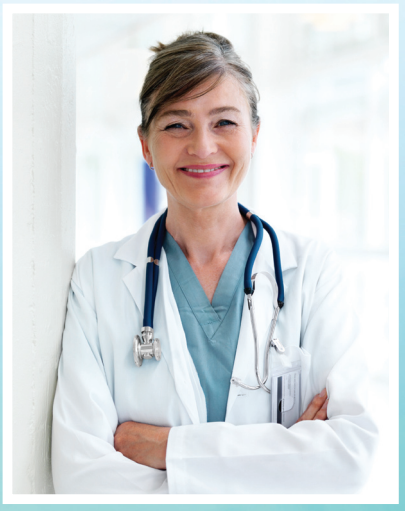
2014 Update to
Community Health Improvement Plan

Arnot Ogden Medical Center
Ira Davenport Memorial Hospital
St. Joseph's Hospital
Arnot Medical Services



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Arnot Health

2014 UPDATE TO COMMUNITY HEALTH IMPROVEMENT PLAN

TABLE OF CONTENTS

Who is Arnot Health?

Arnot Health is comprised of three hospitals: Arnot Ogden Medical Center and St. Joseph's Hospital in Elmira, and Ira Davenport Memorial Hospital in Bath, New York. Arnot Health provides diagnostic, ambulatory, secondary and tertiary acute care, as well as substance abuse, psychiatric, rehabilitative, and wellness services to meet the needs of residents in Chemung, Steuben, and Schuyler Counties in the Southern Tier of New York, and Bradford and Tioga Counties in the Northern Tier of Pennsylvania.

Arnot Health has more than 300 physicians from 50+ specialties. The three-hospital regional healthcare system, an independent, not-for-profit organization, currently has a total of 709 beds; 478 acute care beds, and 231 skilled nursing/long-term care beds. There has been no change in Arnot Health's mission, vision, or values since the last submission of 2013-2017 Community Service Plan (CSP) that is posted on the Arnot Health's Web site at
http://www.arnothealth.org/usr/Arnot%20Health%202013%20CSP_FINAL.pdf.

Arnot Health, with a five-county service area and hospital facilities in Chemung and Steuben Counties, is uniquely positioned to work regionally across county lines to improve the health of the community. With diverse partnerships in neighboring counties, Arnot Health utilized findings from the comprehensive CHNA to develop three-year Community Health Improvement Plans (CHIP) to address public health priorities and eliminate areas of disparity in Chemung and Steuben County.

What are the Health Priorities Facing the Communities that Arnot Health Serves?

Findings from the Community Health Assessment (CHA) identified some overlapping areas of public health concerns and disparities in Chemung and Steuben Counties:

Chemung County Priority: Prevent Chronic Disease
1. Focus area: Reduce obesity in children and adults; and
2. Focus area: Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure.

Disparity: Reduce percentage of lower income individuals who smoke, including those with mental health and substance abuse issues.

Steuben County Priority: Prevent Chronic Disease
1. Focus area: Reduce obesity in children and adults; and

2. Focus area: Reduce illness, disability and death related to heart disease and hypertension.

Disparity: Promote tobacco cessation, especially among low socioeconomic populations and those with mental health illness.

Chronic diseases such as heart disease, diabetes, stroke, and some cancers are the most common and costly of all health problems, but they are also the most preventable. Growing evidence indicates that a comprehensive approach to prevention can save tremendous costs and enhance the quality of life. There are four common modifiable behaviors that contribute to chronic illness, disability, and premature death related to chronic disease. These include tobacco use, insufficient physical activity, poor eating habits, and excessive alcohol use
http://www.cdc.gov/chronicdisease/resources/publications/aag/chronic.htm.

Two major contributors to the incidence of chronic disease in Chemung and Steuben Counties are obesity and tobacco use. Obesity is a significant risk factor for many chronic diseases and conditions which reduce the quality of life, including type-2 diabetes, asthma, high blood pressure and high cholesterol. Increasingly, these conditions are being seen in children and adolescents
http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/docs/prevent_chronic_diseases.pdf
In Chemung County, the age adjusted percentage of adults who are obese (BMI 30 or higher) is 30.1%, compared to the New York State average of 23.1%. Steuben County's age adjusted percentage of adults who are obese is 27.6%.

Arnot Health's collaborative CHIPs 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. Action plan strategies such as increasing physical activity, improving nutrition, and decreasing tobacco use form the core of the *Preventing Chronic Diseases Action Plan* for the *New York State Prevention Agenda.*
http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/docs/prevent_chronic_diseases.pdf

Over the last year, Arnot Health and cross-county collaborative partnerships have been implementing and monitoring the effectiveness of the CHIPs in Chemung and Steuben Counties. In this CHIP update, Arnot Health will report the progress made towards CHIP goals and the impact on our community's health.

2014 Update on Community Health Improvement Plan (CHIP)

Since the submission of Arnot Health's 2013-2017 CSP, significant progress has been made towards achieving goals outlined in Arnot Health's CHIP. In collaboration with community partners, Arnot Health implemented strategies aimed towards the prevention and reduction of obesity and tobacco use.

