



Public Health
Prevent. Promote. Protect.
Chemung County Health Dept.

Chemung County Community Health Assessment 2016-2018

The participating local health department is the Chemung County Health Department.

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The Chemung County Health Department, Arnot Health, and the Chemung County Health Priorities Partnership, a multi-disciplinary group of community organizations, worked together with facilitation provided by the S²AY Rural Health Network, to complete this assessment. The Health Priorities Partnership members will work together to address the health priorities of Chemung County residents as outlined in this document and the attached [Community Health Improvement Plan](#).

ArnotHealth

Executive Summary

Chemung County chose to focus on the following priorities and area of disparity:

Priority Area 1: Prevent Chronic Diseases

Focus Area: Prevent chronic disease by reducing illness, disability, and death related to hypertension, tobacco use and second hand smoke, and obesity in adults and children.

Priority Area 2: Promote Mental Health and Prevent Substance Abuse

Focus Area: Prevent non-medical prescription opioid use and overdose.

Chemung County also chose to address the following disparity:

Under the Prevent Chronic Disease priority area, Chemung County will work on decreasing the percentage of low income individuals who use tobacco.

Changes from 2013: Our first priority, Prevent Chronic Diseases – focusing on obesity and tobacco use, has not changed from the 2013 Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), although the strategies to be used to address these priorities have evolved. The focus areas have been expanded to include addressing hypertension. The second priority has changed however. In the review of the data and discussions with focus groups, substance abuse was of significant concern. The opioid epidemic has spread across the nation and New York State as well as locally in Chemung County. Every focus group called attention to the rising levels of substance abuse and the need to address this problem. During the ranking process substance abuse was identified as one of the most pressing problems in our community. The Health Priorities Partnership agreed it should be our second priority.

Data Reviewed and Analyzed: The data review and analysis was extensive. The process began with a review of current data for the eight county region conducted by the Finger Lakes Health Systems Agency (FLHSA). This data collection and analysis effort focused on data related to the main priorities in the 2013 CHA for the region, as well as analyzing some emerging issues that the hospitals and Public Health agreed should be focused on through their knowledge of what they were seeing in their communities and what the needs assessment for Delivery System Reform Incentive Payment (DSRIP), also conducted by the FLHSA, had revealed. 2013 priority areas in the region included: obesity, hypertension, diabetes, heart disease, tobacco

use, and falls, slips and trips in the 65 and older population. Emerging issues in the DSRIP assessment included: behavioral health and low back pain as a chronic disease. Other data collected and analyzed by the S²AY Rural Health Network came from the following sources: Expanded Behavioral Risk Factor Surveillance Survey (EBRFSS), Census Bureau, SPARCS data, NY State Prevention Agenda data set, Aggregated Claims Data, NY State Vital Statistics, the Regional High Blood Pressure Registry, County Prevention Agenda Dashboard, Community Health Indicators, Sub-County Data Reports, Leading Causes of Death Indicators and County Health Rankings. In addition to the primary data reviewed from the high blood pressure registry, other primary data was obtained through ten focus groups conducted throughout the County.

Partners and Roles: The partners in the assessment process included the Chemung County Health Department, Arnot Health, and the Health Priorities Partnership. Arnot Health, with Ira Davenport Memorial Hospital in Steuben County as part of their three-hospital system, also participated in Steuben County's CHA, selection of public health priorities, and Smart Steuben's CHIP. Chemung County's Health Priorities Partnership acts as the oversight and implementation committee for the CHA/CHIP/CSP process. The Health Priorities Partnership is involved in reviewing the data, choosing the priorities, and developing the strategies to address the chosen issues. Health Priorities Partnership member roles vary depending on the priority and its' strategy, but may include dedicated staff time, meeting space, printing, media, promotion, utilities, supplies, and materials. Detailed roles in implementation are outlined below and in the [attached CHIP](#).

Community Engagement: The community has been and will continue to be engaged in the development and implementation of the CHIP. For example, as part of this update ten diverse focus groups were conducted throughout the community to review data and gather their input and perceptions regarding needs in Chemung County. The focus group participants and general public were invited to attend the priority setting meeting and subsequent meetings to develop strategies. The Health Priorities Partnership meetings were announced on the Chemung County Health Department and Arnot Health's website and Facebook page. In addition, Chemung County issued an official press release. This was sent out to all media outlets in our region which includes local television stations and newspapers. There are also hundreds of community members that subscribe to the County E-News and Events list-serv that received the press release. Going forward our

strategies include efforts such as community forums, substance abuse prevention classes at local schools, community educational campaigns, community health public blood pressure screenings, breastfeeding friendly awards, CDSMP classes, and engaging employers and employees through the worksite wellness efforts of the Creating Health Schools and Communities program.

Evidence-based interventions: Links to the evidence-based interventions utilized to address our priorities are provided in our CHIP. Interventions to address our chronic disease focus areas include the Million Hearts program, CDC and American Lung Association tobacco use reduction strategies, the Chronic Disease Self-Management Program, CDC and NYSDOH breastfeeding practices, and the Nurse Family Partnership and Healthy Families programs. Interventions to prevent non-medical prescription opioid use and overdose include those based on Overdose Prevention: Project Lazarus, Motivational Interviewing, Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Matrix Model, Seeking Safety, Patrick Carnes, Gorsky Relapse Prevention, and the Life Skills Program. Prevention efforts include Too Good for Drugs and Violence, Life Skills, Second Step, Teen Intervene, and Prime for Life. Other evidence based efforts include Screening Brief Intervention, and Referral to Treatment (SBIRT), Narcotics Anonymous, Edinburgh Perinatal Depression Scale, and CAGE.

Evaluation of Impact and Process Measures: Our impact will be measured based on the progress towards successfully reaching our objectives which include:

- Reducing drug-related hospitalization rate per 10,000 currently 29.5 (2011-2013)
- Newborn drug-related diagnosis rate per 10,000 newborn discharges
- Fatal opioid overdose rates for adults
- Developing a system wide approach to substance abuse issues
- Increasing the percentage of residents with hypertension who have adequately controlled their blood pressure
- Preventing initiation of tobacco use by youth and reduce percentage of tobacco use, specifically cigarette smoking, among adults - currently 24.8%,
- Preventing the obesity trend from rising and reduce the percentage of adults (29.8) and children (18.4) who are obese

Process measures are outlined in the [attached CHIP](#) and examples include the number of clients and students served, number of SBIRT screenings conducted, number of referrals to EBI programs, numbers in the FLHSA hypertension registry, number of Patient Activation surveys (PAM) completed through Arnot Health’s DSRIP initiative, number of tobacco policies adopted, and number of participants in CDSMP programs, among others. The Health Priorities Partnership meets on a bi-monthly basis, and the agenda for these meetings is focused on tracking progress, identifying barriers, strategizing how to overcome barriers and action steps needed to accomplish our objectives. Progress will be reported to NYSDOH starting per their requirements.

Chemung County Community Health Assessment 2016-2018

The Chemung County Health Department in partnership with Arnot Health and the members of the Health Priorities Partnership strive to serve the health needs of our local residents. Together we reviewed the demographics and health data for the County as well as conducting ten focus groups with diverse populations to update our community health assessment. We will continue to address our 2013 Prevention Agenda priorities focusing on obesity and tobacco use, adding hypertension strategies, and the disparity of tobacco use among those of low socioeconomic status. We have selected the additional priority of substance abuse given the alarming growth of the problem in our community.

Community Description:

The service area for this Community Health Assessment is Chemung County New York. Chemung County is a 408.2 square mile area geographically situated on the New York-Pennsylvania state border in the area known as the “Southern Tier” of New York State. Because of its strategic location at the southern end of the Finger Lakes Region, Chemung County is also known as the "Gateway to the Finger Lakes". The County is very nearly mid-center (east-west) in New York State and is approximately equidistant from Boston, Montreal, Washington D.C. and Cleveland. Elmira is the Chemung County seat and is considered the primary metropolitan area. The area is also known for its large retail area along the I-86 corridor in Horseheads. The Elmira-Chemung County region is the focal point of industry, business, and recreation in an area comprised of the New York counties of Chemung, Steuben, Schuyler and Tioga as well as the Pennsylvania counties of Bradford and Tioga. This collective area is better known publicly as the “Twin Tiers”.

