Westchester County Community Health Improvement Plan

2022 - 2024

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George Latimer, County Executive
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Department of Health

ACKNOWLEDGEMENTS

The Westchester County Department of Health would like to thank the members of the Health Planning Team and the CHIP Champions Team for their dedication and commitment.[1] These Teams met frequently to develop and implement strategies to collect health assessment surveys from diverse populations, host two virtual Community Partners Conversations events, review and select data-driven health priorities, re-engage WCDH's six divisions in the Community Health Improvement Plan interventions and activities and identify and convene community partners to collaborate on key priorities.

Additionally, WCDH would like to thank those individuals and agencies that either completed and/or distributed surveys, attended the January 2023 Community Partner Conversations, opened up their spaces for us to collect surveys, or provided information to our Teams to inform the process. These efforts could not have been as effectively and successfully achieved without your support and contributions.

The Westchester County Health Planning Team and CHIP Champions Team are committed to continuing their partnerships and plans to meet on a quarterly basis to review CHIP progress and to explore and discuss opportunities for collaboration.

This report was prepared by Westchester County Department of Health and submitted to New York State Department of Health on January 31, 2023.

[1] Appendix A: Detailed list of Westchester County Health Planning Teams and members

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EXECUTIVE SUMMARY

This report represents the 2022-2024 Community Health Improvement Plan (CHIP) for the Westchester County Department of Health (WCDH) and describes the Community Health Assessment (CHA) and process through which the plan was developed.

In January 2023, WCDH submitted its CHA and CHIP to the New York State Department of Health (NYSDOH) for the period 2022-2024. For this cycle, WCDH examined the impact of the COVID-19 pandemic, the 2022 CHA data and other county-level datasets to help identify top priorities for the current CHIP cycle. The process was informed by a mixed-methods approach. WCDH's approach included new data collected from its Community Health Assessment (CHA) survey of residents, which was designed in collaboration with Siena College Research Institute (SCRI) and the six other local health departments in the Mid-Hudson region (Dutchess, Orange, Putnam, Rockland, Sullivan and Ulster) to include an assessment of the impact of the COVID-19 pandemic on health, well-being and the social determinants of health. To support this effort, bilingual members of WCDH's Health Planning Team and numerous partner agencies administered paper surveys, which mirrored the Regional CHA survey, with the purpose of oversampling low-income and minority populations. Other supportive data sources and reports, such as hospitalizations, cancer and vital statistics were also utilized.

Upon the completion of data collection and analyzation, WCDH convened the local hospital systems and hosted two virtual Community Partners Conversations events to promote collaboration and a participatory process in the selection and the support of the CHIP priorities. The virtual events were well attended and entailed a pre-event partner survey as part of the registration process, live polling questions throughout the event and an open forum for questions

and discussion.

Building on WCDH's current capacity, funding streams, collaborative relationships and the unmet needs and health inequities quantitatively and qualitatively confirmed in the assessment process, WCDH convened a CHIP Champions Team. This Team was charged with identifying far-reaching health priorities and driving both internal and external collaboration on the goals and activities that support the NYS 2019-2024 Prevention Agenda and advance Health Equity.

Unlike many counties in New York State, Westchester County is served by a number of acute and specialty hospitals that due to their geographic location and specific hospital missions make it challenging for Westchester to select identical priorities to address the needs of the entire County. In addition, the healthcare landscape has continued to change since the preparation of the last CHIP with the formation of hospital mergers and affiliations that extend beyond the County. Thus, WCDH serves as a convener to foster communication between the healthcare systems on priority areas with the aim of sharing strategies, aligning resources and encouraging a collaborative approach. It is also important to note the COVID-19 pandemic posed significant disruptions and challenges during this CHA/CHIP cycle, preventing WCDH and the hospitals to convene and work collectively on the development and collection of a single CHA survey. As a result, multiple community health needs surveys were circulated throughout the County. In October 2022, WCDH held a virtual meeting with the hospitals to present and share data findings.

As revealed by the health needs assessment data, health equity reports and other secondary data sources as well as the insights gleaned from the Community Partners Conversations, glaring health disparities continue to pose threats to public health outcomes. While Westchester County ranks fifth among

NYS counties in overall health risk factors and fourth in overall health outcomes, stark discrepancies exist here. Health disparities became increasingly apparent and amplified during the COVID-19 pandemic, especially among the nine Westchester communities with high minority populations. The reverberations from the COVID-19 pandemic and its intensification of health inequities are expected to have public health impacts for some time to come. Therefore, the vision WCDH has for community health improvement is centered around health equity.

Peering through this lens, chronic disease persists as a major issue in Westchester, as does Healthy Women, Infants and Children and Well-being and Mental Health and Substance Use Disorders.

As such, WCDH has selected the following foci for the 2022-2024 CHIP:

I. Prevent Chronic Disease: Tobacco Prevention and Cessation
II. Promote Healthy Women, Infants and Children: Perinatal and Infant Health
III. Promote Well-Being and Prevent Substance Use Disorders: Prevent Mental and Substance Use Disorders

Prevent Chronic Disease

Modifiable risk behaviors are largely responsible for the incidence, severity and poor outcomes of chronic disease. The 3-4-50 Framework is a community health improvement strategy based on evidence that three health behaviors (unhealthy diet, sedentary lifestyle, and tobacco use) elevate risk for four chronic conditions (cardiovascular disease, cancer, chronic lower-respiratory disease, and diabetes) that together cause more than fifty percent of deaths. The framework is broad, adaptable and supports finding creative, impactful ways to prevent chronic disease and improve health risk behaviors at the community level. Building upon the previous CHIP’s focus on increasing physical activity, WCDH has selected to expand its focus on vaping and tobacco use prevention and cessation, with an emphasis on

strategies targeting youth. It is well established that minority populations, including those identifying as LGBTQ+, and people with low socioeconomic status experience a significantly higher health burden from commercial tobacco products.

Chronic Disease interventions include:

- Offering tobacco education to clients of the WCDH Clinics
- Updating a smoking cessation curriculum and using trusted community messengers to educate community members
- Training four facilitators on The American Lung Association's Freedom From Smoking® evidence-based cessation program
- Onboarding two new WCDH staff members to bolster regulatory inspections of establishments that sell combustible and non-combustible tobacco products to prevent sales to underage youth
- Making policy and/or legislation recommendations and expanding enforcement and regulatory efforts to prevent the initiation of vaping products use by youth and young adults
- Using media and health communications to highlight the dangers of tobacco and vape products

Promote Healthy Women, Infants & Children

Some local hospitals have selected to focus on Maternal and Women's Health and Perinatal and Infant Health, which is consistent with health survey data indicating a rise in the number of infants born to mothers who delayed or had no prenatal care, and sub-county level data indicating significant disparities related to maternal and infant mortality and morbidity rates, especially among Blacks. To support these efforts, WCDH will fund and implement

interventions that address the health inequities that impact Black women, infants and children.

