

# Rockland County Executive Summary 2025

## WHAT IS A COMMUNITY HEALTH ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT PLAN?

A Community Health Assessment (CHA) is a document that describes the overall health of the community by interpreting data on health status, factors that influence health, as well as community needs and assets. The CHA is an essential tool of local public health departments to help assess and monitor health disparities within the community served, and to identify subpopulations that are found to be at increased risk of poor health outcomes.

The Community Health Improvement Plan (CHIP) is a long-term systemic effort to improve resident health by addressing the public health priorities identified in the CHA. Creating the CHA and CHIP is a collaborative process between the local health department (LHD) and key, diverse stakeholders in the community, including the area hospitals, to coordinate efforts, establish priorities, and combine resources to guide health promotion strategies.

## METHODOLOGY: THE MID HUDSON REGIONAL CHA PROCESS

The Mid-Hudson (M-H) Regional CHA is the product of a long-term collaborative effort between the health departments of each of the seven counties of the M-H region: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester Counties). To that end, the Rockland County Department of Health's (RCDOH) role in that process is the following:

- To work with local hospitals and other organizations to obtain and share relevant local data.
- To obtain secondary data via public databases (such as the Prevention Agenda Dashboard) and special requests to governmental and non-governmental organizations (such as immunization data from NYS, and the ALICE report from the United Way, respectfully).
- To present and interpret secondary data (such as health indicators) corresponding to all counties in the region, for regionally designated data categories.
- To review the data that is presented and interpreted by the other six counties in the region and make corrections when necessary.
- To summarize the findings of all the data that are of particular significance to Rockland County.

The roles listed above for the RCDOH are mirrored in kind by all the health departments in the region. It is the meticulous and scrupulous nature of the M-H Regional CHA process that creates a document that covers numerous health issues of significance both to the regional and county level.

## METHODOLOGY: CHIP DEVELOPMENT AND PRIORITY SELECTION PROCESS

The CHIP process differs from the M-H Regional CHA process in that it is specific to the county in question. It is not produced as a collaboration with the other counties in the M-H Region. Rather, the CHIP is produced in collaboration exclusively between the local health department and its local constituent collaborative partners.

In the case of Rockland County, the 2025-2030 CHIP will be the product of collaboration between the RCDOH and our local community partners; particularly the Public Health Priorities Committee (PHPC), whose members represent local hospitals, government agencies, medical providers, and non-governmental organizations (NGO's). The RCDOH has convened the committee for an inaugural meeting in October 2025 and will convene regular meetings throughout each calendar year.

The inaugural Rockland County Health Summit (February 2026) will provide the preponderance of the initial feedback that will be utilized for the selection of CHIP Priorities. The goal of the summit is to convene regular members of the PHPC as well as representatives/members of other organizations that are unable to be regular members of the PHPC, for the purpose of discussing the findings of the M-H Regional CHA, the Rockland County-Specific CHA (to be published in January 2026), combined with their own knowledge of the needs of the communities they serve.

## METHODOLOGY: DATA SOURCES

To capture a broad picture of health, several data sources were utilized in creating the Mid-Hudson Regional CHA. This included over 20 secondary sources including (but not limited to): the US Census Bureau, Behavioral Risk Factor Surveillance System (BRFSS), NYS Cancer Dashboard, NYS Communicable Disease Electronic Surveillance System (CDESS), NYSDOH Community Health Indicator Reports (CHIRS), NYSDOH County Health Indicators by Race and Ethnicity (CHIRE), NYS Prevention Agenda Tracking Dashboard, Vital Statistics of NYS and three primary sources including (but not limited to): the M-H Region Provider Survey, the Rockland County Community Health Survey, and focus groups. For example, data from, among many others. Throughout this document, data comparisons are made between the US, NYS, NYS excluding NYC, the M-H Region as a whole, and individual M-H counties. Most sources are publicly available, but some were requested from agencies and may not be easily accessible. Sources are reviewed as part of a continuous data review process and new data are shared with local partners as they become available.

## MAJOR FINDINGS FOR ROCKLAND COUNTY

Rockland County continues to struggle with chronic diseases as previously reported in prior community health assessments. This can be seen in the 2022 top five leading causes of death for Rockland County, which includes three chronic conditions: heart disease, cancer, and cerebrovascular disease. During the previous cycle, it was an expressed goal to look at the core issues driving the trends. While progress was made, this is an issue that requires continued attention and adaptation to changing populations and needs. Specifically, disparities across racial and ethnic lines continue to be reflected across the chronic diseases. For example, between 2020-2022 the cerebrovascular disease mortality for non-Hispanic black and Hispanic populations were higher than the non-Hispanic white population. Culturally competent programs and interventions are key to helping to address this issue.

In addition to chronic disease, communicable disease prevention is also a key issue. Specifically, vaccine preventable diseases continue to be an issue for Rockland County. In 2022, a polio outbreak was declared in Rockland County after a case of paralytic polio was reported. Rockland County has also struggled with other vaccine preventable diseases such as measles and pertussis. A contributing factor to the prevalence of these diseases in Rockland is low childhood vaccination rates. Rockland has the lowest on time childhood vaccination rates in the region. This low rate leaves our population more vulnerable to the spread of these diseases.

Continuous work has been devoted to improving these numbers, but more needs to be done to appropriately address this complex ongoing issue.

Poor socioeconomic conditions continue to be a significant barrier to health for several Rockland County communities. Residents of many communities in Rockland County are poor or otherwise struggle to meet basic needs such as food and housing. Additionally, lower educational achievement and language barriers mean that individuals who may be struggling to meet basic needs will not be aware of, or will otherwise have trouble accessing, available services to help them meet their needs. Poor socioeconomic conditions (such as those mentioned above) are not evenly distributed throughout the population of Rockland County. Communities in Rockland County that experience limitations in education, language, wealth, and housing (among other factors), are sharply contrasted by other communities in Rockland that experience little or no limitations in the aforementioned factors. The causes of poor socioeconomic conditions, as well as their unequal distribution across local communities, exist largely upstream of the interventions that are typically employed by local health departments. As such, the actions of any local health department are limited in their ability to improve these factors. That said, the RCDOH is committed to utilizing its own resources and to working with its partners in the community to mitigate the effects that poor socioeconomic conditions have on the health outcomes in our community.

The following are areas that the RCDOH is committed to improving by its own means and through collaboration with its partners.

- The lowest childhood immunization rates in the region, increasing the risk of outbreaks of vaccine-preventable diseases.
- Some of the most severe housing problems in the region, both in terms of housing quality and cost; residential segregation rates are among the highest in region.
- Racial and ethnic disparities in mortality from Diabetes and Cardiovascular Disease.
- There is a recent increase in both overall food insecurity and childhood food insecurity.
- Screening rates for Colorectal Cancer and Cervix Uteri Cancer remain low.
- Decreasing percentage of adults with health insurance in recent years.
- The incidence of gonorrhea has been steadily increasing since 2020.
- Lead screening rates for children younger than 36 months, have decreased.
- An increase in the percentage of adults who are “current smokers,” in recent years.
- Linguistic, cultural, and educational barriers to healthcare, and a need for improved health literacy among the population.

## CONCLUSION

The mission of the Rockland County Department of Health is to protect and promote optimal health for all residents. The M-H Regional CHA, the Rockland County-Specific CHA, and the CHIP are necessary tools for the fulfillment of this mission. The data reported in both CHAs, combined with the collaboration with our community partners, culminates in the formation of the CHIP as a roadmap to better health for all county residents. We thank our regional partners, our local community partners, and the employees of the RCDOH for their continued commitment to this process and to our core mission.