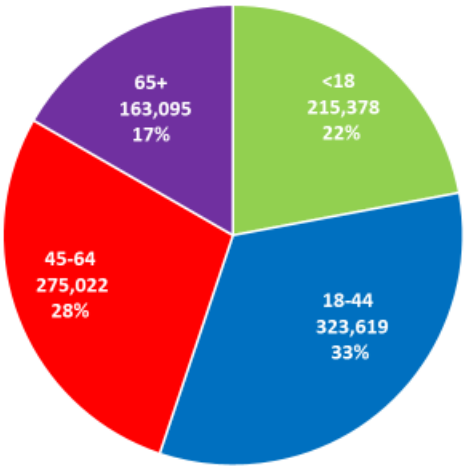
Westchester-Estimated Percent of all People 65 or Older



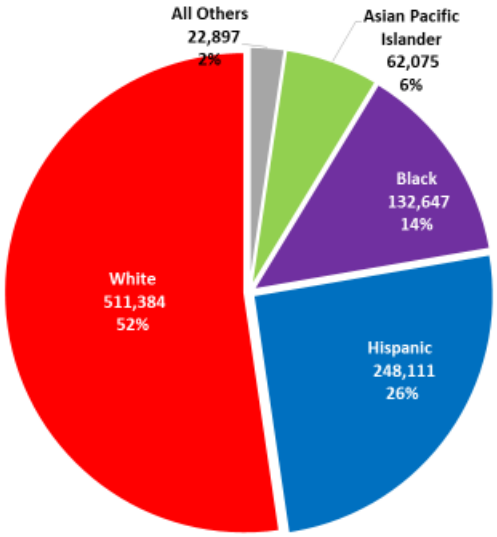
Source: PolicyMap 2018 v 2019:25:11; Census tract

The racial distribution of Westchester is 52% white, 26% Hispanic, 14% black, and 6% Asian. Approximately 22% of Westchester County residents are foreign-born and 1/3 of residents speak a language other than English at home. The following map shows the diversity in Westchester.

WESTCHESTER POPULATION AGE DISTRIBUTION

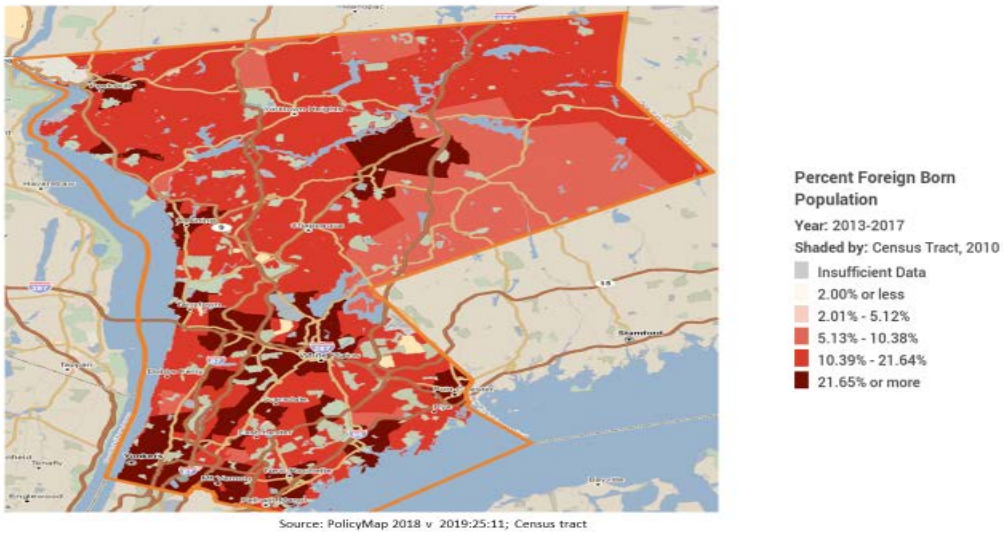


WESTCHESTER RACIAL DIVERSITY



Source: NYCLIW 2018 v 2019.08.12. US Census. dpm

Westchester-Estimated Percent of all Foreign Born



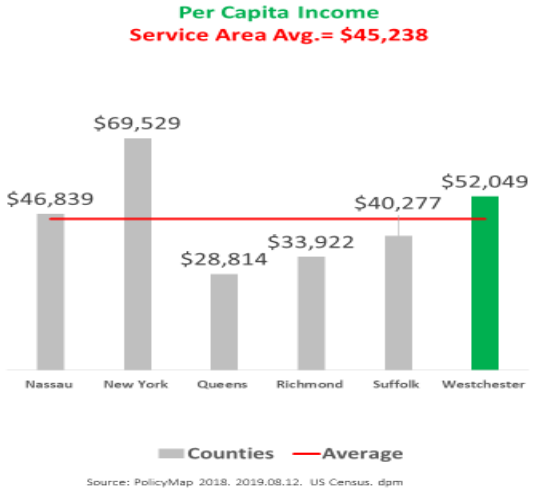
Source: PolicyMap 2018 v 2019:25:11; Census tract

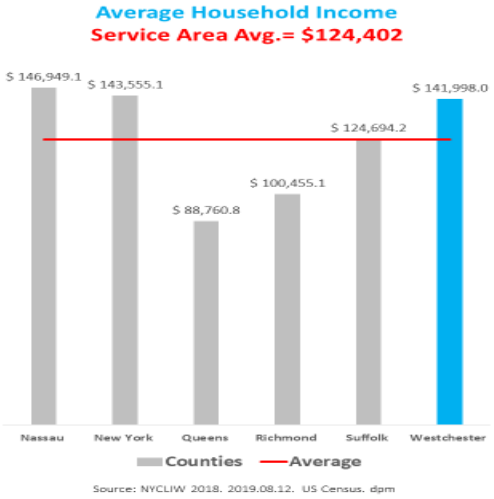
The Hispanic population is the most largely represented minority in Westchester County. Within the Hispanic population, there are several countries of origin represented and listed in order of prevalence: Central American, South American, and Spanish subgroups, Puerto Rican and Mexican. In addition, there are several countries of origin represented in the Asian population of Westchester. The breakdown of prevalence of Asian subpopulations is as follows: Asian Indian, Chinese, Filipino, Korean, Other Asian, Japanese, and Vietnamese.

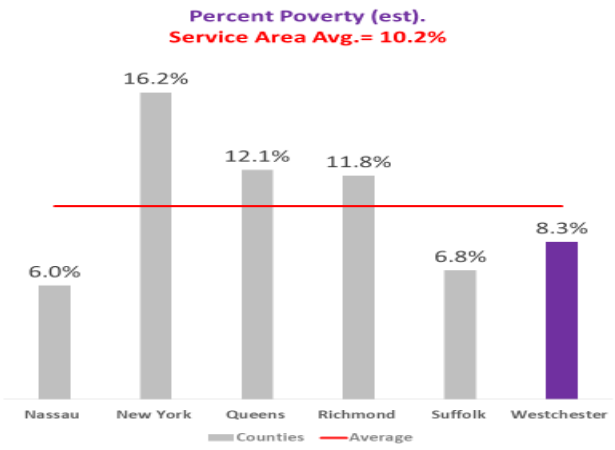
Social Determinant Analysis

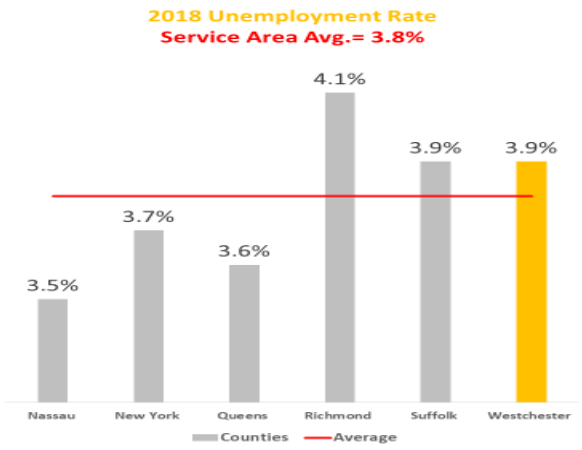
Secondary data on various social determinants of health in Westchester County was analyzed to identify factors that may contribute to the health status of the population of Westchester County. The results of this analysis are as follows.

The average household income in Westchester is $141,998 and the per capita income is $52,049. The poverty rate, however, is 8.3% which is below the service area average. The unemployment rate is on par with the service area average. However, it's important to understand that these figures don't represent the unemployment rates and per capita and household incomes of residents living in poverty with health disparities.



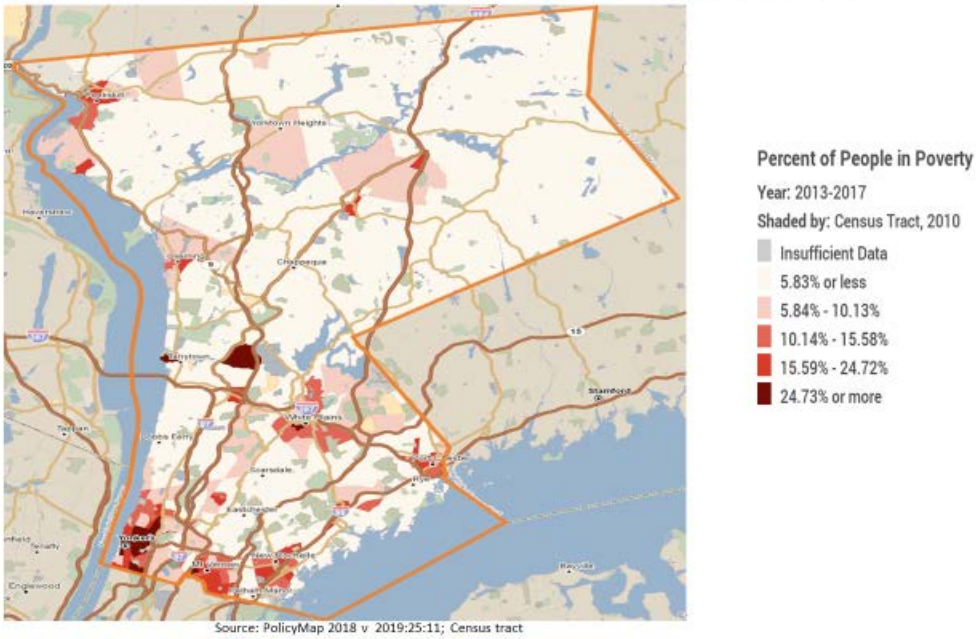






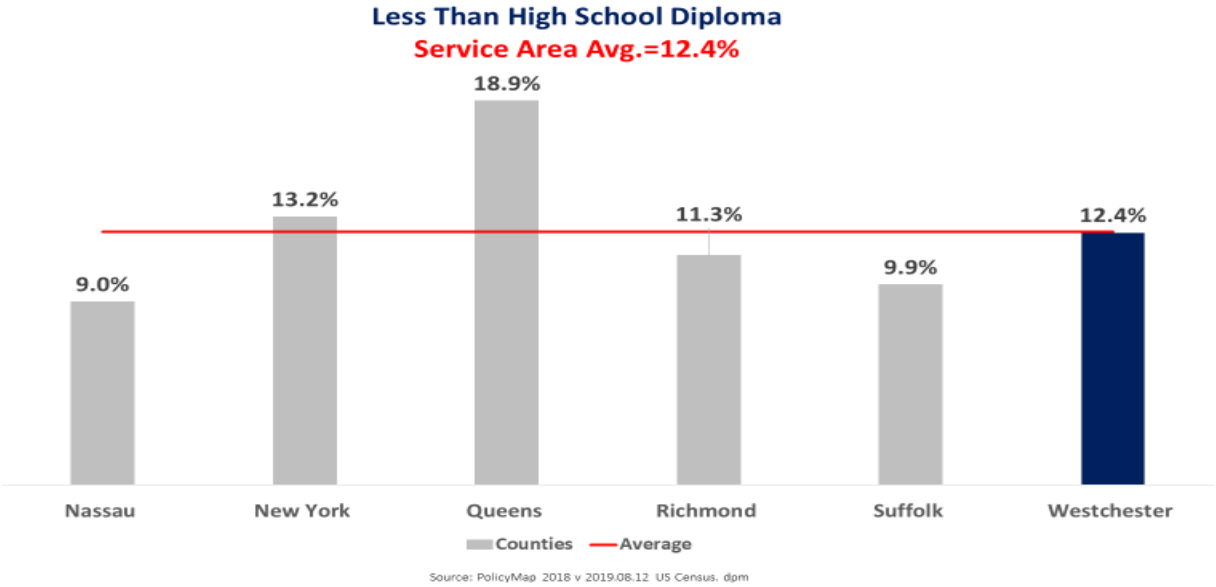
Source: NYCLIW 2018 v 2019.08.12. US Census. dpm

Westchester-Estimated Percent of all People living in Poverty



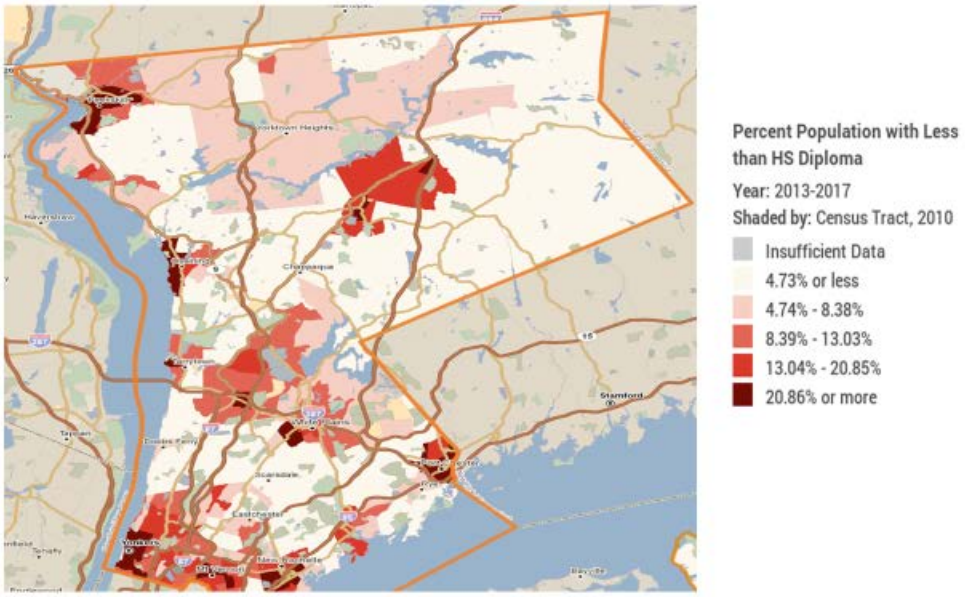
Source: PolicyMap 2018 v 2019:25:11; Census tract

Poverty and unemployment are not the only socioeconomic determinants of health. Educational attainment has perhaps the strongest correlation to health outcomes. In Westchester, 88% of students graduate from high school. However, over 12% of Westchester residents have less than a high school diploma and their communities are shown on the following map.

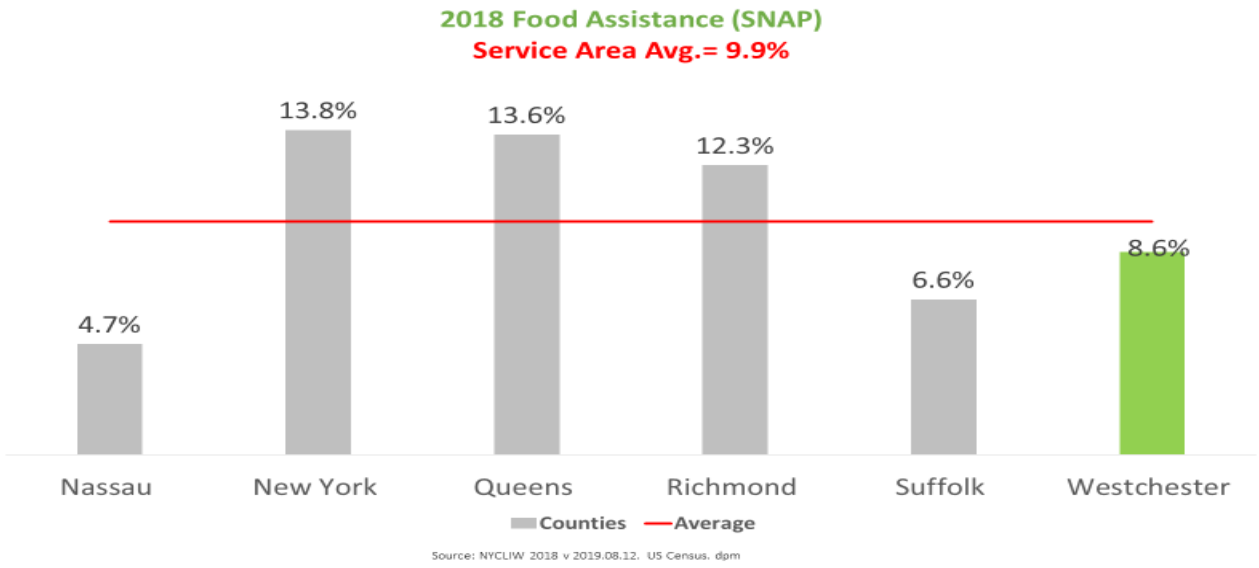


Source: PolicyMap 2018 v 2019.08.12 US Census, dpm

Westchester-Percent population with less than HS diploma

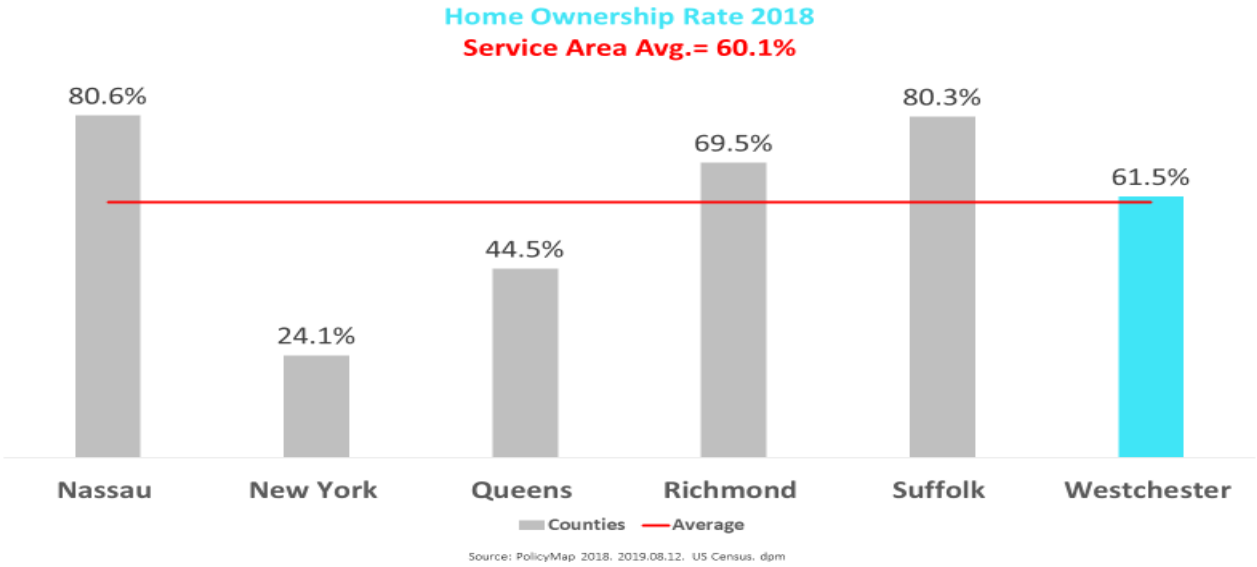


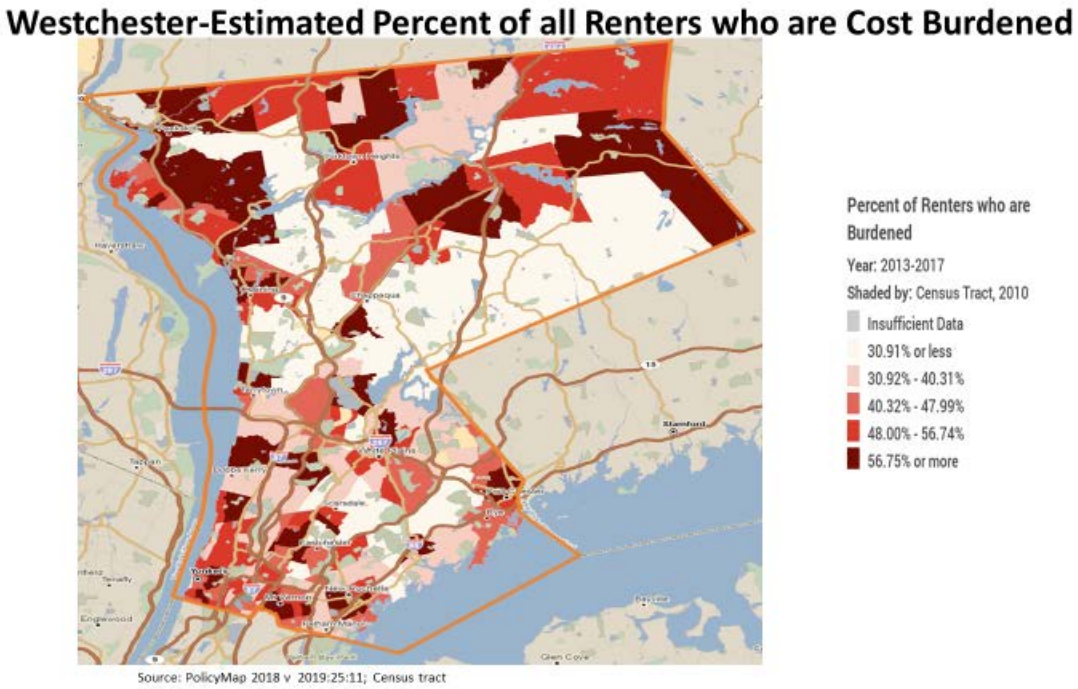
Income and employment greatly impact health in a number of ways, but perhaps the most discernible of those is one's ability to buy food, especially healthful foods. An estimated 7.7% of the population of Westchester experiences food insecurity, with approximately 74,630 food insecure individuals living in Westchester[2]. Above Northwell's other suburban counties, 8.6% of Westchester residents are receiving food assistance (SNAP).



