

Priority: Prevent Chronic Diseases

Focus Area 1: Reduce Obesity in Children and Adults

Timeframe: To be completed by December 31, 2018 (Ongoing)

Do the suggested intervention(s) address a disparity? Yes No

- Objective 1.0.2 – Working with the low income population and high-need, ready for change community.
- Objective 1.2.2 – Working with the low income population and high-need, ready for change community.
- Objective 1.3.2 – Working with the low income population (WIC).

Goal	Outcome Objectives	Interventions/Strategies/Activities	Process Measures	Partner Role	Partner Resources
#1.1 Create community environments that promote and support healthy food and beverage choices and physical activity.	Overarching Objective 1.0.2: By December 31, 2018, reduce the percentage of adults ages 18 years and older who are obese: -By 5% from 24.5% (2011) to 23.2% among all adults. -By 5% from 26.8% (2011) to 25.4% among adults with an annual household income of < \$25,000. -By 10% from 34.9% (2011) to 31.4% among adults with disabilities. (Data source: NYS Behavioral Risk Factor Surveillance System [BRFSS])	Promote physical activity in community venues through signage, worksite policies, social support and joint use agreements.	Minimum of 2 entities adopt policy/practice to include signage. Number of facilities and parks/paths/trail offering physical activity opportunities to the public including disabled population.	LCDOH, Chronic Disease Committee, and GVHP to reach out to businesses. Noyes Health to assist efforts through networking, promotion, etc.	Chronic Disease Committee/GVHP: \$1,200 Noyes Health: in kind LCDOH: .05 FTE
		Implement nutrition and beverage standards in public institutions, worksites and community by increasing the number of Farmers' Markets in Livingston County by conducting annual workshops to assist local farmers in establishing farmers' markets.	Monitor # of additional farmers' markets in the county, with focus on low income, high need area. (Baseline: Five Farmers' Markets, 2016) Coordination of annual farmers market workshops. Monitor utilization of Foodlink Curbside Markets (Baseline: 700 individuals served, \$2900 in sales, an average of ~\$4 per person, 30 of the transactions have been SNAP, which resulted in \$100 of SNAP-based incentives July1, 2016 to October 2016 Foodlink)	Food Security Committee to reach out coordinate annual farmers market workshops. LCDOH participates on FSC and will provide technical support	Food Security Committee: in kind LCDOH: .1 FTE GVHP:\$500 CCE in kind

<p>#1.2 Prevent childhood obesity through early child care and schools.</p>	<p>Objective 1.2.2: By December 31, 2018, increase the number of school districts that meet or exceed NYS regulations for physical education (120 minutes per week of quality physical education in elementary grades K-6; daily physical education for children in grades K-3). (Baseline compliance: 5% 2008) (Data Source: Office of the New York State Comptroller)</p>	<p>Increase the number of schools with comprehensive and strong Local School Wellness Policies by continuing to implement school wellness initiatives for local schools to increase activity levels, improve nutrition and improve overall health status among students.</p>	<p>Documentation of education/outreach. A minimum of one school which completed a SHI. Number of policies developed. Maintain BMI rate of one school as identified (Baseline: 22% of students who are obese KCS, 2012-2014, NYSDOH). Measurement indicator: Free and reduced school lunch rate, (Baseline: TBD, NYSDOH).</p>	<p>LCDOH to provide technical support to schools regarding wellness policies and ongoing committees. LCDOH to complete the School Health Index (SHI) with a minimum of 1 school. LCDOH, GVHP, CCE, and Noyes Health to provide resources to improve nutrition and physical activity areas of improvement identified by the SHI.</p>	<p>LCDOH: .25 FTE GVHP:\$1,000</p>
<p>#1.4 Expand the role of public and private employers in obesity prevention</p>	<p>Objective 1.4.1: By December 31, 2018, increase by 10% the percentage of small to medium worksites that offer a comprehensive worksite wellness program for all employees and that is fully accessible to people with disabilities. (Baseline to be determined.) (Data Source: NYSDOH Healthy Heart Program Worksite Survey)</p>	<p>Conduct evidence based assessment, health screenings, education and support policy/practice change regarding nutrition and physical activity such as, healthy food and beverage options policy</p>	<p>Number of assessments completed. Number of practices and/or policies implemented.</p>	<p>Chronic Disease Committee/GVHP to reach out to worksites. LCDOH and Noyes to assist worksite in completing assessment, policy development, implementation and evaluation</p>	<p>LCDOH: .013 FTE Noyes: .0065 FTE Chronic Disease Committee/GVHP: \$1,000</p>

