



Public Health
Prevent. Promote. Protect.

Seneca County Community Health Improvement Plan

2013-2017



October 2013

Prepared by: S2AY Rural Health Network

In collaboration with the Seneca Health Solutions Team

Executive Summary

What are the health priorities facing Seneca County?

This was the question facing Seneca County Public Health Department as they delved into a comprehensive process that involved health care organizations, hospitals, business and community leaders, academia, government agencies, non-profit organizations and county residents. Key partner agencies (Seneca County Public Health, Finger Lakes Health (Geneva General Hospital), Cornell Cooperative Extension, and other community partners), engaged in a process facilitated by the S2AY Rural Health Network over a 22 month period to collect data, solicit opinions, facilitate a process and guide a discussion to determine not only what are the most pressing problems facing our residents, but also what we can effectively and efficiently address.

According to the New York State Department of Health, Public Health employees in local health departments *"protect the health of entire communities... must always be prepared to deal with the unknown, they protect people from disease and harm before, during and after emergencies"*.

To that end Seneca County Public Health and their partners utilized the Mobilizing for Action through Planning and Partnership (MAPP) process to select two key health priorities and one disparity to address in the community. Although there is no hospital located inside county boundaries Geneva General part of the Finger Lakes Health system participated in this process.

In the end, Seneca County Public Health and the partner agencies decided to tackle two tough areas under the New York State Dept. of Health priorities of the prevention of chronic disease and promoting mental health and preventing substance abuse:

1. Reduce obesity in children and adults
2. Prevent substance abuse and other mental, emotional, and behavioral disorders

The disparity the partners chose to address was:

Reduce tobacco use among individuals with a mental health or substance abuse issue

Chronic diseases are among the leading causes of death, disability and rising health care costs in New York State (NYS). Specifically, they account for approximately 70% of all deaths in NYS, and affect the quality of life for millions of other residents, causing major limitations in daily living for about 10% of the population. Costs associated with chronic disease and their major risk factors account for more than 75% of our nation's health care spending¹. Obesity is a major contributor to chronic disease.

Obesity Prevalence

- The percentage of New York State adults who are overweight or obese increased from 42% in 1997 to 60% in 2008.
- The percentage of obese adults in New York State more than doubled from 10% in 1997 to 25% in 2008.
- Obesity among children and adolescents has tripled over the past three decades. Currently, a third of New York's children are obese or overweight.
- Health care to treat obesity-related illnesses and conditions cost the United States an estimated \$150 billion and New York State more than \$7.6 billion every year.²

According to the data available when the CHA was completed (2008-09 EBRFSS data), Seneca County had a third highest rate of age-adjusted percentage of adults who are obese or overweight (BMI 25 or above) compared to New York State. 70.5% of Seneca County residents are obese or overweight versus the New York State average of 59.3%. Unfortunately, Seneca County also has the distinction of having the **highest** rate of age-adjusted percentage of adults who are obese (BMI 30 or above) in New York State at 37.5% compared to the NYS average of 23.1. According to our survey, the average BMI of

¹ CDC Chronic diseases: The Power to Prevent, the Call to Control

<http://www.cdc.gov/chronicdisease/resources/publications/aag/chronic.htm>

²New York State Dept. of Health Obesity Prevention <http://www.health.ny.gov/prevention/obesity/>

respondents was 31.5. Public health officials across the state and the nation must take steps to address this rising epidemic.

Seneca County has also chosen to tackle the tough area of mental health and substance abuse. Many Mental, Emotional and Behavioral (MEB) disorders, such as substance abuse and depression, have lifelong effects that include high psychosocial and economic costs for people, their families, schools and communities. The financial costs nationally in terms of treatment services and lost productivity are estimated at \$247 billion annually. Beyond the financial costs, MEB disorders interfere with people's ability to accomplish developmental tasks, such as establishing healthy interpersonal relationships, succeeding in school, making their way into the workforce and staying optimally functional once there. Mental and physical health problems are interwoven. Improvements in mental health help improve individuals and populations' physical health³.

Smoking kills 25,500 people every year in New York State. Secondhand smoke kills 2,500 New Yorkers every year. At any one time, there are estimated to be 570,000 New Yorkers afflicted with serious disease directly attributable to their smoking. It is projected that 389,000 New York State youth age 0-17 will die from smoking. 24.3% of Seneca County residents smoke compared to the NYS rate of 18.1%.

Failing to win the battle against tobacco use, obesity, substance abuse and other mental, emotional, and behavioral disorders will mean premature death and disability for an increasingly large segment of Seneca County residents. Without strong action to reverse the obesity epidemic, for the first time in our history children may face a shorter lifespan than their parents. Seneca County Public Health along with their partners developed the Community Health Improvement Work Plan ([see attachment E](#)) to address these issues.

Next steps will center on accomplishing the activities outlined in the Community Health Improvement Work Plan to achieve the objectives related to our identified priorities. Seneca County Public Health will continue to meet and work with our partners on a regular basis to begin to make progress in addressing the identified priorities to reduce obesity, substance abuse and tobacco use.