[2] Map the Meal Gap, 2018

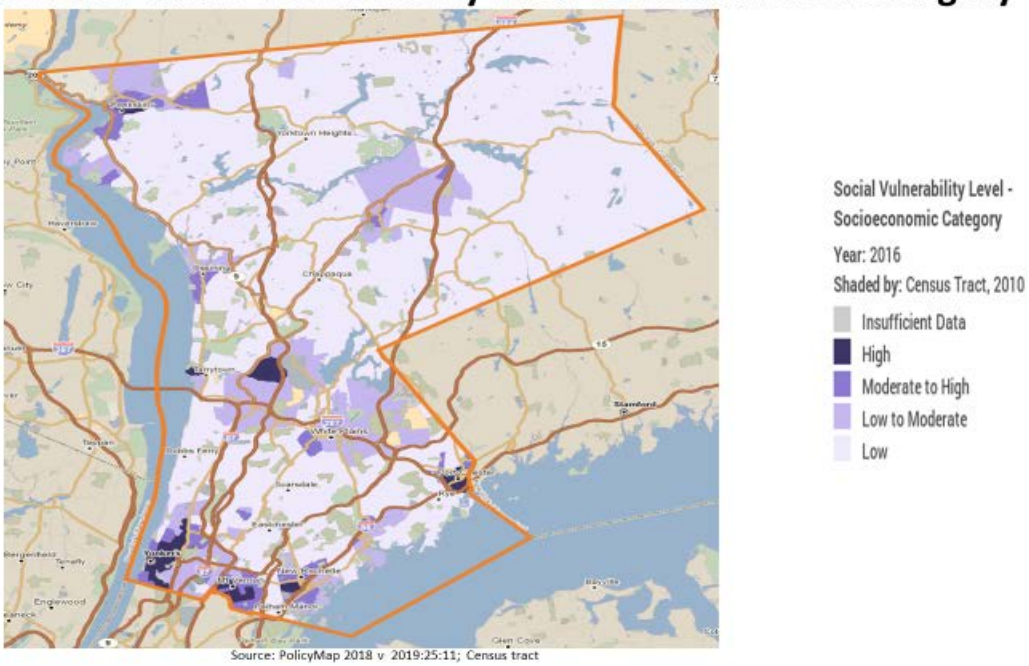
Other contributors to health status include neighborhood safety and housing security. The home ownership rate in Westchester from 2018 was 80%. Though the degree of home ownership in Westchester is greater than our service area. However, it is also important to examine rent burden in Westchester. The U.S. Census Bureau American Community Survey defines rent burden as the percentage of renter households whose gross rent (rent plus utilities) is greater than 30 percent of their monthly pre-tax income. In Westchester, we see on the following map that there are many communities with significant rent burden which is associated with a lack of affordable housing and homelessness.





Health status is also shaped by a community's social vulnerability which refers to the resilience of communities when confronted by external stresses on human health, stresses such as natural or human-caused disasters or disease outbreaks, reducing social vulnerability can decrease both human suffering and economic loss. The CDC Vulnerability Index uses 15 US Census variables at tract level to help identify communities at risk. Below is the social vulnerability map for Westchester.

Westchester-social vulnerability level-socioeconomic category



Source: PolicyMap 2018 v 2019:25:11; Census tract

Primary Data Analysis

The Westchester County Department of Health (WCDH) has collaborated with local hospitals and other community health partners to complete a Community Health Assessment (CHA), which describes the current health status of Westchester County residents, identifies existing gaps and health care barriers, assesses the availability and accessibility of health care services, and specifies public health priorities in the County.

Westchester County Department of Health (WCDH) invited all Westchester County acute care and specialty hospitals to attend a kickoff meeting in 2018 to begin planning the primary data community input process. A list of meetings and CHNA planning partners are found in the appendix. At the meeting, WCDH provided a brief overview of the 2016-2018 status of the Westchester County NYSDOH Prevention Agenda Dashboard and the new requirements for both the health department and the hospitals specific to the development of community health assessments and community health improvement plans. The group agreed to form a Planning Team to work collaboratively on this project, identify county NYSDOH Prevention Agenda Priority Areas and continue to meet for the 2019-2024 implementation cycle.

In the first quarter of 2019, the Planning Team decided to have two forms of community input, a community member survey and a county-wide community-based organization summit. The purpose of choosing these methods was to gain a better understanding the health needs of the community from community members representing various areas, race, ethnicity and socioeconomic status as well as the social service community-based providers that provide services to vulnerable community members. The surveys were made available on Survey Monkey or by paper forms that could be returned via mail or email. Each survey had a series of questions related to community health concerns and health status. The surveys were translated into Spanish as well. The Community Member survey can be found in the appendix.

Individual Community Survey

A total of 3524 community members (1,856 online form, 1,371 paper form) responded to the survey. The majority of the respondents were female (56%) followed by male (19%), other (non-binary person/gender non-conforming, Trans female/Trans women, trans male/trans man) (1%) and the remainder comprised of gender not listed or no answer. The survey population reflected the racial and ethnic diversity of the county (40% Caucasian, 13% Black, 24% Hispanic, 3% Asian and 4% Multi-racial). The age distribution of the respondents was fairly evenly distributed between the ages of 18-75+ years with the most responses from the 35-74 year age group. Among all Westchester respondents, 17% were underserved, defined as those who reported as having Medicaid or were uninsured.

The individual survey consisted of ten health questions and eight demographic questions. When asked what the three biggest ongoing health concerns for the community in which they live are, the top five responses were mental health, chronic disease, food and nutrition, environments that promote well-being and active lifestyle, and obesity in that order. Smoking/vaping/secondhand smoke, substance use disorders and child and adolescent health were next top concerns. When asked what the three biggest personal health concerns are, the top five responses were physical activity, food and nutrition, environments that promote well-being and active lifestyle, chronic disease, and mental health in that order. Obesity, food safety and chemicals in consumer products and water quality were the next top concerns.

Top Community Health Concerns	Top Individual Health Concerns
1. Mental health	1. Physical activity
2. Chronic disease	2. Food and Nutrition
3. Food and Nutrition	3. Environments that promote well-being and active lifestyle
4. Environments that promote well-being and active lifestyle	4. Chronic disease
5. Obesity	5. Mental health

The individual survey also asked community members about what would be most helpful to improve the health of their community. The top five responses were affordable housing, mental health services, exercise and weight loss programs, access to healthier food and services for older adults.

Programs Needed to Address Health Concerns	Population that Needs Greatest Attention
1. Affordable housing	1. Older adults
2. Mental health services	2. Teens
3. Exercise/weight loss programs	3. Young adults
4. Access to healthier food	4. School-age children
5. Services for older adults	5. Young children

Individuals were also asked to describe their general health status. Nearly 70% of respondents indicated that they were in very good or good health. Thirteen percent of respondents said they were in excellent health, while 17% said they were in fair or poor health. When asked about any chronic health conditions they may suffer from the top conditions were hypertension, arthritis, depression/anxiety, asthma and diabetes in that order.

The survey also asked respondents if they felt emotionally upset as a result of how they were treated based on a list of reasons provided on the survey (age, gender identity, race/ethnicity, sexual orientation, perceived immigration, religion, disability, and other). The majority of respondents answered that they were not emotionally upset but the top reasons for positive responses were race/ethnicity and age.

The individual survey also asked respondents about access to care. Approximately 88% said yes, they have a health care provider. When asked about barriers to see a doctor, respondents most often said that nothing prevents them from getting care, but the top reason was unable to get an appointment.

Westchester Community Health Summit

The Westchester County Health Planning Coalition collaboratively hosted a Community Health Summit on April 5, 2019 in White Plains, NY (see appendix for Summit report including methods, participants and outcomes). The purpose of this meeting was to elicit feedback from the local community, government and health and social service providers related to their perspective on the health and

social needs of their clients with the goal of advancing the New York State Department of Health's 2019-2024 Prevention Agenda (NYSPA) to:

1. Improve the health of New Yorkers in five priority areas; and
2. Reduce health disparities for racial, ethnic, disability and low socioeconomic groups, as well as other populations who experience them.

Over 70 attendees across health and community based organizations participated in the Premier facilitated breakout sessions and a Gallery Walk intended to promote conversation focused upon four of the New York State Department of Health's 2019-2024 Prevention Agenda (NYSPA):

1. Prevent Chronic Diseases - chronic disease continues to be a major burden including heart diseases, cancers, diabetes, and asthma
2. Promote a Healthy and Safe Environment - in the past several years, water quality has become a major issue that warrants attention and broader environmental factors impact health
3. Promote Healthy Women, Infants and Children – there continue to be disparities related to infant mortality, preterm birth, and maternal mortality
4. Promote Well-being and Prevent Mental and Substance Use Disorder - opioid overdose has become a major issue, over the past few years

While familiarity with the topics varied between individuals, all were engaged and focused upon identifying concerns and proposing actionable solutions. Although the facilitated breakout sessions were convened around four very different Priority Areas, common themes emerged across these discussions:

There are many strengths & resources existing in the community.

- Schools and many other non-traditional organizations in the County provide important settings for the delivery of resources for education, training and other needed assistance
- Healthcare organizations across the County were identified as expert resources and critical to coordinate and collaborate with to meet essential needs
- Health providers and Community Based Organizations are skilled at fostering connections, building coalitions, developing networks and collaboration (e.g. this Community Health Summit)
- There is a solid foundation from which to integrate existing and launch new programs

Identification of barriers and gaps is the first step to improvement.

- Begin education and training for healthy behaviors as young as possible (target children and adolescents)
- Observed inconsistent and fragmented education across the community
- Develop culturally specific guidance and messaging (e.g. healthy eating) that is essential for effective communication
- Create safe environments for persons seeking help (undocumented, family violence, mental health disorder stigmas, etc.)
- Understand and align current programs as a first step before building new programs
- Inventory the community's current programs/assets and publish a resource directory in a centralized location that is easily accessible to residents (website, a dedicated phone line, etc.)
- Lack of funding (solo efforts are more challenging to start and to resource thus requiring partnership and collaboration)

There are action items which could benefit all four Priority Areas.

- Utilize social media for education, increased awareness and communication
- Improve transitions and coordination across entire continuum of health providers and community based organizations
- Embrace a person-centric language that is universal to all to increase awareness and reduce stigma, for all too common health needs (mental health, substance use disorders, reproductive health, domestic violence, etc.)
- Include in the care planning process all categories of provider, family and caregiver
- Focus efforts on the basic needs, before trying to address other needs

Social Determinants of Health must be considered when developing strategies.

- Jobs are needed and employers should promote health, offer childcare, and more
- Economic status inequality exists
- Affordable, healthy food is needed and there is a lack of green/farmers markets
- Public transportation is limited across the Westchester County
- There is a need in the community for affordable housing (both permanent and transitional purposes)
- Air quality is inconsistent, and pollutants are carried by the wind from Ohio
- Water quality is threatened due to improper disposal of pharmaceuticals
- Undocumented status frequently restricts outreach to resources due to fear
- Safe places are needed for all to walk, play, exercise and socially engage
- Disparities range across race, gender and age
- Language barriers exist

Based on the results of the community member survey and the Westchester Community Health Summit and previously reviewed secondary data, after careful consideration, the Planning Team decided to focus on the NYSDOH Prevention Agenda Priorities of:
Prevent Chronic Diseases and Promote Well-Being and Prevent Mental and Substance Use Disorders

Secondary Data Analysis

As aforementioned, sources of information included SPARCS data[3] (version 2016), NYSDOH Vital Statistics, NYS Cancer Registry, the NYSDOH Surveillance System, New York State DOH Prevention Agenda Dashboard, New York State Community Indicator Reports, New York State Opioid Data Dashboard, Behavioral Health Risk Factor Surveillance System, Policy Map, Northwell Health TSI Reporting and Analytics and U.S Census data. Data were age-adjusted (direct standardization of rates) based on 2010 U.S. standard population.

NYSDOH Vital Statistics, NYS Cancer Registry and the NYSDOH Surveillance System. Data were age-adjusted (direct standardization of rates) based on 2010 U.S. standard population. A mapping of Prevention Quality Indicators (PQIs) quintiles was also used as part of the data analysis to identify pockets

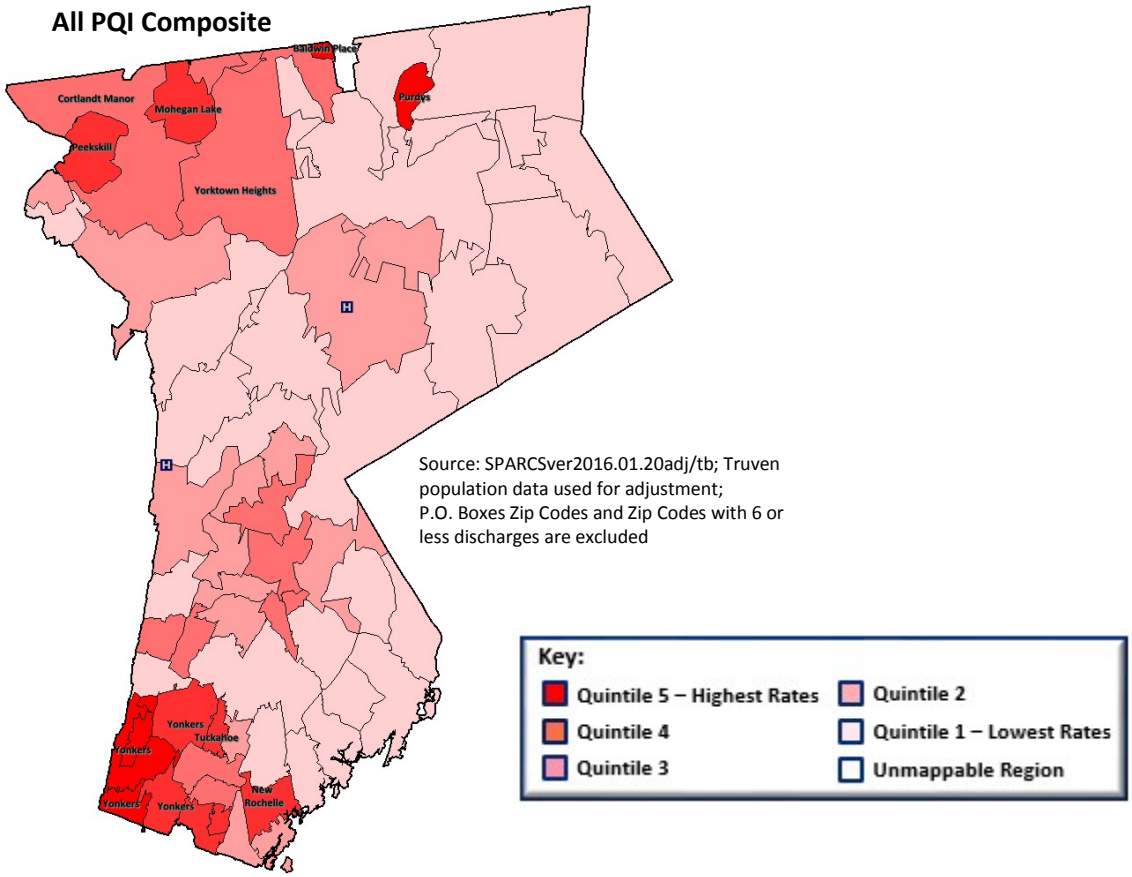
[3] 2017 SPARCS data set was recalled by the NYSDOH for further analysis leaving the 2016 data set as the most recent at the time of this assessment but a 2 year analysis of 2015 and 2016 was not possible due to the use of IDC 9 codes in 2015 and the use of IDC 10 codes in 2016. Therefore, with guidance from the NYSDOH the PQI analysis was performed using the combined 2013-2014 data sets.

of diminished health in the counties we serve. For PQIs, quintiles are assigned to the data based on their comparative rates of disease per 100,000 population, and we use these quintiles to assess the relative health of different zip codes. The quintiles are arranged 5 to 1 with the 5th quintile containing the highest rates of the targeted PQIs and their associated conditions, while quintile 1 contains the lowest rates.

Prevention Quality Indicator (PQI) Composite

Although the percentage of Westchester premature deaths (before age 65 years) was below the NYS and NYSPAO levels, premature deaths: Ratio of Black non-Hispanics to White non-Hispanics worsened while premature deaths: Ratio of Hispanics to White non-Hispanics improved. Both preventable hospitalizations Ratios of Black non -Hispanic to White non-Hispanic and Hispanic to White non-Hispanic worsened. Of Westchester's 65 zip codes, some consistently emerged in PQI quintiles 4 or 5, indicating high rates of disease and poorer health outcomes in those areas. These areas include Peekskill, Mohegan Lake, Baldwin Place, Purdys, Yonkers, Tuckahoe, Mount Vernon, and New Rochelle.

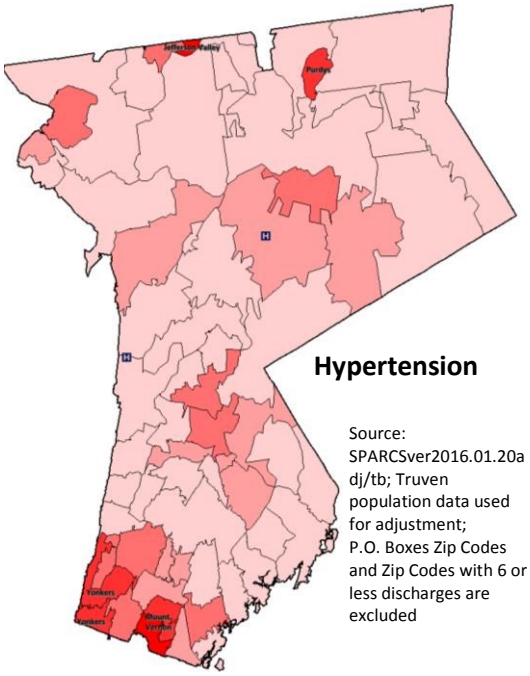
All PQI Composite



Chronic Disease

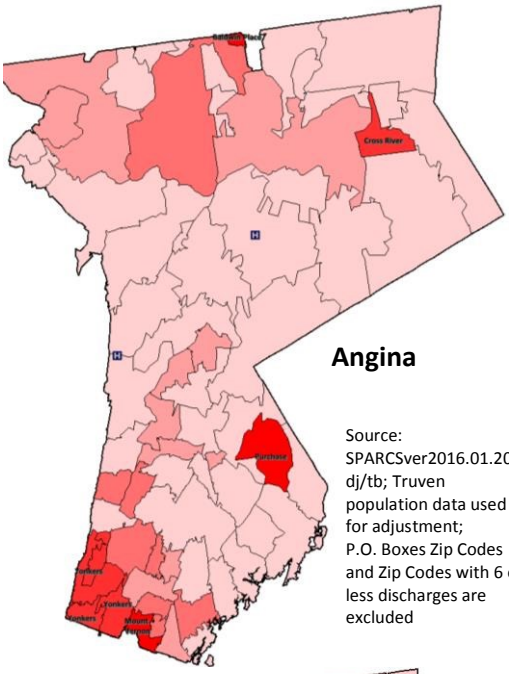
To assess chronic disease prevalence in Westchester County, the county prevalence is compared to New York State (NYS) in relation to the 2018 NYS Prevention Agenda Objectives (NYSPAO). In addition, communities within the county that have higher prevalence rates than the county average have been identified.

Age-adjusted cardiovascular disease mortality rate significantly improved. Age-adjusted cardiovascular disease hospitalization rates in Westchester were below the NYS rate. Age-adjusted congestive heart failure hospitalization rates were below than the NYS rate. Age-adjusted cerebrovascular (Stroke) disease mortality was significantly improved and lower than the state average. Adult hypertension hospitalization rate was above the NYS rate. Circulatory PQIs had the highest rates in Purdys, Baldwin Place, Peekskill, Mohegan Lake, Yonkers, Mount Vernon, and New Rochelle. The maps that follow identify geographic areas which increased disease PQIs.



