Ontario County Public Health
Revision Date: 11-23-2016

Priority: Prevent Chronic Diseases					
Focus Area 1: Reduce Obesity in Children and Adults					
Timeframe: To be completed by December 31, 2018 (Ongoing)					
Do the suggested intervention(s) address a disparity? ☒ Yes ☐ No *Objective 1.0.1 – Targeting Geneva area (low income) and Objective 1.3.2 – Targeting FQHCs for Breastfeeding Friendly Certification (low income population).					
Goal	**Outcome Objectives**	**Interventions/Strategies/Activities**	**Process Measures**	**Partner Role**	**Partner Resources**
#1.1 Create community environments that promote and support healthy food and beverage choices and physical activity.	**Overarching Objective 1.0.1:** By December 31, 2018, reduce the percentage of children who are obese: • By 5% from 13.1% (2010) to 12.4% among WIC children (ages 2-4 years). (Data Source: NYS Pediatric and Pregnancy Nutrition Surveillance System [PedNSS]) • By 5% from 17.6% (2010-12) to 16.7% among public school children Statewide reported to the Student Weight Status Category Reporting system. (Data Source: NYS Student Weight Status Category Reporting [SWSCR]) (Prevention Agenda [PA] Tracking Indicator)	Implementation of evidence based programs including "Get Up Fuel Up" and "Food, Fun, and Fitness". Implementation of evidence based programs such as "Rethink Your Drink" (group workshops). www.cdph.ca.gov/programs/cpns/Pages/RethinkYourDrinkCurriculum.aspx Provide food demos, classroom based lessons, afterschool workshops, presentations at school assemblies and fairs, and family and parent events. Assist schools in high need communities in implementing policies, systems, and practices that improve access to nutrition education, healthy foods, and physical activity.	Number of programs/ presentations offered. Number of participants. Pre/post test data from programs. Participant feedback.	FF Thompson (FFT) to provide "Get Up Fuel Up" program. Finger Lakes Health (FLH) to provide "Food, Fun, and Fitness" program. (CHAT) Public Health (PH) and Ontario County Health Collaborative (OCHC) – led by PH, to provide support through promotion and networking. FL Eat Smart NY (Cornell Cooperative Extension (CCE)) to Provide programming, presentations, and support to Geneva.	-FFT: 0.25 FTE/ Grant Dollars= $6,800.00 per year -FLH: 0.03 FTE per year -PH: $14,739.86 (2 years) Additional partners include FL Eat Smart NY/CCE and OCHC.