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Focus Area 3: Increase Access to High Quality Chronic Disease Preventative Care and Management in Both Clinical and Community Settings.					
Timeframe: To be completed by December 31, 2018 (Ongoing)					
Do the suggested intervention(s) address a disparity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<p>#3.3 Promote culturally relevant chronic disease self-management education.</p>	<p>Objective 3.3.1: Increase by at least 5% the percentage of adults with arthritis, asthma, cardiovascular disease, or diabetes who have taken a course or class to learn how to manage their condition. (Data Source: BRFSS; annual measure, beginning 2013)</p>	<p>Maintain Stanford Model evidence-based CDSMP Programs (Chronic Disease, Diabetes, and Chronic Pain management) and establish new National Diabetes Prevention Program (NDPP).</p>	<p>Number and type of evidence-based programs offered by Noyes Health.</p> <p>Number of participants attending EBI's</p> <p>Minimum of 60% will report increased ability to self-manage their health condition each year.</p>	<p>Noyes Health to offer classes.</p> <p>LCDOH to promote classes.</p>	<p>Noyes Health: .1 FTE Office space</p> <p>LCDOH: in kind advertising</p> <p>Livingston County Office for the Aging (LCOFA): in kind advertising</p> <p>GVHP: in kind advertising</p>
	<p>Objective 3.3.1: Increase by at least 5% the percentage of adults with arthritis, asthma, cardiovascular disease, or diabetes who participated in Healthy Lifestyle Programs (Data Source: BRFSS; annual measure, beginning 2013)</p>	<p>Implementation of Healthy Lifestyle Programs</p>	<p>Number and type of evidence-based programs offered by CSP-MC/URMC</p> <p>Number of participants attending</p> <p>Minimum of 50% with decreased BMI</p> <p>Minimum of 50% with decreased blood pressure</p> <p>Minimum of 50% with increased physical activity level</p> <p>Minimum of 50% with increased fruit and vegetable consumption</p>	<p>Cancer Services Partnership of Monroe County/URMC (CSP-MC, URMC) to offer classes and evaluate efforts.</p> <p>Chronic Disease Committee to assist with community linkage.</p> <p>GVHP promotion of classes.</p> <p>Noyes and LCDOH promotion of classes</p>	<p>CSP-MC, URMC: in kind Noyes Health: 02 FTE</p> <p>LCDOH: 017 FTE</p> <p>GVHP: \$500</p>