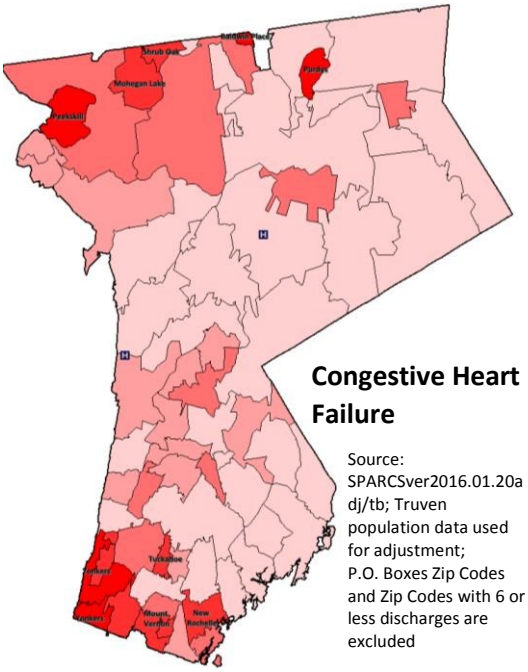
Hypertension

Source: SPARCSver2016.01.20a dj/tb; Truven population data used for adjustment; P.O. Boxes Zip Codes and Zip Codes with 6 or less discharges are excluded



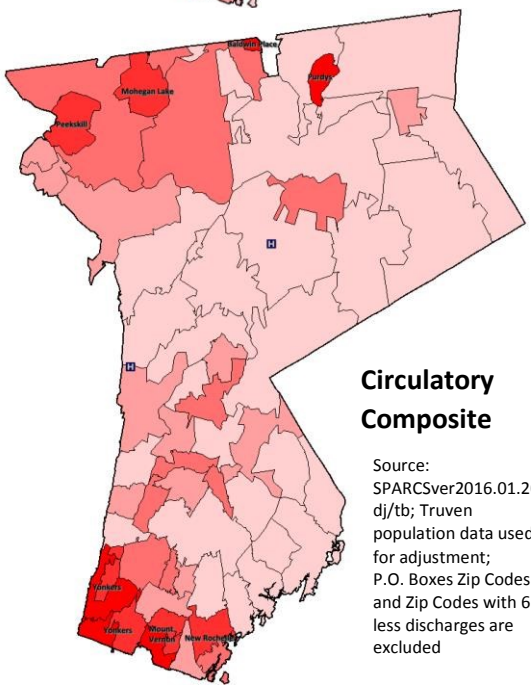
Angina

Source: SPARCSver2016.01.20a dj/tb; Truven population data used for adjustment; P.O. Boxes Zip Codes and Zip Codes with 6 or less discharges are excluded



Congestive Heart Failure

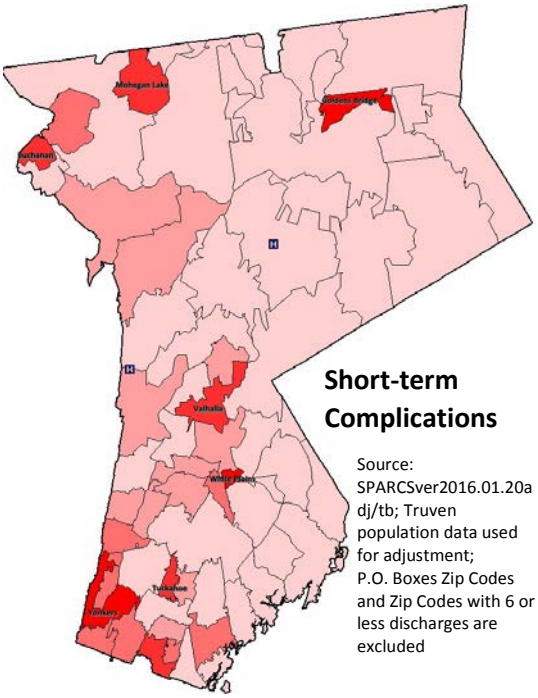
Source: SPARCSver2016.01.20a dj/tb; Truven population data used for adjustment; P.O. Boxes Zip Codes and Zip Codes with 6 or less discharges are excluded



Circulatory Composite

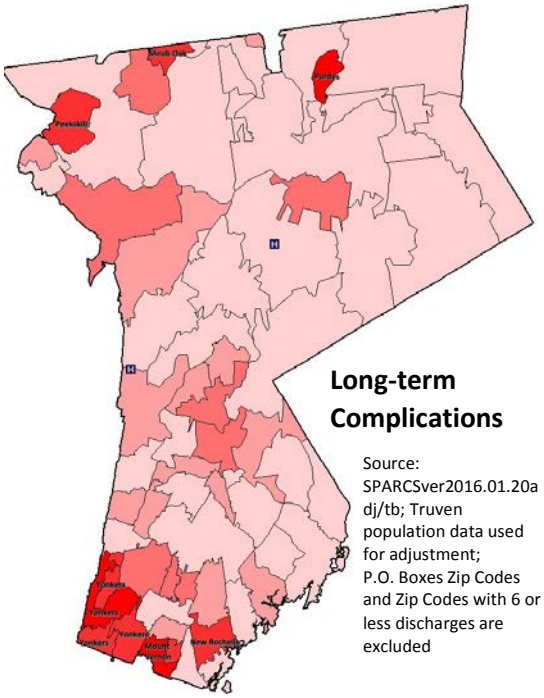
Source: SPARCSver2016.01.20a dj/tb; Truven population data used for adjustment; P.O. Boxes Zip Codes and Zip Codes with 6 or less discharges are excluded

The diabetes prevalence rate in Westchester is 7.6%, lower than the NYS average of 9.5 %. The diabetes short term complication hospitalization rates worsened but are still less than the NYS average and achieved the NYSPAO for both people ages 6-17 and ages 18+ years. Obesity rates for adults (BMI>30) were 17.7%, below the NYS average of 25.5; however, over half of adults are considered overweight or obese. Diabetes PQIs had the highest rates in Purdys, Peekskill, Valhalla, Yonkers, Mount Vernon, and New Rochelle.



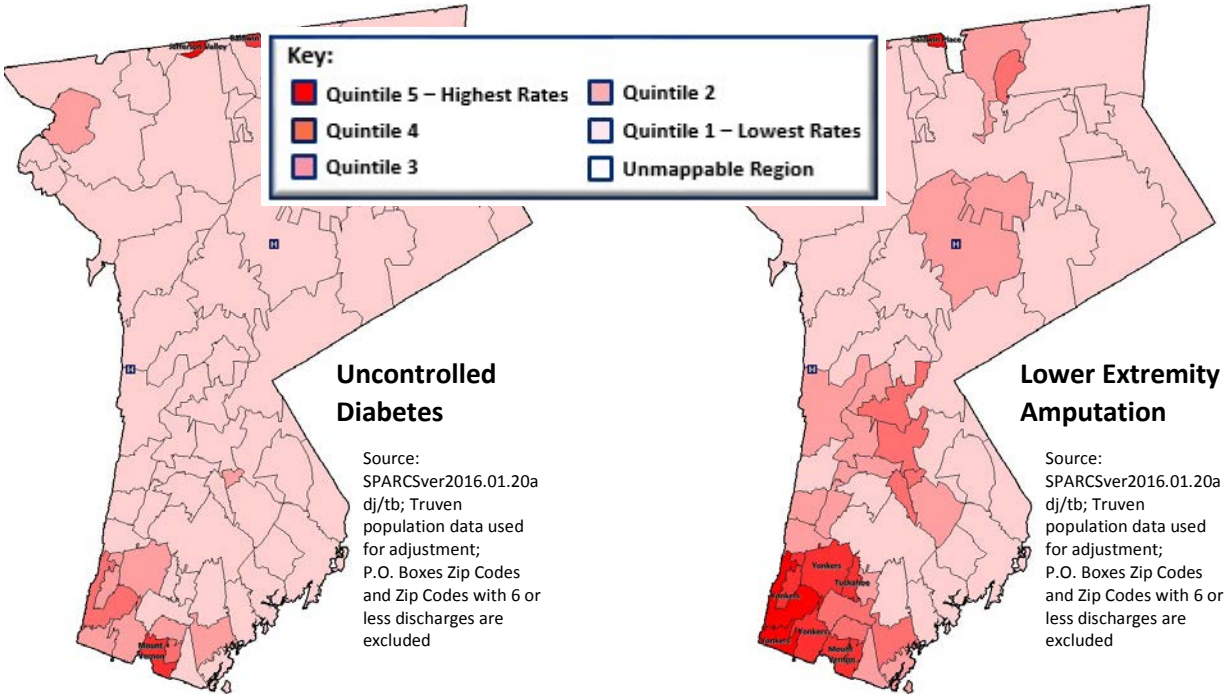
Short-term Complications

Source: SPARCSver2016.01.20a dj/tb; Truven population data used for adjustment; P.O. Boxes Zip Codes and Zip Codes with 6 or less discharges are excluded



Long-term Complications

Source: SPARCSver2016.01.20a dj/tb; Truven population data used for adjustment; P.O. Boxes Zip Codes and Zip Codes with 6 or less discharges are excluded



Uncontrolled Diabetes

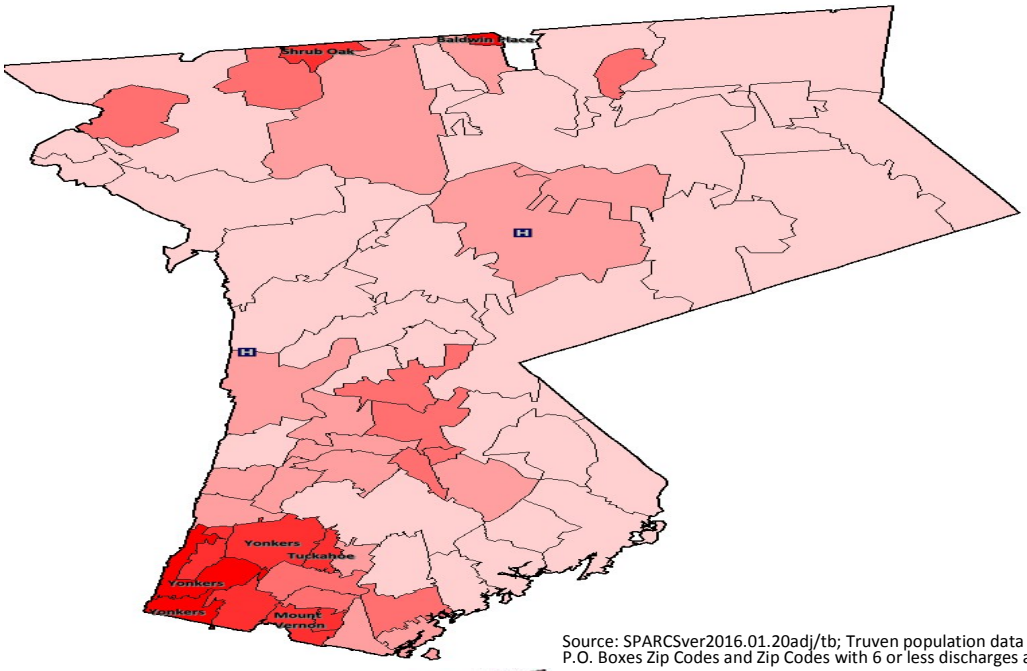
Source: SPARCSver2016.01.20a dj/tb; Truven population data used for adjustment; P.O. Boxes Zip Codes and Zip Codes with 6 or less discharges are excluded

Lower Extremity Amputation

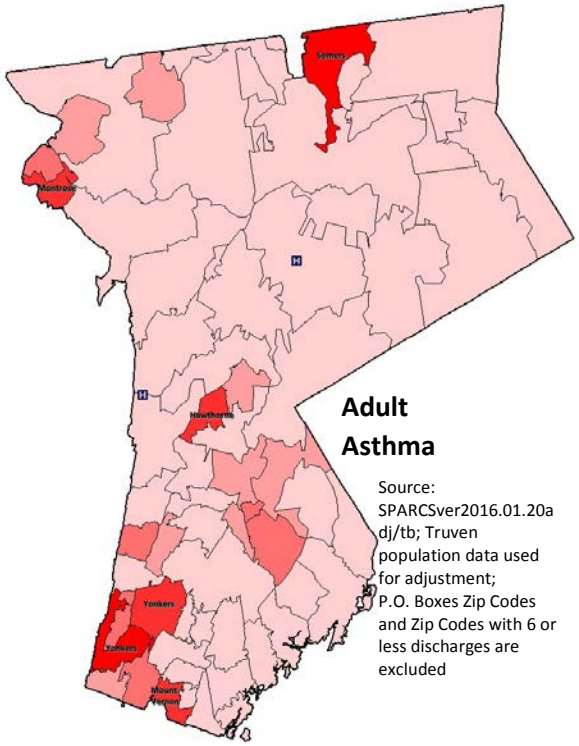
Source: SPARCSver2016.01.20a dj/tb; Truven population data used for adjustment; P.O. Boxes Zip Codes and Zip Codes with 6 or less discharges are excluded

Age-adjusted chronic lower respiratory disease mortality rate declined and significantly improved below the NYS rate. Age-adjusted chronic lower respiratory disease hospitalizations per 10,000 in Westchester County were 22.8, below the NYS average of 27.6. Shrub Oak, Baldwin Place, Yonkers, Mount Vernon, and Tuckahoe had the highest rates of Chronic Obstructive Pulmonary Disease. Approximately 9% of adults currently have asthma in Westchester County. Westchester County asthma-related hospitalization rates were on par with NYS averages except for the asthma children 0-4 years and adults aged 25-44 years hospitalization rates which were above the NYS rates. However, there are areas such as Somers, Hawthorne, Montrose, Mt. Vernon and Yonkers have increased rates.

COPD

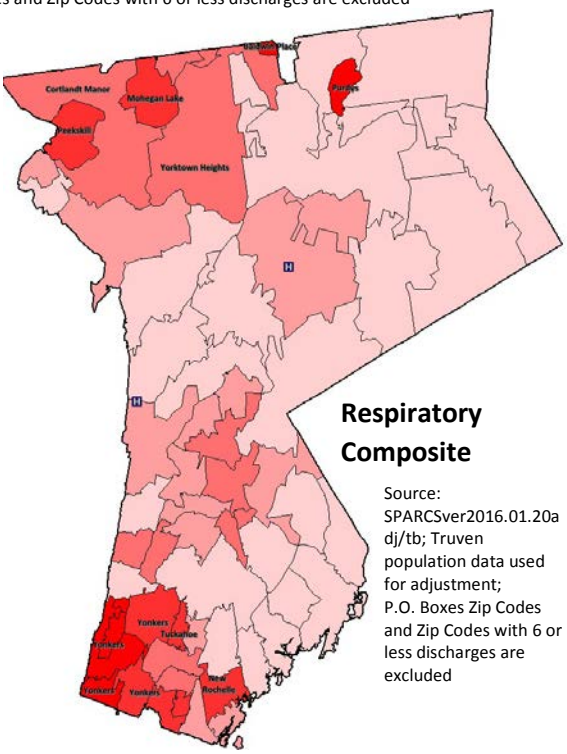


Source: SPARCSver2016.01.20adj/tb; Truven population data used for adjustment; P.O. Boxes Zip Codes and Zip Codes with 6 or less discharges are excluded



Adult Asthma

Source: SPARCSver2016.01.20adj/tb; Truven population data used for adjustment; P.O. Boxes Zip Codes and Zip Codes with 6 or less discharges are excluded



Respiratory Composite

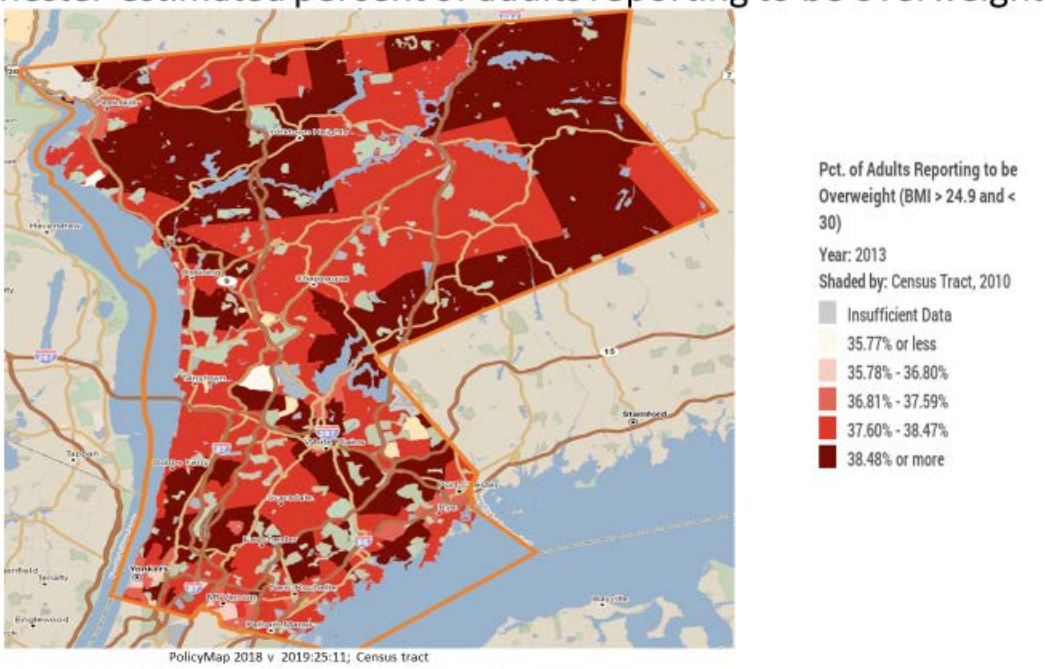
Source: SPARCSver2016.01.20adj/tb; Truven population data used for adjustment; P.O. Boxes Zip Codes and Zip Codes with 6 or less discharges are excluded

Key:

- Quintile 5 – Highest Rates
- Quintile 4
- Quintile 3
- Quintile 2
- Quintile 1 – Lowest Rates
- Unmappable Region

Lifestyle data including nutrition and physical activity are major factors in the prevention and management of chronic disease. Approximately 1 in 4 Westchester adults report that they did not participate in leisure time physical activity in the past 30 days. One in 4 adults report consuming no fruits and vegetables daily. The percentage of the population with low income and low access to a supermarket or large grocery store also increased.

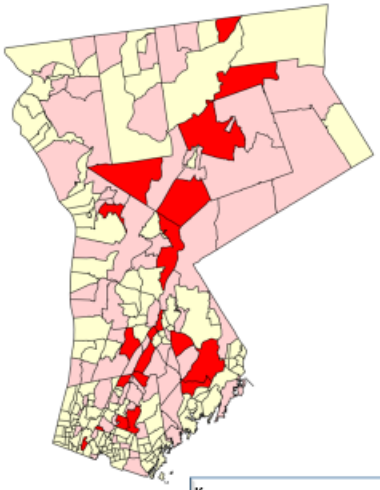
Westchester-estimated percent of adults reporting to be overweight

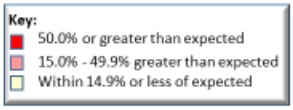


Age-adjusted all cancer mortality rate in Westchester declined and significantly improved. Age-adjusted female breast cancer incidence rate is still above the NYS rate. The Age-adjusted breast cancer late stage incidence rate (48.7) were lower than the NYS rate. The percentage (84.85) of women aged 50-74 years receiving breast cancer screening based on recent guidelines and the percentage (73.5) of same age women who had a mammogram between October 2014 and December 2016 were above the NYS percentage. Breast cancer rates were elevated in the communities identified on the following map. Age-adjusted cervical cancer incidence and mortality rates were lower than the NYS rates. The percentage of women aged 21-65 years receiving cervical cancer screening based on 2012 guidelines was 79% which was below the NYS level (82.2%). Age-adjusted prostate cancer incidence rates declined and significantly improved but is still above NYS rates. The following map highlights areas with increased Prostrate Cancer PQIs. Age-adjusted Melanoma cancer mortality rate is also above the NYS rate. Age-adjusted colon and rectum cancer incidence and mortality rates are on par or below NYS rates. The percentage of adults, ages 50-75, who received a colorectal cancer screening was 71.3% above the NYS (68.5%) and below NYSPAO (80%). Areas with increased colon and rectum cancer PQIs are identified on the following map. Westchester age-adjusted lung and bronchus cancer incidence and mortality rates have declined and significantly improved and below the NYS rates. However, there are still communities that are disproportionately affected by lung cancer as shown on the following map.

Westchester County Breast (Female) Cancer Incidence Observed vs. Expected Cases (2010- 2014)*

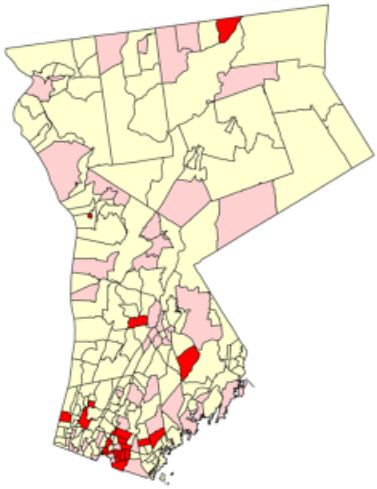
Westchester County Breast (Female) Cancer Incidence Observed vs. Expected Cases (2010- 2014)*



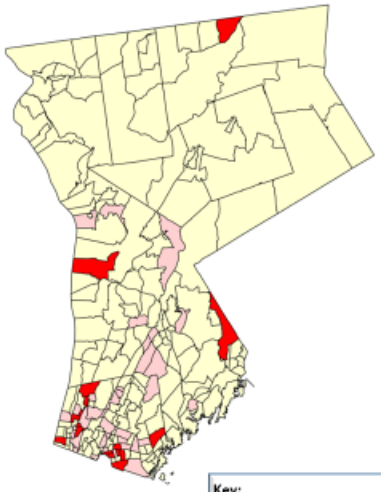


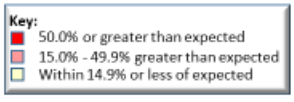
Northwell Health℠ Source: New York State Department of Health, New York State Cancer Registry - https://www.health.ny.gov/statistics/cancer/registry/tract/New York .htm

Westchester County Colorectal Cancer Incidence Observed vs. Expected Cases (2010- 2014)*



Westchester County Colorectal Cancer Incidence Observed vs. Expected Cases (2010- 2014)*





Northwell Health℠ Source: New York State Department of Health, New York State Cancer Registry - https://www.health.ny.gov/statistics/cancer/registry/tract/New York .htm

Healthy Safe Environment

To assess preventable injury prevalence in Westchester County, the county prevalence is compared to New York State (NYS) and in relation to the 2018 NYS Prevention Agenda Objectives (NYSPAO). Fall-related hospitalizations and emergency department visits for Westchester residents aged 65+ years declined significantly and are below the NYS and NYSPAO rates. However, the highest rates were present in Hastings on Hudson, Ardsley, Valhalla, Tarrytown, Briarcliff Manor, Ossining, Croton on Hudson, Cortlandt Manor, Peekskill, Shrub Oak, Jefferson Valley, Baldwin Place, and Purdys.

Below is a table outlining NYS 2014-2016 Department of Health Injury Data for Westchester from 2011-2013, color-coded by whether or not the metric was significantly better than, significantly worse than, or comparable to the NYS average. As the table indicates, Westchester is better than or on par with NYS on most injury statistics.