Summary of Data Reviewed and Analyzed:

Data from a multitude of sources was reviewed and analyzed as outlined above. That analysis along with our knowledge and experience, and the input from ten diverse focus groups led to the selection of our priorities. We confirmed that we should continue to concentrate on the prevention of chronic disease. Data and community input reinforced our need to continue to target obesity and tobacco use, and add hypertension. We will address the disparity of higher rates of tobacco use in low income populations. Likewise, the rising issue of substance abuse in our community was raised repeatedly and the upward trend was supported by the data. This information combined with the demographics and social determinants affecting the health of our residents led us to our updated CHIP.

Ten focus groups were held throughout the County to gather primary data from local residents. We sought to gain input from populations we have historically had difficulty engaging in surveys and whose opinions are frequently unrepresented. Our focus groups included minorities, low SES populations, men, the young,

and the elderly. Our focus groups included an AARP group of seniors, Mothers Helping Mothers made up of African American women, a Catholic Charities group attending First Time Home Buyer’s classes, a Health class at Corning Community College, the members of the Health Priorities Partnership, Arnot Health case managers, the Economic Opportunity Program’s Head Start Policy Council, Faith Temple Community Church Men’s Bible Study group (all minorities), Arnot Health social workers, and students of the alternative high school in Elmira.

Chemung County’s population according to the 2015 Census Bureau estimates was 87,071 residents which continues to slowly decline and age. The City of Elmira accounts for 32.4% of the County’s population and is the hub for services. The county’s population of residents over the age of 65 is 17.3% compared to the NYS rate of 15.0%. The implication of an aging population in Chemung County should not be ignored. This will affect many aspects of life for county residents including healthcare, nutrition, exercise, transportation, public safety, housing, taxes, and the workforce. Census statistics indicate 11.7% of our population is minorities. Research has found that minorities have a higher incidence of disease and health inequalities.

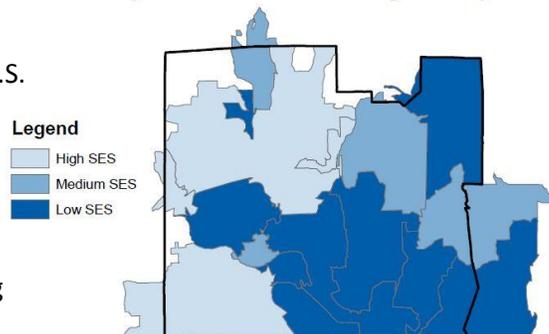
Chemung County has seen a recent decline in the overall population in recent years and the movement of industries from within the County borders to outside the County and even the State. The lack of industry and infrastructure to support economic growth through employment opportunities and available resources for residents poses significant barriers to health care. The behaviors and culture of populations within Chemung County influenced the selection of our public health priorities and the strategies planned in our CHIP.

Social determinants of health include socioeconomic status (SES), education, literacy, employment, social supports, transportation, housing, and access to health care. This Chemung County map illustrates the density of low SES populations within the County. Poverty has a direct impact on health outcomes. Where you live matters. It is said that zip code is more important than genetic code in determining health

outcomes. The median income of individuals in the City of Elmira is \$29,865. This is well below the median income of Chemung County which is \$49,685, New York State at \$58,687, and the U.S. at \$53,482. The poverty rate is 30.2% in the City of Elmira, 18.2% in Chemung County, 15.4% in NY, and 13.5% in the US.

The Chemung County unemployment rate for September of 2016 was 5.5% higher than the NYS rate of 5.1%. The Chemung County rate has been higher than the NYS rate all year.

SES by ZIP Code - Chemung County



Lack of education is often associated with a poor health and a greater likelihood of limited access to care, particularly preventive services. Chemung County residents over the age of 25 are well below the NYS average of persons with a bachelor's degree or higher at just 22.9% compared to the state average of 33.7%. In the City of Elmira only 14.1% have a bachelor's degree or higher. Low educational attainment contributes to lower earning ability, which adversely affects health in a variety of ways. Lower income populations have a higher rate of un and under-insured with poor access to primary and preventative care, knowledge of healthy behaviors, and lower health literacy. This underscores the need to engage lower SES populations through outreach and education, insurance navigation assistance, and surveys such as DSRIP's PAM to assess their level of engagement and advocacy in their own healthcare.

As illustrated in the chart below, most of Chemung County's public health indicators are worse than the NYS averages.

Socio-Economic Status and General Health Indicators - Chemung County 2012-2014

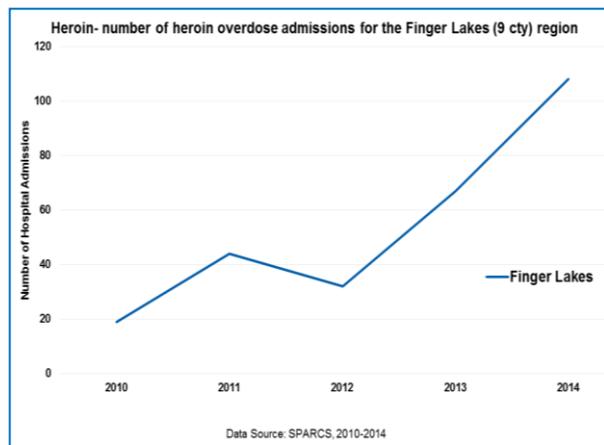
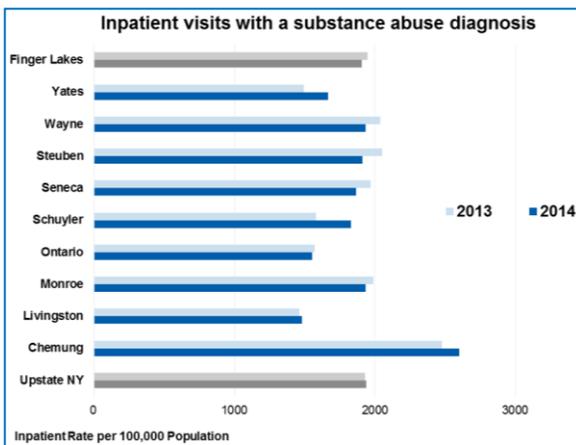
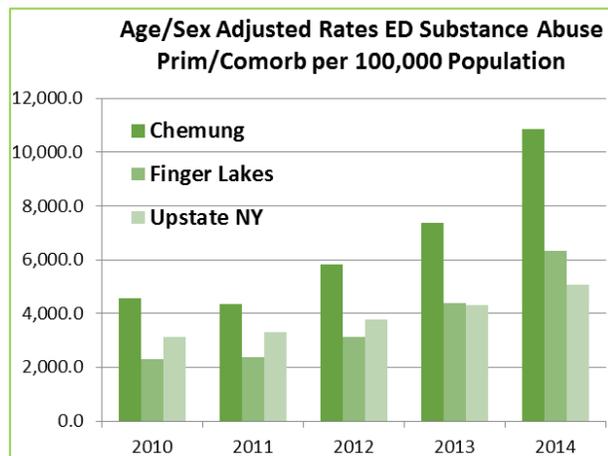
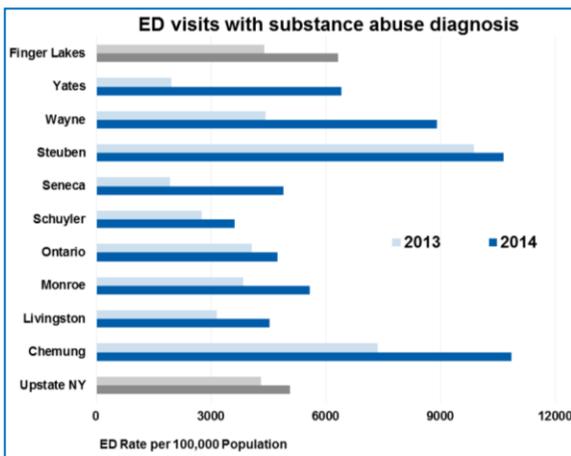
Indicator	3 Year Total	County Rate	NYS Rate	Sig. Dif.	NYS Rate exc NYC	Sig. Dif.	County Ranking Group
% of labor force unemployed (2015)	2,247	5.9	5.3	Yes	5.0	Yes	3rd
% of population below poverty (2014)	N/A	18.2	16.0	No	N/A	N/A	4th
% of children aged < 18 years below poverty (2014)	N/A	26.6	22.9	No	N/A	N/A	4th
High school dropout rate (2013-2015)	499	4.8	3.1	Yes	2.2	Yes	4th
Age-adjusted % of adults with regular health care provider (2013-2014)	N/A	87.7	84.5	No	84.7	No	1st
Age-adjusted % of adults who had poor mental health > 14 days within the past month (2013-2014)	N/A	21.2	11.1	Yes	11.8	Yes	4th
Age-adjusted total mortality rate per 100,000	2,737	764.0	635.0	Yes	669.1	Yes	4th
% premature deaths (aged < 75 years)	1,081	39.5	40.1	No	38.0	No	2nd
Years of potential life lost per 100,000	17,980	7,355.8	5,525.5	Yes	5,840.0	Yes	4th
Total emergency department visit rate per 10,000	146,616	5,528.8	4,076.2	Yes	3,739.6	Yes	4th
Age-adjusted total emergency department visit rate per 10,000	146,616	5,638.6	4,058.2	Yes	3,743.4	Yes	4th
Total hospitalization rate per 10,000	36,457	1,374.8	1,188.4	Yes	1,134.3	Yes	4th
Age-adjusted total hospitalization rate per 10,000	36,457	1,238.7	1,127.6	Yes	1,068.7	Yes	4th