Interventions that Promote Healthy Women, Infants and Children include:

- Training WIC staff on breastfeeding support services, such as referrals to WIC Breastfeeding Peer Counselors and WIC Designated Breastfeeding Experts
- WCDH's WIC Program will increase the number of educational classes and support sessions offered to adult participants. (Topics to include breastfeeding support, safe sleep, postpartum depression, substance misuse, and community resources to promote healthy families, ect.)
- Adding educational materials to the Welcome Packets received by all clients referred to WCDH's Children with Special Needs Early Intervention program. (Topics to include safe sleep, SIDS, and breastfeeding, ect.)
- Funding a Community Provider to provide prenatal and birthing consultations and referrals
- Funding a Community Provider to train Birth Companions or Doulas
- Funding a Community Provider to deliver home visits from the prenatal stage through baby's third birthday
- Attaining and utilizing digital message boards for WCDH clinics to share health-related information and events with clients

Promote Well-being and Prevent Mental & Substance Use Disorders

In recognition of the collective trauma related to the COVID-19 pandemic impacting employees, residents and the communities served by WCDH, and in pursuit of a framework for adopting trauma-informed, resilience-oriented practices across the Department, WCDH has selected a vendor to guide the department in a two-year transformation effort. This initiative supports WCDH's goals of restoring a healthy workforce and culture and promoting

equity and resilience in the community. WCDH will also promote and support staff and partner training opportunities in the Breath, Body Mind practices, an evidence-based model for regulating the stress-response systems.

To address opioid overdose prevention, there will be collaborations with the health professionals in the community (e.g. school nurses and physicians, schools of medicine/pharmacy, EMS, substance use treatment programs, professional organizations) and local law enforcement. Collectively, these partners will assist with the implementation of opioid use education and Naloxone training by offering materials, allowing workspace, and providing an audience, etc. WCDH will also be working to expand its Naloxone trainings to less traditional settings, such as homeless shelters, syringe exchange programs, correctional facilities, street corners, etc. to reach high risk populations. The community is encouraged to attend advertised substance use prevention education and Naloxone trainings offered throughout the County.

Interventions to Promote Wellbeing and Prevent Mental Health and Substance Use Disorders include:

- Offering Breath, Body Mind Training opportunities to staff and select partners
- Implementing a department-wide, comprehensive approach to trauma-informed care, organizational change management and leadership development
- Increasing the number of individuals and community-based organizations trained to administer Narcan
- Educating school districts on how to become New York State Opioid Overdose Prevention Programs
- Working with community partners to distribute Naloxboxes in 20 additional locations in

high-risk areas

- Distributing fentanyl strips to people who use drugs via community partners

Implementation and Evaluation

Westchester County Department of Health will be working with numerous community partners, including other government agencies/departments and all divisions within WCDH to help execute the initiatives laid out in this plan, as well as review key policies and legislation as it pertains to health equity and the selected priorities. The WCDH will partner with a number of private businesses and community locations to deliver services to residents, such as those aimed at reducing maternal and infant mortality and morbidity, preterm births and low-birth weight infants among Blacks; those focused on tobacco prevention and cessation, and those dedicated to reducing fatal opioid overdoses.

The WCDH will engage the broader community in addressing the overarching CHIP priorities through public event efforts within each priority area. Health promotion campaigns will be a component of interventions (i.e., tobacco prevention and cessation messaging; development and/or sharing of screening tools/toolkits, etc.). Westchester County residents and health care professionals can access all chronic health condition and substance use prevention materials on the WCDH website. Furthermore, the department will strive to keep the community engaged via Community Partners Conversation events and health education events.

In order to track progress and evaluate impact, the WCDH's CHIP Champions Team will track and report activities to the Team and Division of Health Promotion. Original data may be collected from either partnering organizations or directly from WCDH Divisions. Process measures for many activities include obtaining event and participant counts. The Division of

Health Promotion will collect and document the quarterly activity reports in preparation of annual reports sent to NYSDOH and WCDH leadership. The CHIP Champions Team and Division of Health Promotion will work collaboratively to make sure CHIP activities are tracked, timelines are met, and specific measureable objectives are achieved to assure intervention progress and success.

BACKGROUND AND PURPOSE

The 2022-2024 Community Health Assessment and Improvement Plan were created as a systematic review of our community's health status and roadmap for improving population health in Westchester County. The Westchester County Department of Health continues to monitor relevant data and the NYS Prevention Agenda, and strives to convene, facilitate, coordinate and collaborate with local public health providers and community partners on the development of innovative interventions, programs, and initiatives to meet residents' needs and to improve health equity and health outcomes.

This report highlights findings from an abbreviated community health assessment, outlines the process by which priorities were chosen, and describes the goals, objectives, and action plans for the focus areas in an updated Improvement Plan for the 2022-2024 cycle.

WESTCHESTER COUNTY DEMOGRAPHICS

Westchester County is located just north of New York City, with an area of about 450 square miles and a population of just over 1 million people, as of the 2020 U.S. Census Bureau. It is bordered on the west by the Hudson River, on the north by Putnam County, and on the east by the Long Island Sound and Connecticut's Fairfield County. Within its 48 municipalities, Westchester County can be described as predominately a mix of urban and suburban communities. Comprised of six cities, 19 towns, and 23 villages, the County is home to 43 public school districts and 21 colleges and universities. The County's population is diverse and ever-changing, with an increasing number of various minority groups and foreign-born populations. The county has over 50 parks and 18,000 acres of green space. (For survey sample distribution data, please refer to the 2022-2024 Westchester County Community Health Assessment, section 3.)

COMMUNITY HEALTH ASSESSMENT

Unlike previous CHA/CHIP cycles, WCDH collaborated with other local health departments in the Mid-Hudson region and SCRI, instead of the local hospital systems, to develop the current Community Health Assessment survey. This change was a direct result of the COVID-19 pandemic's strain on both WCDH and the hospitals, which resulted in the inability to dedicate the time to effectively collaborate. Contracting with SCRI lifted a heavy burden off of WCDH, but resulted in multiple health assessments circulating throughout the county simultaneously, making data aggregation difficult. The Regional CHA process resulted in SCRI capturing 930 survey responses via landline telephone, cell phone, an online panel, online recruitment and online surveys (available in English and Spanish). The online link to the

community health assessment survey was available on the WCDH website and posted on its social media platforms, and was also distributed through contracted providers, clinics and community partners.