³http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/mhsa/mhsa_introduction.htm

Background and Process

Mobilizing for Action through Planning and Partnership

Led by the S2AY Rural Health Network Seneca County Public Health Department along with local hospitals and community partners utilized the Mobilizing for Action through Planning and Partnership (MAPP) process to determine two priorities and a disparity from the 2013 – 2017 Prevention Agenda. The MAPP process is a strategic approach to community health improvement. This tool helps communities improve health and quality of life through community-wide strategic planning. Using MAPP, communities seek to achieve optimal health by identifying and using their resources wisely, taking into account their unique circumstances and needs, and forming effective partnerships for strategic action. The MAPP tool was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). A work group comprised of local health officials, CDC representatives, community representatives, and academicians developed MAPP between 1997 and 2000. The vision for implementing MAPP is: *"Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action"*. The MAPP process encompasses several steps.

Organize for Success- Partner Development

The goal of this step is to bring together key partners and familiarize them with the MAPP process and determine key local questions. To accomplish this the Seneca County Public Health Department invited participants from a wide range of the organizations throughout the county. Organizations that participated in the community health assessment process were:

- Seneca County Public Health Department
- Finger Lakes Health (Geneva General)
- Cornell Cooperative Extension
- Finger Lakes Community Health
- FLACRA
- NY Chiropractic College
- Seneca County Youth Bureau
- Wayne CAP
- Seneca County Office of the Aging
- Lifecare
- Seneca County DSS
- United Way
- House of Concern
- Seneca County Mental Health Department
- Red Cross
- Council on Alcoholism & Addictions in the Finger Lakes
- Finger Lakes WIC Program
- Tobacco Coalition of the Finger Lakes
- S2AY Rural Health Network

The Seneca Health Solutions Team included these organizations that are committed to improving the health of Seneca County residents. This group has met on a monthly basis with key partners meeting more regularly as needed. The members of the Seneca Health Solutions Team have agreed to meet on a regular basis to ensure that the initiatives outlined in this plan are implemented, monitored and evaluated.

Assessments

Four assessments comprise the entire MAPP process. The assessment phase provides a comprehensive picture of a community in its current state using both qualitative and quantitative methods. The use of four different assessments is a unique feature of the MAPP process. Most planning processes look only at quantitative statistics and anecdotal data. MAPP provides tools to help communities analyze health issues through multiple lenses.

The first assessment examined the Community Health Status Indicators. Two methods were used to examine indicators. The first was to collect relevant statistical data using the NYSDOH Community Health Indicator Reports and a variety of other secondary sources. This was completed by S2AY Rural Health Network staff. The second method was to collect primary data by conducting a comprehensive survey among a random sample of community residents to determine their opinions, health-related behaviors and health needs. A total of 345 completed surveys were returned in Seneca County. Surveys were conducted electronically through a Survey Monkey link, along with paper copies which were distributed to the public through employers, health, educational and human services agencies and through other community groups. A drawing for gas cards was held to encourage responses. The survey was designed to encompass questions in the five Prevention Agenda areas that the New York State Department of Health (NYSDOH) has identified as high priority issues on a statewide basis.

The second assessment evaluated the effectiveness of the Public Health System and the role of Seneca County Public Health Department within that system. This was done using a modification of the Local Public Health System Assessment tool developed by the CDC and NACCHO. This was also conducted via an electronic survey on Survey Monkey. A diverse group of key informants were chosen to complete the survey, including community leaders who are familiar in some way with the local public health system. The assessment was completed through the use of a more user-friendly version of the CDC and NACCHO tool, Local Public Health System Assessment (LPHSA). Each of the ten essential public health services was rated by the group by ranking the series of indicators within each Essential Service to determine areas of strength and areas needing improvement within the Local Public Health System.

The third assessment was the Community Themes and Strengths Assessment that was conducted through focus groups which were held throughout the County. This assessment looked at the issues that affect the quality of life among community residents and the assets the County has available to address health needs. These were held in conjunction with the fourth assessment that looked at the "Forces of Change" that are at work locally, statewide and nationally, and what types of threats and/or opportunities are created by these changes. The focus groups conducted in Seneca County included a discussion and presentation at the Seneca County Human Services Network meeting on 12/10/12, at the Seneca County Family Health and Wellness Committee meeting on 1/16/13, at the Interlaken Reform Church Food Pantry on 2/22/13, at the Ovid SNAP Education meeting on 2/25/13 and with a Seneca County Headstart parents group in Seneca Falls on 2/25/13. These groups helped augment the responses of the public health system assessment and findings of the survey of community residents.

Identification of Strategic Issues

Once these results were tallied, a finalized list of the top issues from all components of the assessment process was compiled. A series of meetings was held with the Seneca Health Solutions Team to present the data and pick priorities. The Collaborative was charged with ranking the priorities based on their knowledge of health needs and available services, along with the data presented, to select two priorities and one disparity. In order to accomplish this the Hanlon Method was used. This method of ranking focuses most heavily on how effective any interventions might be. The Hanlon Method utilizes the following formula to rank priorities:

$$(A \ \& \ 2B) \times C$$

where A= the size of the problem, B= the severity of the problem and C=the effectiveness of the solution. The effectiveness of the solution is given a lot more weight than the size or seriousness of the problem, with the hope of making wise use of limited resources by targeting solutions that are known to be effective. Participants also consider the weight of the propriety, economic feasibility, acceptability, resources and legality (PEARL) of issues in this ranking system. Numerical values were determined by each participant for size, severity and effectiveness, and then plugged into the formula along with average PEARL scores.