Source: https://www.health.ny.gov/statistics/chac/chai/docs/ses_7.htm N/A: Data not available

In addition to the demographics of our residents we also considered data from a wide range of sources which informed our decision to choose substance abuse and hypertension as our priorities. Substance abuse was an issue that was mentioned at all of our ten focus groups held with diverse populations throughout the County. Statistics also indicated an increase in substance abuse in Chemung County. Our

CHIP includes strategies to reduce obesity and tobacco use to address hypertension. The incidence of obesity and tobacco use in Chemung County exceeds the NYS average and are precursors to hypertension, heart disease, and other chronic diseases.

Substance Abuse: The data we reviewed showed sharp increases in ED visits for substance abuse, heroin overdose, and mental health diagnoses, as well as admissions for heroin overdose. Discussions of the analysis related to the opioid epidemic included mortality rates, premature loss of life, criminal behaviors related to substance abuse and the fact that substance use disorders affect entire families, often including the children of the person with the disorder. Arnot Health’s NICU cases of Neonatal Abstinence Syndrome (NAS) cases more than double from 2013 to 2015. NAS may result when a pregnant woman abuses drugs such as heroin, codeine, oxycodone (OxyContin), methadone or buprenorphine during pregnancy. These charts illustrate some of the alarming numbers in Chemung County.



Members of community focus groups were all concerned about the increased substance abuse in Chemung County. Comments at one focus group regarding substance abuse were particularly disturbing. When asked, “What are the health problems in Chemung County?” responses included:

Drugs, crackheads. People are dying.

Drugs are a problem. Weed, meth, coke, Percocet, pills, Xanax.

The pills people are making from Fentanyl.

Everything. The street right behind the school just had a \$17,000 heroin bust.

They found a meth lab under the bridge. And in a shed.

Pain patches, pain killers. They're taking the gel out of the pain patches.

Getting drugs- from Ithaca. Get drugs everywhere.

We were literally just standing outside & some guy pulled up & asked if we wanted to buy some weed.

Drinking – sometimes is a health issue. Depends on the person. Some can control it. Some can't.

Some people go overboard in Elmira. People with drugs are going overboard too.

Number one health issue is drugs. Heroin, coke.

People need more jobs so they're not drug dealers.

Obesity: Obesity was chosen as a priority in our last Community Health Assessment (CHA) and continues to be a problem in Chemung County with 67.9% of adults identified as overweight or obese, and 35.5% of children identified as overweight or obese (85th percentile or higher) (2012-2014). Additionally, 29.9% of adults did not participate in leisure time physical activity in the last 30 days. 4.4% of adults have a diagnosis of pre-diabetes, 10.5% diabetes and 33.5% hypertension. This is important due to the many related health conditions linked to obesity, including heart disease, hypertension, diabetes, lower back pain, arthritis, high cholesterol and several types of cancer. Therefore by addressing obesity, several other health-related problems may be prevented. Numbers from local school districts are just as alarming. In 2002, 7th grade girls had an obesity rate of 13%. In 2015 that number had more than doubled climbing to 38%. The number obese for tenth grade girls, 17% in 2002, and 10th grade boys of 19% in 2002, jumped to 27% for both in 2015. Clearly we must continue to do something to encourage our youth and adult residents to be healthier.

Tobacco Use: In 2013 tobacco use in Chemung County was higher than any other county in New York State at 30.8%. Our rate has gone down with the current percentage of adults who are smokers at 26.4% (age adjusted), but there is still work to be done. The age-adjusted death rate due to Chronic Lower Respiratory Disease is 52 per 100,000, about double that of NYS as a whole at 30 per 100,000. The tobacco use rate for those with household incomes under \$25,000 is 52.4%. This led us to our chosen disparity of address tobacco use by those of low socioeconomic status (SES). Our high heart and cerebrovascular disease rates led to our continued concentration on tobacco use as a priority.

Chemung County has higher cardiovascular and cerebrovascular disease rates (and underlying hypertension issues) than New York State's. Our cerebrovascular disease (stroke) mortality and hospitalization rates are

both higher than NYS rates. Hypertension rates are also higher as indicated in the chart below. We have added hypertension strategies to our CHIP to address these numbers.

Hypertension Indicators 2012 - 2014	Chemung	NYS	NYS – NYC	Ranking
Hypertension hospitalization rate per 10,000 (aged > 18 years)	8.5	6.8	4.7	4th
Hypertension hospitalization rate per 10,000 (any diagnosis) (aged > 18 years)	755.9	541.5	543.7	4th
Hypertension emergency department visit rate per 10,000 (aged > 18 years)	34.0	32.7	25.6	4th
Hypertension emergency department visit rate per 10,000 (any diagnosis) (aged 18+)	1,318.8	930.8	956.6	4th

Source: https://www.health.ny.gov/statistics/chac/chai/chai_7.htm

The percentage of pregnant women in WIC with hypertension during pregnancy at 9.2% also exceeds the State rate of 7.1%. Pregnant women in Chemung County use tobacco at a rate that is four times over the NYS average of 8.0 (Chemung County 35.4%). Cardiovascular disease indicators below illustrate the impact obesity, tobacco use, and hypertension has on our residents.

Cardiovascular Disease Indicators 2012 -2014	Chemung County	New York
Cardiovascular disease mortality rate per 100,000 Premature death (aged 35-64 years)	128.8	99.1
Cardiovascular disease mortality rate per 100,000 Age-Adjusted (AA)	246.1	221.9
Cardiovascular disease hospitalization rate per 10,000 AA	144.9	135.8
Disease of the heart mortality rate per 100,000 AA	204.2	180.1
Disease of the heart mortality rate per 100,000 Premature death (aged 35-64 years)	106.2	80.7
Disease of the heart hospitalization rate per 10,000 AA	96.8	89.4
Heart attack (Acute Myocardial Infarction) hospitalization rate per 10,000 AA	33.2	29.9

Source: https://www.health.ny.gov/statistics/chac/chai/docs/chr_7.htm

These indicators help explain why Chemung County ranked 50th out of 62 New York counties in the most recent County Health Rankings from the University of Wisconsin Population Health Institute.