Progress in Obesity Prevention

Prevention Agenda Priority: Prevent Chronic Disease
Focus Area: Reduce obesity in children and adults
Goal: Create community environments that promote and support healthy food and beverage choices and physical activity

A. Breastfeeding

The Health Priority Partnership has worked together to provide resources and training for breastfeeding mothers, health care providers and child care providers. Arnot Health offers birthing and breastfeeding classes for the community and educates pregnant women about the overall benefits of breastfeeding. In 2014, a total of 279 women and their partners participated in classes which discussed breast milk as the healthiest food for babies. Arnot Health also participated in the hospital-based initiative "Great Beginnings NY" to encourage exclusive breastfeeding and support mothers who have decided to breastfeed their babies.
http://www.health.ny.gov/community/pregnancy/breastfeeding/great_beginnings/

Through the "Great Beginnings NY" initiative, Arnot Health implemented evidence-based breastfeeding strategies such as:

- Ensured breastfeeding infants do not receive supplementation (infant formula, water, glucose water), unless medically indicated or at the request of the mother and documented in the infant's medical chart.
- Educated mothers on the impact of non-medically indicated supplementation on breastfeeding success.
- Discontinued the distribution of free infant formula in discharge packages and removed infant formula promotional materials in Arnot Health's provider offices.
- Provided all breastfeeding mothers with post-discharge lactation support and referrals.

In 2014, 1427 babies were born at Arnot Health. Of the mothers being discharged, 62% were exclusively breastfeeding. Through a grant received by the S2AY Network, two of Arnot Health's Perinatal Registered Nurses were certified as Lactation Consultants

(CLC). Arnot Health now has a total of seven CLCs on staff, and all nursing staff is trained in helping mothers who are having difficulty with breastfeeding their babies.

Women Infant and Children (WIC), as participants in Healthy Priority Partnerships in Chemung and Steuben Counties, provided support for breastfeeding mothers in the form of vouchers for nutritious foods, breast pumps, peer-counseling and support groups. WIC also facilitates local and regional breastfeeding networks which are open to the community and active in advocating for breastfeeding friendly environments in hospitals and workplaces. In 2014, 11 businesses were recognized by The Twin Tier Breastfeeding Network as breastfeeding friendly businesses and given certificates to display in their establishments.

Another example of building breastfeeding support is Arnot Health's role in supporting Chemung County Health Department's training of six local home daycare providers in Breastfeeding Friendly Daycare practices. The trainings included:

- An overview of the health benefits of breastfeeding;
- How to encourage and support mothers who choose to breastfeed;
- How to store breast milk storage ; and
- Establishing a designated lactation area that is quiet and private for moms to pump or breastfeed.

B. Healthy Kitchens

Arnot Health, in collaboration with The Goldring Center for Culinary Medicine at Tulane University School of Medicine, launched an exciting health and nutrition program for its Graduate Medical Education (GME) program in 2014. The "Healthy Kitchens" program

teaches residents and medical students how to prepare healthy meals based on the DASH and Mediterranean diets; about the connection between healthy foods and diet-related chronic diseases such as heart disease, diabetes and hypertension; and outreach such as hands-on nutrition and culinary skill education for the community http://tmedweb.tulane.edu/mu/teachingkitchen/. Chef Leah Sarris from the Center for Culinary Medicine in Tulane provided on-site training for Arnot Health's residents and medical students from Lake Erie College of Osteopathic Medicine (LECOM), who will be reaching out to the community upon program completion.

Arnot Health is the first small community-based hospital to pilot the Healthy Kitchens program. Five other Healthy Kitchens programs were implemented in major cities with large University Hospitals**.**

C. Community Health Rotations for GME Program

Arnot Health's Community Health Department worked with Lake Erie College of Osteopathic Medicine's (LECOM) GME Program to develop a community medicine rotation for second and third year Family Practice residents. The goal of the program is to provide Family Medicine residents with educational experiences that will enhance their knowledge and skills in health promotion and disease prevention, including strategies such as immunizations, healthy lifestyle changes, and programs that address other community needs. Arnot Health collaborated with partnering health and human service agencies to provide the community rotations. Experiences included rotations at the following sites:

- Arnot Health HIV Primary Care and Disease Management-serves HIV, AIDS, and Hepatitis C populations;
- Economic Opportunity Program, Inc. (EOP);
- Head Start Programs;
- Comprehensive Interdisciplinary Developmental Services (CIDS);
- School Readiness Project;
- Healthy Families; and
- Chemung County Home Health Agency.

Residents reported "never knowing these programs existed" and "seeing how these services would support patients seen in their offices."

D. Creating Healthy Places to Live, Work, and Play (CHP)

In 2010, Arnot Health was awarded a five-year CHP grant from the New York State Department of Health to promote healthy lifestyles and prevent

CREATING HEALTHY PLACES to LIVE WORK & PLAY

obesity and type 2 diabetes through environmental, policy, and system changes. Arnot Health leads the 30 member community-based collaborative and serves as the fiscal agent.

CHP has four focus areas:

- Improve parks and playgrounds;
- Improve access and safety to get to places to play;
- Increase community gardens to provide fresh fruit and vegetables; and
- Work with restaurants to make eating out healthier.

The CHP partnership worked to establish new community gardens with raised beds to improve access to fresh fruits and vegetables for persons with disabilities.

The CHP partnership also collaborated with the United Way to install Born Learning Trails in parks, trails and playgrounds. Through the United Way of the Southern Tier's "Day of Caring", a group of more than 30 volunteers worked to paint hopscotch courts, alphabet games, and other activities to provide opportunities for families to become more physically active together.