In addition to the Regional CHA process, WCDH formed an internal Health Planning Team who developed a paper survey (English and Spanish), which mirrored the Regional CHA survey and a toolkit for community partners. In lieu of a collaboration with the hospitals for survey collection, WCDH's Team partnered with community-based healthcare centers and over 35 non-profit partners throughout the County who assisted in the collection efforts. Additionally, bilingual staff members of the Health Planning Team visited food pantries, community centers, senior centers, federally-funded health clinics, vaccine clinics, Pride Parades and a wide variety of community events with the intention of collecting surveys in high minority population neighborhoods to capture the voices of those most likely to be underserved and experience health inequities. Printable PDFs of the survey instrument were also available on WCDH's website along with instructions on where to send the completed form.

A total of 2,039 community health surveys were collected from March 14th, 2022 through July 9th, 2022. More than 1,100 surveys were collected by WCDH's internal Health Planning Team and partners, who targeted Hispanic and minority populations and communities. The survey assessed the availability and accessibility of health services and other social determinants of health, and findings demonstrated existing service gaps, disparities and health barriers, and reiterated the public health priorities of Westchester County. This assessment was ultimately employed as one of the primary data sources to inform the selection of Prevention Agenda priority areas for the 2022-2024 cycle.

Both primary data and secondary data (2021 NYS Health Equity Reports, the Robert Wood Johnson Foundation County Health Rankings and Roadmaps, The Behavioral Risk Factor Surveillance System) and numerous other data reports on hospitalizations, cancer, and vital statistics, confirmed significant gaps and disparities exist among subsets of the population and within certain zip codes. While Westchester County ranks fifth among NYS counties in overall health factors and fourth in overall health outcomes, stark discrepancies exist within the county, and became increasingly evident throughout the Covid-19 pandemic.

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[2] Appendix B: Community Health Needs Assessment Survey Instrument

Hospital and Community Partners Conversations

WCDH convened the local hospital systems on October 21, 2022 to share preliminary data results and get an update on their CHA timelines and priority selections. Raw data was made available to hospitals upon request. A number of hospital systems were still in the process of collecting and analyzing data at the time. A follow-up survey was sent out to the hospitals in January 2023 to get an update on when datasets from the other community health surveys would be available and if and what priorities were selected.

On January 10, 2023 and January 12, 2023 WCDH hosted virtual Community Partners Conversations events, where the CHA results were shared. The purpose of engaging in these community conversations were multifold, allowing WCDH to 1) share and discuss the CHA datasets and findings; 2) garner feedback and input on the findings and CHIP priority selections; 3) identify currently available and needed assets and competing priorities; 4) establish and convene formal and informal cross-sector partnerships and coalitions to more efficiently share resources and collaboratively address service gaps, barriers to health and the root causes of

inequity; and 5) create a shared community vision to maximize efforts and impact.

In total, 96 individuals representing over 65 organizations attended these events. Attendees included hospital systems, federally funded health centers, mental health agencies, local non-profits, peer support programs, county government agencies, food pantries, faith-based organizations, local coalitions, schools, library systems, seniors programs, health equity officers, municipality leaders, universities and colleges, early intervention and childcare service providers and a wide array of advocacy groups. Several survey questions were incorporated into the event registration process to gather insights on key priorities and focal areas and populations of participating organizations, as well as the most pressing hardships their clients/patients are experiencing. WCDH received 86 survey responses and event registrations. Highlights of the survey results were shared during the presentation. In addition, live polling questions were woven throughout the sessions with the intent of identifying priority areas with the greatest partner consensus and learning more on how WCDH can better support community partners.

Data Review Process

The Health Planning and CHIP Champions Teams conducted an extensive review of health indicators contained in the NYS Prevention Agenda, supported by the Community Health Survey, WCDH clinic data, secondary data sources and reports and feedback and data from the Community Partners Conversations. These Teams reviewed County-level aggregate data and the County performance of each Prevention Agenda health indicator while also considering activities, progress, new revelations and challenges faced in the 2019-2021 cycle. Chronic Disease; Women, Infants and Children; and Well-being, Mental Health/Substance Use were selected as the three priority areas.

WCDH's Teams met regularly to discuss impactful interventions/programs, and strategies to address these priorities.[3] WCDH's CHIP Champions Team (representatives from WCDH's six divisions) worked to identify the specific focus areas and actions each division could undertake to address the priority areas. This information was synthesized by the Team and Division of Health Promotion and reviewed with WCDH Leadership. As a result, WCDH's foci and activities will address tobacco/vaping prevention and cessation, perinatal and infant health, well-being and mental health/substance use, through the lens of health equity.

[3] Appendix C: Health Planning CHA and CHIP Champion Team meetings

COMMUNITY HEALTH IMPROVEMENT PLAN

The following Community Health Improvement Plan aims to lay out the specific goals, objectives, and strategies of the Westchester County Department of Health to address the realigned public health priorities identified through the Community Health Assessment for the 2022-2024 cycle.