Priorities, Disparity and Community Engagement:

Chemung County selected the following priorities and disparity:

Priority Area 1: Prevent Chronic Diseases

Focus Area: Prevent chronic disease by reducing illness, disability, and death related to hypertension, tobacco use and second hand smoke, and obesity in adults and children.

Priority Area 2: Promote Mental Health and Prevent Substance Abuse

Focus Area: Prevent non-medical prescription opioid use and overdose.

Chemung County also chose to address the following disparity:

Under the Prevent Chronic Disease priority area, Chemung County will work on decreasing the percentage of low income individuals who use tobacco.

The S2AY Rural Health Network facilitated the update to our CHA using the Mobilizing for Action through Planning and Partnership (MAPP) process. Representatives of the Health Priorities Partnership, a collaborative, multi-disciplinary group, oversaw the assessment process and the development of the updated CHIP.

Health Priorities Partnership	
Chemung County Health Department	YWCA Elmira and the Twin Tiers
Arnot Health	S2AY Rural Health Network
Mothers & Babies Perinatal Network	Family Services of Chemung County
Creating Healthy Schools and Communities	Finger Lakes Health Systems Agency (FLHSA)
Chemung County WIC	Center for a Tobacco Free Finger Lakes
Cornell Cooperative Extension of Chemung County	Guthrie Health System
American Assoc. of Retired Persons Chapter 276	Institute for Human Services
Southern Tier Pediatrics	Food Bank of the Southern Tier
Chemung County Department of Social Services	Elmira City School District
Southern Tier Tobacco Awareness Coalition	Chemung County Mental Hygiene
Trinity of Chemung County	Economic Opportunity Program
ARC of Chemung County	Twin Tiers Breastfeeding Network
Comprehensive Interdisciplinary Developmental Services, Inc.	Chemung County Department of Aging and Long Term Care

A comprehensive assessment of the community was conducted which provided the basis for our Prevention Agenda updated priorities. The assessment process included a thorough review and analysis of county specific data around health needs, compared to neighboring counties, the region, and the State as a whole. This included data collection and analysis by both the FLHSA and S²AY. After the data was analyzed and prepared, this data was shared in the form of focus group presentations to county residents. Chemung County conducted ten focus groups with key informants throughout the county to solicit feedback including Chemung County members of the Finger Lakes Performing Provider System’s southeastern Naturally Occurring Care Network. Focus groups were selected to include a broad diversity of community members from different segments of the community, including populations that experience health disparities. Focus group participants were also invited to future Health Priorities Partnership meetings.

In addition to focus group participants, community members, health care organizations, and human service agencies were invited to participate in the prioritization of the most pressing health needs identified from the data collection and community input. Invitations to this meeting went out through email, media releases, and postings on websites and social media platforms of the Chemung County Health Department, Arnot Health, the S2AY Rural Health Network, and other partners. At this meeting, S²AY presented the data shared with the focus groups, along with key slides from the EBRFSS and Community Health Indicator reports. Input from the focus groups was analyzed and considered when developing a list of priorities for the group to rank. The group was also offered the opportunity to add any additional issues that they believed should be considered to determine priorities using the Hanlon Method.

After the preliminary priorities were chosen, a media release was done and they were posted on the Chemung County Health Department and Arnot Health websites. Additional meetings of the Health Priorities Partnership were then focused on finalizing the priorities, choosing disparities based on an additional analysis of the data within each priority area, and choosing the interventions, strategies and activities to address the selected priorities and disparities. The Chemung County Health Department and Arnot Health worked together with Health Priorities Partnership members to collect and document information around partner activities that could be incorporated into the updated CHIP work plan based on the priorities chosen. As a result the [attached CHIP](#) was developed.

Once this update is finalized we will promote the Health Priorities Partnership meetings on the Chemung County Health Department and Arnot Health websites and Facebook pages. In addition, Chemung County will issue an official press release. This will be sent out to all media outlets in our region which includes local television stations and newspapers. There are also hundreds of community members that subscribe to the County E-News and Events list-serv that will receive the press release. This information will be shared by Arnot Health and with all of our Health Priorities Partnership partners.

Community Health Improvement Plan (CHIP):

Chemung County's updated CHIP continues to address the issues of obesity and tobacco use. We have also added strategies to tackle the hypertension problem we face. In addition, following the review of the data and input of our residents we have added substance abuse as a priority. Our updated CHIP chart, created based on the template provided by the NYSDOH, is [attached](#). The "Refresh Chart" for the Prevention Agenda was utilized for assistance in identifying evidence-based interventions. The Chemung County Health Department, Arnot Health, and the Health Priorities Partnership worked together to develop and refine the CHIP providing an overall work plan for community health improvement in Chemung County. The chart outlines the strategies that the Chemung County Health Department, Arnot Health, and the Health Priorities Partnership will take to address each priority area. Strategies are based on evidence-based interventions as referenced in the last column of our work plan. Process measures are included in the CHIP and will be ongoing, but progress will be reported at every Health Priorities Partnership meeting and tracked annually.

It is difficult to enumerate the specific value and commitment of resources the Chemung County Health Department, Arnot Health, and Health Priorities Partnership members will expend on each individual activity. Chemung County Health Department has one public health educator that is responsible for several different programs including the CHA such as emergency preparedness, cancer services, the AIDS Task

Force, the Poverty Coalition, Age Friendly Communities, etc. Likewise other public health staff members may be involved in CHIP strategies at various times depending on the activity. This is also true for Arnot Health which has a Community Health Department with 1.5 staff members which covers Arnot Health's five county service area. We have many partner organizations that are members of the Health Priorities Partnership and help us implement our CHIP. Some are from regional organizations. For example, S2AY, FLHSA, and the Mothers and Babies Perinatal Network cover multiple counties and work on multiple initiatives. Some of our partner organizations are dedicated to always promoting one of our strategies such as WIC. They always promote breastfeeding which supports the obesity efforts of our CHIP. Depending on the strategy various partners will contribute dedicated staff time, meeting space, printing, media, utilities, supplies, and materials.

Arnot Health is committed to outreach in underserved populations and preventing chronic disease in the community through free community lectures on campus, preventive health screenings, health promotion presentations, and provision of wellness education. In 2016, Arnot Health provided health promotion programs and screenings for children, youth, adults, and seniors. Screenings included blood pressure, blood glucose, body fat analysis, body mass index, diabetes risk assessments, COPD (Lung Age), and Carboxyhemoglobin. In addition to screening events, Arnot Health works with local schools and summer programs to offer highly interactive educational program topic such as eliminating exposure to secondhand smoke and tobacco use prevention, preventing injury, increasing physical activity, promoting self-advocacy, nutrition, sun safety, and proper hydration.

Specific organizations will have a larger role than others in different priorities. Substance abuse is a new priority and we have looked for guidance from Trinity of Chemung County to help lead our efforts. Trinity of Chemung County is our local organization providing recovery services and a large part of our CHIP involves their efforts. They provide evidence-based prevention and clinical programs throughout the County. Trinity is a member of the Health Priorities Partnership and the Chemung County Health Department and Arnot Health are members of the local drug coalition led by them. They have many programs including:

Teen Intervene/ Prime for Life

These programs are evidenced based programs, utilized for teens 13-18 that show possible problem areas with drugs or alcohol. Teens eligible for this program come by referral from their school, parents, or other agency providing services for the teen. Both programs are utilized within the school system to help prevent a longer out of school suspension. They are also offered at the Trinity offices for more private access.