Arnot Health continues to collaborate with the City of Elmira and the CHP partnership to improve the safe access to parks and playgrounds by adding crosswalks, curb cut outs,

signage to warn drivers of playgrounds, reduced speed warning signs, and high visibility signage for the visually impaired. New playground equipment was installed in a playground located in a section of the city with low income subsidized housing where families with over 300 children live.

Additionally, CHP regularly used earned media to promote chronic disease prevention through healthy eating and physical activity, and advocated with stakeholders and elected officials such as Senator Tom O'Mara and Assemblyman Christopher Friend to raise awareness of the need for policy, systems, and environmental changes to prevent obesity, diabetes, and tobacco use.

E. Other Obesity Prevention Activities

- Step it Up Community Walking Program
- Hunt for Gold Shoes
- Fit Families of the Sothern Tier (FFST)
- Stong Kids Safe Kids
- Bike Sharing Sheds
- Worked with local restaurants to promote healthy menu options
- Piloted worksite wellness programs
- Davenport and Taylor Run
- Wineglass Marathon
- Girls on the Run

H. School Wellness

Arnot Health continues to serve on the Elmira City School District Wellness Committee and collaborated with the school district to develop new wellness policies that include healthier options in vending machines; increasing physical activity during classroom time; as well as informing health education and cirricuulum.

I. Chronic Disease Prevention and Support

Annual Diabetes Fair

Arnot Health had a leadership role in the planning and implementation of a multi-county Diabetes Fair in October 2014. Over 200 community members received diabetes prevention and management education, blood pressure and blood glucose screenings, foot care education, diabetes risk assessments, nutrition education, meal planning, information on medications and diabetes equipment, and influenza vaccines. Information was provided on diabetes support groups and Living Healthy programs.

Living Healthy Series

Arnot Health worked across county lines to offer support and education for those living with chronic disease, through partnerships such as the Diabetes Coalition, Southern Tier Tobacco Awareness Coalition (STTAC) and the Living Healthy Regional Committee. Evidence-based programs such as the Chronic Disease Self Management Program, the Diabetes Self-Management Program, and the Diabetes Prevention Program are offered collaboratively throughout each county.

J. Sodium Reduction Grant

Arnot Health continues to work with the Steuben County Public Health Department to implement their three-year Sodium Reduction Grant to reduce sodium content in cafeterias by 10% each year. In 2014, Arnot Health was able to reduce sodium by 11% in each of its three hospital cafeterias by modifying menu items such as:

- Soups
- Processed Meats
- Tomato-based products

Progress in Reducing Tobacco Use Prevention and Cessation

Prevention Agenda Priority: Prevent Chronic Disease
Focus Area: Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure.
Goal: Reduce exposure to secondhand smoke
Disparity: Low socioeconomic, mental health and substance abuse populations

A. Tobacco Use Prevention and Cessation

- Despite lack of funding through The Bureau of Tobacco Control Cessation Center grant, Arnot Health continues to provide tobacco cessation education and support groups for the community.
- Arnot Health's Primary Care Providers screened patients for tobacco use in the past 12 months and embedded tobacco cessation resources to give to patients in the electronic medical record system.

In 2014, Arnot Health conducted several youth-focused tobacco use prevention programs at Summer Cohesion sites and community events, and supported STTAC with its youth trainings on the dangers of tobacco marketing. As a result of these programs, youth from Chemung, Steuben, and Schuyler Counties became actively engaged in awareness activities and advocated for the elimination of tobacco marketing to youth.

B. Reduce Exposure to Second Hand Smoke

Arnot Health supported STTAC in the development of new SmokeFree workplace and Tobacco Free Outdoor policies at the following sites:

- DePuy Synthes Innovative Medical Devices and Solutions
- Chemung County Health Department Building and Grounds
- Steuben County Public Health Building and Grounds
- Hornell Housing Authority
- Catholic Charities of Steuben County (seven sites)

C. Disparities in Lower Socioeconomic, Mental Health and Substance Abuse Populations

Arnot Health has a leadership role on the Chemung County Board of Health. In 2014, the Chemung County Board of Health passed a resolution in support of prohibiting the sale of tobacco products in pharmacies. Policy changes such as this will have a long-lasting impact on the pharmacies selling tobacco products in lower socioeconomic neighborhoods in Chemung County.

- Provided monthly health screenings, tobacco cessation education and distributed New York State Smokers' Quitline cards at the Free Community Soup Kitchen located in a Medically Underserved Area of Elmira.
- Provided monthly tobacco cessation support group information and New York State Smokers' Quitline at a community action agency located in a low socioeconomic area of Elmira in Chemung County.
- Provided tobacco cessation outreach to mental and behavioral health providers.
- Facilitated communication among behavioral health service providers to plan tobacco cessation programs for clients.
- Provided an opportunity for mental and behavioral health providers to work with STTAC in developing SmokeFree policies for their provider sites.

D. Community Mobilization and Education

- Planned and implemented Great American Smokeout events.
- Partnered with STTAC to offer youth-oriented Kick Butts Day.
- Advocated for the reduction of tobacco product marketing through local media, television and radio interviews, newsletters, and visits with elected officials.
- Educated community leaders and policy makers about the impact of Point of Sale tobacco marketing on youth.
- Letters to the editor about tobacco-free pharmacies and decreasing the number of tobacco retailers located near schools.
- Facilitated Public Service Announcements.