#1.3 Expand the role of health care health services providers and insurers in obesity preventio n.	**Objective 1.3.2:** By 2018, increase the percentage of infants born in NYS hospitals who are exclusively breastfed during the birth hospitalization by 10% from 43.7% (2010) to 48.1%. Data Source: Bureau of Biometrics and Biostatistics, NYSDOH; NYC Office of Vital Records, NYC DOHMH) (Also, see: Focus Area – Maternal and Infant Health)	Recruit hospitals to participate in quality improvement efforts to increase breastfeeding exclusivity at discharge. Encourage and recruit pediatricians, obstetricians and gynecologists, Federally Qualified Health Centers (FQHCs), and other primary care provider practices and clinical offices to become New York State *Breastfeeding Friendly Practices.* Specifically target FQHCs first, to reach low income population (disparity). Encourage and recruit CACFP participating daycare centers/homes to become New York State Breastfeeding Friendly Certified. Identify location for Baby Café.	Number of breastfeeding classes offered. Data from breastfeeding classes. Number of primary care practices that are designated as *NYS Breastfeeding Friendly.* Number of women reached by policies and practices to support breastfeeding. Develop a second Baby Café in the County.	CSH, FFT, and Finger Lakes Community Health (FLCH) to participate in quality improvement efforts to increase breastfeeding exclusivity at discharge. Encourage affiliated practices to become BF Friendly Certified. Finger Lakes Health to provide breastfeeding educational materials at affiliated family doctors. PH, S2AY Rural Health Network (RHN), WIC, Child & Family Resources (CFR), and Finger Lakes Breastfeeding Partnership (FLBP) to provide training, education, and assistance to practices and daycare centers/homes to become BF Friendly Certified.	-CSH: 200 staff hours/year -FFT: 0.02 FTE per year -FLH: 0.01 FTE per year -PH: $13,475.02 (2 years) -WIC: 0.40 FTE per year -FLBP/S2AY RHN: $3,300 (2 years) Additional partners include FLCH and CFR.
	Objective 1.4.2: By December 31, 2018, increase the percentage of employers with supports for breastfeeding at the worksite by 10%. Baseline to be determined. (Data Source: NYSDOH Healthy Heart Program Worksite Survey) (Also, see: Focus Area – Maternal and Infant Health)	Use the *Business Case for Breastfeeding* to encourage employers to implement breastfeeding-friendly policies.	Number of employers that have implemented lactation support programs. Number and demographics of women reached by policies and practices to support breastfeeding.	FFT and CSH to work internally to implement breast feeding worksite strategies. FLH to distribute Business Case for Breastfeeding and CLC referral materials to practices who see new mothers. PH and FLBP/S2AY RHN/Regional Worksite Wellness Committee to reach out to and provide support to worksites in	-FFT: 0.01 FTE per year -CSH: 100 staff hours per year -FLH: 0.01 FTE per year -PH: $6,209.08 (2 years) -FLBP/S2AY RHN/Regional

				adopting breastfeeding friendly policies.	Worksite Wellness Committee: $3,300 (2 years)

Priority: Prevent Chronic Disease					
Focus Area 2: Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure.					
Timeframe: To be completed by December 31, 2018 (Ongoing)					
Do the suggested intervention(s) address a disparity? ☒ Yes ☐ No *Objective 2.1.3 – Low income population and youth.					
Goal	**Outcome Objectives**	**Interventions/ Strategies/Activities**	**Process Measures**	**Partner Role**	**Partner Resources**
#2.1 Prevent initiation of tobacco use by youth and young adults, especially among low socioeconomic status (SES) populations.	**Objective 2.1.3:** By December 31, 2018, increase the number of municipalities that restrict tobacco marketing (including banning store displays, limiting the density of tobacco vendors and their proximity to schools) from zero (2011) to 10. (Data Source: Community Activity Tracking, CAT)	Encourage municipalities to implement policies that protect youth from tobacco marketing in the retail environment, also known as the point-of-sale (POS).	Number of municipalities that restrict tobacco marketing in stores, including: o Tobacco display restrictions o Prohibiting the use of coupons and multi-pack discounts Number of elected officials communicated with about the impact of retail tobacco marketing on youth. Number of public hearings attended. Number of organizations/key community leaders engaged in efforts. Information, advertisements, and media utilized to educate and promote efforts.	Tobacco Action Coalition of the Finger Lakes (TACFL) to provide programming, outreach to elected officials, attendance at public hearings, and education/media outreach. OCHC – led by PH, to provide support through promotion and networking.	Efforts to be led by TACFL. Additional partners include OCHC. -PH: $661.02 (2 years)