Too Good for Drug and Violence

This program is an evidence-based program that is currently being utilized at Community Residence. This is an interactive program addressing the underlying issues that result in a mismanagement of feelings as well as drug use. In the future, they plan to implement this program to 7th, 8th, and 9th graders in the Elmira City school district. A pretest/posttest is being developed to assess the effectiveness of this program.

Life Skills

This is an evidenced based program currently being implemented within Elmira High School, for grades 10-12. This program addresses areas such as communication, work ethic, healthy relationships, goal setting, decision making, and the negative effects of drugs and alcohol. Trinity works in conjunction with the vice principle, dean of students, and guidance counselors to determine who is eligible for this class. They have utilized surveys, meetings, and constant conversation with school representatives to determine the effectiveness of the program.

Trinity is in many schools and organizations throughout Chemung County. Their tentative schedule for the upcoming year includes Beecher Elementary School, Pine City Elementary School, EOP Centers for Excellence Afterschool Programs at Diven Elementary and Riverside Elementary, Southside Community Center, YWCA Elmira & the Twin Tiers, Happy House Pre-K's; Chemung County IDP Class, Woodlawn Court, Finn Academy, Economic Opportunity Program, and South Side Community Center. They also have groups at Elmira Psychiatric Center, Ernie Davis School, Glove House, various community residences, a SADD program at Elmira High School, conduct Narcan training, promote Red Ribbon week, hold an Art for Awareness event, participate in FASD Week, and hold an annual Walk for Recovery. Trinity of Chemung County also has a clinical program that utilizes evidence-based practices including Motivational Interviewing, Cognitive Behavioral Therapy, Dialectical Behavior Therapy, the Matrix Model that includes the general population, Criminal Justice, and Teens, Seeking Safety, Patrick Carnes, Gorsky Relapse Prevention, and the Life Skills Program. Their efforts are well documented and will be shared at the Health Priorities Partnership meetings. The Health Priorities Partnership will partner with Trinity where appropriate in these and other efforts they engage in that relate to our CHIP priorities. In addition the Trinity Executive Director is a member of the Arnot Health Behavioral Health Addictions Task Force.

Arnot Health established a Behavioral Health Addictions Task Force to address the increasing incidence of opioid overdose and the rising number of patients seeking detox and rehabilitation services. Planned initiatives through the taskforce include:

- Collaborating with community partners to provide wrap-around services and timely connection to outpatient support services for patients with substance use disorder
- A policy requiring prescribing providers to check I-STOP before prescribing controlled substances
- Development of an outpatient clinical pathway for caring for patients prescribed controlled substances

- PHQ-2, PHQ-9 and SBIRT screenings in primary care offices
- Behavioral Health Assessment Teams in the EDs (through the Mental Health VAP grant)
- Integrating behavioral health in primary care
- Training psychiatric residents in Narcan administration and substance abuse treatment
- Exploring opportunities to increase timely access to Suboxone treatment for patients experiencing withdrawal

These efforts are included in the CHIP and will be supported as appropriate by the Chemung County Health Department and the Health Priorities Partnership members.

The Health Priorities Partnership member organizations, Mothers and Babies Perinatal Network and Comprehensive Interdisciplinary Developmental Services, Inc. (CIDS), will be screening and tracking numbers and making referrals to drug treatment programs for their clients. CIDS uses the Nurse Family Partnership and Healthy Families programs, both evidence-based. Mothers & Babies uses the following evidence-based screening tools: Edinburgh Perinatal Depression Scale, CAGE & will be using SBIRT shortly. Other examples of Health Priorities Partnership partner efforts include WIC providing education to their clients on the effect of substance abuse and Narcan kits are available at Southern Tier Pediatrics along with educational materials. Health Priorities Partnership members will promote take back events, assist with community events, and help promote substance abuse prevention efforts. These initiatives are part of the evidence-based Overdose Prevention: Project Lazarus program.

Strategies to address hypertension are based on NYSDOH guidelines and the Million Hearts program. Arnot Health and Guthrie, our other large health care provider, will partner with FLHSA to enroll in their blood pressure registry. The registry is a report of blood pressure readings (stripped of all personally identifying information) that show the overall high blood pressure control rate for Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates counties. The Finger Lakes high blood pressure report provides medical practices with a breakdown of their own patients by age, race, gender, and other factors to help them identify which groups may need additional assistance. This effort will be coupled with Arnot Health screenings in the community. Arnot Health will also continue their efforts to monitor and reduce sodium in meals and provide community health education on hypertension prevention and management. As part of Arnot Health's DSRIP efforts they will also conduct PAM surveys encouraging members to find a medical home that will include regular checkups and blood pressure monitoring. The Health Priorities Partnership members will work to educate the public to increase their awareness of hypertension causes and effects and how to address them.

The Chemung County Health Department, Arnot Health and our partners have chosen to continue addressing tobacco use along with the disparity of working to reduce the percentage of low income individuals who use tobacco. Our efforts to combat tobacco use have been led by the Southern Tier Tobacco Awareness Coalition (STTAC). This program funded by a grant to the Chemung County Health Department from the NYS Tobacco Control Program serves Chemung, Schuyler, and Steuben counties. The program strives to reduce the impact of retail tobacco product marketing on youth, increase the number of local laws, regulations, and voluntary policies that prohibit tobacco use in outdoor areas, and increase the percent of adult smokers and youth who live in households where smoking is prohibited.

STTAC works to have local employers and multi-unit housing providers go smoke free. The Elmira Housing Authority covering 478 units went smoke free at the beginning of 2015. Synthes, Trinity, and Twin Tier Eye Care went smoke free while Arnot Health and Tanglewood Nature Preserve added electronic cigarettes to their policies. The Elmira Little League also adopted a tobacco policy. Unfortunately, Chemung County has not adopted a smoke free policy although the Board of Health has passed a resolution in support of such a policy. Several County departments, including the Health Department have their own policies. Our partners including Arnot Health, Trinity, the Center for a Tobacco Free Finger Lakes, and Mothers and Babies Perinatal Network among others all work to promote cessation through the NYS Quitline and other resources. WIC, CIDS, Trinity, and members of the Health Priorities Partnership all work with their clients to reduce tobacco use.

Our updated CHIP also continues our work to reduce obesity in Chemung County. Over the last three years we have worked to create a breastfeeding friendly environment in Chemung County to help fight obesity. The Chemung County Health Department and Arnot Health co-chair the Twin Tiers Breastfeeding Network (TTBN) which has several activities promoting and raising awareness about the benefits of breastfeeding. These include annual Breastfeeding Friendly Awards, a TTBN Open House, and ongoing monthly Baby Bistros held at Steele Memorial and West Elmira Libraries to support breastfeeding moms and their families. Outreach and the promotion of breastfeeding is also done by our partners including Mothers & Babies Perinatal Network, Comprehensive Interdisciplinary Developmental Services, Inc. (CIDS), Southern Tier Pediatrics, and Chemung County WIC. Breastfeeding resources are included in a welcome home package provided at Arnot Health for every baby born in Chemung County. The Chemung County Health Department, Department of Social Services, and Arnot Health all created breastfeeding rooms for employee and public use over the past year. Arnot Health has several Certified Lactation Consultants and one International Board Lactation Consultant (IBLC) that offers free monthly breastfeeding classes.

The Chemung County Health Department and Arnot Health continue to be part of community coalitions and initiatives to increase physical activity and promote better nutrition. The Hunt for the Gold Shoe program reached over 300 residents and encouraged residents to visit 13 local recreational areas in the County to find gold shoes to be eligible for donated prizes. The Step It Up program had over 130 registrants this year and urged participants to track their steps over a six week period. Other efforts included establishment of loaner bicycle sheds, a car free challenge, installation of bicycle racks on buses, creation of community gardens, Creating Healthy Places improved playgrounds and trails, bicycle safety was promoted, Catch programming in schools occurred, we are working on Age Friendly Communities, Cornell Cooperative Extension holds nutritional classes, Creating Healthy Places improved accessibility and worked on Complete Street initiatives, and WIC promoted healthy recipes and portion plates.