Arnot Health's five-year CHIP can be found on Arnot Health's Web site at:
http://www.arnothealth.org/usr/Arnot%20Health%202013%20CSP_FINAL.pdf

Community Health Improvement Plan

HP^2 is made up of Chemung County organizations committed to improving the health of Chemung County residents. Members include: Chemung County Health Department, Arnot Health, Guthrie Health, EMSTAR, Creating Healthy Places, Health On Demand, Comprehensive Interdisciplinary Developmental Services, Inc (CIDS), Family Services, Chemung ARC, Health Ministries of the Southern Tier, YWCA Chemung County DSS, Cornell Cooperative Extension, Eat Smart NY, Chemung County Dept. of Aging, Elmira College, Chemung County Mental Health, WIC, Cancer Services Program of Chemung & Schuyler counties, Arnot Tobacco Cessation Center, Southern Tier Tobacco Awareness Community Partnership (STTAC), Southern Tier Pediatrics, Chemung County Medical Reserve Corps., Community Mental Health Program at Family Services, Chemung County School Readiness Project, Economic Opportunity Program, Elmira City Council, Chemung County Poverty Reduction Coalition and community members.

Prevention Agenda Priority: Prevent Chronic Disease **Focus Area: Reduce Obesity in Children and Adults**					
Objective: Prevent obesity trend from rising and aim to reduce the percentage of adults who are obese by 1% - from 30.1% to 29.8%. (According to NYS 08-09 BRFSS, Chemung County (30.1%) currently exceeds the NYS average of 23.2%)					
Focus Area	**Goal**	**Activities**	**Partners**	**Timeframe**	**Measurement/Evaluation**
Reduce Obesity in Children and Adults	**A. Create community environments that promote and support healthy food and beverage choices and physical activity.**	A.1 Create a breast feeding friendly environment in Chemung County: • Promote breastfeeding to WIC mothers. • Evaluate existing breastfeeding environment in Chemung County • Review hospital breastfeeding data and policies • Promotion of breastfeeding friendly environments in hospitals and businesses • Provide education re: breastfeeding such as through CIDS, Breastfeeding series (6 weeks) by Eat Smart NY offered to pregnant and breastfeeding moms. • Investigate the possibility of utilizing EHR/EMR's for actions such as adding breastfeeding resources or tracking documentation of breastfeeding education.	Health Priorities Partnership, WIC peer counselors, certified lactation consultants, WIC staff, hospital staff, Eat smart NY, CIDS, Possible Partners: Twin Tiers Breastfeeding Network, Ch. Valley LaLeche League, Chambr of Commerce	October 2014 - ongoing	By December 2016, the number of WIC mothers breastfeeding at six months will increase by 5% from15.3% to 16%. Education provided % of women exclusively breastfeeding in the hospital. # Businesses educated on breastfeeding supportive environment
		A.2 Utilizing residents, conduct Continuing Medical & Nursing Education programs or Grand Rounds for health care professionals, such as programs on healthy nutrition, physical activity, obesity and diabetes prevention & community resources.	HP2, Arnot Health, Guthrie Health Professional nursing organizations	October 2014 - ongoing	CME /Grand Rounds programs held, # of participants, # of CME's & CEU's earned.

Prevention Agenda Priority: Prevent Chronic Disease Focus Area: Reduce Obesity in Children and Adults					
Objective: Prevent obesity trend from rising and aim to reduce the percentage of adults who are obese by 1% - from 30.1% to 29.8%. (According to NYS 08-09 BRFSS, Chemung County (30.1%) currently exceeds the NYS average of 23.2%)					
Focus Area	**Goal**	**Activities**	**Partners**	**Timeframe**	**Measurement/Evaluation**
Reduce Obesity in Children and Adults	**A. Create community environments that promote and support healthy food and beverage choices and physical activity.**	A.3 Provide and promote resource links on partner websites and social media that include supports for breastfeeding, increased opportunities for physical activity and healthy nutrition such as reducing fat, sodium and Sugar Sweetened Beverages (SSB,) and increasing fruit and vegetable consumption. Generate Community resource list of services to address overweight & obesity. • Promote ongoing resources, programs and active transportation initiatives such as Step It Up, FFIST, the Gold Shoe program, Get Active Elmira, bike racks on buses (CTRAN), Southern Tier Bicycle League bike racks & bike share program, bike to work days, Matter of Balance.	Health Priorities Partnership, CIDS, CCE, CHP	December 2014 - ongoing	# of partner websites with links to resources and programs on physical activity and healthy nutrition. Resource list developed
		A.4 Utilize earned media to promote Physical Activity and Healthy Foods and Beverages through public service announcements, local print, radio and television media, social media, news interviews and newsletters highlighting efforts. • Engage community leaders, stakeholders, businesses, agency heads, and elected officials to encourage them to establish environmental and policy changes and to promote physical activity (such as Complete Streets) and consumption of healthy foods and beverages.	Health Priorities Partnership, Eat Smart NY	July 2014 - ongoing	# of PSA's provided by partnering agencies. # of local print, radio & TV ads, interviews, letters to the editor, newsletters. # and level of leaders engaged
		A.5 Plan and implement initiatives and evidence based programs that promote physical activity and/ or healthy nutrition such as Eating Right is Basic, and Jumping Into Foods and Fitness. • Assess, plan and implement other evidence promising programs such as: Step It Up, FFIST, Gold Shoe, Bicycle Sharing Sheds and Strong Kids/Safe Kids. • Continue to apply for seasonal opportunities to increase utilization of Farmer's Markets	Health Priorities Partnership, Eat Smart NY	December 2014 - ongoing	# of programs, # of participants. # of participants with improved health outcomes.