Focus I

PRIORITY: PREVENT CHRONIC DISEASE	
Focus: Tobacco Prevention	
Initiative (Brief background): Sales of e-cigarettes with the highest levels of nicotine (5% or greater nicotine strength) have grown drastically in the past five years, increasing from 5% of total e-cigarette sales in 2017 to 81% in 2022, a nearly 15-fold increase. Due to strong perception (via needs assessment survey) as a significant community health problem by residents and health providers, preventing the initiation of tobacco use, including combustible tobacco and vaping products is needed to reduce illness, disability and death.	
Health Disparities Addressed: The prevalence of e-cigarette use among adults in NYS in 2020 was 4.1%. Statewide, e-cigarette use rates were highest among young adults 18-24 years of age (10.6%), adults who are current cigarette smokers (10.2%), adults reporting frequent mental distress (6.9%), adults 25-34 years of age (6.4%), adults who are former cigarette smokers (6.0%), and adults enrolled in Medicaid (5.9%). 86% of Black and 72% of Hispanic smokers use menthol cigarettes showing evidence of racial and ethnic dispa rities in menthol cigarette use.	
WCDH Goal(s): Prevent initiation of tobacco use & Promote tobacco use cessation	
Outcome Objective(s)	**Performance Measure(s) Source(s)**
Create and implement one social media campaign to educate on the dangers and risks of tobacco use, including combustible tobacco products and electronic vaping products. Update one smoking cessation curriculum and use trusted community messengers to educate community members. Onboard two new WCDH staff members to bolster regulatory inspection of establishments that sell combustible and non-combustible tobacco products to prevent sales to underage youth throughout Westchester County by 25% Create and display 12 digital messages supporting the prevention of initiation of tobacco use and promoting tobacco use cessation on digital message boards throughout WCDH clinics (WIC, TB, Sexual Health) With community partners, train four facilitators on implementation of the Freedom from Smoking evidence based program. Screen 90% of patients in WCDH clinics for tobacco use	Reporting by WCDH.
Interventions, Strategies, and Activities	**Process Measure(s)**
▪ WCDH will create a social media program and use the campaign to reach targeted populations to educate on tobacco use prevention and tobacco cessation. ▪ Work with Know Better Live Better program which utilizes partnerships with community organizations and "Trusted Messengers" from diverse Westchester Communities. The KBLB program will update their current curriculum to focus on tobacco use prevention and cessation. Then, the program will lead discussions on the importance of tobacco use prevention and cessation. ▪ WCDH will onboard two new staff members who will support and bolster current efforts of regulatory	• Number of social media campaigns created and implemented • Number of smoking cessation curriculums updated and number of people educated using the updated curriculum. • Number of staff members hired and number of regulatory inspection of establishments that sell combustible and non-combustible tobacco products to prevent sales to underage youth.

inspection of establishments that sell combustible and non-combustible tobacco products to prevent sales to underage youth throughout Westchester County. ▪ Attain digital messaging boards for WCDH clinics to display digital messaging on preventing initiation of tobacco use and tobacco use cessation. ▪ Train two WCDH staff and two individuals from collaborating CBOs to become facilitators on the evidence based program, Freedom From Smoking ▪ WCDH clinics will screen patients for tobacco use to refer to tobacco cessation programs when needed.	• Number of digital messages displayed on digital message boards throughout WCDH clinics. • Number of individuals trained to facilitate Freedom From Smoking Program • Percent of patients screened for tobacco use in WCDH clinics
Partner Role/ Partner Resources	
WCDH will partner with Corrections, school districts, the Youth Bureau, Federal Qualified Health Centers, Boys and Girls clubs, churches and other religious organizations and community centers to implement the updated curriculum and educate target communities.	

Focus II

PRIORITY: Promote Healthy Women, Infants, and Children	
Focus: Perinatal and Infant Health	
Initiative (Brief background): WCDH is seeking to improve Black maternal and child health outcomes and reduce racial health inequities in Westchester County through capacity building of key community partners and by expanding access to community-based supportive services for Black birthing people. Despite Westchester County's percentages on the Prevention Agenda, New York State Health Equity Reports show multiple large cities with high populations of the Black and Hispanic community (Yonkers, Mount Vernon, New Rochelle) have high rates of preterm births and low birth weight, and low rates of being exclusively breastfed.	
Health Disparities Addressed: The Black Non-Hispanic population in Westchester County has a 13.2% per 1000 births rate of preterm births in comparison to a 3.4% rate for Westchester County as a whole. Black Non-Hispanic population in Westchester County has a 8.7% per 1000 live births rate of infant mortality in comparison to a 3.8% rate for Westchester County as a whole. The percentage of infants that are breastfed exclusively in hospitals shows stark differences in race and ethnicity. 34.9% of Black Non-Hispanic mothers and 35.7% of Hispanic mothers breastfeed exclusively in comparison to 57.4% of White mothers.	
WCDH Goal(s): Reduce infant mortality and morbidity & Increase Breastfeeding	
Outcome Objective(s)	**Performance Measure(s) Source(s)**
Improve Black maternal and child health outcomes and reduce racial health inequities in Westchester County through capacity building of key community partners and by expanding access to community-based supportive services for Black birthing people. Improve breast feeding rates and reduce racial health inequities in Westchester County by increasing access to professional support, peer support, and formal education to change behavior and outcomes.	Reporting by the institution to WCDH or through contributing partners.

Interventions, Strategies, and Activities	Process Measure(s)
• Provide prenatal/birthing consultation and referrals to at least 30 expectant individuals and their families per month in collaboration with program partners. • Train at least five Birth Companions (Doulas) in collaboration with program partners. • Provide 50 clients with CHW home visits from pre-natal through baby's 3rd birthday in collaboration with program partners. • Create and display 12 digital messages supporting the promotion of healthy women, infants, and children on digital message boards throughout WCDH clinics (WIC, TB, Sexual Health). • Educate 9000 clients referred to Children with Special Needs Programs on topics such as SIDS, safe sleep, and breastfeeding classes. • WCDH's WIC Program will conduct 30 additional education and support sessions for adult participants, including topics such as breastfeeding support, safe sleep, postpartum depression, substance misuse, and community resources to promote healthy families. • WCDH's WIC Program will increase their breastfeeding initiation rate 5% by conducting additional staff trainings on WIC breastfeeding support services, such as referrals to WIC Breastfeeding Peer Counselors and WIC Designated Breastfeeding Experts.	• Number of clients served. Number and type of referrals made to clients. Number and type of referrals that resulted in service received • Number of doulas trained • Number of clients served & number of home visits conducted per client • Number of digital messages displayed on digital message boards throughout WCDH clinics. • Number of clients receiving educational materials • Number of additional education and support sessions for adult WIC participants. • Percentage change of breastfeeding initiation rate from year to year.
Partner Role/Partner Resources	
With funding from Westchester County Department of Health, Birth from the Earth will provide prenatal/birthing consultation and referrals and train five Birthing Companions (Doulas). Hudson Valley Perinatal Network will provide 50 clients with CHW home visits from pre-natal through baby's 3rd birthday. WIC will develop and conduct breastfeeding classes for their clients and refer the clients to peer counselors.	