Arnot Health's Rehabilitation Services department has promoted physical activity through Golf, Pilates, Walking and Running clinics. These programs are FREE and open to the community. Arnot Health through collaboration with the Steuben County Rural Health Network offers the Chronic Disease Self- Management program (CDSMP). Classes are promoted by the Chemung County Health Department and Health Priorities Partnership members. Arnot Health has a Master Trainer and the program is evidence-based through the Stanford Patient Education Research Center. It is designed to increase self-confidence in persons with chronic conditions. Participants also learn self-management strategies to improve their advocacy skills. The Arnot Health's Graduate Medical Program continues to collaborate with The Goldring Center for Culinary Medicine at Tulane University and community partners to implement the Healthy Kitchens program. Through this program Arnot Health's residents and medical students from Lake Erie College of Osteopathic Medicine (LECOM) learn basic culinary skills and how to prepare nutritious meals based on the Mediterranean and DASH diet to prevent and manage chronic conditions such as hypertension, diabetes, and hyperlipidemia. After the completion of the eight module Healthy Kitchens curriculum the medical students are required to provide community hands-on education about preventing chronic conditions through teaching the community how to prepare healthy affordable meals. Two community Healthy Kitchens series were held this year.

Arnot Health partners with Southern Tier Pediatrics to offer Fit Families in the Southern Tier (FFIST). The eight-week FFIST program is designed for obese children and their families to teach children how to make healthier food choices and increase their physical activity through fun activities such as games and active play. Progress is measured by weekly weigh-ins, strength, fitness, and endurance testing, with BMI measured at the beginning and end of the program. As a result, children have demonstrated gains in strength and or endurance and report making better food choices.

All of our efforts have helped stem the increasing obesity rates. In Chemung County our last CHA reported the age adjusted percentage of adults who are obese (BMI 30 or higher) was 30.1% compared to the New York State rate of 23.1%. Our current rate is slightly lower at 29.8% while the NYS rate increased to 24.8%.

Many members of the Health Priorities Partnership are also participating with Arnot Health and the Finger Lakes Performing Provider System (FLPPS) in Medicaid redesign efforts through the DSRIP program. The purpose of DSRIP is to fundamentally transform the health care delivery system to improve the quality, efficiency, and effectiveness of the care provided for Medicaid members, and reduce the utilization of high cost services such as the Emergency Department visits for non-emergent conditions. The overarching goal of DSRIP is to reduce avoidable hospital use by 25% over 5 years.

Arnot Health is the lead for the southeastern region of FLPPS and the eleven DSRIP projects selected by FLPPS following extensive review of data and the CHNA conducted by the Finger Lakes Health Systems Agency. The eleven DSRIP projects selected by FLPPS have created additional opportunities to align public health priorities and population health initiatives to best meet the needs of the community. Chemung County is not contracted with FLPPS, but attends local meetings. The Chemung County Director of Community Services sits on the FLPPS Board of Directors, as does the Arnot Health CEO. Chemung County has 13,961 Medicaid members and the 2017 county share of costs is \$19,487,288. This represents 67% of Chemung County's total property tax levy.

Maintaining Engagement and Tracking Progress:

The CHIP chart designates the organizations that have accepted responsibility for implementing each of the strategies outlined. The Health Priorities Partnership will oversee the implementation, monitoring, and evaluation of the plan. The Health Priorities Partnership meets on a bi-monthly basis and its members will continue to work together in the implementation of the CHIP activities. Currently, each partner organization reports CHIP updates to the Health Priorities Partnership at our meetings. Progress is recorded on the CHIP document, which is then shared with partners via electronic communication. All partners review the CHIP chart to ensure that all activities and progress is captured, to discuss barriers, identify new opportunities or changes in activities, and to assure objectives are achieved. Furthermore, progress will be reported to the Chemung County Board of Health. Arnot Health will continue to communicate CHIP/Community Service Plan (CSP) updates to the Hospital Board annually. Activities on the CHIP will continually be assessed and modified as needed to address barriers and replicate successes.

As priorities are addressed, other community partners may need to be brought to the table to effectively accomplish objectives. For instance Trinity of Chemung County will play a much larger role in addressing our new substance abuse priority. The Chemung County Health Department and Arnot Health along with other members of the Health Priorities Partnership are members of several different local coalitions dedicated to serving the needs of County residents. CHIP efforts are often shared at other coalition tables which include organizations not on the Health Priorities Partnership. As CHIP strategies are pursued we will easily be able to bring new partners to the table as needed in an effort to successfully reach our objectives.

Community engagement will also be maintained through our dissemination efforts as listed below. As we hold events and activities the general public will be invited and encouraged to participate. Press releases regarding our activities and successes will include an invitation to Health Priorities Partnership meetings. It is important to continue to reach out to those we serve to ensure their needs are being met.

Dissemination:

This updated Community Health Assessment (CHA) for 2016-2018 and Community Health Improvement Plan (CHIP) created in partnership between the Chemung County Health Department and Arnot Health will be disseminated to the public in the following ways:

- Through a media release summarizing the results and offering the opportunity for the public to attend Health Priority Partnership meetings.
- It will be made publicly available on the Chemung County Health Department, Arnot Health, and S2AY Rural Health Network websites.
- It will be made publicly available via a shared link on Health Priorities Partnership partner websites.
- Chemung County Health Department and Arnot Health will share the link for the CHA on their social media accounts. Health Priorities Partnership members will be asked to do the same.
- It will be presented to and reviewed by the Chemung County Board of Health and the governing board of Arnot Health.
- As significant accomplishments and strategies of the CHIP occur the information will be shared with all appropriate news outlets in the form of a media release and posts to social media.

The websites that will have the Chemung County Community Health Assessment 2016 – 2018 posted are:

Chemung County Health Department: <http://www.chemungcountyhealth.org/prevention-agenda>

Arnot Health: <https://www.arnothealth.org/>

S2AY Rural Health Network: <http://www.s2aynetwork.org/community-health-assessments.html>

Chemung County Community Health Improvement Plan

Priority: Prevent Substance Abuse Goal: Prevent Non-medical Prescription Opioid Use and Overdose **Outcome Objectives:** Reduce drug-related hospitalization rate per 10,000 currently 29.5 (2011-2013), Newborn drug-related diagnosis rate per 10,000 newborn discharges, and Fatal opioid overdose rates for adults. Develop system wide approach to substance abuse issues