NYS Department of Health Injury Data – Westchester (2014 – 2016)

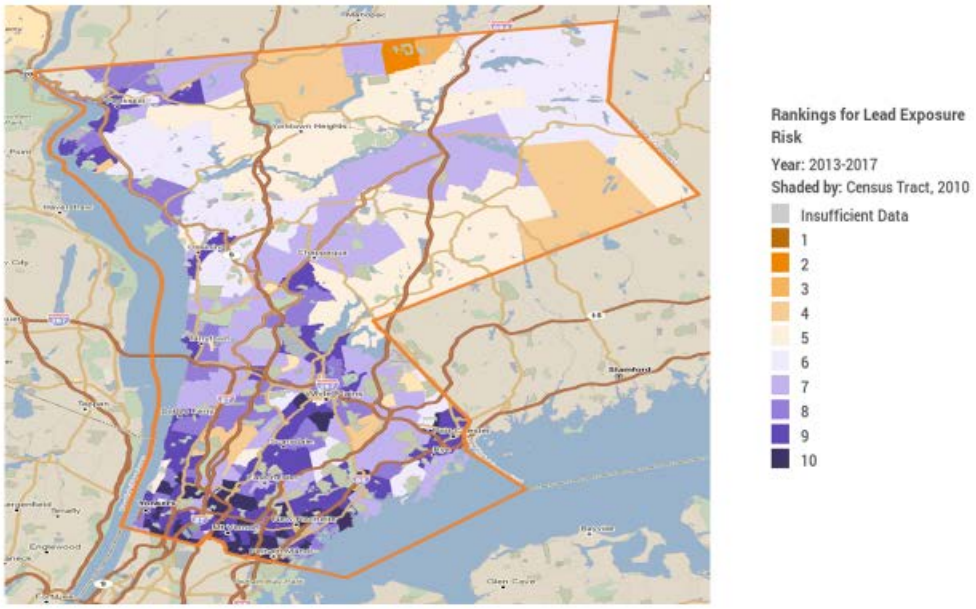
CHIRS Indicators	2016 Total	Westchester County Rate	NYS Rate	Significant Difference
Falls hospitalization rate per 10,000				
Crude rate per 10,000	3,590	36.8	38.2	Yes
Age-adjusted rate per 10,000	3,590	28.1	32.2	Yes
Aged <10 years	51	4.4	7.4	Yes
Aged 10-14 years	21	3.3	4.5	No
Aged 15-24 years	41	3.2	4.8	Yes
Aged 25-64 years	690	13.5	17	Yes
Aged 65-74 years	518	61.6	73.8	Yes
Aged 75-84 years	910	195	203.3	No
Aged 85 years and older	1,359	507.5	534.4	No
Poisoning hospitalization rate per 10,000				
Crude rate per 10,000	412	4.2	7.2	Yes
Age-adjusted rate per 10,000	412	4.1	6.9	Yes
Motor vehicle mortality rate per 100,000				
Crude rate per 100,000	103	3.5	5.7	Yes
Age-adjusted rate per 100,000	103	3.4	5.3	Yes
Non-motor vehicle mortality rate per 100,000				
Crude rate per 100,000	720	24.6	27.3	Yes
Age-adjusted rate per 100,000	720	21.6	24.9	Yes
TBI hospitalization rate per 10,000				
Crude rate per 10,000	702	7.2	8.3	Yes
Age-adjusted rate per 10,000	702	6.2	7.6	Yes
Alcohol-related motor vehicle mortality rate per 100,000				
Crude	782	26.7	29.9	Yes
Suicide mortality rate per 100,000				
Crude rate per 100,000	188	6.4	8.4	Yes
Age-adjusted rate per 100,000	188	6.1	8	Yes
Aged 15-19 years rate per 100,000	6	3.0*	5	No

Key:
- Significantly Better than NYS Average
- No Significant Difference from NYS Average
- Significantly Worse than NYS Average

Source: https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ct&cos=65

Environmental hazards such as lead exposure have a significant health impact. The following map highlights Westchester areas with increase lead exposure.

Westchester-rankings for lead exposure risk



Source: PolicyMap 2018 v 2019:25:11; Census tract

Healthy Women, Infants, and Children

To assess the prevalence conditions related to the health of women, infants and children in Westchester County, the county prevalence is compared to New York State (NYS) and in relation to the 2018 NYS Prevention Agenda Objectives (NYSPAO). The percent (70,1%) of women receiving first trimester prenatal care has significantly improved but still below the NYS average at 75% but below the NYSPAO (90%). Unfortunately, the percentage of births with adequate prenatal care has declined significantly but still is on par with the NYS percentage. Women receiving late or no prenatal care is just 4%. The percentage of WIC enrolled pregnant women who were pre-pregnant underweight as well as WIC enrolled pregnant women who are obese (BMI>30) has also significantly increased (1 in 4) but below the NYS rate. The incidence of gestational diabetes of WIC enrolled pregnant women has also significantly increased. Almost half of WIC enrolled women have gestational weight gain greater than ideal. The percentage of WIC enrolled pregnant women with hypertension during pregnancy has declined. Infant mortality rates have significantly declined. The percentage of births by cesarean section has significantly declined. The percentage of low birthweight births in Westchester County (8.2%) has significantly increased and is above the NYS rate. Breastfeeding rates of mothers in the WIC program (45.4%) were better than the state average (40%). The percentage of infants fed any breast milk in delivery hospital also increased significantly to 90%.

Below is a table outlining NYS Department of Health Birth-related Statistics for Westchester from 2014-2016, color-coded by whether or not the metric was significantly better than, significantly worse than, or comparable to the NYS average.

NYS Department of Health Birth-related Statistics – Westchester (2014 – 2016)

CHIRS Indicators	3-Year Total 2014-2016	Westchester County Rate	NYS Rate	Significant Difference
Percentage of Births				
% births to women aged 25 years and older without a high school education	3,279	12	12.8	Yes
% births to out-of-wedlock mothers	10,474	33.2	39.3	Yes
% births that were multiple births	1,357	4.3	3.7	Yes
% early (1st trimester) prenatal care	21,473	70.1	75.2	Yes
% births with late (3rd trimester) or no prenatal care	1,233	4	5.6	Yes
% births with adequate prenatal care	19,963	74.6	74	No
WIC Indicators				
% pregnant women in WIC with early (1st trimester) prenatal care	12,091	85.3	86.5	No
% pregnant women in WIC with gestational weight gain greater than ideal	5,606	42.2	41.7	No
% pregnant women in WIC with gestational diabetes	690	4.9	5.5	Yes
% pregnant women in WIC with hypertension during pregnancy	861	6.1	7.1	Yes
% WIC infants breastfeeding at least 6 months	2,248	45.4	40.3	Yes
% infants fed any breast milk in delivery hospital	21,410	90	87.3	Yes
% infants fed exclusively breast milk in delivery hospital	12,533	52.7	45.2	Yes
% births delivered by cesarean section	11,029	35	33.5	Yes
Mortality Rate Per 1,000 Live Births				
Infant (<1 year)	114	3.6	4.5	Yes
Neonatal (<28 days)	86	2.7	3.1	No
Post-neonatal (1 month to 1 year)	28	0.9	1.5	Yes
Maternal mortality rate per 100,000 live births	4	12.7*	20.4	No
Low Birth Rate Indicators				
% very low birthweight (<1.5 kg) births	451	1.4	1.4	No
% very low birthweight (<1.5kg) singleton births	325	1.1	1	No

Key:
- Significantly Better than NYS Average
- No Significant Difference from NYS Average
- Significantly Worse than NYS Average

Northwell Health

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Source: https://webbit.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ct&cos=55

Pediatric Obesity

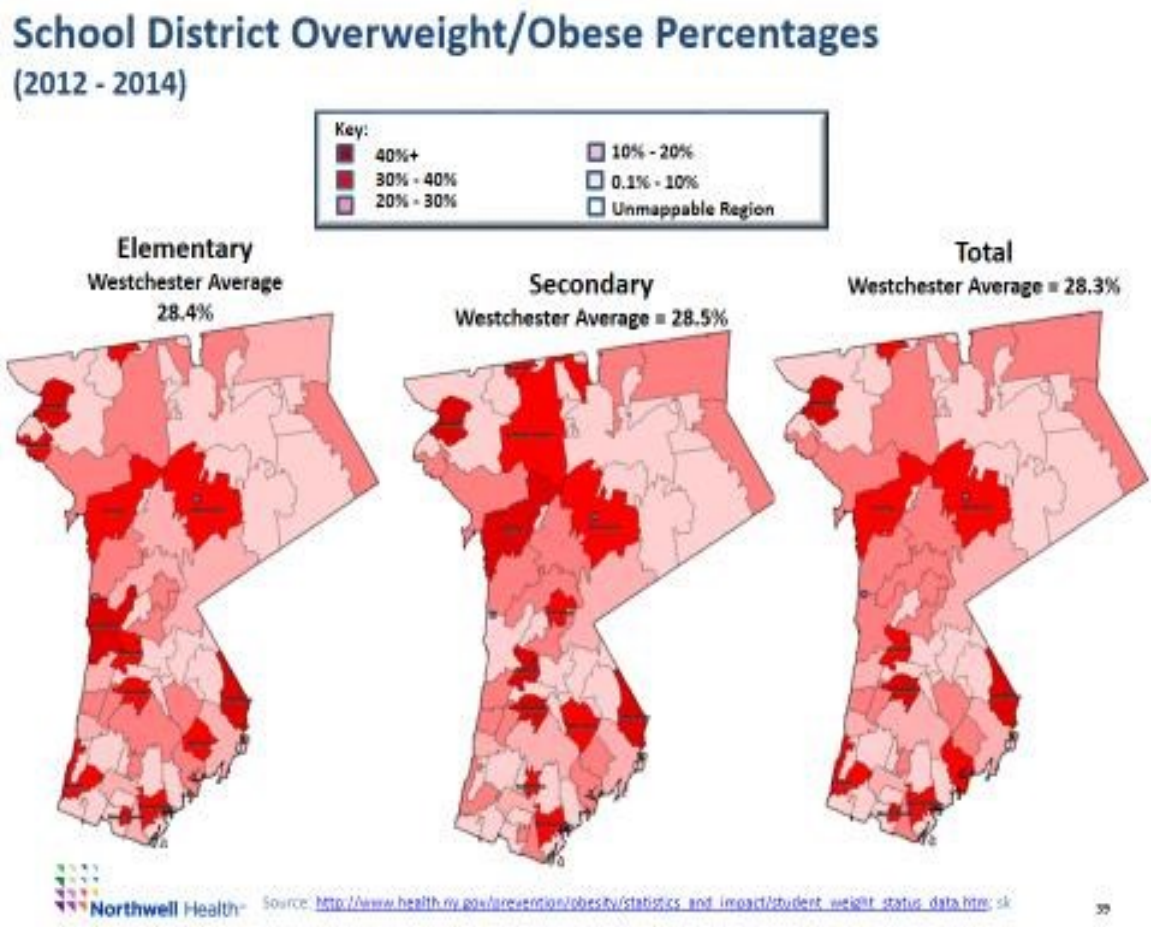
Many chronic conditions have their roots in pediatric obesity. Diabetes, cardiovascular disease, cancer, orthopedic conditions, pulmonary disease and gastrointestinal disease are comorbidities of obesity. Currently, Type 2 Diabetes is the most common form of diabetes diagnosed in adolescents. The NYSDOH has required school districts to measure and report body mass index, a measure of obesity using a person's height and weight, in order to identify overweight and obesity in the school aged children and adolescents. The following maps identify the prevalence of overweight and obesity in geographic areas based on school districts. The school districts with over 40% of children and adolescents classified as overweight or obese are:

Westchester County School Districts with 40% of Students Classified as Overweight or Obese

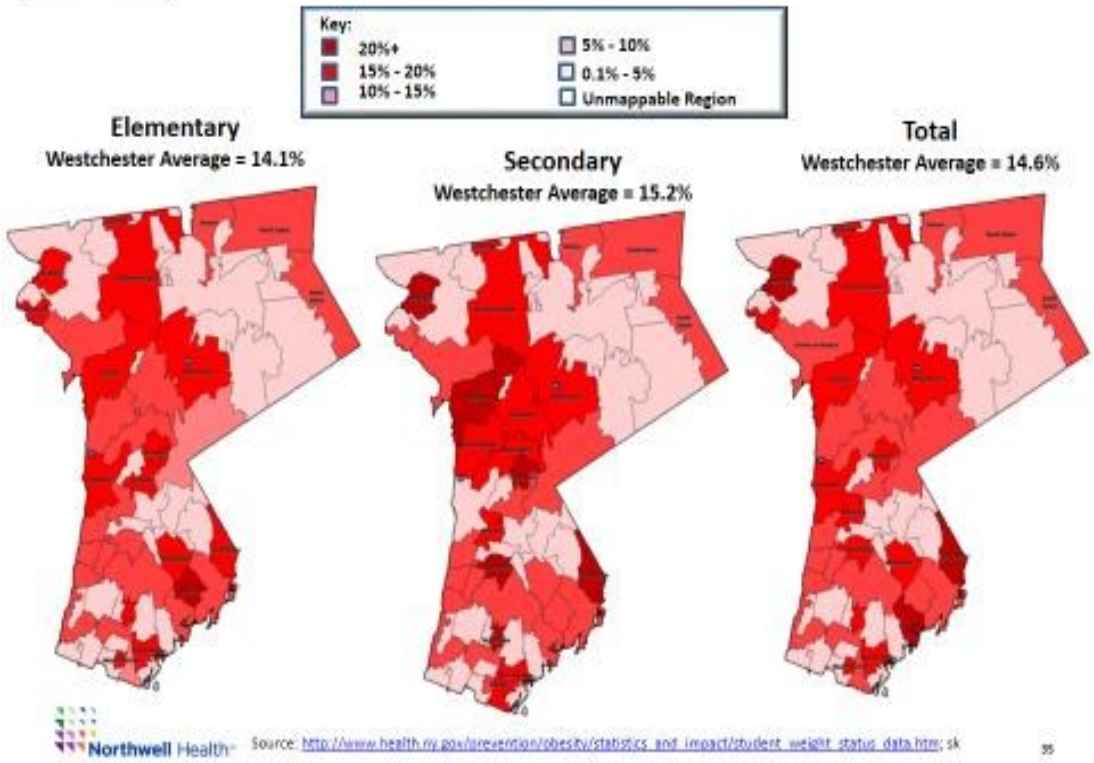
Hartsdale	Peekskill	Port Chester

Westchester County School Districts with 30% of Students Classified as Overweight or Obese

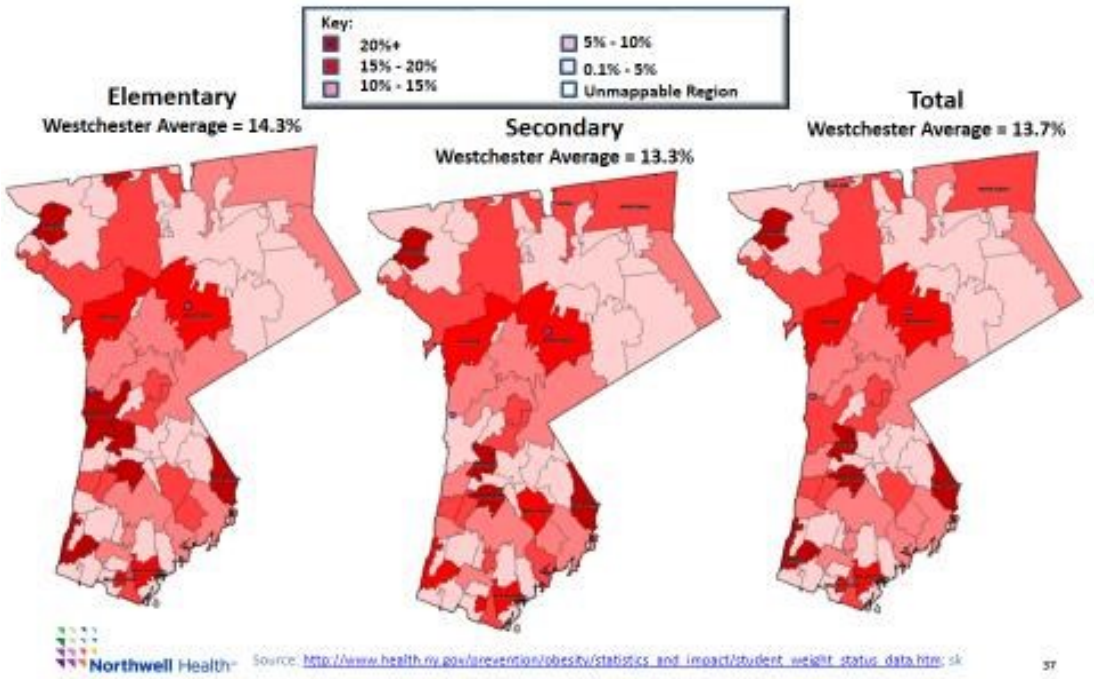
Elmsford	Mt. Kisco	Mt. Vernon
New Rochelle	Ossing	Yonkers



School District Overweight Percentages
(2012 - 2014)



School District Obese Percentages
(2012 - 2014)



Mental Health and Substance Abuse

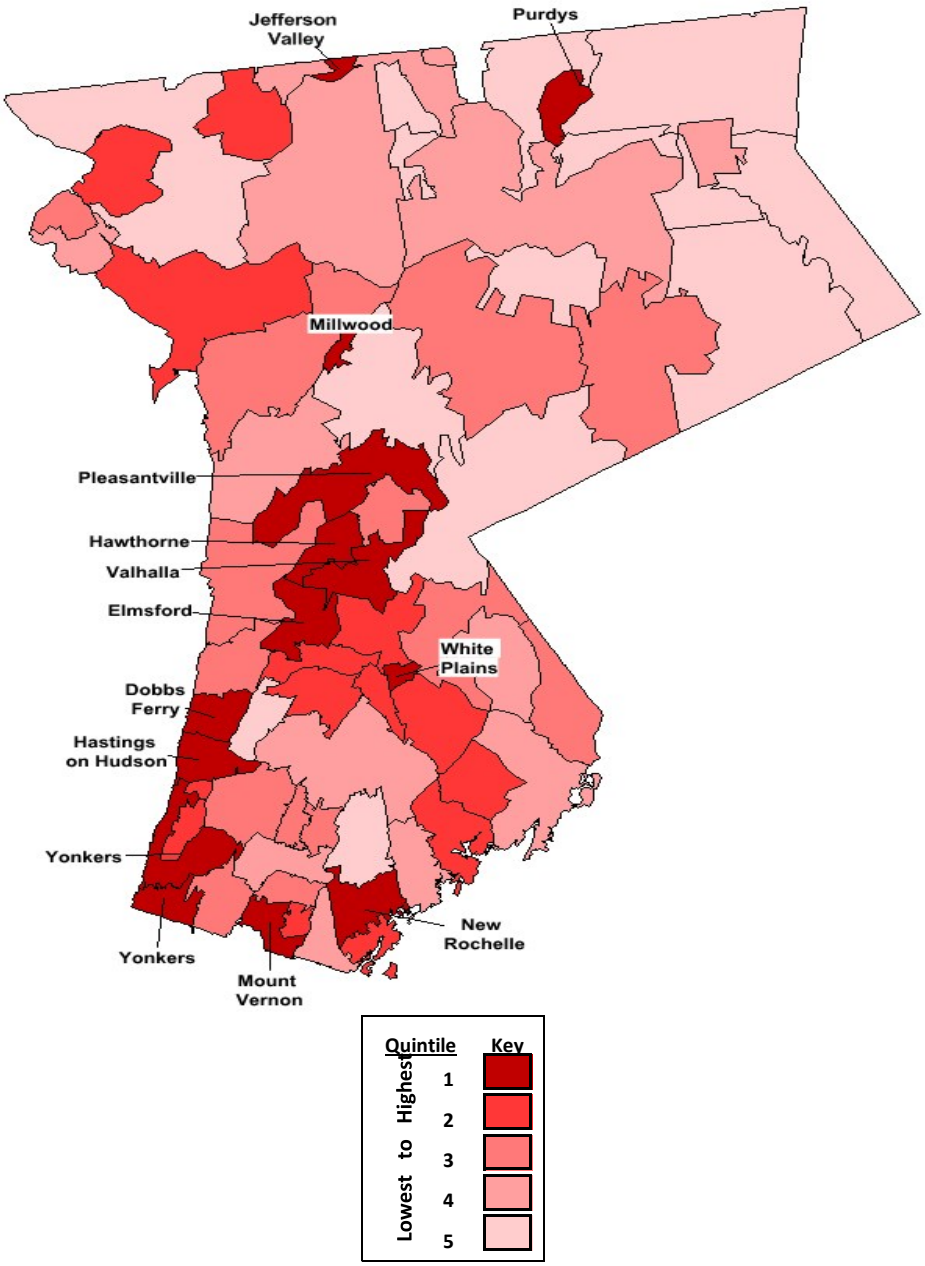
To assess the prevalence of mental health disorders and substance abuse in Westchester County, the county prevalence is compared to New York State (NYS) and in relation to the 2018 NYS Prevention Agenda Objectives (NYSPAO). The age-adjusted suicide rate (per 100,000) for Westchester County was 6.1 and significantly worsened and greater than the NYSPAO of 5.9. The percent of Westchester adults reporting 14 or more days with poor mental health in the last month was 9.1% compared to NYS (10,7%) and approaching the NYSPAO of 10.1%. PQI data for mental health emergency department visits showed increased rates in Peekskill, Mohegan Lake, Purdys, Tarrytown, Hawthorne, White Plains, Hastings on Hudson, Yonkers, Mount Vernon and New Rochelle. Westchester County's rate of binge drinking is 20.7%, above the NYS (18.3%) and the NYSPAO of 18.4%. Overdose deaths involving any opioid crude rate per 100,000 population and overdose deaths involving synthetic opioids other than methadone crude rate per 100,000 population both significantly increased. The crude rate per 100,000 population for all emergency department visits involving heroin is 14.9 which is below the NYS rate of 35. The NYS opioid epidemic affecting all counties prompted a NYS Opioid Prescription Monitoring Program. The number of Westchester provider opioid analgesics prescriptions significantly decreased. In Westchester, prescribing buprenorphine for substance use disorders is below the NYS rate (17.1 vs 35.9). PQI data for substance abuse emergency department visits showed increased rates in Jefferson Valley, Purdys, Tarrytown, Valhalla, White Plains, Yonkers, Mount Vernon, and New Rochelle.

This data was also supported by the analysis of serious mental illness in Westchester. The calculation of serious mental illness rates first required establishing a definition of all behavioral health diagnoses that qualify as a Serious Mental Illness (SMI). After review of scholarly and regulatory research, it was determined that the definition most relevant and applicable was New York State's Office of Mental Health's (OMH) DSM4-R/ICD-9 diagnoses codes for Serious Mental Illness, a criteria used to determine eligibility for Health Home services for Medicaid recipients. CMS General Equivalency Mappings (GEMs) were applied to crosswalk all ICD-9 diagnoses codes to find their ICD-10 equivalents. The updated definition was then applied to NYS DOH Statewide Planning and Research Cooperative Systems, (SPARCS) claims based data source. The definition was used to analyze all inpatient admissions within Northwell Health's service area counties, with a principle diagnoses code defined as an SMI for the full years of 2014-2015. The data was stratified by patient origin (county and zip code), gender and age-group. Adjusted rates were calculated after stratifying both inpatient volumes and US census based population estimates (sourced from Truven Health Analytics) by patient origin (county and zip), gender, and age-group. An average county-level rate was calculated and used as a benchmark comparison when analyzing at the zip-code level. The adjusted rates per zip code, per county, were then ranked into quintiles, and visualized using MapInfo, a geo-spatial software program. While the analysis is indicative of a density of patients and cases, and can add value in future planning and community health initiatives, it is not without its limitations. The primary limitation of the analysis is that it is far from comprehensive, restricted to just claims-based data looking at inpatient admissions based on a principle diagnoses of SMI. However, its value is in its ability to provide a relational understanding in terms of neighborhoods and communities with the highest rates of SMI.