It is important to note that while the Hanlon Method offers a numerical and systematic method of ranking public health priorities, it is still a method that is largely subjective, but which represents a quantitative way to rank qualitative and non-comparable quantitative information. Since respondents ranked each component (size, seriousness and effectiveness of the solution) individually using a paper ranking form, the rankings were not heavily influenced by group dynamics. Based upon the ranking through the Hanlon Method, Seneca County's scores on the top health related issues in the county were:

	Hanlon	PEARL
Obesity	158.70	4.60
Cancer	151.26	4.25
Depression/Other MH	134.18	4.15
Dental health	134.17	4.15
Behavioral problems in young children	130.48	4.20
Access to health care	128.61	3.80
Alcohol abuse/Substance abuse	128.48	4.70
smoking/tobacco use	101.13	3.95
Unintentional Injury	69.10	2.50

Community partners discussed all these issues, but concentrated on the top ranked issues. After reviewing, discussing and considering county assessments, data and previous initiatives the group decided to focus on the top two priorities of:

1. Reduce obesity in children and adults
2. Prevent substance abuse and other mental, emotional, and behavioral disorders

The disparity the partners chose to address was:

Reduce tobacco use among individuals with a mental health or substance abuse issue



Formulate Goals and Strategies

During this stage research and evidence-based best practices were considered by Seneca County Public Health and their partners from many different sources including the state's Prevention Agenda 2013 – 2017 material, and national guidance, such as the National Prevention Strategy, Guide to Community Preventive Services, and Healthy People 2020. The Health Impact Pyramid developed by Thomas R. Frieden, MD, MPH was utilized. This is a pyramid approach to describe the impact of different types of public health interventions and provides a framework to improve health. The base of the pyramid indicates interventions with the greatest potential impact and in ascending order are interventions that change the context to make individuals' default decisions healthy, clinical interventions that require limited contact but confer long-term protection, on-going direct clinical care, and health education and counseling. Interventions focusing on lower levels of the pyramid tend to be more effective because they reach broader segments of society and require less individual effort.

For each focus area under the selected Prevention Agenda Prevent Chronic Disease priority and the Promote Mental Health and Prevent Substance Abuse Action Plan priority objectives and goals were identified that included improvement strategies and performance measures with measurable and time-framed targets over the next five years. Strategies proposed are evidence-based or promising practices. They include activities currently underway by partners and new strategies to be implemented.

These strategies are supported and will be implemented in multiple sectors, including at local schools, worksites, businesses, community organizations, and with providers, to make the easy choice also the healthy choice. We will create an environment that is conducive to physical activity, good nutrition, tobacco cessation and educated about mental health and substance abuse issues through our network of partnerships with these diverse organizations.

Over a period of several months, our partnership worked to develop a broad based plan to address our chosen priorities of obesity, prevention of substance abuse and other mental, emotional and behavioral disorders along with our disparity of promoting tobacco cessation for those with mental health and/or substance abuse issues. The Seneca Health Solutions Team Work Plan places emphasis on three key areas: 1) health promotion activities to encourage healthy living and limit the onset of chronic diseases; 2) early detection opportunities that include screening populations at risk; and 3) successful management strategies for existing diseases and related complications. These strategies recommended by the Health Impact Pyramid are based on the interventions' evidence base, potential to address health inequities, ability to measure success, potential reach, potential for broad partner support and collaboration, and political feasibility. This is based on findings from such organizations as the Institute of Medicine of the National Academies and their report, *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation* or the CDC's, *Recommended Community Strategies and Measurements to Prevent Obesity in the United States*.

Obesity is one of the leading causes of preventable deaths leading to other chronic diseases, including diabetes, cancer, heart disease, stroke, arthritis and others. We have included many interventions to encourage increased physical activity and better nutrition thus reducing our obesity rates leading to lower chronic disease rates. These initiatives include pursuing initiatives with the local school districts, promoting breast feeding policies, adoption of a healthy vending policy by county government, using local food at schools, and adoption of policies to reduce the consumption of sugar sweetened beverages. We will encourage providers to use resource guides in their electronic medical records to promote the County's many opportunities for physical activity and better nutrition including local farmer's markets, parks and hiking trails.

Our efforts to fight obesity will impact our chronic disease indicators lowering rates for a multitude of diseases. Cardiovascular Disease (CVD) is the leading cause of death in the United States and in NYS. Additionally, NYS has the second highest mortality rate in the U.S. from cardiovascular disease (CVD). CVD was responsible for 31% of deaths in NYS in 2010 and accounted for a substantial proportion of the estimated \$50 billion in direct medical costs spent on chronic disease in the state. For every person who dies from a heart attack, 18 people survive. For every person who dies from a stroke, seven people survive. Many of these survivors are disabled and cannot lead productive lives. Stroke is a leading cause of premature, permanent disability among working-age adults in the United States. Stroke alone accounts for the disability of more than a million Americans. The economic impact of CVD and stroke on the health

system will grow as the population ages.⁴ Heart disease, and hypertension in particular as a major contributor to heart disease (and cerebrovascular disease) must also be prioritized.