Interventions/ Strategies/ Activities	Process Measures	Partner Role	Partner Resources	By When	Evidence-based (EB) Reference
<p>Develop system wide approach to substance abuse issues</p> <p>1. Prescriber education and behavior: Provide prescriber education on pain management. Continuing medical education sessions on pain management, Promotion of I-STOP. Use of SBIRT.</p> <p>2. Pain patient services and drug safety: Policy change: mandatory use of narcotic patient-prescriber agreements. Have or refer to support groups for pain patients, ED care navigator for patients with chronic pain or substance abuse disorders.</p> <p>3. Supply reduction and diversion control: Assess hospital and primary care opioid dispensing policies and consider modifications (e.g., limits on amount dispensed at once, required check of I-STOP for hospital ED admissions). Promote unused medication take-back events by sheriff/police departments, with support from DEA & SBI. Explore expanding fixed medicine disposal sites at law-enforcement, primary care, and other offices.</p> <p>4. Community organization and activation: Hold and/or promote town hall like meetings. Build community-based leadership and County coalition. Assemble resource toolkit.</p> <p>5. Drug treatment and demand reduction: Operate and/or refer to drug detox program. Investigate expansion of capacity to provide services.</p> <p>6. Harm reduction: Administer naloxone prescriptions. Provide drug user and those in their support system education on overdose prevention and response.</p> <p>7. Community-based prevention education: Provide education at sites such as schools, community and faith based organizations from evidence-based curriculums such as Too Good for Drugs and Violence, Life Skills, Second Step, Teen Intervene, and Prime for Life.</p>	1. # of staff trainings held and # attending	In-services and continuing education offered Participate in Arnot Opioid Task Force	Trinity of Chemung County.*/ Drug Free Community Coalition	Ongoing – tracked annually School classes tracked by school year	Interventions to prevent substance abuse are taken directly from Overdose Prevention: Project Lazarus. Trinity of Chemung County utilizes many EB programs. Interactions with patients include: Motivational Interviewing, Cognitive Behavioral Therapy, DBT- (Dialectical Behavior Therapy), Matrix Model, Seeking Safety, Patrick Carnes, Gorsky Relapse Prevention, Medication Assisted Therapy (MAT), and the Life Skills Program. For prevention efforts Trinity offers these EB programs: Alcohol Literacy Challenge, Too Good for Drugs and Violence, Life Skills, Second Step, Teen Intervene, and Prime for Life.
	2. # of support groups held # attending support groups	Provide medical and outpatient substance abuse treatment through Trinity services Track and report on program			
	4. # of community forums held # in attendance at community forums # substance coalition meetings held # attending coalition meetings	Organize community forums like town hall events Engage community partners Run county substance abuse coalition			
	5. # of patients utilizing drug treatment programs	Provide medical and outpatient substance abuse treatment Provide Medication Assisted Therapy (MAT) that will be used in combination with individual/group counseling Provide comprehensive evaluations Assess need for additional services Track and report on program			
	6. # of trainings held # participating in Naloxone trainings #’s educated on overdose prevention and response	Conduct Naloxone trainings			
	7. # of classes held for substance abuse prevention # of students educated on substance abuse prevention Results of pre and post tests	Provide education in local schools and other sites Conduct evaluations of classes Track and report on programs			

Chemung County Community Health Improvement Plan

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<p>Develop system wide approach to substance abuse issues</p> <p>1. Prescriber education and behavior: Provide prescriber education on pain management. Continuing medical education sessions on pain management, Promotion of I-STOP. Use of SBIRT.</p> <p>2. Pain patient services and drug safety: Policy change: mandatory use of narcotic patient-prescriber agreements. Have or refer to support groups for pain patients, ED care navigator for patients with chronic pain or substance abuse disorders.</p> <p>3. Supply reduction and diversion control: Assess hospital and primary care opioid dispensing policies and consider modifications (e.g., limits on amount dispensed at once, required check of I-STOP for hospital ED admissions). Promote unused medication take-back events by sheriff/police departments, with support from DEA & SBI. Explore expanding fixed medicine disposal sites at law-enforcement, primary care, and other offices.</p> <p>4. Community organization and activation: Hold and/or promote town hall like meetings. Build community-based leadership and County coalition. Assemble resource toolkit.</p> <p>5. Drug treatment and demand reduction: Operate and/or refer to drug detox program. Investigate expansion of capacity to provide services.</p> <p>6. Harm reduction: Administer naloxone prescriptions. Provide drug user and those in their support system education on overdose prevention and response.</p> <p>7. Community-based prevention education: Provide education at sites such as schools, community and faith based organizations from evidence-based curriculums such as Too Good for Drugs and Violence, Life Skills, Second Step, Teen Intervene, and Prime for Life.</p>	<p>1. # of staff trainings held and # attending # SBIRT screenings conducted # of referrals to treatment</p>	<p>In-services and continuing education offered I-STOP and SBIRT education provided Referrals to treatment made Continue Opioid Task Force</p>	<p>Arnot Health and Arnot Medical Services (AMS)*</p>	<p>Ongoing – tracked annually</p>	<p>Interventions to prevent substance abuse are taken directly from Overdose Prevention: Project Lazarus. Arnot Health utilizes Screening, Brief Intervention, and Referral to Treatment (SBIRT) which is an EB practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.</p> <p>Arnot Health also uses Narcotics Anonymous a Dept. of Mental Health & Addiction Services recognized EB 12-step facilitation practice.</p>
	<p>2. # of narcotic patient prescriber agreements # of referrals to support groups # patients utilizing care navigator</p>	<p>Narcotic patient prescriber agreements developed Narcotic patient prescriber agreements administered Care navigators in ED provide appropriate assessments and referrals</p>			
	<p>3. Opioid Dispensing Policy developed</p>	<p>Assess current opioid dispensing policies Modify policy as appropriate</p>			
	<p>5. # of patients utilizing drug treatment programs</p>	<p>Provide medical substance abuse treatment Operate Addiction Rehabilitation Unit Assess need for additional services Track and report on program</p>			
	<p>7. #'s educated on overdose prevention and response</p>	<p>Provide/refer to New Dawn Inpatient Addiction Rehabilitation Hold support group meetings for New Dawn graduates</p>			

Chemung County Community Health Improvement Plan

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	<p>3. # of take back events held</p> <p># of sites for medicine disposal</p> <p># pounds of medication disposed</p>	<p>Develop list of medication drop off sites</p> <p>Promote take back events online and through local media</p>	<p>Health Priorities Partnership (HP2), Chemung County Health Department (CCHD)*, Trinity of Chemung County/Drug Free Community Coalition</p>	<p>Ongoing – tracked annually</p>	<p>Interventions to prevent substance abuse are taken directly from Overdose Prevention: Project Lazarus.</p>
	<p>4. # community forums participating in</p> <p># substance coalition meetings attended</p>	<p>Participate in and promote community forums</p> <p>Attend substance coalition meetings</p> <p>Work on resource toolkit</p>			
	<p>6. # of posts, press releases, newsletter articles, etc. done to promote substance abuse prevention</p>	<p>Conduct educational campaigns to raise public awareness, to change attitudes, beliefs, and norms towards substance abuse</p>			
<p>*Resources for all partners may include staff time, meeting space, printing, media, utilities, supplies and materials. The Chemung County Departments of Social Services and Mental Hygiene have an agreement with CASA of Livingston County (DBA Trinity of Chemung) to provide substance abuse services in the County. Trinity of Chemung received \$443,655 in State and Federal Aid along with \$6,506 local dollars in 2016.</p>					

Chemung County Community Health Improvement Plan

Prevent Chronic Disease – Hypertension Goal Prevent chronic disease by reducing illness, disability, and death related to hypertension, tobacco use and second hand smoke, and obesity in adults and children Outcome Objectives Increase the percentage of residents with hypertension who have adequately controlled their blood pressure					
Interventions/ Strategies/ Activities	Process Measures	Partner Role	Partner Resources	By When	Evidence-based Reference
Participate and/or encourage participation in FLHSA registry.	# providers in hypertension registry # enrolled in hypertension registry Control rates for hypertension	Enroll in and promote enrollment in BP registry	Arnot Health Guthrie FLHSA*	Ongoing – tracked annually	https://www.health.ny.gov/prevention/prevention_agenda/chronic_disease/heart_disease.htm http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/section2b.html#hbp http://millionhearts.hhs.gov/about/hsd/blood_pressure.html PAM is a DSRIP recommended evidence-based tool to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care
Conduct media campaigns to raise awareness of hypertension. Increase awareness and control of hypertension such as self-monitoring of blood pressure and compliance with medication directions.	# of earned media, social media, and website postings	Issue press releases, letters to the editor, etc. Post items supporting efforts to social media and websites	Health Priorities Partnership, CCHD*		
Conduct blood pressure screenings. Continued sodium reduction in hospital meals.	# blood pressure screenings # identified as hypertensive # of recipes analyzed for sodium content	Conduct blood pressure screenings Refer hypertensive patients to a provider Continued monitoring of sodium in meals	Arnot Health*		
Conduct Patient Activation Measure (PAM) surveys to assess knowledge, confidence, and ability to engage in their own health care and make referrals as appropriate.	# PAM surveys completed	Administer PAM surveys	Arnot Health and HP2*		
*For all partners resources may include staff time, meeting space, printing, media, utilities, supplies and materials.					