[16] New York State Opioid Data Dashboard. Accessed November 2019.

The county rate of Serious Mental Illness (SMI) in Westchester was 504.9 per 100,000 population. The highest rates of SMI were found in the Hawthorne & White Plains communities. Zip code 10532, Hawthorne, had the highest rate in all of Westchester, with a total of 3,163.3 per 100,000 population. Other areas exhibiting high rates included: Dobbs Ferry, Elmsford, Hastings on Hudson, Jefferson Valley, Millwood, Mount Vernon, New Rochelle, Pleasantville, Purdys, Valhalla and Yonkers.

Westchester Serious Mental Illness (SMI) Rates

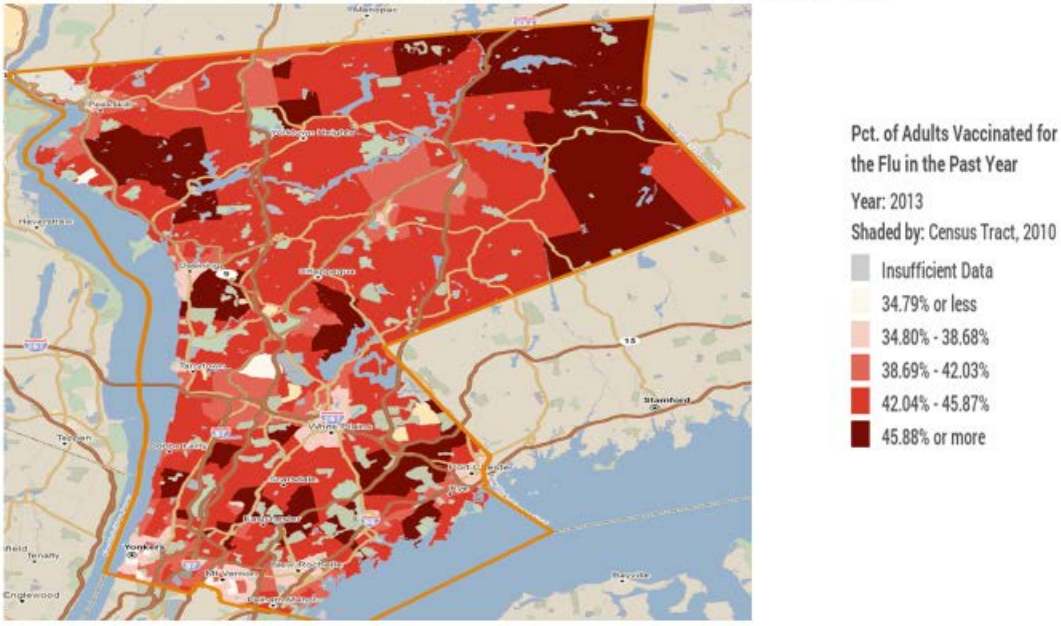


HIV, STDs, Vaccine-Preventable Diseases & Health Care-Associated Infections

To assess the prevalence of HIV, STDs. Vaccine-Preventable Diseases & Health Care Associated Infections in Westchester County, the county prevalence is compared to New York State (NYS) in relation to the 2018 NYS Prevention Agenda Objectives (NYSPAO). Westchester County's newly diagnosed HIV case rate (per 100,000) improved to 10.4, lower than the NYS rate of 16. However, the difference in rates (Black and White) of newly diagnosed HIV cases was 25.2. The Westchester County Gonorrhea case rate (per 100,000) for men aged 15-44 years significantly worsened but is below the NYS rate. Westchester County case rates for chlamydia for women aged 15-44 years significantly worsened but meets the NYSPAO. Mumps incidence also significantly worsened in Westchester. The tuberculosis case rate (per 100,000) for Westchester County was 3.0, similar to the NYS average (3.9).

The percentage of Westchester adults ages 65+ years with flu immunization was 64.2% above the NYS and below the NYSPAO (80%).

Westchester-Percent of adults vaccinated for flu



Source: PolicyMap 2018 v 2019:25:11; Census tract

Following is a table outlining NYS Department of HIV/AIDS and STD Rates for Westchester from 2014-2016, color-coded by whether or not the metric was significantly better than, significantly worse than, or comparable to the NYS average.

NYS Department of Health AIDS & STD Rates – Westchester (2014-2016)

Indicator	3 Year Total 2014-2016	Westchester County Rate	New York State Rate	Significant Difference
HIV Case Rates Per 100,000				
Crude	303	10.4	16	Yes
Age-aged	303	10.9	16	Yes
AIDS Case Rates Per 100,000				
Crude	150	5.1	7.8	Yes
Age-aged	150	5.2	7.7	Yes
AIDS Mortality Rates Per 100,000				
Crude	39	1.3	3	Yes
Age-aged	39	1.1	2.6	Yes
Early Syphilis Case Rates Per 100,000				
Early syphilis case rate per 100,000	289	9.9	25.1	Yes
Gonorrhea Case Rates Per 100,000				
Males - Aged 15-44 years	840	153.7	377.5	Yes
Females - Aged 15-44 years	577	105.1	191	Yes
Aged 15-19 years	268	132.5	305.8	Yes
Chlamydia Case Rates Per 100,000				
Males - Aged 15-44 years	3,021	552.8	875.7	Yes
Females - Aged 15-44 years	6,984	1,272.20	1,577.40	Yes
% sexually active young women (aged 16-24) with at least one chlamydia test in Medicaid program (2016 only)	3,919	74.8	74.3	No
Pelvic Inflammatory Disease Hospitalization Rates Per 10,000				
Pelvic inflammatory disease (PID) hospitalization rate per 10,000 females - Aged 15-44 years (2016 only)	28	1.5	2.5	Yes

Key:
- Significantly Better than NYS Average
- No Significant Difference from NYS Average
- Significantly Worse than NYS Average

Northwell Health

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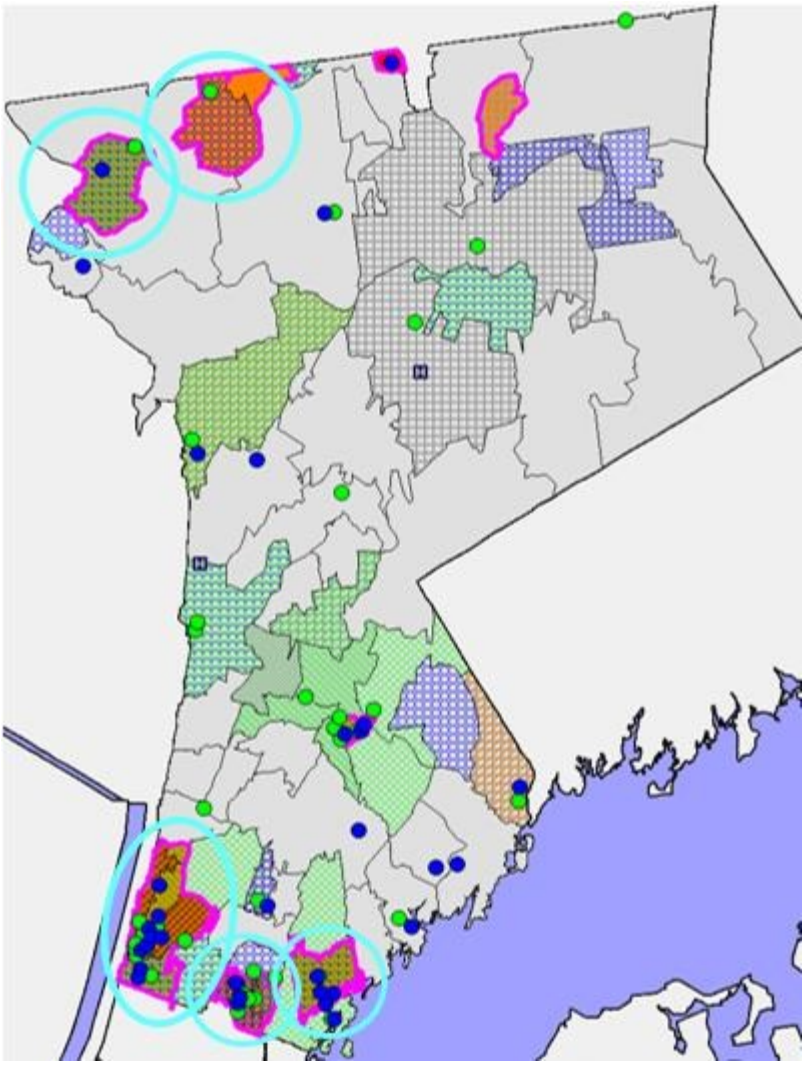
Source: https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fchir_dashboard%2Fchir_dashboard&p=ct&cos=55

Westchester County Summary of Findings

Finally, PQI and social determinant data were overlaid to identify areas of greatest need in Westchester County. Areas of Westchester County that fall into Quintiles 4 & 5 of the PQI Composite Rate were mapped. Then we began to overlay characteristics that provide some indication of health outcomes such as percent Non-White, percent Less than High School Diploma, percent Unemployed, and percent Below Poverty Level. In addition, areas where less than 70% were located within 0.5 mi to a supermarket, which classifies an urban area as food insecure were highlighted. Ultimately, there was substantial overlap between social determinants of health, a lack of easy access to food, and poor health outcomes. This overlap was most apparent in Peekskill and Mohegan Lake, Yonkers, Mount Vernon, and New Rochelle (these areas are circled on the map below).



Sources: PQIs - SPARCSver11.01.2012adj/tb; Truven population used for adjustment; P.O. Boxes are excluded; Low Income Housing Developments – HUD New York State Housing Website http://portal.hud.gov/hudportal/HUD?src=/states/new_York; Website of individual Westchester County Local Housing Authorities; Social Determinant Indicators - 2014 United States Census American Community Survey - https://www.census.gov/programs-surveys/; Access to food - http://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas.aspx

In both our primary and secondary data analyses, major trends emerged regarding chronic disease, particularly obesity and the health behaviors associated with obesity, as well as mental health and substance abuse and access to healthcare. In our primary data analysis, both individual community members and community-based organizations expressed concerns about obesity and weight loss and advocated for improving access to healthy foods and recreation. In addition, survey respondents and summit participants expressed concern about the growing need for increased mental health and substance abuse services. We saw the impacts of substance abuse, including drugs, alcohol, and tobacco, in our secondary data analysis as well. Finally, much of the conversation in our primary data analyses was centered on access and disparities in access.

Therefore, as a result of the 2019 primary and secondary data analysis the following health priorities, which are also impacted by identified social determinants of health such as poverty, unemployment, lack of housing, education and healthy food access which are present in specific areas in Westchester County, emerged as pressing community health issues in the Northwell Health Westchester County Service area:

- Chronic disease, especially in at risk and diverse communities
- Mental health and substance abuse
- Obesity
- Food and Nutrition: access to healthy foods
- Physical activity and access to safe recreational areas
- Built environment: air quality, affordable housing, employment opportunities
- Health and social issues related to the senior population
- Health literacy especially targeting youth
- Cross sector health care and community-based organization partnerships

APPENDIX

Westchester Department of Health Committee Meeting Dates

Westchester Department of Health Committee Membership

Westchester Community Member Survey

Westchester Health Summit Final Report

Westchester Department of Health Community Health Needs Assessment
Planning Committee Meeting/Calls Dates

January 2019

February 2019

March 2019

April 2019

May 2019

June 2019

July 2019

Blythedale Children's Hospital

Montefiore Medical Center

- Burke Rehabilitation Hospital
- Montefiore Mount Vernon Hospital
- Montefiore New Rochelle Hospital
- White Plains Hospital

NewYork-Presbyterian

- NewYork-Presbyterian Hudson Valley Hospital
- NewYork-Presbyterian Lawrence Hospital

Northwell Health

- Northern Westchester Hospital
- Phelps Memorial Hospital Center

Saint Joseph's Medical Center

St. John's Riverside Hospital

Westchester Medical Center

Westchester County Department of Health

2019 WESTCHESTER COUNTY COMMUNITY HEALTH SURVEY

There are many areas where the healthcare system can make efforts to improve community. We are interested in knowing the areas the healthcare system should prioritize in Westchester County, NY. Your opinion on priorities for both community health and your own personal health are of interest. Your responses are anonymous. Please only complete this survey if you are 18 years-old or older. Thank you for your participation!

The first few questions are about the health needs of the COMMUNITY WHERE YOU LIVE.

What THREE areas do you see as being priority health needs in the COMMUNITY WHERE YOU LIVE?

- ☐ Antibiotic resistance and healthcare associated infections
- ☐ Chronic disease screening and care for conditions like asthma, diabetes, cancer and heart disease
- ☐ Food safety and chemicals in consumer products
- ☐ Hepatitis C
- ☐ Injuries, such as falls, work-injuries or traffic-injuries
- ☐ Mental health
- ☐ Outdoor air quality
- ☐ Smoking, vaping and secondhand smoke
- ☐ Substance use disorders
- ☐ Violence
- ☐ Child and adolescent health
- ☐ Environments that promote well-being and active lifestyles
- ☐ Food and nutrition
- ☐ HIV/AIDS
- ☐ Maternal and women's health
- ☐ Newborn and infant health
- ☐ Physical activity
- ☐ Sexually transmitted diseases
- ☐ Vaccinations/immunizations
- ☐ Water quality

What THREE actions would be most helpful to improve the health of the COMMUNITY WHERE YOU LIVE?

- ☐ Access to dental care
- ☐ Access to primary care
- ☐ Caregiver support
- ☐ Drug & alcohol treatment services
- ☐ Health insurance enrollment
- ☐ Improving racial equality
- ☐ Quality and affordable childcare
- ☐ Services for older adults
- ☐ Violence prevention
- ☐ Access to education
- ☐ Affordable housing
- ☐ Clean air & water
- ☐ Employment opportunities
- ☐ Health screenings
- ☐ Immigrant support services
- ☐ Safe places to walk & play
- ☐ Smoking & tobacco services
- ☐ Access to healthier food
- ☐ Breastfeeding support
- ☐ Domestic violence prevention/victim support
- ☐ Exercise & weight loss programs
- ☐ Home care services
- ☐ Mental health services
- ☐ Services for LGBTQ population
- ☐ Public transportation

What population needs the greatest attention?

☐ Infants ☐ Young children ☐ School-aged children ☐ Teens ☐ Young adults ☐ Middle-aged adults ☐ Older adults

The rest of the survey is about YOU and YOUR health needs.

What THREE areas do you see as being priority health needs for YOURSELF?

- ☐ Antibiotic resistance and healthcare associated infections
- ☐ Chronic disease screening and care for conditions like asthma, diabetes, cancer and heart disease
- ☐ Food safety and chemicals in consumer products
- ☐ Hepatitis C
- ☐ Injuries, such as falls, work-injuries or traffic-injuries
- ☐ Mental health
- ☐ Outdoor air quality
- ☐ Smoking, vaping and secondhand smoke
- ☐ Substance use disorders
- ☐ Violence
- ☐ Child and adolescent health
- ☐ Environments that promote well-being and active lifestyles
- ☐ Food and nutrition
- ☐ HIV/AIDS
- ☐ Maternal and women's health
- ☐ Newborn and infant health
- ☐ Physical activity
- ☐ Sexually transmitted diseases
- ☐ Vaccinations/immunizations
- ☐ Water quality

Would you say that in general your health is:	☐ Excellent	☐ Very good	☐ Good	☐ Fair	☐ Poor				
Do you have somebody that you think of as your personal doctor or health care provider?	☐ Yes	☐ No							
Has a doctor, nurse or other health professional told you that you had any of the following (check all that apply)?									
☐ Heart disease	☐ Stroke	☐ Asthma	☐ Depression/anxiety						
☐ Skin cancer	☐ Cancer (not including skin cancer)	☐ COPD, emphysema or chronic bronchitis							
☐ Arthritis	☐ Kidney disease	☐ Diabetes (not including during pregnancy)							
Was there a time in the past year 12 months when you needed to see a doctor but could not because of the following …?									
..Cost	☐ Yes	☐ No	..Transportation	☐ Yes	☐ No	..Could not get appointment at time that worked	☐ Yes	☐ No	
What type of insurance do you use to pay for your doctor or hospital bills (check all that apply)?									
☐ Your employer or a family member's employer	☐ The New York State Marketplace (Exchange)	☐ Medicare	☐ Medicaid						
☐ Military (TriCare or VA)	☐ COBRA	☐ I do not have health insurance	☐ Other: _____						
During the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on any of the following…									
…Race or ethnicity	☐ Yes	☐ No	…Gender identity	☐ Yes	☐ No	...Age	☐ Yes	☐ No	
…Sexual orientation	☐ Yes	☐ No	…Perceived immigration status	☐ Yes	☐ No	…Religion	☐ Yes	☐ No	
…Disability	☐ Yes	☐ No							

The next set of questions will be used to describe who responds to the survey and will not be examined individually. Please remember that your responses are anonymous.

What is your current gender identity?	☐ Female	☐ Male	☐ Trans female/trans woman	☐ Trans male/Trans man			
	☐ Genderqueer/gender non-conforming	☐ Different identity (please state): _____					
What is your age?	☐ 18-24	☐ 25-34	☐ 35-44	☐ 45-54	☐ 55-64	☐ 65-74	☐ 75+
What is the highest grade or year of school you completed?	☐ Less than high school	☐ High school graduate/GED					
☐ Some college or technical school	☐ College graduate	☐ Advanced or professional degree					
What is the ZIP Code where you currently live?	_ _ _ _ _	Are you of Hispanic or Latino/a origin?	☐ Yes ☐ No				
Which one the following best describes your race?							
☐ White	☐ Black or African American	☐ Asian/Pacific Islander					
☐ American Indian/ Alaska Native	☐ Multi-racial	☐ Other : _____					
Are you currently…? (CDC categories)	☐ Employed for wages	☐ Self employed	☐ Out of work				
☐ A homemaker	☐ Student	☐ Retired	☐ Unable to work				
What is the primary language spoken in your home?							
☐ English	☐ Spanish	☐ Italian	☐ Portuguese	☐ Chinese	☐ French	☐ Other: _____	

May 31, 2019

Westchester County Department of Health
Attn: Renee Recchia
10 County Center Road, 2nd floor
White Plains, NY 10607
rro3@westchestergov.com

RE: Final Presentation Westchester County Health Summit 2019

Westchester County Department & Hospital Executives,

Thank you for the opportunity to partner with your teams to complete the 2019 Westchester County Health Summit. The engagement was a great opportunity for our team to engage your community in order to memorialize their voice to address unmet healthcare and non-healthcare needs. I hope the finalized document is a comprehensive report that allows you the ability to develop strategies and/or meet expectations of the community health needs assessment(s) for your area.

Your ongoing engagement and feedback provided valuable opportunities for our team to revise our plans for the event as well as revise the structure and language for the final report. We are grateful for each hospital representative and county department representative's time to discuss draft documents which allowed the final document to reflect a collaborative product that each organization can use as they see fit.

Again, thank you for the opportunity. I look forward to seeing the great strategies that are to come to benefit the patrons of Westchester County. I can be reached via phone or email if you have any additional needs.

Sincerely,

Amanda Simmons

Principal Performance Partner
Amanda_Simmons@Premierinc.com
(713) 859-9683 Cell

PREMIER®

Westchester County 2019 Health Summit Report

APRIL 5, 2019

TABLE OF CONTENTS

EXECUTIVE SUMMARY

The Westchester County Health Planning Coalition collaboratively hosted a Community Health Summit on April 5, 2019 in White Plains, NY. The purpose of this meeting was to elicit feedback from the local community, government and health and social service providers related to their perspective on the health and social needs of their clients with the goal of advancing the New York State Department of Health's 2019-2024 Prevention Agenda (NYSPA) to:

1. Improve the health of New Yorkers in five priority areas; and
2. Reduce health disparities for racial, ethnic, disability and low socioeconomic groups, as well as other populations who experience them.

Over 70 attendees across health and community based organizations participated in the Premier facilitated breakout sessions and a Gallery Walk intended to promote conversation focused upon four of the New York State Department of Health's 2019-2024 Prevention Agenda (NYSPA):

1. Prevent Chronic Diseases - chronic disease continues to be a major burden including heart diseases, cancers, diabetes, and asthma
2. Promote a Healthy and Safe Environment - in the past several years, water quality has become a major issue that warrants attention and broader environmental factors impact health
3. Promote Healthy Women, Infants and Children – there continue to be disparities related to infant mortality, preterm birth, and maternal mortality
4. Promote Well-being and Prevent Mental and Substance Use Disorder - opioid overdose has become a major issue, over the past few years

While familiarity with the topics varied between individuals, all were engaged and focused upon identifying concerns and proposing actionable solutions.

Although the facilitated breakout sessions were convened around four very different Priority Areas, common themes emerged across these discussions:

There are many strengths & resources existing in the community.

- Schools and many other non-traditional organizations in the County provide important settings for the delivery of resources for education, training and other needed assistance
- Healthcare organizations across the County were identified as expert resources and critical to coordinate and collaborate with to meet essential needs
- Health providers and Community Based Organizations are skilled at fostering connections, building coalitions, developing networks and collaboration (e.g. this Community Health Summit)
- There is a solid foundation from which to integrate existing and launch new programs

Identification of barriers and gaps is the first step to improvement.

- Begin education and training for healthy behaviors as young as possible (target children and adolescents)
- Observed inconsistent and fragmented education across the community
- Develop culturally specific guidance and messaging (e.g. healthy eating) that is essential for effective communication
- Create safe environments for persons seeking help (undocumented, family violence, mental health disorder stigmas, etc.)
- Understand and align current programs as a first step before building new programs
- Inventory the community's current programs/assets and publish a resource directory in a centralized location that is easily accessible to residents (website, a dedicated phone line, etc.)
- Lack of funding (solo efforts are more challenging to start and to resource thus requiring partnership and collaboration)

There are action items which could benefit all four Priority Areas.

- Utilize social media for education, increased awareness and communication
- Improve transitions and coordination across entire continuum of health providers and community based organizations
- Embrace a person-centric language that is universal to all to increase awareness and reduce stigma, for all too common health needs (mental health, substance use disorders, reproductive health, domestic violence, etc.)
- Include in the care planning process all categories of provider, family and caregiver
- Focus efforts on the basic needs, before trying to address other needs

Social Determinants of Health must be considered when developing strategies.