Mental and emotional well being is essential to overall health. At any given time, almost one in five young people nationally are affected by mental, emotional and behavioral (MEB) disorders, including conduct disorders, depression and substance abuse. About three-fourths of all MEB disorders are diagnosed between the ages of 14-24 years⁵. We will work closely with the Seneca County Mental Health Dept. and Substance Abuse Coalition to implement our strategies and activities in the work plan. We will strive to implement policy and environmental changes that will have a lasting, sustainable impact. These include the passage of a social hosting law, utilizing social media to reach young Seneca County residents and their parents, providing education to providers, working with local school districts and surveying our youth.

Our disparity is to reduce tobacco use among individuals with a mental health or substance abuse issue. Tobacco use in addition to obesity is a contributing factor to cardiovascular diseases. The age adjusted congestive heart failure mortality rate per 100,000 in Seneca County is 16.8 compared to the upstate New York rate of 15.3.⁶ The age adjusted percentage of coronary heart disease hospitalization rate per 10,000 in Seneca County is 44.6 compared to the upstate NY rate of 43.7. Failing to win the battle against obesity and tobacco use will mean premature death and disability for an increasingly large segment of Seneca County residents. Without strong action to reverse the obesity epidemic, for the first time in our history children may face a shorter lifespan than their parents. Seneca County Public Health along with their partners has developed the Community Health Improvement Work Plan to address these issues.

The CHIP Chart that follows outlines the workplan to address our chosen priorities and disparity in Seneca County.

One exciting aspect of the Community Health Improvement Work Plan is the unlimited possibilities offered by technological advances. Area hospitals and other local providers are beginning to implement Electronic Health Records (EHR). These EHR's will create a sea of change in how providers manage their patients. When fully functional the benefits of EHRs include improved quality and convenience of patient care, accuracy of diagnoses, health outcomes, and care coordination, increased patient participation in their care and increased practice efficiencies and cost savings. We will utilize this technology to give our residents one more, vital tool to improve their health outcomes. EHR's will give providers decision support tools and available resources at their finger tips leading to disease management discussions with patients and better chronic disease case management.

Primary care providers will be trained to talk to their patients about their weight, physical activity, blood pressure, diet and tobacco use. They will be educated on mental health and substance abuse issues. Professional training programs in prevention, screening, diagnosis and treatment of obesity and substance abuse will be provided and reach across the spectrum of health care providers. Resources will be available to providers through a link in the EHR. Through the use of this new technology follow-up calls will be able to be made to check on patient compliance. Additionally, the EHR's will provide the opportunity and documentation necessary to evaluate and measure their use. EHR's provide one more important connection in the network to support residents to fight obesity, mental health issues and tobacco use.

Additionally, we are extremely excited to report that shortly we will be able to add some objectives under the lowest level of Freiden's pyramid, Socio-economic factors. Through the largesse of the Greater Rochester Health Foundation, our STEPS (Seneca Towns Engaging People for Solutions) proposal serving the Towns of Ovid, Romulus, Lodi and Covert community was awarded a Neighborhood Health Improvement grant that the Dundee community in Yates County has had since 2008. This is a long term community building program, designed to influence the social determinants of health over a long period (10 years or more) to improve health outcomes. While the grant will not start until December 1, 2013 and we do not know all the details and cannot yet plug additional objectives into our work plan, we know that it will enable us to make huge strides in improving health outcomes for at least one part of our community as part of our Community Health Improvement Plan. We are thrilled with this opportunity.

As we implement our Community Health Improvement Work Plan we will continue to identify emerging best practices to reduce obesity and address substance abuse issues. We will evaluate our own programs and develop data measures to

⁴ New York State Dept. of Health Cardiovascular Disease https://www.health.ny.gov/diseases/cardiovascular/heart_disease/

⁵ New York State Dept. of Health Promote Mental Health and Prevent Substance Abuse
http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/mhsa/mhsa_introduction.htm

⁶ New York State Dept. of Health New York State Community Health Indicator Reports <http://www.health.ny.gov/statistics/chac/indicators/>

assess their impact. Promising cases for return on investment will be shared with policymakers. Our continued and developing partnerships in the development of this plan have allowed us to strengthen the connection between public health, Finger Lakes Health and providers. Specifics are outlined in the work plan below.

Maintenance of Engagement

The Community Health Improvement Work Plan designates the organizations that have accepted responsibility for implementing each of the activities outlined in the work plan. Measurements and evaluation techniques are provided for each activity with starting target dates provided. As mentioned above our partners in this process have agreed to meet on a regular basis to ensure that the initiatives outlined in this plan are implemented, monitored and evaluated. Progress will also be reported quarterly to the Seneca County Board of Health and Public Health Advisory Committee. Finger Lakes Health will provide updates of their Community Service Plans annually to their respective Hospital Boards. Activities on the work plan will be assessed and modified as needed to address barriers and to document successes. As priorities are addressed, other community partners may need to be brought to the table to effectively accomplish objectives.