Focus III

PRIORITY: PROMOTE WELL-BEING AND PREVENT MENTAL AND SUBSTANCE USE DISORDERS	
Focus: Prevent Mental and Substance Use Disorders	
Initiative (Brief background): There is a strong perception among residents (via needs assessment survey) that non-medical drug/opioid use is a significant community health problem in the County. According to the CDC, changes in drug overdose death rates involving synthetic opioids, heroin, and prescription opioids have all increased from 2019-2020. WCDH is committed to addressing this issue.	
Health Disparities Addressed: Overdose deaths remain a leading cause of injury-related death in the United States. The majority of overdose deaths involve opioids. Nearly 75% of drug overdose deaths in 2020 involved an opioid. Overdoses involving opioids killed nearly 69,000 people in 2020, and over 82% of those deaths involved synthetic opioids.	
WCDH Goal(s): Prevent opioid and other substance misuse and deaths	
Outcome Objective(s)	**Performance Measure(s) Source(s)**

Prevent opioid overdose and deaths through – Naloxone training and Community-based prevention education by: • Increasing the number of people trained on use of Naloxone by 5% for a total of 725 people by December 31, 2024. • Increasing the number of fentanyl test strips distributed to 1000 in 2023 and a 10% increase by 2024. • Increasing access to Naloxone by educating and supporting 5 local school districts to become Opioid Overdose Prevention Programs. • Develop a plan and distribute 20 Naloxboxes to community locations in high risk areas.	Reporting by WCDH or by partners to WCDH.
Interventions, Strategies, and Activities	**Process Measure(s)**
Interventions to address non-medical use of opioids include: • Naloxone trainings • Distribution of fentanyl testing strips • Educating and supporting local school districts on becoming Opioid Overdose Prevention Programs to increase the availability of Nalaxone throughout the community • Partnering with community locations to distribute Naloxboxes in 20 locations in high risk areas	• Number of individuals participating in Naloxone trainings (include group demographic details community vs. health providers vs. law enforcement, etc). • Number of fentanyl strips distributed • Number of school districts educated on becoming a registered Opioid Overdose Prevention Program • Number of Naloxboxes distributed
Partner Role/ Partner Resources	
Tackling the problem of non-medical opioid use and abuse requires a diverse and robust collaboration among multiple organizations and agencies. WCDH will work with numerous partners, including community groups, police departments, EMS workers/first responders, schools/colleges, mental health service providers, hospitals, pharmacists, physicians, drug use prevention coalitions, NYSDOH, and other government agencies to achieve our CHIP goals.	
**Naloxone trainings will continue to be conducted by WCDH contingent upon the receipt/availability of free Naloxone Overdose Rescue Kits from NYSDOH.*	

Focus IV

PRIORITY: PROMOTE WELL-BEING AND PREVENT MENTAL AND SUBSTANCE USE DISORDERS
Focus: Promote Well-Being
Initiative (Brief background): WCDH will follow and integrate a comprehensive approach to trauma-informed care focused on best practices, capacity building, continuous quality improvement, guided practice and implementation.
Health Disparities Addressed: WCDH recognizes the collective trauma and the impact of stressors on employees, service recipients and whole communities endured as a result of the pandemic; and the proven associations between adversity and trauma on long-term health, well-being, resilience and lifespan. Adopting trauma-responsive and equity-focused practices at the systems level provides the foundation for the community to develop resilience and experience healing.

<table>
<tr><td colspan="2">WCDH Goal(s): Strengthen opportunities to build well-being and resilience across the lifespan</td></tr>
<tr><td>Outcome Objective(s)</td><td>Performance Measure(s) Source(s)</td></tr>
<tr><td>Guided by CCSI, WCDH will undergo a comprehensive transformation effort in becoming a trauma-responsive organization.
Promote Breath, Body Mind training workshops to staff members and partners, especially those with public-facing roles.
WCDH's WIC program will conduct postpartum classes for WIC mothers to educate and support them on topics such as postpartum depression, substance misuse, etc.</td><td>Reporting by WCDH or by partners to WCDH.</td></tr>
<tr><td>Interventions, Strategies, and Activities</td><td>Process Measure(s)</td></tr>
<tr><td>WCDH will have at least 20 staff members trained in BBM techniques.
WCDH will provide a Foundational Training attended by at least 90% of staff; WCDH will provide two (2-hour) Leadership Development trainings to Executive team members; WCDH will form a TIC Champions Task Force
WCDH's WIC Program will conduct 30 additional education and support sessions for adult participants on topics such as postpartum depression, substance misuse, etc.</td><td>Number of staff members who fully complete the multi-day training workshops
Number of staff trained; TRUST survey results; TICS-10 Survey results
Number of education and support sessions for adult WIC participants.</td></tr>
<tr><td colspan="2">Partner Role/ Partner Resources</td></tr>
<tr><td colspan="2">CCSI will help WCDH develop internal capacity by delivering targeted training and equipping champions to share out knowledge or train others within the department. Through Continuous Quality Improvement practices, with organizational assessments and evaluations administered by CCSI, WCDH can better understand areas for growth and practice change and monitor improvements over time. CCSI will also provide support for staff by providing concise strategies and feedback on implementation of organizational practices, policies and service delivery methods. Westchester Library Systems will provide funding and logistics for at least two separate training opportunities in BBM techniques and practices.</td></tr>
</table>

COMMUNICATIONS AND ENGAGEMENT STRATEGY

WCDH and/or the CHIP Champions Team will meet with community partners and stakeholders as opportunities arise to identify and expand coordinated efforts toward achieving common priority objectives or explore the systems, structures and policies that limit the advancement of health equity. All-inclusive Community Partners Conversations meetings will occur biannually to allow the local hospitals, stakeholders and partners to brief the larger group on progress, successes, challenges and solutions with implementing their interventions, reducing disparities and improving public health outcomes. Meetings will be hosted and facilitated by the Westchester County Department of Health.

The WCDH's website will feature the publication of the 2022-2024 CHIP report. In addition, the Department will inform partners about the CHIP report to ensure all stakeholders and partners receive access to the document.

EVALUATION STRATEGY

To track progress and improvement, WCDH will coordinate its evaluation efforts through internal meetings. The CHIP Champions team has revamped its existing internal reporting structure and processes by decentralizing the monitoring, tracking and reporting functions to the representatives of the Divisions executing the interventions. Team members will track activities as they occur. The sources of the data metrics may come from organizations who will partner with WCDH on activities or from within WCDH. The CHIP Champions have committed to convene no less than quarterly over the next two years to collectively assess the process measures to assure intervention progress and success and troubleshoot any challenges associated with WCDH's CHIP workplan. Quarterly report outs provided by the divisional representatives/Team members will be synthesized and documented by the Division of Health Promotion, who will prepare annual reports and updates for the New York State Department of

Health and WCDH leadership.

2019-2021 COMMUNITY HEALTH IMPROVEMENT PLAN UPDATE

Westchester County Department of Health's 2019-2021 Community Health Improvement Plan consisted of two priorities. Priority Area 1: Prevent Chronic Disease-Physical Activity and Tobacco Prevention; and, Priority Area 2: Promote Well Being and Prevent Mental Health and Substance Use Disorders. Throughout this cycle, WCDH faced challenges, difficulties, and barriers due to the COVID-19 pandemic. Despite these challenges, WCDH accomplished the majority of projected goals with the implemented activities and interventions.