Prevention Agenda Priority: Prevent Chronic Disease Focus Area: Reduce Obesity in Children and Adults					
Objective: Prevent obesity trend from rising and aim to reduce the percentage of adults who are obese by 1% - from 30.1% to 29.8%. (According to NYS 08-09 BRFSS, Chemung County (30.1%) currently exceeds the NYS average of 23.2%)					
Focus Area	**Goal**	**Activities**	**Partners**	**Timeframe**	**Measurement/ Evaluation**
Reduce Obesity in Children and Adults	**A. Create community environments that promote and support healthy food and beverage choices and physical activity.**	A.6 Partner with County & City officials to develop and implement a plan to rehabilitate, improve and promote parks, playgrounds and trails in underserved areas to offer safe, and accessible opportunities for physical activity for persons of all ages and abilities.	Health Priorities Partnership, Creating Healthy Places, DOT	November 2013 & Ongoing	Completion of improvement of at least 1 park
		A.7 Increase physical activity by improving street scale urban design for small geographic areas such as safe street crossings, use of traffic calming approaches, tactile ramps (Complete Streets).	Health Priorities Partnership, Creating Healthy Places	January 2014 & Ongoing	
		A.8 Establish or enhance community gardens & promote use t to encourage consumption of fruits and vegetables.	Creating Healthy Places, civic& faith based orgs.	March 2014 & ongoing	At least 2 gardens established/enhanced
		A.9 Conduct research to support evidence-based approaches to reducing obesity through research foundation partnership with Cornell University. Collect and analyze data on evidence based programs such as Diabetes Prevention Program and CDSMP.	Guthrie Health Arnot Health Health Priorities Partnership	January 2014 ongoing	Research conducted and findings published.
		A.10 Investigate joint use agreements with county schools. Create a list of current joint use agreements and resources open to the community.	Health Priorities Partnership, 4 County School districts Parent Partners	January 2014 - ongoing	# joint use agreements, list of resources available to community members (playgrounds, fitness equipment, etc.), provide info online.
		A.11 Investigate data on obesity prevention programs to strengthen the case on return on investment in obesity reduction programs and share findings with policy makers and businesses including Chamber of Commerce and Leadership Chemung.	Health Priorities Partnership	January 2015 Ongoing	Data analyzed and findings shared.

Prevention Agenda Priority: Prevent Chronic Disease Focus Area: Reduce Obesity in Children and Adults					
Objective: Prevent obesity trend from rising and aim to reduce the percentage of adults who are obese by 1% - from 30.1% to 29.8%. (According to NYS 08-09 BRFSS, Chemung County (30.1%) currently exceeds the NYS average of 23.2%)					
Focus Area	**Goal**	**Activities**	**Partners**	**Timeframe**	**Measurement/ Evaluation**
Reduce Obesity in Children and Adults	**B. Expand the role of health care and health service providers and insurers in obesity prevention.**	B.1 Educate and provide resources to health care professionals as a way to talk with their patients about their weight, nutrition, physical activity and disease prevention & management. Investigate use of "prescription pads" for health care providers to include need / resources for physical activity and healthy nutrition including Chronic Disease Self Management and Diabetes Prevention Program.	Health Priorities Partnership, Arnot Health, Guthrie Health, Health On Demand	June 2014 ongoing	# health professionals educated # resources disseminated
		B.2 Once EMR/EHR system is completed and operational, investigate the possibility of providing obesity prevention and community resources to persons who are overweight, obese and / or at risk for diabetes. Encourage referrals to Diabetes Prevention Program (DPP) and Chronic Disease Self Management Program (CDSMP). Facilitate patient engagement though reminder calls and care coordination.	Arnot Health, Guthrie Health Human Services Committee	December 2014 - ongoing	Monitor and evaluate usage.
		B.3 Educate providers and the public on Medicare coverage for obesity counseling to patients with a BMI over 30 and for preventative health screenings.	Health Priorities Partnership	January 2014 - ongoing	Methods used to disseminate information
		B.4 Encourage public to investigate their health promotion coverage under their insurance policy	Health Priorities Partnership	June 2014 – ongoing	Methods used to educate public
		B.5 Recruit new members and sustain HP2 Partnership through ongoing communication and at least bimonthly meetings.	Health Priorities Partnership New partners	January 2014- ongoing	# new partners recruited Minutes of meetings

Prevention Agenda Priority: Prevent Chronic Disease Focus Area: Reduce illness, disability and death related to tobacco use and secondhand smoke exposure. Disparity: Reduce percentage of lower income individuals who smoke including those with mental health and substance abuse issues.					
Objective: Reduce percentage of tobacco use, specifically cigarette smoking, among adults by 3% from 30.8% to 29.9%. (According to NYS 08-09 BRFSS, Chemung County (30.8%) currently exceeds the NYS average of 17%)					
Focus Area	**Goal**	**Activities**	**Partners**	**Timeframe**	**Measurement/ Evaluation**
Reduce illness, disability and death related to tobacco use and second hand smoke exposure	**C. Reduce exposure to secondhand smoke.**	C.1 Avocacy: • Invest in efforts to create smoke-free environments throughout the community, encouraging Chemung County government to lead by example. • Provide support to community partners to adopt tobacco-free outdoor policies	Health Priorities Partnership STTAC	January 2015 - ongoing	By October 2014, four tobacco free outdoor policies will be adopted. Links to policies will be posted.
		C.2 Highlight dangers of tobacco through • Public service announcements and earned media • Promote media campaigns with hard-hitting cessation messages and the importance of tobacco free outdoors.	Health Priorities Partnership, STTAC, Arnot Cessation Center	July 2014 ongoing -	# PSA's provided, # campaigns held
		C.3 Investigate the possibility of providing landlords throughout the county & local municipalities with guidelines on how to make their properties smoke free	Health Priorities Partnership STTAC City of Elmira	October 2014 ongoing	# landlords receiving guidelines. #smoke free properties.