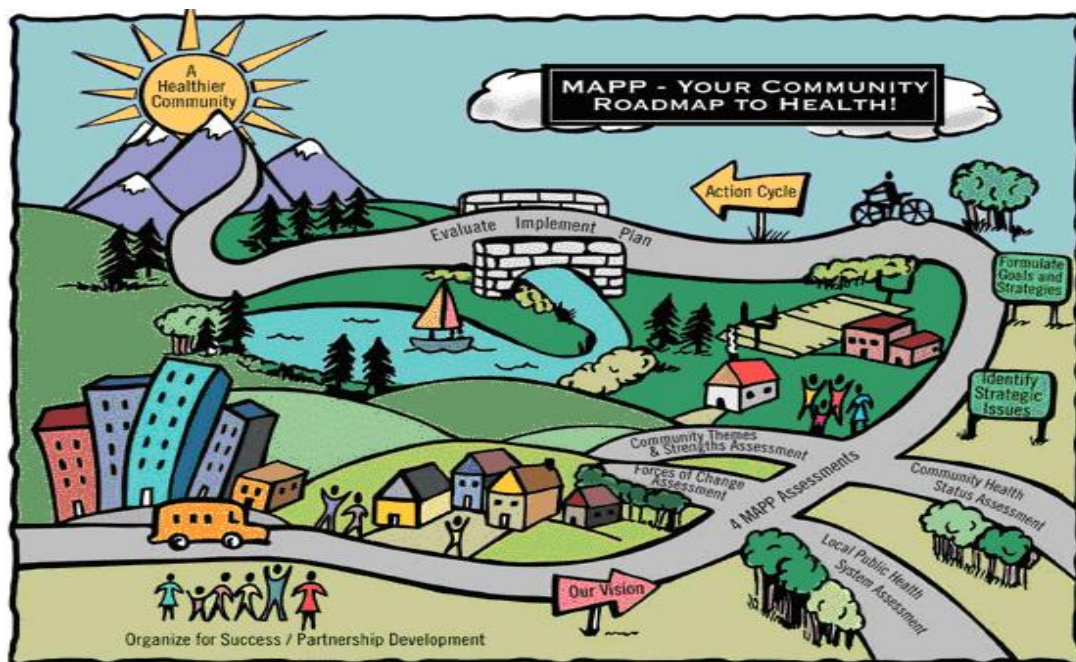


Community Health Improvement Plan

The Seneca Health Solutions Team spent several meetings developing and refining the attached CHIP Chart, the overall workplan for community health improvement. While many objectives will only focus on program-related measures, we have made sure to include three measures that will specifically lead to improved health outcomes and help to achieve our goals of reducing obesity in a very measurable way. These include:

- Increase in women exclusively breastfeeding and breastfeeding at 6 months
- 10% increase of WIC mothers breastfeeding at 6 months
- Decrease by 2% the number of adults who consume sugary beverages in accordance with data reported from BRFSS

We fully expect that our continued efforts will lead to a healthier Seneca County.



Prevention Agenda Focus Area: Prevent Chronic Disease

Goal 1: Reduce Obesity in Children and Adults

<i>Strategy Area</i>	<i>Objective</i>	<i>Activities</i>	<i>Partners</i>	<i>Timeframe</i>	<i>Measurement/Evaluation</i>
1. Create community environments that promote and support healthy food and beverage choices and physical activity	A. By December 31, 2017, decrease the percentage of adults ages 18 and older who consume 1 or more sugary drinks per day	1A -1. Educate the public about the risk associated with the overconsumption of sugary drinks through Re-think Your Drink presentations to adults, community groups, youth groups, county employees, SNAP Nutrition Education series and through the use of educational displays at health fairs and libraries in Seneca County.	CCE, PH, workplaces County government, PH, Seneca County Employee Wellness Committee	To begin Jan 2014	-Decrease by 2% the number of adults who consume sugary beverages in accordance with data reported from BRFSS -# of SSB Policies implemented or adopted by workplaces, schools, local gov't by 12/2017. -Survey at least 50 Seneca County employees during annual benefits fair re: eliminating soda machine and the total # of sugary beverages consumed daily. -Increase by 20% the number of SNAP Education participants who report a reduction in the amount of sugar sweetened beverages consumed daily thru pre and post participant surveys.
		1A - 2. Utilize a variety of Social Media to educate the public about the risk associated with overconsumption of sugary drinks. Examples include Press releases, articles, public service announcements and web postings.	CCE/PH	1/2014	# of articles/posts/publications released
		1A - 3. Increase access to healthy foods through community gardens/and local producers to distribute locally grown produce to food pantries and to students and families enrolled in the Seneca County backpack programs.	Local schools, local summer programs, PH Back Pack Program Coordinators, CCE Master Gardeners	Ongoing	Increase by 5% the number of adults and youth receiving food from community gardens through Back Pack Programs and Food Pantries receiving fresh produce by 12/17 .
		1A - 4. Promote use of Farmer's Markets and SNAP/EBT use within the community and specifically at WIC Clinics.	WIC, CCE OFA, PH	Ongoing	-Measure increased use of EBT's at Farmer's Markets (CCEs) -# of OFA vouchers given -# of Redeemed WIC checks -EBT Use at Seneca Falls Farmer's market tracked annually