- Jobs are needed and employers should promote health, offer childcare, and more
- Economic status inequality exists
- Affordable, healthy food is needed and there is a lack of green/farmers markets
- Public transportation is limited across the Westchester County
- There is a need in the community for affordable housing (both permanent and transitional purposes)
- Air quality is inconsistent, and pollutants are carried by the wind from Ohio
- Water quality is threatened due to improper disposal of pharmaceuticals
- Undocumented status frequently restricts outreach to resources due to fear
- Safe places are needed for all to walk, play, exercise and socially engage
- Disparities range across race, gender and age
- Language barriers exist

The session for each prevention agenda topic allowed clinical and non-clinical providers to offer an engaged depiction of the needs of the community and included:

NYSPA #1: Prevent Chronic Diseases

- Chronic diseases were acknowledged as primarily cancer, cardiovascular disease and diabetes.
- Education begins at school to create healthy choices and habits and is critical throughout the age spectrum to promote healthy lifestyle behaviors.
- Economic and "safety" disparities remain throughout the county.
- There are adequate and appropriate resources across the county, but coordination is lacking.

ACTION: Support and leverage existing community resources across homes, schools, churches, CBOs, etc. to address chronic diseases.

NYSPA #2: Promote a Healthy and Safe Environment

- There is an increased recognition that health improvement requires broader approaches addressing social, economic and environmental factors.
- An environment of trust and culturally safe communication must exist between the community and its residents to affect change.
- Ease of access will continue to impact choice and utilization.
- There is need to change the financial incentive structure of public assistance to pay for healthy food options.
- Work is needed with local organizations to increase access to healthier food options.

ACTION: Address currently fragmented and inconsistent education and communication.

NYSPA #3: Promote Healthy Women, Infants and Children

- The health of women, infants, children and families is fundamental to overall community health.
- There is an abundance of existing resources, but there is a lack of coordination for a communal and publicly accessible platform.

ACTION: Design community awareness campaigns and messaging focused upon prenatal and infant care.

ACTION: Health systems need a holistic care approach that eliminates silos across the continuum.

NYSPA #4: Promote Well-being & Prevent Mental and Substance Use Disorders

- Mental health and substance use disorder was a more popular topic than promoting well-being.
- Inclusivity is needed for extending care planning to family and caregivers and promoting a multidisciplinary approach in treatment.
- There are geographical and affordability barriers to access of mental health care.

ACTION: Break down silos and collaborate through forums such as the 2019 Health Summit.

The results of this report will be used by the Westchester County Health Planning Coalition to help drive this engaged group of community advocates' strategic plan for community health and wellness improvement via a three year community service plan.

The sections that follow include an overview of the event planners, participants and methodology as well as detailed findings for each NYSPA topic area.

INTRODUCTION

Community Health Summit Planners, Purpose and Participants

The Westchester County Department of Health (WCDOH) and the sixteen local Westchester County Hospitals, known as the Westchester County Health Planning Coalition (WCHPC), collaboratively hosted a Community Health Summit (the "Summit") on April 5, 2019 in White Plains, NY. The WCHPC was formed in response to the New York State Department of Health's (NYSDOH) appeal that each county's local health department, hospitals/hospital systems and other community partners collectively work together to identify and address local health priorities associated with the New York State Prevention Agenda (NYSPA). Their ultimate goal is advancing the health and wellness of Westchester County residents.

The purpose of the Summit was to convene local community, government and health and social service providers with the objective of discussing community health and social needs related to the NYSPA. This report will be integrated into a Community Health Needs Assessment (CHNA) that is required by the NYSDOH and is an element in the Community Health Improvement Plan (CHIP), which all local health departments must develop.

This report provides a summary of opinions shared by attendees at the Summit. These opinions are not intended to represent the community hospitals nor the WCDOH.

The following organizations participated in this event:

African American Men of Westchester

American Heart Association

American Lung Association

ANDRUS

Arms Acres & Conifer Park

Blind Brook Community Coalition

Blythedale Children's Hospital

Brannan Solutions Group

Burke Rehabilitation Center

Caritas of Port Chester, Inc.

Child Care council of Westchester

Family Ties of Westchester

Feeding Westchester

Hudson River Health Care

Independent Living, Inc.

Inter-Care, Ltd

John A. Coleman School

Leukemia Lymphoma Society

Lexington Center for Recovery

Lifting Up Westchester

Lower Hudson Valley Perinatal Network

Montefiore Mount Vernon & New Rochelle Hospitals

Mount Vernon Neighborhood Health Center

Neighbors Link

Northwell Phelps & Northern Westchester Hospitals

NYC Poison Control Center

New York Medical College

New York Presbyterian Hudson Valley & Lawrence Hospitals

Open Door Family Medical Center

Peekskill Youth Bureau

Rivertowns Pediatrics PC

Rye YMCA

St. Christopher's Inn

St. John's Riverside Hospital

St. Joseph's Hospital

Student Assistance Services

Sunshine Children's Home and Rehab Center

The LOFT LGBT Community Center

The Mental Health Association of Westchester

The Sharing Community

United Way 2-1-1

Urban League of Westchester

Volunteers of America Greater New York

Westchester Children's Association

Westchester Chiropractic and Wellness

Westchester County Board of Health

Westchester County Department of Health

Westchester County Department of Community Mental Health

Westchester County Department of Senior Programs and Services

Westchester Medical Center Health PPS and Network

WestCOP

White Plains Hospital

White Plains Youth Bureau

Westchester Jewish Community Services

Yonkers Office for the Aging

YWCA of White Plains & Central Westchester

Overview of Westchester County

Westchester County's population grew by 3% from 923,459 to 949,113 between the 2000 and 2010 Census, a higher rate of growth than the New York State average of 2% during this period but lower than the nation's growth at 10%. The population percent change between April 1, 2010 and July 1, 2018 is estimated at 1.9%.[1]

An estimated 22.2% of the population is under 18 years of age and 16.6% of the population is 65 years of age and over.[2]

The RWJ County Health Rankings scored Westchester County out of 62 New York State counties fairly well on most indicators (lower ranking is more favorable): Length of Life – 2; Health Behaviors – 2; Health Outcomes – 3; Health Factors – 4; Social & Economic Factors – 6; Clinical Care – 17; Quality of Life – 19; Physical Environment – 60.[3]

Source: Westchester County Department of Health

[1] U.S. Census Bureau
[2] U.S. Census Bureau
[3] Robert Wood Johnson (RWJ) County Health Rankings

New York State Department of Health's Prevention Agenda (NYSPA)

The NYSPA is the blueprint for state and local action to 1) improve the health of New Yorkers in five priority areas; and 2) reduce health disparities for racial, ethnic, disability and low socioeconomic groups, as well as other populations who experience them. The prevention agenda was utilized as the event framework for discussions during the Summit.

PREVENT CHRONIC DISEASE	PROMOTE A HEALTHY AND SAFE ENVIRONMENT	HEALTHY WOMEN, INFANTS AND CHILDREN	PROMOTE WELL-BEING AND PREVENT MENTAL AND SUBSTANCE USE DISORDER	PREVENT COMMUNICABLE DISEASE
• Healthy eating and food security • Physical activity • Tobacco prevention • Preventive care and management	• Injuries, violence and occupational health • Outdoor air quality • Build and indoor environment • Water quality • Food and consumer products	• Maternal & women's health • Perinatal & infant health • Child & adolescent health • Cross cutting healthy women, infants & children	• Promote well-being • Prevent mental and substance use disorders	• Vaccine-preventable diseases • Human immunodeficiency virus (HIV) • Sexually transmitted infections (STIs) • Hepatitis C virus • Antibiotic resistance and healthcare associated infections

Source: New York State Department of Health

Please refer to Appendix A for the full list of NYSPA Priority Areas, Focus Areas and Goals.

For additional information on the NYSPA please visit the NYS Department of Health website and/or https://www.health.ny.gov/prevention/prevention_agenda/2019-2024.

Methodology

Topic Areas of Identified Community Need

The Westchester County Department of Health administered a 2019 Community Health Survey between January 29, 2019 and March 31, 2019, in English and Spanish, asking County residents 18 and older to assess their own health as well as the health of their community. This anonymous online and paper survey sought to identify the top priority health issues for Westchester residents and their community, the most needed services and the largest obstacles that prevent access to care.

Final responses numbered over 3,500 but based upon the preliminary results of the survey the four Priority Areas listed below were selected for discussion at the Westchester County 2019 Health Summit.

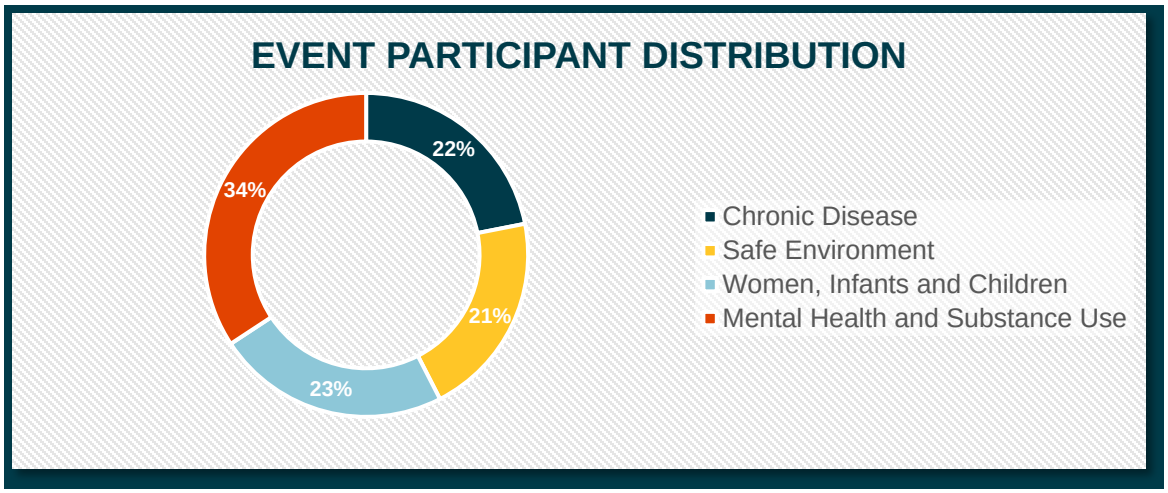
1. Prevent Chronic Diseases
2. Promote a Healthy and Safe Environment
3. Promote Healthy Women, Infants and Children
4. Promote Well-being and Prevent Mental and Substance Use Disorder

The fifth NYSPA Priority Area - Prevent Communicable Diseases – was not a focus of discussion for this specific meeting.

Registration

Electronic invitations were widely distributed by all Westchester County Health Planning Coalition members (the Westchester County Department of Health and the local Westchester County Hospitals). Please refer to Appendix B for the event invitation.

So that there would be a balanced number of attendees in each discussion group, members were asked to pre-register and to self-report their preference in rank-order among the four NYSPA Priority Areas. There were 81 final pre-registrants and approximately 67 sign-ins the day of the event – April 5, 2019. The self-assigned distribution by prevention agenda priority follows.



Source: Westchester County Department of Health

Facilitation

Premier, Inc. was engaged to facilitate the breakout sessions and Gallery Walk at the direction of event planners representative of the Westchester County Department of Health, Montefiore Health System, New York Presbyterian Healthcare System and Northwell, Inc. Premier partnered with the event planners to design the strategy for the meeting inclusive of breakout sessions and a Gallery Walk. Breakout sessions were recommended in order to obtain open conversation & feedback and allow an opportunity for each participant to speak in smaller convened groups. A Gallery Walk was included to ensure that all participants could be involved in the discussions for all the Priority Areas and offer additive input into the process.

Premier is a provider-driven healthcare performance improvement company uniting an alliance of approximately 4,000 U.S. hospitals and more than 165,000 other provider organizations. Premier operates a nationally recognized healthcare consulting organization, co-innovating solutions with its members to reduce costs, improve quality and produce better patient outcomes. Premier's mission is simple: To improve the health of communities.

Event Activities

Attendees were assigned to a single breakout session corresponding to one of the four NYSPA Priority Areas based upon their pre-registered self-selected preference. Four facilitators from Premier were engaged to lead each of the four one-hour breakout sessions, using the below questions to guide discussions.

1. Describe the 3-5 year goal for health improvement, for this priority area.
2. What are the top issues and barriers to achieving this goal?
3. Are there specific populations impacted more than others?
4. What initiatives/interventions are needed to address the issues and barriers?
5. What community resources are available to support this goal?

Social determinants of health and health inequalities were incorporated into all discussions at the request of Westchester County Health Department leaders.

The four breakout sessions were conducted in English only, and were not recorded so that participants would not feel either inhibited or intimidated in discussion. Notes memorializing conversations were captured on flip charts within each breakout session.

After a short break, attendees were asked to participate in a “Gallery Walk” exercise. Attendees rotated through each of the other three breakout rooms in succession. The facilitator in each room gave an initial summary of the baseline group’s discussions. Participants were then asked to provide additional input and perspectives to the topics and questions previously recorded, building upon the discussions that had already taken place. The objective of the Gallery Walk was to create generative discussions around the topics with reinforcing as well as additive input. Conversations were added to the flip charts. Gallery Walks occurred in 20-minute discussions, totaling 60 minutes. By the time the gallery walk was completed, each attendee had the opportunity to engage in dialogs for all four NYSPA Priority Areas across one 60-minute breakout session and three 20-minute Gallery Walk rotations.

Please refer to Appendix C for the event agenda.

CONCLUSIONS BY PRIORITY AREA

In the pages that follow are the takeaways, key ideas and essential elements of the combined discussions held within each of the four breakout sessions and from the additional feedback provided by all attendees of other sessions during the Gallery Walk activity. These reflect the concepts and action items which received the most discussion and where there was greater consensus around specific subjects and ideas expressed. Please refer to Appendix D for the complete notes collected within each of these four areas.

The graphic below includes the top 24 words most frequently used during the Summit.

PRIORITY AREA 1:
PREVENT CHRONIC DISEASES

- Focus Area 1: Healthy Eating and Food Security
- Focus Area 2: Physical Activity
- Focus Area 3: Tobacco Prevention
- Focus Area 4: Preventive Care and Management

The "Prevent Chronic Disease" breakout group referred to the sub-goals identified for each of the four Focus Areas in this Priority Area (as outlined in the Introduction above) as specified in the New York State Prevention Agenda 2019 – 2024. These are considered the three-to-five-year goals for the Priority Area.

Focus Areas 1 and 2 in this Priority Area have the same Overarching Goal: ***"Reduce obesity and the risk of chronic illness".***

Chronic diseases were acknowledged as primarily cancer, cardiovascular disease and diabetes. The group discussed a study reported by USA Today in the April 4, 2019 edition entitled "Global Burden of Disease Analysis" published in The Lancet. The peer reviewed study suggests that one in five deaths worldwide (approximately 11 million) are linked to unhealthy eating habits. This study affirms what many have thought for several years – that "poor diet is responsible for more deaths than any other risk factor in the world" according to the study's author, Dr. Christopher Murray of the University of Washington. The deaths included about 10 million from cardiovascular disease, 913,000 from cancer and almost 339,000 from Type 2 diabetes. The study was funded by the Bill and Melinda Gates Foundation.

Discussion commenced by asking each participant to identify the most important issues that should be top priorities for achieving the stated goals. These ideas were shared and reinforced by other group members, and this continued throughout the session for each of the question areas discussed. Overall conclusions are stated as follows:

"Schools are the best resource outside of the home for providing youths with access to healthy, balanced, "attractive" meals and snacks…."
-Retreat Participant

Conclusion – Home focused educational efforts with support initiatives from schools and other entities are crucial for improvement. A clear conclusion from discussions among all participants engaging in the discussion in this session is that home and school focused efforts to create healthy behaviors, choices and habits among children beginning at early ages are at the base of creating a generation of health-aware children. Education and developing good habits at a very early age is acknowledged as essential regarding healthy food choices, increased physical activity and

personal care priorities. Education for people of all ages is important (especially parents of youth), and a balanced effort among all community resources is essential to create consistent messaging and provide behavior-reinforcing support that will result in improved life conditions, well-being and personal satisfaction.

Conclusion – Align conflicting economic incentives. Economic realities and implications were acknowledged as paramount to address in the quest to prevent chronic diseases in the County. This includes economic and behavioral aspects of shopping, including advertising and "quick fixes" associated with convenience stores, fast food availability and ease of access and lack of healthy food options generally, and specifically in colder weather seasons. Product placement on store shelves and at check-out of unhealthy food items puts young consumers in conflict with immediate gratification versus realizing long-term benefits of avoiding obesity, chronic diseases (e.g., diabetes, heart disease, stroke) and poor nutrition.

Conclusion – Encourage healthy lifestyle choices through constant awareness of basic indicators. Another takeaway and key action item identified and endorsed wholeheartedly by participants was to initiate a campaign that encourages everyone (especially men) to know their "golden three numbers." That is, every male over age 21 knows their cholesterol level, blood pressure numbers, and blood sugar levels, updated every year. Awareness of these three numbers as "entry level" measures of health status would be a non-threatening way of consistently monitoring basic health indicators that will influence decisions over time that can preserve and enhance health, wellness and personal life satisfaction.

Conclusion – Safety is paramount for community well-being. The community needs "safe" groups, spaces and places for children, adults, women and others that are safe havens for activity, refuge and recovery. These exist in some areas; however, there is a need to expand and promote these resources more broadly throughout the County. (Note: The safe spaces concept should extend to undocumented individuals as well.)

Conclusion – Maximize existing resources through coordinated efforts. Participants agreed that adequate and appropriate resources exist across the County to address the four focus areas of concern. What is lacking is coordination across all entities concerned with prevention, health maintenance, wellness, disease detection, diagnosis and treatment (outpatient, inpatient, post-acute and home care). This includes CBOs (Community Benefit Organizations), who were acknowledged as essential resources already in place throughout the County and should be more proactively and assertively included and engaged as cooperative partners in addressing access issues related to nutrition, food choices, diet, education, physical activity and other capabilities and resources. It was recommended that in preventive care efforts that the "Stanford Chronic Disease Program" should be used as a model for chronic disease related behavior change (specifically targets diabetes prevention). This is an evidence-based program, and Medicare payment should be explored for SCDP participation.

Conclusion – Tobacco prevention and elimination will be difficult and require consistent education and awareness efforts. Youth are being targeted and enticed by advertising, easy

access, a “cool” factor among peers and examples of adults. Electronic cigarettes, electronic vaping, juuls, flavored products and other gateway means of attraction and addiction are pervasive. These elements will require consistent education and awareness-building efforts to combat.

Top Action(s) Discussed

Participants in each of the four sessions (baseline group and Gallery Walk groups) from all the various organizations represented strongly emphasized the need to support and leverage existing community resources as a top priority and seek collaboration in support of education efforts in homes, schools, churches, CBOs and other appropriate settings:

“It’s never too early to educate individuals regarding good health behaviors and choices.”
-Retreat Participant

“We often start too late in teaching children good health and wellness behaviors.”
-Retreat Participant

- Schools and many other non-traditional healthcare organizations in the County provide important settings for the delivery of resources for education, training and other needed assistance. School efforts should be more uniform, coordinated and supported.
- More effective collaboration is needed among schools, public health entities, hospitals, and other health and wellness organizations across the continuum of health/wellness interests and should be proactively pursued and supported.
- Local companies and employers should be engaged (and actively reached out to) to identify and cooperatively support solutions in balanced, unified efforts; they need to be reinforced that it is in their interests to be involved in these efforts.
- Ensure that education curriculums reinforce short- and long-term benefits and value of healthy decisions (around nutrition, obesity prevention, tobacco use, etc.)
- Teaching good financial skills (debt prevention and resource management) must be integrated with teaching health and wellness behaviors
- Use social media much more effectively and intensively to meet children “at their interest level”
- Address issues that impact healthy food and physical activity such as education, home, schools, transportation, finances, access to healthy food, safety and structural realities

PRIORITY AREA 2:
PROMOTE A HEALTHY AND SAFE ENVIRONMENT

- Focus Area 1: Injuries, Violence, and Occupational Health
- Focus Area 2: Outdoor Air Quality
- Focus Area 3: Built and Indoor Environments
- Focus Area 4: Water Quality
- Focus Area 5: Food and Consumer Products

Efforts to improve health traditionally focus on the health care system as the key driver of health and health outcomes. However, there has been increased recognition that improving health and achieving health equity requires broader approaches that address social, economic and environmental factors that influence health. Although Westchester County is perceived to be one of the wealthiest counties in the United States, a portion of this community's residents still struggle with having their basic needs met on a daily basis. Approximately 10 percent of the County's residents live below the federal poverty level, and there are affordable housing units in every municipality except two.[4] To this end, retreat participants recognized the importance of strengthening relationships across local organizations with the objective of collaboratively addressing the five focus areas to minimize inequities across the County.

Conclusion – Culture will continue to influence the process, and communication and education must be delivered in a way that is understandable and meaningful to our diverse communities. Culture will continue to be a large influence on health, and the degree to which individuals seek assistance for services and/or issues related to their health and wellness. Residents hesitate to use available services due to their citizenship status, lack of trust and/or fear of eviction due to multi-family dwelling. While opportunities exist to leverage programs that are already in place, it is important to note that a culturally sensitive education and communication plan will be needed to establish a relationship of trust with these residents; a balanced effort among all community resources is essential to creating consistent messaging and providing behavior-reinforcing support that will result in improved life conditions. Further, the populations served rely upon a variety of different languages and communication channels. For example, elderly patients rely upon information received from their physician's office, radio or television, while younger populations rely upon social media platforms. Examples of challenges faced by the community, as well as programs that are already in place to address these challenges, are provided below.

[4] Westchester County Department of Planning

- According to the Office of the Surgeon General, the leading *preventable* causes of death, disease and disability are asthma, lead poisoning, deaths in house fires, falls on stairs and from windows, burns and scald injuries and drowning in bathtubs and pools. Further, indoor radon is the second-leading cause of lung cancer in the United States. The Surgeon General has taken a proactive role in helping Americans protect themselves from health hazards in their homes, where we spend 85 percent to 95 percent of our time – especially in communities that lack ample and accessible green space.[5] Specific to Westchester County, programs are in place in portions of the County (e.g., Healthy Neighborhoods Program in Yonkers) that focus on improving home safety. However, the success of these programs is often tempered due to cultural barriers, as many residents forego assistance in fear of deportation or eviction.

"The Healthy Neighborhoods Program in Yonkers has so much potential. But a lot of residents won't answer the door when they show up for a free inspection of their home. They are afraid they will get deported or evicted because there are generations living together in such small apartments."