Prevention Agenda Priority: Prevent Chronic Disease Focus Area: Reduce illness, disability and death related to tobacco use and secondhand smoke exposure. Disparity: Reduce percentage of lower income individuals who smoke including those with mental health and substance abuse issues.					
Objective: Reduce percentage of tobacco use, specifically cigarette smoking, among adults by 3% from 30.8% to 29.9%. (According to NYS 08-09 BRFSS, Chemung County (30.8%) currently exceeds the NYS average of 17%)					
Focus Area	**Goal**	**Activities**	**Partners**	**Timeframe**	**Measurement/Evaluation**
Reduce illness, disability and death related to tobacco use and second hand smoke exposure	**D. Promote tobacco cessation, especially among low SES populations and/or those with mental health illness.**	D.1 Promote cessation counseling to community residents targeting people with disabilities, mental health and substance abuse problems. • Promote NYS Smokers' Quitline. • Provide tobacco cessation information / education to clients of organizations such as home care, CIDS, hospital patients, Health Ministry of the Southern Tier, Cancer Services Program, etc. • Advocate with organizational decision makers of health care facilities and programs that provide services for people of lower SES, and/or mental health to adopt system changes that identify, refer, and treat tobacco users according to the U.S. Department of Health and Human Services Public Guidelines for Treating Tobacco Use and Dependence. • Provide community education, discrete events, earned media and other ways of disseminating information to the public and health care providers • Develop community resource list of services for tobacco cessation • CIDS will continue to work with parents re: going outside the home to smoke to decrease exposure to secondhand smoke. Work with Homecare agencies to encourage caregivers of clients to smoke outside the home.	Health Priorities Partnership, Arnot Tobacco Cessation Center, Cancer Services Program Health Ministries of the Southern Tier, CIDS	July 2014 ongoing	# NYS Smokers Quitline calls. #agencies/organizations participating in tobacco cessation education to clients. Resource list developed

Prevention Agenda Priority: Prevent Chronic Disease Focus Area: Reduce illness, disability and death related to tobacco use and secondhand smoke exposure Disparity: Reduce percentage of lower income individuals who smoke including those with mental health and substance abuse issues.					
Objective: Reduce percentage of cigarette smoking among adults.					
Focus Area	**Goal**	**Activities**	**Partners**	**Timeframe**	**Measurement/Evaluation**
Reduce illness, disability and death related to tobacco use and secondhand smoke exposure	**E. Prevent initiation of tobacco use by New York youth and young adults, especially among low socioeconomic status (SES) populations.**	E.1 Participate in local and national activities and/or events that educate the public on the impact of retail tobacco marketing on youth (Point of Sale -POS) such as the Great American Smoke Out, Kick Butts Day, World No Tobacco Day, Strong Kids Safe Kids and the Adolescent Health and Wellness conference.	Health Priorities Partnership, STTAC	July 2014 ongoing	# activities held and/or events attended.
	F. Encourage providers to talk with their patients about tobacco cessation.	F.1 Once EMR/EHR system is completed and operational, investigate the possibility of providing community resources for tobacco cessation.	Arnot Health, Guthrie Health, Arnot Tobacco Cessation Center	December 2014 – ongoing	Monitor and evaluate usage.
		F.2 Communicate with and Influence decision makers and advocate for change in their organizations' policies, programs, or practices by offering education, training and technical assistance with adopting system-level changes that foster comprehensive tobacco dependence treatment.	Arnot Health, Guthrie Health, Arnot Tobacco Cessation Center	December 2014 - ongoing	Monitor and evaluate usage.

Prevention Agenda Focus Area: Prevent Chronic Disease Objectives: Reduce illness, disability and death related to tobacco use and secondhand smoke exposure Disparity: Reduce smoking rates in lower income individuals including those with mental health and substance abuse issues					
Decrease the prevalence of any tobacco use (cigarettes, cigars, smokeless tobacco) by high school age students					
Focus Area	**Goal**	**Activities**	**Partners**	**Timeframe**	**Measurement/Evaluation**
Reduce illness, disability and death related to tobacco use and secondhand smoke exposure	G. Prevent initiation of tobacco use by New York youth and young adults, especially among low socioeconomic status (SES) populations	G.1 Utilize local media to promote education on youth smoking and the impact of tobacco marketing.	Chemung County Health Dept., STTAC	July 2014 - ongoing	# media contacts made, # stories published
		G.2 Educate community leaders and policymakers on the problems of youth smoking and the impact of tobacco marketing on youth smoking.	Health Priorities Partnership Chemung County Health Dept., Arnot Health, Guthrie Health, STTAC	July 2014 - ongoing	# educated
		G.3 Conduct a Youth POS and TFO survey in local schools and/or youth centers/organizations.	Health Priorities Partnership Chemung County Health Dept., STTAC	July 2014 - ongoing	# schools/youth organizations surveyed, # surveys collected
		G.4 Educate and engage a youth focused organization to attend and speak during a legislature/board of health/council meeting, write letters to editor, educate their network and/or educate community members	Health Priorities Partnership Chemung County Health Dept., STTAC	July 2014 - ongoing	Organization engaged, meeting attended or letter written