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	A. By December 31, 2017, decrease the percentage of adults ages 18 and older who consume 1 or more sugary drinks per day	1A-5. To increase community physical activity, investigate and contact applicable parties to compile resources and create a central guide to promote local hiking trails and the area's natural resources. Investigate creating and annually updating an online resource guide as well as the cost of printed copies ie Loca-Motion Map.	PH, Visitors Bureau, Traffic Safety Board, NYCC, CCE, FL Health	Ongoing	-Resource guide created, online link made - # of hits online -# of Loca-motion maps distributed
		1A-6. To strengthen and promote joint-use agreements such as the Step Up Program with the New York Chiropractic College and the Health Dept	PH, NYCC	Ongoing	-To survey participants regarding their current and post program levels of physical activity. -Total # of Joint Use Agreements -# of adults participating in Step Up Program annually . -The total % of Step Up participants who report increase participation in leisure time physical activity through participant surveys -Biometric screening #'s before and after program completion.
	2. Expand the role of public and private employers in obesity prevention	2A - 1. Implement evidenced based strategies for County Employee Wellness Program that facilitates increased physical activity and nutrition	PH/Wellness Committee/ Finger Lakes Breastfeeding Coalition	Ongoing	-Increase in the total # of employees participating in the wellness program by at least 5% annually. -Track employee participation annually -Continue to track employees BMI, blood pressure, cholesterol and glucose annual through biometric screenings conducted by Health Department Nursing staff.
	B. By December 31, 2017 to increase the % of employers with support for breastfeeding at the worksite by 10% in Seneca County.	2B - 1. Work with Seneca County government or another Seneca County municipality to investigate and adopt at least 1 healthy vending machine and/or healthy meeting policy. Compile and disseminate information to employers to encourage participation.	PH/Wellness Committee/ Finger Lakes Breastfeeding Coalition	By 2017 Start 2015	-Adoption of healthy vending policy and/or documented changes in vending machines, increase in sales of healthy options. -# information disseminated, # employers contacted

Prevention Agenda Focus Area: Prevent Chronic Disease

Goal 1: Reduce Obesity in Children and Adults

<i>Strategy Area</i>	<i>Objective</i>	<i>Activities</i>	<i>Partners</i>	<i>Timeframe</i>	<i>Measurement/Evaluation</i>
2. Expand the role of public and private employers in obesity prevention	B. By December 31, 2017 to increase the % of employers with support for breastfeeding at the worksite by 10% in Seneca County.	2B - 2. Work with the Finger Lakes Breast Feeding Coalition to increase access to breastfeeding information and encourage continued breastfeeding after delivery for new moms.	FL Breastfeeding Coalition, PH, Seneca County Employee Wellness Committee, CCE	Ongoing	-EHR documentation (where available) of education, % of women exclusively breastfeeding and breastfeeding at 6 months, -10% increase of WIC mothers breastfeeding at 6 months and BRFS data by 12/2017
		2B - 3. Develop and adopt a Seneca County Employee Policy for support of breastfeeding in the workplace.	FL Breastfeeding Coalition, PH, Seneca County Employee Wellness Committee, CCE	October 2013	Adoption of a Seneca County supports for breastfeeding at the worksite policy.
		2B - 4. Post breastfeeding friendly signs in county office buildings for employees and the public. Outline designated areas for staff and public to breast feed. Educate the public and employees about the policy.	FL Breastfeeding Coalition, PH, Seneca County Employee Wellness Committee, CCE	January 2014	The #of new policies with supports for breastfeeding at the worksite policies in place. Number of county employees who report continuing to breastfeed and/or pump upon returning to the workforce.
		2B - 5. Identify at least 2 Seneca County employers to work with to adopt a breast feeding support policy for their workplace	FL Breastfeeding Coalition, PH, Seneca County Employee Wellness Committee, CCE	2016	The #of new policies with supports for breastfeeding at the worksite policies in place.