-Retreat Participant

- Frail and elderly individuals are at-risk for a variety of challenges, including health conditions related to poor air quality, fall-related injuries and poor air quality, and addressing these issues was identified as high importance among retreat attendees. Opportunities exist to collaborate with the community's healthcare organizations to:
  - Assure that the appropriate communication vehicles are utilized to alert these populations when an issue arises (e.g., alerts from physician office related to poor air quality).
  - Utilize screening tools to accurately identify individuals that are at-risk for a fall-related injury (e.g., Does the screening tool ask the question, "Have you ever fallen before?").
  - Develop a coordinated approach for home assessments that provides education to families and caregivers and involves them in an effective manner to mitigate the risk of falls. Best practices should be leveraged from existing programs, including the Stepping On Program, Matters of Balance Program, among others.
- Dietary habits and choices develop early, with culture and society playing a critical role in shaping a person's diet.
  - Research suggests that children learn eating behaviors by observing the eating habits of others, and opportunities exist to provide healthy eating education in elementary schools through consistent, coordinated programs.
  - Further, there is great need to develop a coordinated, culturally sensitive healthy eating education program to emphasize health and wellness, and address the high prevalence of obesity and chronic diseases (e.g., diabetes, high blood pressure, cholesterol) across

[5] Office of the Surgeon General. Healthy Homes Reports and Publications. Accessed on May 14, 2019. https://www.hhs.gov/surgeongeneral/reports-and-publications/healthy-homes/index.html

minority populations (e.g., Latinos). This program should include education on: 1) the importance of breastfeeding to impact newborn health and wellness; 2) nutritional value and benefits of food, inclusive of an inventory of food items that would serve as healthier alternatives to traditional food staples (e.g., white rice, tortillas) that these residents are accustomed to.

Conclusion – Access will continue to impact choice and utilization. Portions of Westchester County are challenged with limited green space, outdoor walkways, and public transportation and poor air and water quality. Consequently, residents often select options that are easier to access, such as selecting fast food located within a few blocks versus taking multiple bus transfers to a grocery store, or disposing of medications at home versus at designated drop boxes.

- Access to healthy food options for frail and/or vulnerable populations was noted as a critical need by retreat participants. There is a need to leverage existing programs that are currently offered on a limited basis (e.g., Meals on Wheels for senior citizens), and expand these offerings more broadly to vulnerable populations throughout the County.

"Some of my patients have to take multiple bus transfers to get to a grocery store. With small children and a baby, it is just so hard for them to get fresh food."

-Retreat Participant

- Water quality is directly linked to the appropriate disposal of prescription medications. Designated drop boxes are available at the Health Department, as well as local police stations, hospitals, and pharmacies. However, these locations are not always easily accessible by residents, particularly by those who rely on public transportation. Further, some residents are not comfortable going to police stations due to their immigration status, criminal history or other related factors. There is a need to collaborate with local healthcare organizations to provide patients with education regarding the appropriate disposal of medication (e.g., include as part of discharge instructions from hospital), and the importance of adhering to this process.

Conclusion – Financial incentives must be aligned to promote healthy behaviors. Retreat participants acknowledged that financial incentives directly influence healthy behaviors. Portions of the County are designated as food swamps or food deserts with little access to farmers markets, thereby resulting in limited access to healthy food options. This challenge, combined with the fact that public assistance programs (e.g., food stamps) will provide financial reimbursement for processed, unhealthy food options and not fresh, healthy foods, results in poor eating habits that directly impact the health and wellness of the County's residents. The Health Department had previously received a grant to partner with selected convenience stores on an initiative that would

"I used to work across the street from a women's shelter. Every day, I would see kids go to the deli next door to get breakfast. And they would come out with chips and soda, because their SNAP cards would not pay for healthier options like egg whites or fresh fruit."

-Retreat Participant

promote healthier food options (e.g., convenient placement and visible pricing for healthier food options), and retreat participants indicated that this program was met with success. There is a need to deploy a multi-factorial approach that involves: 1) changing the financial incentive structure so that public assistance pays for healthy food options; and 2) working with local organizations to increase access to healthier food options.

Conclusion – An environment of trust must exist between the community and its residents to affect change. In addition to experiencing health inequities, lower income populations are often at a greater risk for work-related injuries and domestic violence. These populations often have lower levels of education and therefore work in manual labor positions. Often these individuals forego care when experiencing a work-related injury due to the potential loss of income associated with missed days of work. Further, these residents forego care completely due to fear associated with a domestic violence incident or their immigration status. Retreat participants noted a need to collaborate with community health organizations to:

- Develop a coordinated occupational health program that is designed to treat these populations and avoid prolonged workplace-related injuries
- Create a culture of trust and safe environments for these individuals to seek care

Top Action(s) Discussed

Participants across the numerous organizations represented identified the need to address education and communication which is currently fragmented and inconsistent.

- With education being fragmented and inconsistent across the county, participants suggested partnering with local healthcare providers to assure that a consistent system is in place to alert vulnerable populations when air quality is poor. Additionally, in response to inconsistent nutrition education across school sites participants promote beginning education earlier with young students and expanding awareness and education through collaboration with local organizations (e.g., local coalitions, town halls) and via social media.
- Tailoring education to specific population cohorts was also discussed. For example, including ethnic-specific healthy food options as part of education, as well as guidance on healthy food preparation is a must.
- Participants also recognized that there are programs already in place that have a demonstrated impact on healthy food choices. These programs should be expanded (e.g. Meals on Wheels for seniors and local initiative to stock vending machines with healthier food options).

PRIORITY AREA 3:
PROMOTE HEALTHY WOMEN, INFANTS AND CHILDREN

- Focus Area 1: Maternal & Women's Health
- Focus Area 2: Perinatal & Infant Health
- Focus Area 3: Child & Adolescent Health
- Focus Area 4: Cross Cutting Healthy Women, Infants, & Children

Participants in this facilitated discussion session strongly emphasized that the health of women, infants, children, and their families is fundamental to overall community health. This priority area also aligns directly with the Maternal and Child Health Services Block Grant (Title V) Program, whose mission is to improve the health and well-being of the nation's mothers, infants, children and youth, including children and youth with special care needs, and their families. Addressing the significant needs of New York State's families requires strong partnerships and collaboration on the state and community level. The need to support and leverage existing community resources and collaboration with community based organizations is a top priority to improve the well-being of mothers, infants and children.

"There needs to be stronger community campaigns and messaging on prenatal care."
-Retreat Participant

"Encourage addressing early entry into pre-natal care."
-Retreat Participant

Conclusion – Education and awareness should have a broad audience and focus. Participants identified community campaigns and messaging focused on prenatal care and the various infant factors to be a necessary key action item. Not only educating and increasing awareness to the maternal community but also encouraging men to know their role in and embrace public health efforts to promote the health of women, infants, and children over the life course.

Disparities exist that could benefit from education and awareness. Between 2011-2013, the percentage of live births with low birthweight were higher among Non-Hispanic African American mothers, 12.7%, and Non-Hispanic Asian mothers, 8.8% than Non-Hispanic White mothers, 6.8%. Hispanic mothers reported the lowest percentage at 6.7%. During this same time, Non-Hispanic African American mothers also had premature births at a higher percentage, 15.7%, than other mothers – Hispanic, 11.1%, Non-Hispanic White, 10.6% and Non-Hispanic Asian, 10.6.[6]

Conclusion – Aggregate and collate existing resources through coordinated effort. Participants agreed that the Westchester community has an abundance of resources that exist

[6] 2019-2024 NYS Prevention Agenda and Westchester County Community Health Assessment

across the County to address their areas of concern. However, the information sources are scattered and there needs to be one source of truth or directory that integrates all existing resources that is easily accessible to the public so that individuals are aware of what is available to them and what they are eligible for. There needs to be a coordinated effort to develop a single platform to house all resources available for the community.

Top Action(s) Discussed

Discussions touched upon each of the four Prevention Agenda focus areas for promoting healthy women, infants and children, but less individually and more often as a collective concern. However, participants identified that while there are notable community collaborations there are still disparities and room to improve processes community wide.

- Participants agreed that it was necessary to provide consistent education to increase awareness among multiple factors that impact health. Specific to the Priority Area, cultural barriers and related disparities for low birthweight, breastfeeding and safe sleep practices should be addressed.
- The attendees discussed how the health system needs a more holistic care approach that eliminate care silos. Specifically, the community needs better systemness, connections, care coordination, handoffs and transition among different care providers and institutions.

"We need to offer and recommend that young mothers have access to caregiver support groups, parenting classes within the community centers…i.e. Mommy and Me groups."

-Retreat Participant

PRIORITY AREA 4:
PROMOTE WELL-BEING AND PREVENT MENTAL AND SUBSTANCE USE DISORDER

- Focus Area 1: Promote Well Being
- Focus Area 2: Prevent Mental & Substance Use Disorder

"The community is skilled at fostering connections, building coalitions, developing networks and collaboration."
-Retreat Participant

Mental health and substance use disorder was a popular topic amongst the session participants. While doing introductions, it was evident those in attendance were very engaged, representing a wide variety of community organizations and areas of expertise. The number one opportunity from the group discussion was the importance of beginning to break down silos and connect the dot across existing community programs through forums such as the 2019 Health Summit. There was agreement that these are important topics to discuss "and mental health affects all populations in Westchester County", but also recognition that the wider community perceives an associated stigma to mental health and substance use disorder that serves as a challenge to improve.

Conclusion – Be patient-centered and include caregivers in the care planning / treatment process. Often the care planning process only includes the patient and does not include the role of the caregiver for the patient seeing treatment. Understanding the capacity of the caregiver is essential in building a treatment plan that is realistic and sustainable. Increasing awareness, developing 'no-stigma' messaging and providing consistent education about prevention are required when developing a care plan. In addition, focusing on meeting the basic needs for the patients, families and caregivers should be prioritized, before identifying treatment plans that are otherwise not possible. All providers who are part of the care team should be included in the conversation and endorse the care/treatment plan.

"It's important to use a language that is patient-centered and universal to all."
-Retreat Participant

Conclusion – Treating co-occurring disorders is complex and requires a multidisciplinary approach to promote optimal outcomes. Mental health can sometimes fall to the back-burner due to other social determinate barriers. Early detection, prevention and treatment are key areas of focus when identifying and treating mental health and substance use disorder. Long-term treatment with a focus on sustainability, not just meeting the immediate need, is a much-needed paradigm shift for healthcare providers. One participant discussed the importance of

"Identify trauma and build resilience"
-Retreat Participant

treating all substances together, not replacing one substance for another, which sparked a series of additional conversations with the other stakeholders.

Promoting community support and social acceptance increases well-being. Stigma and prejudice may be reduced by multi-faceted interventions that include education, media campaigns, personal contacts, peer services, protest and advocacy and policy and legislative changes.[7]

Conclusion – Despite an array of community resources available, access to affordable mental health care remains a barrier. In some areas of the community there are affordable mental health providers that do not require insurance but are not readily accessible. In other areas of the community, there is limited or no access to mental healthcare, some of which are very costly. Some organizations have qualified field personnel, which could be leveraged, but additional resources are needed to scale the services. Better integration of mental health services into primary care offices is an area that could be leveraged to increase the availability of mental health services. There are multiple community partners that form a solid foundation from which to integrate existing and launch new programs.

"We must embrace multiple pathways to recovery."
-Retreat Participant

Adverse Childhood Experiences and many mental, emotional, behavioral (MEB) disorders, such as substance abuse and depression, have lifelong effects that include high psychosocial and economic costs for people, their families, schools and communities. The financial costs nationally in terms of treatment services and lost productivity are estimated at $467 billion in 2012, and $442 billion for misuse of prescription drugs, illicit drugs and alcohol.[8]

Top Action(s) Discussed

Discussions around this Priority Area were broad, but focused around the idea of inclusivity.

- The participants agreed that mental health affects all populations in Westchester County and that a 'no-stigma' education for the community at large is needed. The stigma of mental or substance abuse disorders continues to be a barrier to seeking care and promoting and encouraging early detection, intervention, prevention and treatment is necessary.
- An inventory of existing community assets should be created and made widely available and services should be integrated across organizations. Partners for health improvement collaboration must include schools, faith-based organizations and civic organizations.

[7] Contributing Causes of Health Challenges and 2019-2024 NYS Prevention Agenda
[8] 2019-2024 NYS Prevention Agenda
https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/docs/ship/nys_pa.pdf

- Clinicians themselves must be engaged and partnerships with primary care providers should be strengthened. Expand family members and other caregivers in patient care plans and treatment plans. Healthcare organizations have a role in making improvements too. Participants highlighted the need to provide medication reconciliation 72-hours post ED discharge, promote early intervention while patient is admitted and improve transitional homes and finding appropriate housing post-hospitalization.

Appendix A: New York State Prevention Agenda Priorities, Focus Areas and Goals

PRIORITY AREA: PREVENT CHRONIC DISEASES
Focus Area 1: Healthy Eating and Food Security
Overarching Goal: Reduce obesity and the risk of chronic diseases
Goal 1.1: Increase access to healthy and affordable foods and beverages
Goal 1.2: Increase skills and knowledge to support healthy food and beverage choices
Goal 1.3: Increase food security
Focus Area 2: Physical Activity
Overarching Goal: Reduce obesity and the risk of chronic diseases
Goal 2.1: Improve community environments that support active transportation and recreational physical activity for people of all ages and abilities
Goal 2.2: Promote school, child care, and worksite environments that support physical activity for people of all ages and abilities
Goal 2.3: Increase access, for people of all ages and abilities, to safe indoor and/or outdoor places for physical activity
Focus Area 3: Tobacco Prevention
Goal 3.1: Prevent initiation of tobacco use, including combustible tobacco and electronic vaping products (electronic cigarettes and similar devices) by youth and young adults
Goal 3.2: Promote tobacco use cessation, especially among populations disproportionately affected by tobacco use including: low SES; frequent mental distress/substance use disorder; LGBT; and disability
Goal 3.3: Eliminate exposure to secondhand smoke and exposure to secondhand aerosol/emissions from electronic vapor products
Focus Area 4: Preventive Care and Management
Goal 4.1: Increase cancer screening rates for breast, cervical, and colorectal cancer
Goal 4.2: Increase early detection of cardiovascular disease, diabetes, prediabetes and obesity
Goal 4.3: Promote the use of evidence-based care to manage chronic diseases
Goal 4.4: Improve self-management skills for individuals with chronic conditions
PRIORITY AREA: PROMOTE A HEALTHY AND SAFE ENVIRONMENT
Focus Area 1: Injuries, Violence and Occupational Health
Goal 1.1: Reduce falls among vulnerable populations
Goal 1.2: Reduce violence by targeting prevention programs particularly to highest risk populations
Goal 1.3: Reduce occupational injuries and illness
Goal 1.4: Reduce traffic related injuries for pedestrians and bicyclists
Focus Area 2: Outdoor Air Quality
Goal 2.1: Reduce exposure to outdoor air pollutants
Focus Area 3: Built and Indoor Environments
Goal 3.1: Improve design and maintenance of the built environment to promote healthy lifestyles, sustainability, and adaptation to climate change
Goal 3.2: Promote healthy home and school environments
Focus Area 4: Water Quality
Goal 4.1: Protect water sources and ensure quality drinking water

Goal 4.2: Protect vulnerable waterbodies to reduce potential public health risks associated with exposure to recreational water
Focus Area 5: Food and Consumer Products
Goal 5.1: Raise awareness of the potential presence of chemical contaminants and promote strategies to reduce exposure
Goal 5.2: Improve food safety management
PRIORITY AREA: PROMOTE HEALTHY WOMEN, INFANTS AND CHILDREN
Focus Area 1: Maternal & Women's Health
Goal 1.1: Increase use of primary and preventive health care services by women of all ages, with a focus on women of reproductive age
Goal 1.2: Reduce maternal mortality and morbidity
Focus Area 2: Perinatal & Infant Health
Goal 2.1: Reduce infant mortality and morbidity
Goal 2.2: Increase breastfeeding
Focus Area 3: Child & Adolescent Health
Goal 3.1: Support and enhance children and adolescents' social-emotional development and relationships
Goal 3.2: Increase supports for children and youth with special health care needs
Goal 3.3: Reduce dental caries among children
Focus Area 4: Cross Cutting Healthy Women, Infants, & Children
Goal 4.1: Reduce racial, ethnic, economic, and geographic disparities in maternal and child health outcomes and promote health equity for maternal and child health populations
PRIORITY AREA: PROMOTE WELL- BEING AND PREVENT MENTAL AND SUBSTANCE USE DISORDERS
Focus Area 1: Promote Well-Being
Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan
Goal 1.2: Facilitate supportive environments that promote respect and dignity for people of all ages
Focus Area 2: Prevent Mental and Substance Use Disorders
Goal 2.1: Prevent underage drinking and excessive alcohol consumption by adults
Goal 2.2: Prevent opioid and other substance misuse and deaths
Goal 2.3: Prevent and address adverse childhood experiences (ACEs)
Goal 2.4: Reduce the prevalence of major depressive disorders
Goal 2.5: Prevent suicides
Goal 2.6: Reduce the mortality gap between those living with serious mental illness and the general population
PRIORITY AREA: PREVENT COMMUNICABLE DISEASES
Focus Area 1: Vaccine-Preventable Diseases
Goal 1.1: Improve vaccination rates
Goal 1.2: Reduce vaccination coverage disparities
Focus Area 2: Human Immunodeficiency Virus (HIV)
Goal 2.1: Decrease HIV morbidity (new HIV diagnoses)
Goal 2.2: Increase viral suppression
Focus Area 3: Sexually Transmitted Infections (STIs)
Goal 3.1: Reduce the annual rate of growth for STIs

Focus Area 4: Hepatitis C Virus (HCV)
Goal 4.1: Increase the number of persons treated for HCV
Goal 4.2: Reduce the number of new HCV cases among people who inject drugs
Focus Area 5: Antibiotic Resistance and Healthcare-Associated Infections
Goal 5.1: Improve infection control in healthcare facilities
Goal 5.2: Reduce infections caused by multidrug resistant organisms and C. difficile
Goal 5.3: Reduce inappropriate antibiotic use

Source: New York State Department of Health

Appendix B: Westchester County 2019 Health Summit Invite

Appendix C: Westchester County 2019 Health Summit Agenda

Westchester County 2019 Health Summit

Location: Westchester County Center, White Plains
Date: April 5, 2019
Time: 9:00 am - 1:00 pm

Agenda Items

8:30 am - 9:00 am	Registration & Continental Breakfast	
9:00 am - 9:15 am	Welcome, Introductions & Objectives	Sherlita Amler, MD Westchester Health Commissioner
9:15 am - 9:55 am	State of the County: Accomplishments, Data, Outcomes & Expectations of Summit	Renee Recchia WCDH, Acting Deputy Commissioner for Administration
9:55 am - 10:00 am	Outline Breakout Process & Gallery Walk Process	Premier
10:00 am - 10:10 am	County Executive Remarks	George Latimer Westchester County Executive
10:15 am - 11:15 am	Concurrent Breakout Sessions: Prevent Mental & Substance Use Disorders Promote a Healthy & Safe Environment Prevent Chronic Diseases Promote Healthy Women, Infants & Children	 Room C Room E Room F Room G
11:15 am - 11:25 am	Break	
11:25 am - 12:30 pm	Gallery Walk	Premier
12:30 pm - 1:00 pm	Recap Overall Findings & Outline Next Steps	Premier & WCDH
1:00 pm	Adjourn	

Northern Westchester Hospital, Northwell Health · NewYork-Presbyterian · Montefiore DOING MORE · St. John's Riverside Hospital · Burke Rehabilitation Hospital
Westchester gov.com · Saint Joseph's Medical Center · White Plains Hospital · Phelps Hospital Northwell Health · Blythedale children's hospital

Appendix D: Facilitated Breakout Session Notes

Priority Area 1: Prevent Chronic Diseases

Focus Area 1: Healthy Eating and Food Security
Focus Area 2: Physical Activity
Focus Area 3: Tobacco Prevention
Focus Area 4: Preventive Care and Management

STRENGTHS & RESOURCES

- Schools are the best resource outside of the home for providing youth's access to healthy, balanced, "attractive" meals and snacks that incentivize and support healthy food choices and alternatives
    - Menu varieties built around healthy options
    - Ensure that children receive education about diet, nutrition, and benefits of making healthy food choices
    - Health literacy and education programs to reinforce healthy behaviors
- Schools have significant existing infrastructure and resources outside of the home for providing preventive education around tobacco use (including combustible tobacco and electronic vaping products)
- CBOs (Community Benefit Organizations) are in place in many locations throughout the County and should be more assertively engaged as cooperative partners in addressing access issues related to nutrition, food choices, diet, education and physical activity
- Several walking clubs are currently available in surrounding communities; we need to find ways to support, promote, and encourage participation in these formal and informal groups to increase the level of physical activity of the community
    - Encourage and support the formation of new groups in neighborhoods and communities
- The community needs "Safe" groups, spaces and places for children, adults, and women are areas that are safe havens for activity, refuge and recovery. These exist in some areas; however there is a need to look to expand and promote these resources more broadly
    - The safety spaces concept should extend to undocumented individuals as well
- Existing comprehensive private and public healthcare infrastructure and resources are available through area hospitals, ambulatory and diagnostic settings, emergency services, clinics, physician services, pre- and post-acute, behavioral health, therapeutic, exercise, wellness and many others across the continuum of care.
    - There is a perceived opportunity to better coordinate resources to provide increased access to coordinated quality healthcare in the community at every level of care need (e.g., prevention, diagnostic, screening, inpatient, outpatient, telehealth, others)

    - This perceived need extends to preventive care and management resources and services including screening, testing, care management, and improved self-management skills
- Evidence-based information and practices ensure that decisions made about health promotion, intervention, and care management programs is evidence-based in order to yield optimal outcomes
- Start engaging, at a higher level, the companies and employers in the community to help promote healthy eating, food access, and physical activity among their employees and families
    - Encourage companies to provide incentives to their employees and families to engage in more health oriented and promoting activities
    - Incentivize companies to become more involved in promoting healthy lifestyles and choices for their employees as well as in the broader community as responsible corporate citizens