Steuben Health Priorities Team Work Plan

Prevention Agenda Focus Area: Prevent Chronic Disease Goal 1: Reduce Obesity in children and adults					
Strategy Area	**Objective**	**Activities**	**Partners**	**Timeframe**	**Measurement/Evaluation**
Reduce Obesity in Children and Adults	**A. Create community environments that promote and support healthy food and beverage choices and physical activity**	A1. Support and encourage programs such as 10k walk/run through Ira Davenport, Walk with the Doc through Guthrie, Pop Can Fun Run through Corning Hospital, Girls on the Run, Strong Kids Safe Kids, the Wine Glass Marathon, Hornell CSD Pace grant and the Fit and Fun Program through Hornell YMCA.	Steuben Health Priorities Team (SHPT), Public Health (PH), Local Hospitals	November 2013 - ongoing	# of participants, # of activities
		A2. 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. Provide link to guide on partner websites and social media outlets.	SHPT Possible Partners: Steuben County Conference and Visitors Bureau, Chemung County "River Friends", Traffic Safety Board, 211	January 2014 - ongoing	Schedule created to update guide, guide created, QR code created, online hits, # of partners posting link
		A3. Advocate for the inclusion of creating healthy environments with Regional Economic Development Council - including the Rails to Trails program.	SHPT, County Rotaries	January 2014 - ongoing	# of contacts made # of projects including healthy environments proposed
		A4. Work with local media to reach community members - highlighting our initiatives. Efforts will include social media, radio shows/service announcements and striving to develop a relationship with WETM and other local television shows to explore the possibility of creating a yearly campaign.	WETM - local TV stations, local radio stations, PH, SHPT	April 2014 - ongoing	# PSA's/messages provided to various media outlets, # appearances made/social media posts ("likes", etc.)

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Reduce Obesity in Children and Adults	**A. Create community environments that promote and support healthy food and beverage choices and physical activity**	A5. Investigate and continue to develop and expand joint use agreements with county schools. Create a list of current joint use agreements and resources open to the community.	13 Steuben County School Districts, PH, SHPT	January 2014 – ongoing	# of joint use agreements, list of resources available to community members (parks, basketball courts, etc.), provide information online and track hits
		A6. Work with Corning-Painted Post Schools to attempt to expand the implementation of the PE 4 Life program including additional training of staff, equipment purchases and group advocacy with the school board.	Corning Hospital, Superintendant of schools	April 2014 - ongoing	# of staff trained, funding secured, equipment purchased
		A7. Work together to increase breastfeeding in Steuben County. Increase access to breastfeeding information and encourage continued breastfeeding after leaving the hospital. Inform and assist worksites with breastfeeding policies. Encourage health care professionals to heavily promote the benefits of breastfeeding, including triggers in EHR (if possible when in place), and encourage referrals to community resources. Engage and support WIC to heavily promote and support breastfeeding among their clients. Encourage breastfeeding rally sponsored by WIC and continue one on one support to mothers through public health.	Local Hospitals WIC, PH	January 2014 - ongoing	EMR/EHR documentation of education in applicable facilities, % of women exclusively breastfeeding and breastfeeding at 6 months, % increase of WIC mothers breastfeeding at 6 months

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Reduce Obesity in Children and Adults	**B. Expand the knowledge base of partners in obesity prevention**	B1. Identify emerging best practices.	SHPT, Local Hospitals	April 2014 - ongoing	Best practices identified And posted online
		B2. Evaluate obesity prevention initiatives.	SHPT, Local Hospitals	September 2014 - ongoing	Initiatives evaluated, data collected and analyzed
		B3. Investigate database development to strengthen the case for resource allocation and obesity reduction programs to share with policymakers.	Local Hospitals, SHPT	January 2015 - ongoing	All data tracked and analyzed, results shared
	C. Expand the role of public and private employers in obesity prevention	C1. Provide and promote opportunities for physical activity and links to available resources including the new hiking guide, local gyms and farmers markets to public and private employers.	SHPT, local hospitals, PH, Steuben Rural Health Network	September 2014 - ongoing	Opportunities provided and promoted, online resources provided, # hits tracked
		C2. Promote, support and conduct Know Your Numbers Campaign headed by Corning Hospital and public health.	Corning Hospital, SHPT	May 2014 - ongoing	Launch of program, # of participants
	D. Increase access to high quality chronic disease preventive care and management in clinical and community settings	D1. Educate health care professionals to talk with their patients about their weight, nutrition, and physical activity (such as Guthrie's bariatrician). Develop a resource guide for providers regionally.	Guthrie, Local Hospitals, SHPT	September 2014 - ongoing	# educated, # resources disseminated