Prevent Chronic Disease – Hypertension Goal Prevent chronic disease by reducing illness, disability, and death related to hypertension, tobacco use and second hand smoke, and obesity in adults and children Outcome Objectives Prevent initiation of tobacco use by youth and reduce percentage of tobacco use, specifically cigarette smoking, among adults - currently 24.8% Disparity - Reduce the percentage of lower income individuals who use tobacco.					
Interventions/ Strategies/ Activities	Process Measures	Partner Role	Partner Resources	By When	Evidence-based Reference
Reduce the impact of retail tobacco product marketing on youth. Increase the number of local laws, regulations and voluntary policies that prohibit tobacco use in outdoor areas. Increase the percent of adult smokers and youth who live in households where smoking is prohibited.	# tobacco laws adopted # tobacco policies adopted # government/organizational leaders educated # of earned media # tobacco related events participated in # individuals/organizations mobilized to assist with tobacco efforts	Educate and encourage adoption of local laws & policies Lead local tobacco coalition Participate in and promote tobacco related events Issue press releases, LTEs, etc. and post items supporting efforts to social media and websites Recruit youth to assist with efforts	STTAC/CCHD *	Ongoing – tracked annually by grant year	https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/chronic_diseases/focus_area_2.htm#sector http://www.cdc.gov/tobacco/stateandcommunity/best-practices/ http://www.thecommunityguide.org/uses/policy_development.html https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/chronic_diseases/ebi/docs/eliminating_exposure_to_secondhand_smoke.pdf https://www.nysmokefree.com/
	# tobacco policies adopted # tobacco coalition meetings attended # of letters, social media, and website postings # individuals/organizations mobilized	Adopt a policy Participate in local coalition Write letters to the editor, post items supporting efforts to social media and websites Assist in recruiting youth	Health Priorities Partnership, CCHD*	Ongoing – tracked annually	

Chemung County Community Health Improvement Plan

Prevent Chronic Disease – Hypertension Goal Prevent chronic disease by reducing illness, disability, and death related to hypertension, tobacco use and second hand smoke, and obesity in adults and children **Outcome Objectives** Prevent initiation of tobacco use by youth and reduce percentage of tobacco use, specifically cigarette smoking, among adults - currently 24.8% **Disparity** - Reduce the percentage of lower income individuals who use tobacco.

Interventions/ Strategies/ Activities	Process Measures	Partner Role	Partner Resources	By When	Evidence-based Reference
Promote smoking cessation through NYS Quitline and programs such as ALA Freedom From Smoking.	# of referrals to NYS Quitline	Promote and refer to NYS Quitline	Arnot Health, CIDS, WIC, HP2*	Ongoing – tracked annually	Per above and Mothers & Babies refers to the American Lung Association’s Freedom From Smoking program which includes a comprehensive variety of evidence-based cessation techniques.
Promote smoking cessation through NYS Quitline and programs such as ALA Freedom From Smoking.	# of referrals to Freedom From Smoking	Promote and refer to NYS Quitline Utilize Freedom From Smoking	Mothers & Babies Perinatal Network*	Ongoing – tracked annually	

For all partners resources may include staff time, meeting space, printing, media, utilities, supplies and materials. Additionally, the Chemung County Health Department houses the Southern Tier Tobacco Awareness Coalition (STTAC) which was awarded a five-year grant at annual funding of \$ 325,000 to engage community stakeholders and youth to change policies and norms about tobacco and tobacco use in 2014. This grant builds on previous grant-funded tobacco control work by our organization, to better support Chemung, Schuyler, and Steuben County tobacco control efforts and provide more comprehensive programming across the state. As part of this grant, all counties of New York State will have access to the resources of a community engagement program and the youth action efforts known as Reality Check. The grant was awarded by the NYSDOH, Bureau of Tobacco Control.

Prevent Chronic Disease – Hypertension Goal Prevent chronic disease by reducing illness, disability, and death related to hypertension, tobacco use and second hand smoke, and obesity in adults and children **Outcome Objectives** Prevent obesity trend from rising and aim to reduce the percentage of adults (29.8) and children (18.4) who are obese

Interventions/ Strategies/ Activities	Process Measures	Partner Role	Partner Resources	By When	Evidence-based Reference
Promote Breastfeeding – through activities such as participating in coalitions like the Twin Tiers Breastfeeding Network or Finger Lakes Breastfeeding Coalition, assisting/ promoting annual Breastfeeding Open House and Breastfeeding Friendly Awards, establishing /promoting Baby Bistros, conducting breastfeeding media campaigns, and establishing/ promoting lactation rooms.	# participating in coalition # attending TTBN Open House # of BF Friendly awards # attending Baby Bistros # of earned media, social media, and website postings encouraging breastfeeding # lactation rooms # infants fed breast milk only at hospital discharge % of WIC mothers breastfeeding at least 6 months	Participate in local coalition Attend & promote BF Open House & awards Post items supporting efforts to social media and websites Designate/ promote lactation room	TTBN, WIC, Arnot, HP2, CCHD*	Ongoing – tracked annually	https://www.cdc.gov/breastfeeding/resources/guide.htm https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/chronic_diseases/eji/docs/breastfeeding_fact_sheet.pdf
	# infants fed breast milk only at hospital discharge % of WIC mothers breastfeeding at least 6 months	Encourage and provide resources to clients	CIDS, WIC*		

Chemung County Community Health Improvement Plan

Prevent Chronic Disease – Hypertension Goal Prevent chronic disease by reducing illness, disability, and death related to hypertension, tobacco use and second hand smoke, and obesity in adults and children **Outcome Objectives** Prevent obesity trend from rising and aim to reduce the percentage of adults (29.8) and children (18.4) who are obese

Interventions/ Strategies/ Activities	Process Measures	Partner Role	Partner Resources	By When	Evidence-based Reference
Promote physical activity & better nutrition - through activities such as participating in local coalitions, holding/ promoting Chronic Disease Self-Management classes, participating/ promoting programs such as Gold Shoe/Step It Up, and conducting physical activity & better nutrition media campaigns.	# participating in coalition # participating in CDSMP classes # participants in Gold Shoe/Step It Up # of earned media, social media, and website postings	Participate in local coalition Promote/ hold CDSMP classes Promote/ participate in PA/BN programs Post items supporting efforts to social media and websites Establish/adopt worksite wellness policies	CHCS, BacPac, Arnot, HP2, CCHD*	Ongoing – tracked annually	http://www.cdc.gov/obesity/downloads/pa_2011_web.pdf https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/chronic_diseases/focus_area_1.htm#sector
	# participants CDSMP	Train facilitators and hold CDSMP classes	Arnot & Steuben Rural Health Network The cost for 2 classes and a peer leader training are estimated to be \$12,775	Ongoing – tracked annually	http://www.health.ny.gov/diseases/conditions/arthritis/programs.htm
Promote physical activity & better nutrition - Enroll schools, worksites, and small retailers in Creating Healthy Schools and Communities initiatives to promote physical activity & better nutrition.	# schools, businesses and retailers participating in CHSC # policies and changes adopted # engaged in coalition	Recruit local businesses Engage small retailers Lead local coalition	Creating Healthy Schools and Communities, HP2*	Ongoing – tracked annually	https://www.health.ny.gov/prevention/obesity/prevention_activities/chsc/

*For all partners Resources may include staff time, meeting space, printing, media, utilities, supplies and materials. Additionally, Arnot Health partners with the Genesee, Livingston, Steuben, Wyoming BOCES on the Creating Healthy Schools and Communities (CHSC) program. This is a five-year (2015-2020), public health initiative of the New York State Department of Health (NYSDOH) with the goal of reducing major risk factors of obesity, diabetes, and other chronic diseases in 85 high-need school districts and associated communities. Parts of Chemung County in the City of Elmira are covered by this \$250,000 grant. Additionally, Arnot Health will dedicate 0.5 FTE for implementation of the CHIP.