Prevention Agenda Focus Area: Prevent Chronic Disease

Goal 1: Reduce Obesity in Children and Adults

<i>Strategy Area</i>	<i>Objective</i>	<i>Activities</i>	<i>Partners</i>	<i>Timeframe</i>	<i>Measurement/Evaluation</i>
2. Expand the role of public and private employers in obesity prevention	B. By December 31, 2017 to increase the % of employers with support for breastfeeding at the worksite by 10% in Seneca County.	2B - 6. Encourage, promote and support initiatives within Head start and early childhood programs to teach children early about nutrition. Provide support to the Family Resource Center and Head Start Programs in reducing screen time, improving nutrition and increasing physical activity in child care settings.	Head start, Early Childhood Programs, PH, CCE, Family Resource Center	January 2014	# of policies developed or revised that are adopted in accordance with best practice
3. Reduce Obesity in Children and Adults	C. Prevent childhood obesity through early-care and schools	3C - 1. Provide evidence based programming for parents that focus on healthy eating, increased physical activity and reduced screen time such as the WE CAN Program.	Head start, Early Childhood Programs, PH, CCE, Family Resource Center	Annually	# Of parents completing WE CAN Program.
		3C - 2. Train childcare staff in benefits of obesity prevention, and regulations and policies that support breastfeeding, quality nutrition, increased physical activity and reduce screen time for children.	Head start, Early Childhood Programs, PH, CCE, Family Resource Center	Annually	-Track Baseline BMI for Head Start children at the beginning of the school year and the end. -Screen time logs, physical activity logs -Pre and Post Test of childcare staff -Total # of new policies implemented
		3C - 3. Implementation of Choose Health: Food, Fun and Fitness in 2/4 Seneca County public elementary schools and at least one summer recreation/after-school program.	PH/Seneca County Employee Wellness Committee	Annually beginning 1/2014	# of classes held and total # of students, pre and post tests Increase in the number of Schools and/or Recreation/Summer Programs implementing program.

Prevention Agenda Focus Area: Prevent Chronic Disease

Goal 1: Reduce Obesity in Children and Adults

<i>Strategy Area</i>	<i>Objective</i>	<i>Activities</i>	<i>Partners</i>	<i>Timeframe</i>	<i>Measurement/Evaluation</i>
3. Reduce Obesity in Children and Adults	D. Expand the role of health care and health service providers and insurers in obesity prevention	3D - 1. Develop curriculum and educate health care professionals to talk with their patients about their weight (including physical activity and diet) and their tobacco use, as appropriate. Encourage discussions that include dividing goals into manageable milestones and that health care professionals can easily link their patients with available community resources. Investigate the use of EHR as a tool for health care providers to link patients with appropriate community resources.	Local Health Care Providers, PH, Finger Lakes Health	July 2015 – On-going	Curriculum developed, # educated, # resources disseminated, track usage of EHR where applicable
		3D - 2. Offer the Stanford Chronic Disease Self-Management program Healthy Living at least 2 times annually for Seneca County residents diagnosed with Chronic Diseases.	SCHD, RSVP, SCOFA	Annually starting 1/14	At least 20 people with chronic disease annually will have taken a course and demonstrate improved management of their condition via QTAC surveys. -Attendance rosters will be maintained, participant surveys will be utilized.
4. Increase access to high quality chronic disease preventive care and management in clinical and community settings	E. Promote culturally relevant chronic disease self-management education	4E - 1. Ensure that decision support/reminder tools of and the community resources sections of EHRs are being used, and assist in providing information to populate community resources sections, if needed	FLH, Seneca Health Solutions Team	January 2015	Implementation of decision support/reminder tools in EHR, documentations of use of community resources

Prevention Agenda Focus Area: Prevent Chronic Disease

Goal 1: Reduce Obesity in Children and Adults

<i>Strategy Area</i>	<i>Objective</i>	<i>Activities</i>	<i>Partners</i>	<i>Timeframe</i>	<i>Measurement/Evaluation</i>
4. Increase access to high quality chronic disease preventive care and management in clinical and community settings	F. Train primary care providers (PCPs) to talk with their patients about their weight (including physical activity and diet) and their tobacco use, as appropriate. Ensure that such discussions include dividing goals into manageable milestones and that PCPs can easily link their patients with available community resources simply, through the EHR	4F - 1. Monitor implementation of EHR use	FLH, Seneca Health Solutions Team	July 2015	Implementation monitored through EHR.

Prevention Agenda Focus Area: Promote Mental Health and Prevent Substance Abuse

Goal 2: Prevent Substance Abuse and other Mental Emotional Behavioral Disorders

<i>Strategy Area</i>	<i>Objective</i>	<i>Activities</i>	<i>Partners</i>	<i>Timeframe</i>	<i>Measurement/Evaluation</i>
1. Prevent Substance Abuse and other Mental Emotional Behavioral Disorders	A. Reduce underage drinking	1A - 1. Adoption of social host law in Seneca County. Education to the general public to increase awareness of the new Social Host Law and to promote social norm against underage drinking Publicize Seneca County Social Host Law and the legal consequences for providing or allowing underage drinking. Distribute brochures to churches, libraries, schools, use of social media, website.	Seneca County Substance Abuse Coalition (SCSAC) Committee, Local Government, Local Law Enforcement	Done Effective 7/29/13	-Policy adopted -# of arrests made -#of underage youth referred to ADPEP - Program -# referred to SC Probation for Community Service
		1A - 2. Support the implementation of "drug free communities" and evidence based strategies to reduce underage drinking and drug use (such as those promulgated by the US Surgeon General and CDC) among youth.	SCSAC	DFC awarded to Seneca County Substance Abuse Coalition Oct 2013	Implementation of 7 DFC Strategies 1. Provide information 2. Enhance Skills 3. Provide Support 4. Enhance access/reduce barriers 5. Change Consequences (incentives/disincentives) 6. Change Physical Design 7. Modify/change policies and data driven planning efforts from program evaluation
		1A - 3. Seek additional funding to advocate for underage drinking initiatives, drug free programs and increased alcohol education within the community.	SCSAC	DFC awarded Dec 2013	-Dollars awarded -In-kind leveraged dollars -DFC grant application funding reward letter -SCSAC Sustainability Plan
		1A - 4. Work to decrease the % of favorable parental attitudes toward underage drinking through community forums to educate parents and other community members on the risk of underage drinking , how youth obtain alcohol, and the role of adults in influencing youth attitudes about drinking.	SCSAC	Dec 2013-9/29/14	-# social media messages posted, # educational materials disseminated, # adults reached, 3 of print media -Community Underage Drinking Survey will be administered to Seneca County residents ages 18 and over to measure change in attitudes and perceptions re: acceptance of underage drinking every 2 years by 2016).