The goal to Prevent Chronic Disease through Physical Activity was mostly accomplished. These interventions included increasing the number of community institutions with new exercise equipment to promote physical activity and promote physical activity through signage, worksite policies, social support, or joint use agreements. Despite the pandemic, WCDH was able to accomplish installation of fitness equipment in a community park with the collaboration of Westchester County Department of Parks and Recreation, Blythedale Children's Hospital, and Kohl's Cares Grant. The initiative of promoting physical activity through signage, worksite policies, social support, or joint use agreements was 80% accomplished with eight out of ten community venues creating and installing signage for walking paths.

In addition to physical activity focus areas, WCDH also focused on Preventing Chronic Disease through tobacco use prevention by using media and health communications to highlight the dangers of tobacco, increasing inspections of establishments that sell tobacco products to youth, and creating and passing legislation to ban the sale of flavored tobacco products to youth. The interventions in this focus area were completed and successful. WCDH collaborated with Student Assistance Services as well as several local physicians to create three PSA's around the dangers of vaping projects as well as developed and printed Westchester County Cares Vaping brochure, in English and Spanish, to provide information to the community regarding vaping devices, effects of nicotine, marijuana and vaping, as well as the health risk of vaping. Inspections of establishments that

sell combustible and non-combustible tobacco products to prevent sales to underage youth exceeded the goal of a 15% increase and completed 2,013 inspections, achieving a 55% increase. Finally, although no legislation was passed during the 2019-2021 CHIP cycle, in November of 2022 The Board of Legislators passed a bill banning the sale of flavored products including tobacco flavors like menthol, mint and wintergreen.

The goal to address Preventing Substance Use Disorders focused on opioid and other substance misuse and deaths through interventions of prescriber education, harm reduction (including Naloxone training), Community-based prevention education and supply reduction was about 55% successful. The goal to increase the number of people trained on Naloxone use was drastically effected by the COVID-19 pandemic. Due to not being able to hold in-person trainings and the time it took to be able to implement virtual trainings, WCDH was not able to achieve the full 15% increase. However, the trainings that were able to take place were highly significant due to the mental health crisis that is being faced due to the COVID-19 pandemic.

The 2019-2021 CHIP process allowed the Department to address important public health issues and served as a guide for improving the health of Westchester County residents. It also provided us with some “lessons learned” that helped us shape the 2022-2024 CHIP.

APPENDIX A: WESTCHESTER COUNTY HEALTHCARE SYSTEMS

Organization
Blythedale Children's Hospital
Memorial Sloan Kettering Cancer Center Westchester
Montefiore Medical Center
Montefiore Mount Vernon Hospital
Montefiore New Rochelle Hospital
Burke Rehabilitation Hospital
White Plains Hospital
New York-Presbyterian
New York-Presbyterian Hudson Valley Hospital
New York-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

WESTCHESTER COUNTY DEPARTMENT OF HEALTH TEAMS

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Karree-Lyn Gordon
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APPENDIX B: COMMUNITY HEALTH NEED ASSESSMENT

2022 WESTCHESTER COUNTY COMMUNITY HEALTH SURVEY

Westchester County Department of Health, along with six other county health departments, is conducting a survey to better understand how the COVID-19 pandemic has impacted the health and well-being of the people in the Hudson Valley area. There are many areas where the healthcare system can make efforts to improve the community. We are interested to hear your thoughts on what issues should be a priority in your community and for your personal health. Your input will shape the work that the health departments, hospitals, and community partners do in the coming years.

Please take a few minutes to fill out this survey if you are 18 years and older. Your responses are anonymous. Please return your finished responses to ***Elissa Cestone, Department of Health, 10 County Center Road, 2nd Floor, White Plains, NY 10607.***
Phone #: 914-995-7499. email:eec9@westchestergov.com.
Thank you for your participation!

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

Q1. What do you think about the following statements about the community you live?

Statement	Response
There are enough jobs that pay a living wage	☐ Completely true ☐ Somewhat true ☐ Not very true ☐ Not at all true ☐ Don't know
Most people are able to access affordable food that is healthy and nutritious	☐ Completely true ☐ Somewhat true ☐ Not very true ☐ Not at all true ☐ Don't know
People may have a hard time finding a quality place to live due to the high cost of housing	☐ Completely true ☐ Somewhat true ☐ Not very true ☐ Not at all true ☐ Don't know
Parents struggle to find affordable, quality childcare	☐ Completely true ☐ Somewhat true ☐ Not very true ☐ Not at all true ☐ Don't know
There are sufficient, quality mental health providers	☐ Completely true ☐ Somewhat true ☐ Not very true ☐ Not at all true ☐ Don't know
There are places in this community where people just don´t feel safe	☐ Completely true ☐ Somewhat true ☐ Not very true ☐ Not at all true ☐ Don't know
People can get to where they need using public transportation	☐ Completely true ☐ Somewhat true ☐ Not very true ☐ Not at all true ☐ Don't know
The local government and/or local health departments do a good job keeping citizens aware of potential public health threats	☐ Completely true ☐ Somewhat true ☐ Not very true ☐ Not at all true ☐ Don't know

Q2. Overall, how would you rate the quality of information you receive from county agencies during public emergencies, such as weather events or disease outbreaks?

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Don't know

The following questions are about YOUR HEALTH STATUS AND HEALTH BEHAVIORS

Q3. In general, how would you rate your physical health?

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Don't know

Q4. Mental health involves emotional, psychological, and social wellbeing. How would you rate your overall mental health?

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Don't know

Q5. Thinking back over the past 12 months, for each of the following statements, how many days in an AVERAGE WEEK did you do the following?

Statement	Response
Eat a healthy balanced diet, including whole grains, protein, dairy, vegetables, fruits	☐ 0 days ☐ 1-3 days ☐ 4-6 days ☐ All 7 days ☐ Don't know
Exercise for 30 minutes or more a day	☐ 0 days ☐ 1-3 days ☐ 4-6 days ☐ All 7 days ☐ Don't know
Get 7 to 9 hours of sleep in a night	☐ 0 days ☐ 1-3 days ☐ 4-6 days ☐ All 7 days ☐ Don't know

Q6. On an average day, how stressed do you feel, such as feeling tense, nervous, anxious, or can't sleep at night, because of a trouble mind?