OPPORTUNITIES & GAPS

- There is a need to find better ways to leverage schools in order to:
    - Effectively address ACEs (Adverse Childhood Experiences) - traumatized children
    - Teach better self-care practices
    - Build upon parent and home support activities
    - Teach parents to be more assertive and accountable for providing home-based support around good habits (teach by example)
- There is opportunity to find ways to teach, support, and reinforce "replacement behaviors" as part of change management to develop and maintain healthy lifestyles and practices
    - Learning and adopting new habits
    - Maintaining good behavior
- "We often start too late in teaching children good behaviors." Take advantage of opportunities to teach youth healthy behaviors from very young ages, as has been successfully done in other areas:
    - Children's car seat use
    - Seat belt use, all ages
    - DARE program
    - Others
- Examine and address social determinants of health that impact healthy food and exercise choices (education, home, schools, transportation, finances, access to healthy food, safety, structural realities others)
- "We know the "what," we must discover the best "how" in addressing these issues in coordinated, integrated ways, across all types of interventions, care settings, and resources

ACTION ITEMS / SOLUTIONS

- Ensure that school curriculums reinforce healthy decisions
    - Learn from the DARE program to create tobacco-free children; and to incent and reinforce healthy food choices
- Use social media to meet children “at their interest level”
    - Have “youth speak to youth” for positive and effective peer messaging
- Use the “Stanford Chronic Disease Program” as a model for chronic disease related behavior change (specifically targets diabetes prevention); this is an evidence-based program
    - Explore payment from Medicare related to SCDP participation
- Create campaigns around every adult knowing their important up-to-date basic health screening “measures” (e.g., blood pressure, cholesterol level, blood sugar levels)
- Begin education at a young age regarding health and financial skills (including obesity prevention, debt prevention and resource management)
- Standardize health messages across all schools in the County
- Ensure better and more effective collaboration among schools, public health entities, hospitals, and other health and wellness organizations
- Take measures to ensure healthy and affordable food option access especially in poor areas
- Create positive ways to “activate” people to take responsibility for their own health and choices
- Teach children “cause and effect,” and be honest with them regarding health, diet, fitness, smoking, vaping, and other harmful activities
- Ensure that communities create and maintain safe places to walk, play, exercise, dance, and engage in other health lifestyle activities
    - Help patients advocate for themselves

POTENTIAL BARRIERS

- For profit companies continue to derive revenue from unhealthful products of all types
- There is product placement of unhealthy products that attract attention and promises instant gratification (e.g., unhealthy foods at eye level, near check-out stands, on sale, enticing packaging)
- There is a lack of funding support around initiatives for individual organizations don’t have sufficient funding to solve problems on their own. There needs to be a combined effort of multiple interested parties needed to create critical mass of resources in order to start making a difference
- There is opportunity to help address how to encourage individuals to make healthy lifestyle choices as a priority in their lives
- Undocumented individuals are fearful and often reluctant to step forward to access resources that are available
- There is a lack in green markets and farmers markets throughout the year

Priority Area 2: Promote a Healthy and Safe Environment

Focus Area 1: Injuries, Violence, and Occupational Health
Focus Area 2: Outdoor Air Quality
Focus Area 3: Built and Indoor Environments
Focus Area 4: Water Quality
Focus Area 5: Food and Consumer Products

STRENGTHS & RESOURCES

Focus Area 1: Injuries, Violence, and Occupational Health

- Screening tools should be leveraged to identify potential victims of domestic violence:
  - Ask the question "Do you feel safe at home?"
- There are opportunities to leverage existing resources to reduce the risk of falls across frail and elderly populations in Westchester County
  - Personal emergency response systems
  - Home assessments should include the question "have you ever fallen before?"
- Community-based programs are in place that can be leveraged to address injuries, violence, and occupational health needs:
  - Stepping On Program
  - Matters of Balance Program
  - Safe Kids Program (childhood injury program)
  - Caregiver education and outreach programs

Focus Area 2: Outdoor Air Quality

- Local organizations currently provide education on the following; however, retreat participants noted that education is fragmented and not consistent across the County
  - Detriment of idling cars
  - Use of clean energy
  - Access to public transportation resources
  - Alternative options for transportation (e.g., bicycles) to promote physical activity and health
- Vulnerable populations are alerted by healthcare providers and other local organizations when air quality is poor. However, this communication is also fragmented and inconsistent
- There are American Lung Association programs in place that are dedicated to supporting healthy lungs and clean air within safe boundaries

- Publishes an annual State of the Air report that analyzes data from official air quality monitors to easily compare and understand the air quality in local communities, and what can be done to help improve air quality
- Community-based organizations leverage the American Lung Association's Freedom From Smoking® program to promote smoke-free lives across Westchester County

Focus Area 3: Built and Indoor Environments

- Healthy Neighborhoods Program is designed to reduce housing-related illness and injury. It is funded by a grant from the New York State Department of Health and is offered in currently only offered in Yonkers. The program offers free home safety assessments by health department staff to residents in Yonkers. The goals of the Healthy Neighborhoods Program include:
    - Increase Radon Testing
    - Prevent Indoor Air Pollution/Reduce Asthma Triggers
    - Prevent Lead Poisoning
    - Prevent Home Fire Hazards
    - Decrease Environmental Health Hazards in the Home
- Complete Streets Policy in Yonkers incorporates active transportation into the planning, design and operation of all future City streets projects, whether new construction, reconstruction, rehabilitation or pavement maintenance. This policy is premised upon the fact that active transportation attempts to better integrate physical activity through increased emphasis on walking, bicycling, and public transportation. Active transportation improves public health, reduces traffic congestion, enhances air quality, and supports local economic development
    - Complete streets are streets that are planned, designed, operated, and maintained to enable safe access for all users, and upon which pedestrians, bicyclists, transit users, persons with disabilities, and motorists of all ages and abilities are able to safely move along and across
- Housing Authorities are increasingly focusing on resident safety
- Local organizations are increasingly offering to collect residential HVAC filters and test air quality

Focus Area 4: Water Quality

- Health Department, police stations, hospitals, and pharmacies have disposal sites for prescription drugs in place
- Healthy Neighborhoods Program provides a resource to test water quality; however, limitations exist since this program is exclusively based in Yonkers

Focus Area 5: Food and Consumer Products

- Breastfeeding continues to be the preferred nutrition for newborns/infants
- Meals on Wheels provides healthy meal options to senior residents (limited access)
- Health Department had previously received a grant to partner with selected convenience stores on an initiative that would promote healthier food options. The grant has ended, but some convenience stores have continued this initiative's efforts (e.g., convenient placement of healthier food options)
- An initiative is underway to stock vending machines with healthy food options
- Education on healthy food choices is provided in schools; however, education is inconsistent across all school sites and opportunities exist to begin this education earlier in childhood to enforce healthy behaviors

OPPORTUNITIES & GAPS

Focus Area 1: Injuries, Violence, and Occupational Health

- Injuries, violence, and occupational health needs have a widespread impact on health status, and physical and mental health
    - Individuals engaged in manual labor have high rates of workplace-related injuries
    - Higher rates of domestic violence exist in cities, particularly in lower-income households
    - Falls represent a widespread health concern for frail and elderly populations. Opportunities exist to assure that these individuals have appropriate resources at home to prevent falls

Focus Area 2: Outdoor Air Quality

- What is considered to be high quality air?
- Portions of the community have high concentrations of air pollutants due to:
    - Construction in high development/growth areas
    - Tobacco use continues to be a challenge outdoors
    - Pollutants from Ohio-based factories are carried by the wind, impacting air quality in portions of Westchester County

Focus Area 3: Built and Indoor Environments

- Opportunities exist to expand safe places to walk and play. Many areas lack safe places to walk, bike lanes, and ample green space. This has resulted in both children and adults spending more time indoors
- Residential safety is a widespread concern, specific to:
    - Air quality/cleanliness (e.g., HVAC filter changes, presence of asbestos)
    - Lead poisoning
    - Fire and carbon monoxide safety
    - Rodent infestations

Focus Area 4: Water Quality

- Health status (e.g., breast cancer incidence) is directly linked to water quality. Opportunities exist to improve water quality through appropriate disposal of pharmaceutical drugs

Focus Area 5: Food and Consumer Products

- Access to affordable, healthy food is limited across selected portions of the County
    - Presence of food deserts and food swamps
- Education on healthy eating must be tailored to specific population cohorts (e.g., cookie cutter approach does not apply to all)
    - Include ethnic-specific healthy food options as part of education, as well as guidance on healthy food preparation
    - Education must start during childhood years (e.g., schools, etc.) before poor eating habits are adopted
- There is opportunity to reinforce the importance of breastfeeding for newborns/infants

ACTION ITEMS / SOLUTIONS

Focus Area 1: Injuries, Violence, and Occupational Health

- Leverage community-based programs that are already in place to address injuries, violence, and occupational health needs:
    - Stepping On Program
    - Matters of Balance Program
    - Safe Kids Program (childhood injury program)
    - Caregiver education and outreach programs
- Collaborate with healthcare organizations (e.g., hospitals, others) to:
    - Assure that assessments include the appropriate questions (e.g., Do you feel safe at home? Have you ever fallen before?)
    - Apply evidence-based programs that will reduce the risk of falls, and mitigate workplace injuries

Focus Area 2: Outdoor Air Quality

- Expand outdoor tobacco-free spaces and access to smoking cessation programs
- Collaborate with local organizations to assure that consistent education is provided on the following:
    - Detriment of idling cars
    - Use of clean energy
    - Access to public transportation resources

    - Alternative options for transportation (e.g., bicycles) to promote physical activity and health
- Partner with local healthcare providers to assure that a consistent system is in place to alert vulnerable populations when air quality is poor
- Expand awareness and education through:
    - Collaboration with local organizations (e.g., local coalitions, town halls)
    - Social media

Focus Area 3: Built and Indoor Environments

- Explore opportunities to expand Healthy Neighborhoods Program beyond Yonkers to other locations in Westchester County
- Expand awareness and education through:
    - Collaboration with local organizations (e.g., local coalitions, town halls)
    - Social media

Focus Area 4: Water Quality

- Partner with local hospitals to assure that education on appropriate disposal of pharmaceuticals is provided as part of the patient's discharge instructions
- Educate community-based health workers on the importance of appropriate medication disposal so that they can educate patients on this topic. For example, retreat participants suggested that this be included in NARCAN training
- Assess opportunities to expand access to medication disposal sites that are conveniently located for residents:
    - Collaborate with local hospital pharmacies to increase awareness of drop boxes
    - Through mobile solutions (e.g., mobile van with oversight/sponsorship by police)
- Expand awareness and education through:
    - Collaboration with local organizations (e.g., local coalitions, town halls)
    - Social media

Focus Area 5: Food and Consumer Products

- Partner with hospitals and local healthcare organizations to continue providing education that emphasizes the nutritional importance of breastfeeding on newborns/infants
- Expand culture-specific (e.g., Hispanic) education/programs on health eating
    - What does fat free really mean on a labeled product?
- Provide education in schools on healthy eating across Westchester County
- Expand programs already in place that have a demonstrated impact on healthy food choices
    - Continue to work with corner stores to display healthier food options at affordable prices
    - Expand access for seniors to Meals on Wheels

    - Expand initiative to stock vending machines with healthier food options
- Expand awareness and education through:
    - Collaboration with local organizations (e.g., local coalitions, town halls)
    - Social media

POTENTIAL BARRIERS

- Undocumented status of individuals is a barrier (people are often reluctant to step forward to access resources out of fear)
- There is a lack of funding around initiatives and individual organizations do not have sufficient funding to solve problems alone.
    - There needs to be a combined effort of multiple interested parties to create critical mass of resources to begin to make a difference
- There is a lack of awareness and education of importance, and the understanding that resources are available to residents to address these issues
- There is limited public transportation is available in pockets across Westchester County
- Existence of multi-family dwelling will temper utilization of community resources that assure safe indoor environments due to fear of eviction and/or rent increases
- Denial and the impact of cultural influences
    - Some ethnic cohorts prefer not to acknowledge challenges and/or seek assistance from public and/or community-based organizations
    - Culture greatly influences diet and food choices
- Pharmaceutical disposal sites must be in secure, monitored locations
    - Complex collection and disposal process make it difficult to expand/add more disposal sites. Access and convenience for residents will be paramount to increase compliance with appropriate disposal
    - Residents may be reluctant to dispose of pharmaceuticals at police stations
    - These secure resources are difficult to access for home-bound patients, or individuals with limited access to transportation
- There is opportunity in frequency of testing (e.g., air, water), and adherence to a regular testing schedule that will assure that quality is within normal ranges
- The presence of uncontrollable external forces (e.g., pollutants carried by wind from Ohio-based factories) continue to be a barrier
- Healthy food is expensive; however, access to affordable and conveniently located healthy food is a challenge
    - Presence of food deserts and food swamps across the County make it difficult to access affordable, healthy food options
- There is product placement of unhealthy products that attracts attention, promises instant gratification (e.g., unhealthy foods at eye level, near check-out stands, on sale, enticing packaging)
- There is a lack of green markets and farmers markets throughout the year, combined with the fact that many foods have pollutants and there is a need for increased access to organic food options

- Existence of profit-making companies that derive revenue from unhealthful products of all types (e.g., branding as family friendly does not necessarily mean that it is healthy)
- Food stamps and Electronic Benefit Transfer (EBT) cards do not always provide funding for healthy food options (e.g., will pay for chips but not egg whites at deli)
- How can we address and help individuals make healthy lifestyle and food choices as a priority in their lives?

Priority Area 3: Promote Healthy Women, Infants and Children

Focus Area 1: Maternal & Women's Health
Focus Area 2: Perinatal & Infant Health
Focus Area 3: Child & Adolescent Health
Focus Area 4: Cross Cutting Healthy Women, Infants, & Children

STRENGTHS & RESOURCES

- There is a collective passion for promoting health women, infants and children in the community
    - Community resiliency
- There are permanent housing options available to single women
    - Collaboration with mental health and other community health partners to provide co-location services.
- There are workshops with community-based organizations to collaborate with providers to address social determinants of health
- The IMPLICIT Pregnancy model of improving prenatal care provides education and promotes regular visits to their health care provider throughout the patient's duration of pregnancy
    - Group prenatal care support for pregnancy care
- There are Mobile Health Centers available with Behavioral Health collaboration
- John A. Coleman School / Elizabeth Seton Pediatric Center is a great resource
    - Approved and funded by NYS Dept. of Health offering early childhood and special education services in center-based and community settings to children from over 40 school districts in Westchester, Putnam and the Bronx.
        - White Plains Campus
        - Yonkers Campus
- Providers and local health agency meet to collaborate regularly
    - Regular meetings with county health department and hospitals
- There are various state programs and coalitions currently available to eligible individuals
    - Health Department Navigator Program
        - Health insurance access
    - Women, Infant and Children (WIC) and coalitions
        - Great resource for people who are eligible, enrolled and are aware about it

        - Education and promotion of healthy diet
- Some organizations have a “Sliding fee scale” in place to meet the needs of the uninsured or underinsured
- Some additional community assets are:
    - Integrate free health clinics within the local schools
    - Free distribution of feminine products within the schools
        - Working to address the unfunded mandate

OPPORTUNITIES & GAPS

- There is a gap in meeting basic needs for patients, families and caregivers (Social Determinants of Health)
    - Affordable housing, jobs, food insecurity, transportation
- There are significant patient population among the underinsured and those who lack health insurance
    - Financial literacy
    - Undocumented individuals
- There is opportunity around biases, mis-information, and addressing racism
    - Implicit bias and racial disparities
- There are disparities in behavioral health among children
    - Often extremely difficult to get adolescents placed when inpatient is needed
- There is opportunity around breast cancer screening for African American women due to the higher death rate than Caucasian women
- Increase in the aging population and caring for young children continues to be an issue
    - Young mothers at work or unable to look after their own children
- There is opportunity to address abuse, substance abuse and domestic violence
    - Stigma with regards to the opioid epidemic which is also creating stigma for women in particular
- There are lack of resources and access to specialty physicians, mental health, and primary care (pediatrics)
- There are cultural barriers and disparities such as:
    - Low birthweight
    - Breastfeeding
    - Safe sleep practices
- There is a high mortality rate among African American women
- There is a need for screening and early intervention for all women, maternal, infants, children and adolescents
    - Early detection, intervention, prevention, and continued care throughout the lifespan
- Technology can also be a barrier as more young mothers leverage their phones and IT as an escape and the potential impacts this may have on the child
- There are silos in providing care, and there needs to be a more holistic care approach
    - Need better systemness, connections, care coordination, handoffs, transition among different care providers and institutions

- Access
    - Increasing service hours and access; lack of time with physician
    - Transportation for young teens/adolescents
        - E.g.: going to and from work
- There's opportunity with regards to cost of care and lack of or under funding of programs

ACTION ITEMS / SOLUTIONS

Maternal, Perinatal & Infant Health

- Offer caregivers and baby friendly programs and classes at local community centers
    - Recommend young mothers have access support groups, parenting classes, mommy & me group
    - Addressing early entry into pre-natal care
    - Post-partum & home visits
- Promote community campaigns and messaging on prenatal care (maternal, weight gain, blood pressure, blood sugar) and infant factors:
    - Sleep durations
    - Weight gains
    - Breastfeeding
- Promote breastfeeding programs offered through local hospitals
- Ensure that all eligible individuals are enrolled in the special supplemental nutrition program for Women, Infants, and children (WIC) and Supplemental Nutrition Assistance Program (SNAP)
    - Help patients advocate for themselves

Awareness & Education

- Provide, gather and maintain a resource directory (211)
    - Develop a single platform with integrated information
        - Healthify
        - Nowpow
        - 211
    - Cross-pollination of resources among local health agencies and local community-based organizations
- Develop an early literacy program targeting children and adolescents
- Provide consistent education to increase awareness
    - Use faith-based institutions, local schools, agencies, and community-based organizations for outreach and education
- Promote peer-educators and counseling services to engage, empower, and promote breastfeeding
- Utilize child mental health and substance use screenings
    - Deploy screenings for early detection, intervention, and referrals

Person-Centered Care & Provider Engagement

- Provide volunteer clinics to allow providers to offer access and treatment
    - Partner with providers to develop a direct primary care program that is not restricted to insurance
        - Faith-based institutions & community-based organizations opening their facilities to allow for patients to see and receive care
        - This allows clinicians to go out directly to the community and overall more affordable with lower overhead costs

Priority Area 4: Promote Well-Being and Prevent Mental and Substance Use Disorders

Focus Area 1: Promote Well Being
Focus Area 2: Prevent Mental & Substance Use Disorder

STRENGTHS & RESOURCES

- There is a collective passion for mental health and substance use disorder
- There are culturally and linguistically diverse services and expertise
- There are evidence-based treatments and philosophy to care
- The community is skilled at fostering connections, building coalitions, developing networks and collaboration
    - Drug free coalitions (new & existing)
- There are multiple community care partners
    - Solid foundation from which to integrate existing and launch new programs
    - Awareness, education, continuum of care, outreach/prevention
    - Home & community-based services
    - Drop boxes throughout the county
- There is integration of mental health into primary care
    - Integration of BH / PCP and SUD treatment
- Qualified field personnel can be scaled with additional support
- Provide education to the community that reduces the stigma associated with mental health

OPPORTUNITIES & GAPS

- There is a need to meet the basic needs for people, families and caregivers (Social Determinants of Health)
    - Affordable housing, jobs, food
- There is a limited focus on ‘family and caregivers’ and not just the person seeking treatment
- Promote and encourage early detection, intervention, prevention and treatment

    - Opportunities with identification through the school system (guidance counselors)
- There is opportunity around treating co-occurring disorders
    - Adverse childhood events (ACEs)
    - Pediatric psychiatric care (inpatient and outpatient)
- Mental health tends to fall to the 'back-burner'
- Promote fostering better relationships with faith-based organizations and civic organizations
- Create access to affordable mental health care and providers:
    - Providers available who are affordable (i.e. those that do not take insurance) but they're difficult to locate
    - In some areas limited or no providers and many who are very costly
    - Barriers to providers 'accepting' certain patients
- Develop better engagement with providers
- Provide medication reconciliation 72-hours post ED discharge
- Promote early intervention while patient is admitted
- Improve transitional homes and finding appropriate housing post-hospitalization
    - Short term options sometimes available
    - Longer term options more challenging to secure (i.e. after 21 days)
    - Some communities with no short-term resources available
- Push to legalize recreational marijuana based on current opioid epidemic will intensify the issues and create challenges long term; limited or no evidence on medical marijuana treatment
- Push for immigration reform
    - Undocumented population fearful to identify and receive services / legal barriers
- There is a lack of agencies providing therapies for Spanish speaking demographics; long wait times to gain access

ACTION ITEMS / SOLUTIONS

Population Segmentation:

- Solutions should be inclusive - "Mental health affects **ALL** populations in Westchester County"
    - Mental health
    - Co-occurring
    - Substance Abuse Disorder
- Specifically address these sub-populations (if required to select):
    - Minorities
    - Undocumented
    - Families (not just the person seeking active treatment)

Awareness & Education:

- Employ a language that is person-centered and universal to all
    - No-stigma messaging
- Increase awareness
- Provide education and outreach broadly
- Deploy screenings for early detection
- Provide consistent education about prevention
    - Use county buildings and schools for outreach and education
- Utilize child mental health and substance use screenings

Communication & Collaboration Across Existing Community Assets:

- Connect the dots – break down silos vertically and horizontally within/across organizations through forums like the Summit
- Engage civic, community and faith-based organizations
    - Deploy reliable outreach strategies
    - Partner together to identify resources
    - Leverage resources such as 211
    - Strengthen wrap-around services
    - Address inconsistency among available community resources
    - Deploy crisis intervention at police departments
- Inform community about available services
    - Focus on homeless shelters
- Explore education and partnerships with schools
    - Target guidance counselors for education to help with early-identification
- Create partnerships with primary care providers
- Market to the private sector
- Leverage existing initiatives such as Trauma informed Care (TIC)

Person-Centered Care:

- Focus long-term treatment on sustainability
- Include family/caregivers in the treatment and care planning
- Treat all substances together
- Enhance focus on long-term treatment
- Offer group visits
- Identify trauma and build resilience

Provider Engagement and Treatment:

- Include providers in the conversation
- Partner with PCPs and providers to assist with endorsing the conversation
- Determine strategies to utilize ICD-10 codes to allow providers (primary care and specialty care) to bills for services; incentive alignment
- Embrace multiple pathways to recovery

- Enhance transitional housing availability

Resources & Team Development:

- Secure and livable wages for field staff
- Provide staff support / professional development & education
    - Training on psychological disorders available
- Provide appropriate funds (on the federal level) to address issues
- Allocate funds to focus on prevention services