Prevention Agenda Focus Area: Prevent Chronic Disease Goal 2: Reduce Heart disease and hypertension					
Strategy Area	**Objective**	**Activities**	**Partners**	**Timeframe**	**Measurement/ Evaluation**
Reduce illness, disability and death related to heart disease and hyper-tension	**A. Prevention, screening, early detection, treatment, and self-management support.**	A1. Work to prevent heart disease and hypertension by assisting Office for the Aging, local hospitals and long term care facilities in reducing sodium content in all meals served to patients, visitors, staff and the public.	Local Hospitals, Office for the Aging, ProAction, PH	October 2013 - ongoing	Establish a baseline. Reduce sodium content in meals by 30% over 3 years, by November 2016
		A2. Investigate possibility of expanding heart disease support group in Hornell. Promote support groups of all local hospitals.	Guthrie, St. James	September 2014 - ongoing	Creation of support group, # participating
	B. Reduce exposure to secondhand smoke	B1. Invest in efforts to create smoke-free environments throughout the community, encouraging Steuben County government to lead by example.	PH, STTAC	January 2016	Steuben County government policy developed and implemented, # of smoke free policies implemented
		B2. Highlight dangers of tobacco through public service announcements and promote media campaigns with hard hitting cessation messages and the importance of tobacco free outdoors.	SHPT, Local Hospitals, Health Ministry of the Southern Tier, PH, STTAC, Tobacco Cessation Center	May 2014 - ongoing	# PSA's provided, # campaigns held

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Reduce illness, disability and death related to heart disease and hyper-tension	**C. Promote tobacco cessation, especially among low SES populations and those with mental health illness (disparity)**	C1. Promote cessation counseling to community residents targeting people with disabilities, mental health and substance abuse problems. Promote NYS Smokers' Quitline. Provide tobacco cessation education to clients of organizations such as home care, ARC, ProAction, Cancer Services Partnership, HMST and hospital patients. Work to promote cessation messages by sending out quitline cards, showing cessation videos at DSS, and conducting site assessments at outpatient adolescent psychiatric facilities in Wayland/Alfred that include tobacco use.	211, Local Hospitals, PH, SHPT, Health Ministry, Steuben RHN, STTAC, CSP, Tobacco Cessation Center	September 2014 - ongoing	# NYS Smokers Quitline calls, #agencies/organizations participating in tobacco cessation education to clients
	D. Prevent initiation of tobacco use by New York youth and young adults, especially among low socioeconomic status (SES) populations	D1. Participate in local and national activities and/or events that educate the public on the impact of retail tobacco marketing on youth (Point of Sale -POS) such as the Great American Smoke Out, Kick Butts Day, World No Tobacco Day, Strong Kids Safe Kids and the Adolescent Health and Wellness conference.	Local Hospitals, PH, Steuben RHN, STTAC, Tobacco Cessation Center, Local Schools	January 2014 - ongoing	# activities held and/or events attended

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Reduce illness, disability and death related to heart disease and hyper-tension	**E. Train primary care providers (PCPs) to talk with their patients about their weight and tobacco use. Provide link on EMR to community resources available for patients**	E1. Create a list of community resources specific to diagnosis and investigate the possibility of uploading into EHR's.	211, Local Hospitals, Health Ministry of the Southern Tier	September 2015 - ongoing	Inventory list of resources and availability on EHR, track usage
		E2. Provide resources and literature to 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 hospitals, Health Ministry of the Southern Tier	September 2015 - ongoing	# educated, # resources disseminated, track usage of EHR resources where applicable
		E3. When and if available, encourage the use of decision support/reminder tools of EHRs, as well as the community resource list. When and if available, continue calls by nurses to follow-up with patients on follow-through/compliance. Monitor implementation	Local Hospitals, PH, Health Ministry of the Southern Tier, SHPT	January 2015 - ongoing	Implementation of decision support and reminder tools and referrals to community resources in EHR where applicable, documentation of use and documentation of calls via EHR where applicable

Prevention Agenda Focus Area: Prevent Chronic Disease Goal 2: Reduce Heart disease and hypertension					
Strategy Area	**Objective**	**Activities**	**Partners**	**Timeframe**	**Measurement/ Evaluation**
Reduce illness, disability and death related to heart disease and hyper-tension	**F. Develop infrastructure for widely accessible, readily available chronic disease self-management (CDSMP) and diabetes prevention programs**	F1. Provide CDSMP programs and continue to recruit peer trainers	Steuben Rural Health Network, Public Health Southern Tier Diabetes Coalition	January 2014 - ongoing	# of classes # trained
		F2. Offer Diabetes Prevention programs as need is expressed in the county			# participants
		F3. Sustain links to Emory University's Diabetes Training and Technical Assistance Center, and the NYS Diabetes Prevention Program and QTAC			Links sustained
	G. Promote CDSMP and Diabetes Prevention programs to health-care providers	G1. Conduct campaign that includes activities such as PSAs, articles, letters to the editor, postings on social media, mailings to health-care providers, meetings with practice managers	Steuben Rural Health Network, Public Health Southern Tier Diabetes Coalition Hospitals	January 2014 - ongoing	# of articles, letters, mailings and meetings
		G2. Provide business model to hospitals/health care providers on the improved health outcomes with CDMSP and Diabetes Prevention programming			Business model provided
	H. Maximize organizational capacity to provide CDMSP and Diabetes Prevention Programs	H1. Explore reimbursement strategies under the new Affordable Care Act and the selected Steuben County insurance vendors for CDMSP and Diabetes Prevention programs	SRHN Public Health	January 2014 - ongoing	Strategies explored and findings communicated to SHPT