## 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).*

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| #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) | Implementing evidence-based programs including “Get Up Fuel Up” and “Food, Fun, and Fitness”.  
Implementing evidence-based programs such as “Rethink Your Drink” (group workshops). [www.cdph.ca.gov/programs/cpns/Pages/RethinkYourDrinkCurriculum.aspx](http://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. | **FF Thompson (FFT):** 0.25 FTE/Grant Dollars= $6,800.00 per year  
**Finger Lakes Health (FLH):** 0.03 FTE per year  
**Public Health (PH):** $14,739.86 (2 years)  
**Additional partners include FL Eat Smart NY/CCE and OCHC.** |
### 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.
- Develop a second Baby Café in the County.
- 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.**

**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.
- 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.
- Identify location for Baby Café.
-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

**Number of employers that have implemented lactation support programs.**

**Number and demographics of women reached by policies and practices to support breastfeeding.**

**Number of employers that have implemented lactation support programs.**

**Number and demographics of women reached by policies and practices to support breastfeeding.**

**-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)**

**-CSH: 200 staff hours/year**

**-FFT: 0.01 FTE per year**

**-FLH: 0.01 FTE per year**

**-PH: $6,209.08 (2 years)**

**-FLBP/S2AY RHN/Regional**
### 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.

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<td>#2.1 Prevent initiation of tobacco use by youth and young adults, especially among low socioeconomic status (SES) populations.</td>
<td><strong>Objective 2.1.3:</strong> 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)</td>
<td>Encourage municipalities to implement policies that protect youth from tobacco marketing in the retail environment, also known as the point-of-sale (POS).</td>
<td>Number of municipalities that restrict tobacco marketing in stores, including: o Tobacco display restrictions o Prohibiting the use of coupons and multi-pack discounts</td>
<td>Tobacco Action Coalition of the Finger Lakes (TACFL) to provide programming, outreach to elected officials, attendance at public hearings, and education/media outreach.</td>
<td>Efforts to be led by TACFL. Additional partners include OCHC.</td>
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<td>Number of elected officials communicated with about the impact of retail tobacco marketing on youth.</td>
<td>OCHC – led by PH, to provide support through promotion and networking.</td>
<td>-PH: $661.02 (2 years)</td>
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<td>Number of public hearings attended. Number of organizations/key community leaders engaged in efforts.</td>
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<td>Information, advertisements, and media utilized to educate and promote efforts.</td>
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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

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<td>#3.2: Promote use of evidence-based care to manage chronic diseases.</td>
<td>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)</td>
<td>Participation in regional blood pressure registry.</td>
<td>Number of primary care practices that submit patient numbers to registry.</td>
<td>PH, FLH, CSH, FFT, and S2AY RHN to provide assistance in recruiting practices to participate in registry.</td>
<td>PH: $1,303.62 (2 years)</td>
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<td>FLH and FFT to provide Data to Finger Lakes Health Systems Agency (FLHSA) through EHR transfer.</td>
<td>-FLH: 0.02 FTE per year</td>
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<td>FLHSA to provide programming, reports, and technical assistance to practices and partners.</td>
<td>-CSH: 200 staff hours per year</td>
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<td>-FFT: 0.02 FTE per year</td>
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<td>-S2AY RHN: $2,475 (2 years)</td>
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<td>-FLHSA: in kind</td>
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<td>#3.3 Promote culturally relevant chronic disease self-management education.</td>
<td>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</td>
<td>Promote the use of evidence-based interventions to prevent or manage chronic diseases.</td>
<td>Percent of adults with one or more chronic diseases who have attended a self-management program.</td>
<td>FFT and Wayne CAP to offer and conduct CDSMP classes. Promote and enroll members in classes.</td>
<td>Wayne CAP: $10,211 per year</td>
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<td>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.</td>
<td>PH to coordinate training for additional CDSMP trainers.</td>
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<td>OCHC to identify additional partners that can be trained in CDSMP, promote classes and support as a county wide initiative.</td>
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<td>Goal</td>
<td>Objective 2.1.2: Prevent underage drinking, non-medical use of prescription pain relievers by youth, and excessive alcohol consumption by adults.</td>
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| #2.1 Prevent underage drinking, non-medical use of prescription pain relievers by youth, and excessive alcohol consumption by adults. | 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.).  
C SH houses a psyche unit and provides 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. |