☐ Not at all stressed ☐ Not very stressed ☐ Somewhat stressed ☐ Very stressed ☐ Don't know

Q7. In your everyday life, how often do you feel that you have quality encounters with friends, family, and neighbors, that make you feel that people care about you?

☐ Less than once a week ☐ 1-2 times a week ☐ 3-5 times a week ☐ More than 5 times a week ☐ Don't know

Q8. How frequently in the past year, on average, did you drink alcohol?

☐ Less than once a week ☐ 1-2 times a week ☐ 3-5 times a week ☐ More than 5 times a week ☐ Don't know

Q9. Do you currently drink alcohol less often than you did before the COVID-19 pandemic, more often than you did before the pandemic, or about as often as you did before the pandemic?

☐ Less often ☐ More often ☐ About as often ☐ Don't know

Q10. How frequently in the past year have you used drugs, whether it was a prescription medication or not, for non-medical reasons?

☐ Never ☐ Less than once per month ☐ More than once per month, but less than weekly ☐ More than once per week, but less than daily
☐ Daily ☐ Don't know

Q11. If you are currently using any type of drugs for non-medical reasons, do you use it/them less often than you did before the COVID-19 pandemic, more often than you did before the pandemic, or about as often as you did before the pandemic?

☐ Less often ☐ More often ☐ About as often ☐ Don't know

Q12. In the past 12 months, have you or any other members of your household been unable to get any of the following when it was really needed?

Food	☐ Yes ☐ No ☐ Don't know	**Utilities, including heat and electricity**	☐ Yes ☐ No ☐ Don't know	**Medicine**	☐ Yes ☐ No ☐ Don't know
Any health care, including dental or vision	☐ Yes ☐ No ☐ Don't know	**Phone**	☐ Yes ☐ No ☐ Don't know	**Transportation**	☐ Yes ☐ No ☐ Don't know
Housing	☐ Yes ☐ No ☐ Don't know	**Childcare**	☐ Yes ☐ No ☐ Don't know	**Access to the internet**	☐ Yes ☐ No ☐ Don't know

Q13. Have you visited a primary care physician for a routine physical or checkup within the last 12 months?

☐ Yes ☐ No ☐ Don't Know

Q14. If you did NOT visit a primary care physician for a routine physical or checkup within the last 12 months, what were the reasons (check all that apply)?

☐ I did not have insurance
☐ I did not have transportation
☐ I chose not to go due to concerns over COVID
☐ I couldn't get an appointment
☐ Don't know
☐ I did not have enough money (for copay, medicine, etc.)
☐ I did not have time
☐ I chose not to go for another reason
☐ Other (Specify) _______________

Q15. Have you visited a dentist for a routine check-up or cleaning within the last 12 months?

☐ Yes ☐ No ☐ Don't Know

Q16. If you did NOT visit a dentist for a routine check-up or cleaning within the last 12 months, what were the reasons (check all that apply)?

☐ I did not have insurance
☐ I did not have transportation
☐ I chose not to go due to concerns over COVID
☐ I couldn't get an appointment
☐ Don't know
☐ I did not have enough money (for copay, medicine, etc.)
☐ I did not have time
☐ I chose not to go for another reason
☐ Other (Specify) _______________

Q17. Sometimes people visit the emergency room for medical conditions or illnesses that are NOT emergencies, that is, for health-related issues that may be treatable in a doctor´s office. Have you visited an emergency room for a medical issue that was NOT an emergency in the last 12 months?

☐ Yes ☐ No ☐ Don't Know

Q18. If you visited an emergency room for a medical issue that was NOT an emergency in the last 12 months, what were the reasons (check all that apply)?

☐ I don't have a regular doctor/primary care doctor
☐ The emergency room was more convenient because of
(Check all that apply) ☐ Location ☐ Cost ☐ Hours of operation
☐ At the time I thought it was a health-related emergency, though I later learned it was NOT an emergency
☐ My primary care doctor was not available due to COVID
☐ Coved Testing
☐ Don't know

Q19. Have you visited a mental health provider, such as a psychiatrist, psychologist, social worker, or therapist, for one-on-one appointments or group-sessions (either in-person or online) within the last 12 months?

☐ Yes ☐ No ☐ Don't Know

Q20. If you did NOT visit a mental health provider in the last 12 months, what were the reasons (check all that apply)?

☐ I did not have a need for mental health services
☐ I did not have enough money (for copay, medicine, etc.)
☐ I did not have time
☐ A mental health provider was not available due to COVID
☐ Don't know
☐ I did not have insurance
☐ I did not have transportation
☐ I chose not to go
☐ Other (Specify) _______________

Q21. During COVID, have you had a tele-health appointment with any healthcare providers?

☐ Yes ☐ No ☐ Don't Know

Q22. If you did NOT have a tele-health appointment with any healthcare providers during COVID, what were the reasons (check all that apply)?

☐ I did not have a need for tele-health services
☐ I don't have access to the internet
☐ I prefer in-person appointment
☐ don't Know
☐ My doctor did not offer tele-health
☐ I don't know how to set up or participate in a tele-health
☐ I put off all medical care during the pandemic
☐ Other (Specify) _______________

Q23. The following questions are about COVID:

Have you ever had COVID	☐ Yes ☐ No ☐ Not sure	**Has any other household member had COVID?**	☐ Yes ☐ No ☐ Don't have other household members ☐ Not sure

Q24. Have you or any other household members had ongoing COVID symptoms that have lasted more than four weeks - otherwise known as long-COVID?

☐ Yes ☐ No ☐ Don't Know

Q25. Consider the impact of COVID on each of the following and indicate whether it has improved, worsened, or stayed the same, over the course of the pandemic:

Your physical health	☐ Improved ☐ Worsened ☐ The same ☐ Don't Know	**Your mental health**	☐ Improved ☐ Worsened ☐ The same ☐ Don't Know	**Your ability to obtain affordable food that is nutritious**	☐ Improved ☐ Worsened ☐ The same ☐ Don't Know
Your ability to maintain employment that pays at least a living wage	☐ Improved ☐ Worsened ☐ The same ☐ Don't Know	**Your ability to afford housing**	☐ Improved ☐ Worsened ☐ The same ☐ Don't Know	**Your ability to find available, quality childcare**	☐ Improved ☐ Worsened ☐ The same ☐ No need ☐ Don't Know
Your ability to obtain care or to care for any member of your household that has disability or chronic illness				☐ Improved ☐ Worsened ☐ The same	☐ No need ☐ Don't Know

Q26. Have you been vaccinated for COVID?