Priority: Prevent Chronic Disease					
Focus Area 3: Increase Access to High Quality Chronic Disease Preventative Care and Management in Both Clinical and Community Settings.					
Timeframe: To be completed by December 31, 2018 (Ongoing)					
Do the suggested intervention(s) address a disparity? ☐ Yes ☒ No					
Goal	**Outcome Objectives**	**Interventions/Strategies/ Activities**	**Process Measures**	**Partner Role**	**Partner Resources**
#3.2: Promote use of evidence-based care to manage chronic diseases.	**Objective 3.2.4:** By December 31, 2018, increase the percentage of health plan members, ages 18-85 years, with hypertension who have controlled their blood pressure (below 140/90)	Participation in regional blood pressure registry.	Number of primary care practices that submit patient numbers to registry.	PH, FLH, CSH, FFT, and S2AY RHN to provide assistance in recruiting practices to participate in registry. FLH and FFT to provide Data to Finger Lakes Health Systems Agency (FLHSA) through EHR transfer. FLHSA to provide programming, reports, and technical assistance to practices and partners.	-PH: $1,303.62 (2 years) -FLH: 0.02 FTE per year -CSH: 200 staff hours per year -FFT: 0.02 FTE per year -S2AY RHN: $2,475 (2 years) -FLHSA: in kind
#3.3 Promote culturally relevant chronic disease self-management education.	**Objective 3.3.1:** By December 31, 2018, increase by at least 5% the percentage of adults with arthritis, asthma, cardiovascular disease, or diabetes who have taken a course or class to learn how to manage their condition. (Data Source: BRFSS; annual	Promote the use of evidence-based interventions to prevent or manage chronic diseases.	Percent of adults with one or more chronic diseases who have attended a self-management program. Number of providers that use their EHRs to trigger them to speak to their patients about their weight, diet and exercise, and refer them to EBIs.	FFT and Wayne CAP to offer and conduct CDSMP classes. Promote and enroll members in classes. PH to coordinate training for additional CDSMP trainers. OCHC to identify additional partners that can be trained in CDSMP, promote classes and support as a county wide initiative.	-Wayne CAP: $10,211 per year -FFT: 0.04 FTE/ Grant Dollars= $7,000.00 per year -PH: $3,668.04 (2 years) -S2AY RHN/Regional

	measure, beginning 2013)			S2AY RHN / Regional Living Healthy Group to assist with coordination of evidence based programs and provide back-up peer leaders for classes.	Living Healthy Group: $1,886 (2 years) Additional partners include OCHC.

Priority: Promote Mental Health and Prevent Substance Abuse					
Focus Area 2: Prevent Substance Abuse and Other Mental Emotional Behavioral Disorders					
Timeframe: To be completed by December 31, 2018 (Ongoing)					
Do the suggested intervention(s) address a disparity? ☐ Yes ☒ No					
Goal	**Outcome Objectives**	**Interventions/Strategies/ Activities**	**Process Measures**	**Partner Role**	**Partner Resources**
#2.1 Prevent underage drinking, non-medical use of prescription pain relievers by youth, and excessive alcohol consumption by adults.	**Objective 2.1.2:** December 31, 2018, reduce the percentage of youth ages 12-17 years reporting the use of non-medical use of painkillers. (Baseline: 5.26% 2009-2010, NSDUH, Target: 4.73%) - Tracking Indicator	Implement strategies to prevent overdose including • Engaging the community and coalition building • Educating prescribers • Reducing supply and diversion control through "lock your meds" campaigns, placing prescription drop boxes, and facilitating drug take back days • Harm reduction through Narcan trainings • Community based prevention education • Continued evaluation of project components/success	Number of members engaged in coalition. Number of schools and student participants. Number of trainings held for prescribers. Number of medication drop boxes placed (and drug take back days). Number of educational trainings, workshops, and forums held (number of participants).	Substance Abuse Prevention Coalition (Partnership for Ontario County) to provide programming, trainings, educational sessions, facilitate coalition, and work with law enforcement to place drop boxes (and drug take back days). PH, CSH, FLH, FFT, Ontario County Mental Health (OCMH), OCHC, and law enforcement to provide support through promotion, networking, and sending staff to trainings (NARCAN, Mental Health First Aid, etc.). CSH houses a psyche unit and providers numerous in/outpatient services for psyche and substance abuse, and case management. PH, FLH, FFT, and CSH to provide NARCAN trainings and/or education.	-PH: $2,372.13 (2 years) -CSH: 6,240 staff hours per year -FLH: 0.01 FTE per year -FFT: 0.01 FTE per year Additional partners include the Substance Abuse Prevention Coalition, OCHC, law enforcement, and OCMH.