Prevention Agenda Focus Area: Promote Mental Health and Prevent Substance Abuse

Goal 2: Prevent Substance Abuse and other Mental Emotional Behavioral Disorders

<i>Strategy Area</i>	<i>Objective</i>	<i>Activities</i>	<i>Partners</i>	<i>Timeframe</i>	<i>Measurement/Evaluation</i>
1. Prevent Substance Abuse and other Mental Emotional Behavioral Disorders	B. Strengthen Social Norms that Reduce Substance Use among youth. Reduce excessive alcohol consumption among adults.	1B - 1. Create a curriculum and/or disseminate information to health care providers on the warning signs of substance abuse among youth.	PH, Local Health Care Providers, FLACRA, Council on Alcoholism	2013	Curriculum developed, # educated, # disseminated
		1B - 2. Survey youth regarding access to alcohol, marijuana, tobacco and prescription drugs for minors	SCSAC	Ongoing - 2017	-Data compiled from Youth Development Survey for 4 Seneca County School Districts grades 6-12. Survey every 2 years. Data includes 30 day use Perception of harm, perception of parental disapproval, perception of peer disapproval -Reduce youth access to 1) alcohol 2) Tobacco 3) Prescription drugs
		1B - 3. Work with schools to disseminate letters regarding underage drinking to community members during key times of the year (prom, graduation, holidays, etc.). Presentations to school boards, parent groups , information distributed at Open Houses	SCSAC	Annually	-Letters created, # of letters sent, Minutes from youth listening (focus groups and meetings with Board of Education, School Administrators.
		1B-4. Partner with TACFL to reduce visibility and availability of tobacco products to youth.	PH SCSAC TACFL	Ongoing	-# of youth led initiatives -Increased participation from Seneca County Schools and youth groups -Laws or policy adopted re: Tobacco Pt of Sale
		1B-5. Advocate and assist in the adoption of local laws and/or policies for clean smoke free outdoor spaces	TACFL PH, SCSAC	Ongoing	# of smoke-free outdoor policies or laws adopted
		1B - 6. Encourage health care providers to speak with their patients about their alcohol use (substance abuse)	FLACRA Council on Alcoholism Seneca County Addictions Program, PH	2014-2017	Curriculum developed, # educated, # disseminate
		1B -7. Encourage providers to refer ptx for appropriate alcohol /drug evaluations and to seek appropriate treatment	FLACRA, Coun. on Alcoholism Seneca County Addictions Program, PH	2014-2017	Increase in the # of referrals from providers to Substance Abuse Treatment Providers

Prevention Agenda Focus Area: Promote Mental Health and Prevent Substance Abuse

Goal 2: Prevent Substance Abuse and other Mental Emotional Behavioral Disorders

<i>Strategy Area</i>	<i>Objective</i>	<i>Activities</i>	<i>Partners</i>	<i>Timeframe</i>	<i>Measurement/Evaluation</i>
1. Prevent Substance Abuse and other Mental Emotional Behavioral Disorders	C. Prevent Substance Abuse and other Mental Emotional Behavioral Disorders (Health Disparity)	1C - 1. Work with local agencies to adopt tobacco-free regulations for mental health facilities (Disparity - reduce the prevalence of cigarette smoking among adults who report poor mental health).	Local Mental Health Facilities, PH, TACFL	2013-2014	# facilities that adopt regulation
		1C - 2. Work with local agencies to understand evidence-based practices for smoking cessation among individuals with mental illness and/or substance abuse and look for opportunities where these might apply (Disparity - reduce the prevalence of cigarette smoking among adults who report poor mental health).	Local Mental Health Facilities, PH, GRATC and TACFL, Ovid Community Health Center	1 Annually beginning 2015	# evidence based practices researched, # opportunities identified, # implemented
	D. Prevent and reduce occurrence of mental emotional and behavioral disorders among youth and adults.	1D - 1. Work with local agencies to understand evidence-based practices for MEB health promotion and MEB disorder prevention. Promote evidence-based curriculums in school settings.	Mental Health	Ongoing	# practices researched, # implemented, # school contacted
		1D - 2. Promote universal screening of all children for mental emotional and behavioral disorders among children through the Early Recognition and Screening Grant.	Mental Health Seneca County System of Care Group Partners for Youth and Children 0-8 Committee Franziska Racker Center	2014-2016	-# of Seneca County children screened -# of Seneca County Providers educated and utilizing universal screening tool