☐ Yes ☐ No

Q27. Thinking back to when you got vaccinated, did you get it as soon as you were eligible or were you somewhat hesitant to get the COVID vaccine?

☐ Got it as soon as eligible ☐ Somewhat hesitant ☐ Don't know

Q28. If you did not get the COVID vaccine as soon as eligible but somewhat hesitated, why did you end up getting the vaccine eventually (check all that apply)?

☐ You were required by your job
☐ You or someone you know got sick or died with COVID
☐ Family or friends encouraged me
☐ Your doctor recommended it
☐ Don't Know
☐ You were required to for some other reason
☐ Faith-based community encouraged me
☐ Learned more about the vaccine
☐ Other (specify) ____________________

The following questions are about YOU AND YOUR HOUSEHOLD

Q29. Do you live in New York State?

☐ Yes ☐ No ☐ Don't know

Q30. Which County do you currently live in?

☐ Westchester ☐ Other (Specify) ____________________ ☐ Don't know

Q31. How long have you lived in this County?

☐ Less than 1 year ☐ 1-2 years ☐ 2-5 years ☐ 5 years or more ☐ Don't know

Q32. What is your living arrangement? Do you

☐ Rent an apartment or house ☐ Own your home ☐ Other living arrangement

Q33. Is there at least one telephone INSIDE your home that is currently working?

☐ Yes ☐ No ☐ Don't know

Q34. What kind of telephone do you have INSIDE your home?

☐ Landline only ☐ Cell Phone Only ☐ Landline and Cell phone ☐ Other

Q35. What is your age?

☐ 18-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65-74
☐ 75+

Q36. In what year were you born?

☐ __________

Q37. How do you describe your gender? Do you identify as a

☐ Man
☐ Woman
☐ Gender queer, gender nonconforming or non-binary
☐ Another gender not listed, please specify ________
☐ Transgender (Please specify)
☐ Male to Female
☐ Female to Male
☐ Gender non-conforming
☐ Don't know

Q38. Are you of Hispanic origin or descent, such as Mexican, Dominican, Puerto Rican, Cuban, or some other Spanish background?

☐ Yes ☐ No ☐ Don't know

Q39. Would you consider yourself:

☐ African American or Black ☐ American Indian or Alaskan Native ☐ Asian
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other/Something Else (specify): ________

Q40. What is the highest grade or year of school you completed?

☐ Less than high school ☐ High school grad/GED ☐ Some college or technical school
☐ College graduate ☐ Advanced or professional degree

Q41. Which of the following categories best describes your current employment situation?

☐ Employed, full-time ☐ Self-employed, full-time ☐ Disabled
☐ Employed, part-time ☐ Self-employed, part-time ☐ Retired
☐ Unemployed, looking for work ☐ Underemployed, below my skill or pay level ☐ Other (Specify) __________
☐ Unemployed, not looking for work

Q42. What is the primary language spoken in your home?

☐ English ☐ Spanish ☐ Italian ☐ Portuguese ☐ French ☐ Chinese
☐ Other ____________

Q43. Are there children under the age of 18 living in your household?

☐ Yes ☐ No ☐ Don't know

Q44. Are you or anyone in your household a veteran or a member of active duty military service?

☐ Yes ☐ No ☐ Don't know

Q45. Do you or anyone in your household have a disability?

☐ Yes ☐ No ☐ Don't know

Q46. About how much is your total household income, before any taxes? Include your own income, as well as your spouse or partner, or any other income you may receive, such as through government benefit programs:

☐ Less than $25,000 ☐ $25,000 to just under $50,000 ☐ $50,000 to just under $100,000
☐ $100,000 to just under $150,000 ☐ $150,000 or more

Q47. What is the ZIP Code where you currently live? ___ ___ ___ ___ ___

THANK YOU FOR FINISHING THE SURVEY

APPENDIX C: HEALTH PLANNING TEAM MEETINGS

The Health Planning Team met on the following days for the associated undertakings:

June 28, 2021

- 2019-2021 CHIP Activities Progress
- 2022-2024 CHIP Planning

October 14, 2021

- CHA Survey
  - 7-County CHA Survey Update
  - Suggestions for COVID related questions
  - Distribution brainstorming
  - Hospital Timeline
  - Discussion on provider survey/input
- 2019-2021 CHIP Activities Update

April 4, 2022

- CHA Survey
  - Overview of Process
  - Collaboration with SCRI
  - Translation of survey
  - Distribution timeline
  - Distribution ideas
  - Press materials
  - Data analysis
- Health Summit Brainstorm

June 17, 2022

- Survey Updates
  - WCDH Survey
    - Survey Data Update
    - Distribution efforts and survey timeline
    - Data Analysis Timeline

- Greater NY Survey
  - Survey Data Update
  - Distribution efforts and survey timeline
  - Data Analysis Timeline
- NYP/NY Academy of Medicine Survey
  - Survey Data Update
  - Distribution efforts and survey timeline
  - Data Analysis Timeline
- Data Sharing Planning

September 15, 2022

- CHA Survey Updates & Sharing
  - WCDH Survey
  - Greater NY Survey
  - NYP/NY Academy of Medicine Survey
- CHIP Priorities
  - WCDH
    - Timeline
    - Possible priority choices
  - Greater NY
    - Timeline
    - Possible priority choices
  - NYP/NY Academy of Medicine Survey
    - Timeline
    - Possible Priority choices
- WCDH Collaboration Efforts
- CBO Collaboration and Involvement

October 21, 2022

- CHA Survey Data Sharing
  - WCDH Survey
  - Greater NY Survey
  - NYP/NY Academy of Medicine Survey

The CHIP Champions Team met on the following days for the associated undertakings:

December 21, 2022

- Discussion of current programing and activities that support the Prevention Agenda on a divisional level
- Strategy for division level selection of focus areas within chosen priority areas

December 28, 2022

- Discussion top goals within the three priority areas to choose focus areas
- Brainstorm activities and interventions that would best fit each of the top goals
- Final selection of focus areas

January 6, 2023

- Brainstorm proposed activities that meet the goals of selected focus areas and can be supported by the current programs and initiatives
- Final selection of goals for each focus area

January 18, 2023

- Discussion and recap of Community Conversations meeting. Ninety-six individuals from over 65 organizations within Westchester County virtually gathered to address the state of the county and provide input and feedback on chosen priority areas.
- Final selection of objectives, interventions and metrics for each chosen goal were discussed

January 25, 2023

- Review of the final workplan draft and discussions on collaboration for future program success