Priority: Promote Mental Health and Prevent Substance Abuse					
Focus Area 2: Prevent Substance Abuse and Other Mental Emotional Behavioral Disorders.					
Timeframe: To be completed by December 31, 2018 (Ongoing)					
Do the suggested intervention address a disparity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Goal	Outcome Objectives	Interventions/Strategies/ Activities	Process Measures	Partner Role	Partner Resources
#2.3 Prevent suicides among youth and adults	<p>Objective 2.3.2: December 31, 2018, reduce the age-adjusted suicide mortality rate by 10% to 5.9 per 100,000. (Baseline: 6.6 per 100,000, Bureau of Biometrics 2007-2009).</p> <p>Livingston Specific Data: By December 31, 2018 decrease suicide rate by 1%. Decrease suicide rate to maximum of 10 per 100,000 (Coroner's report data baseline 2017).</p>	Connect people through community cohesion by building capacity in the Suicide Prevention Task Force and strive to bring evidence based health messaging and programming to the population utilizing mental health services including suicide prevention and awareness.	<p>Number of events held.</p> <p>Number of community members engaged.</p> <p>Number of programs held/created.</p> <p>Engagement/ building of Suicide Prevention Task Force.</p> <p>Amount of media/ outreach around awareness.</p>	<p>Suicide Prevention Task Force/GVHP to coordinate and hold suicide awareness events, campaigns, and programs.</p> <p>LCDOH and Noyes participates on Task Force and assists in coordination, implementation and evaluation of events</p>	<p>Suicide Prevention Task Force/GVHP: \$4,500</p> <p>LCDOH:.25 FTE</p> <p>Noyes Health: .125 FTE</p>
#2.1 Prevent underage drinking, non-medical use of prescription pain relievers by youth, and excessive alcohol consumption by adults	<p>Objective 2.1.1: December 31, 2018, reduce the percentage of youth in grades 9-12 reporting the use of alcohol on at least one day for the past 30 days to no more than 34.6%. (Baseline: 38.4 per 100, 2011 YRBS) - Tracking Indicator</p>	<p>Implement strategies to meet Goal 2.1 including:</p> <ul style="list-style-type: none"> • Maintain Health Communities That Care (HCTC) initiative. HCTC is a county based coalition which brings the community together to access youth and family needs and resources to implement effective strategies, activities (such as Family Day, Project 	<p>Conduct Healthy Communities That Care PNA survey every two years. Analyze PNA data.</p> <p>Research and implement evidence based interventions to address PNA data results.</p> <p>Number of NARCAN Trainings held.</p>	<p>HCTC to conduct PNA survey, work with youth/schools, coordinate events and activities, and reach out to towns/villages about Social Host Law.</p> <p>Community partners to support and</p>	<p>HCTC: in kind</p> <p>LCDOH: FTE .02</p> <p>Noyes: in kind</p> <p>GVHP: \$4,500</p>

	Objective 2.1.2: December 31, 2018, reduce the percentage of youth ages 12-17 years reporting the use of non- medical use of painkillers. (Baseline: 5.26% 2009-2010, NSDUH, Target: 4.73%)	Sticker Shock) and programs to address the needs including risk and protective factors such as Lifeskills and Teen Intervene. • Continue to pursue passage of a Social Host Law in additional towns/villages. • Increase awareness of usage of the Drug Amnesty Program. • Conduct NARCAN trainings for community partners and community members.	Number of towns/villages to pass Social Host Law. Media and outreach around Drug Amnesty Program.	promote HCTC efforts. LCDOH and Noyes promotion of trainings and support Social Host Law	
#2.1.1 Prevent, reduce and address adverse childhood experiences (ACES).	Objective 2.1.1: Increase the use of evidence-informed policies and evidence- based programs that are grounded on healthy development of children, youth and adults.	Provide research based, best practice anti-bullying/non- violence programming and technical support to 10 schools and Kidstart. Continue to implement and evaluate violence prevention initiatives such as, Second Step, Peace Circle, and PBIS.	Review of LCDOH Violence Prevention Coordinator's annual report.	LCDOH Violence Prevention Coordinator to implement and evaluate anti- bullying/violence prevention programs in 10 schools and Kidstart.	LCDOH: .6 FTEs GVHP:\$10,000

Priority: Promote Mental Health and Prevent Substance Abuse

Focus Area 3: Strengthen Infrastructure.

Timeframe: To be completed by December 31, 2018 (Ongoing)

Do the suggested intervention address a disparity? Yes No

Goal	Outcome Objectives	Interventions/Strategies/Activities	Process Measures	Partner Role	Partner Resources
Strengthen infrastructure for MEB health promotion and	Objective 3.2.2: Identify specific roles different sectors (e.g., governmental and nongovernmental)	Increase access to mental health (MH) services by co- locating behavioral health services into primary care.	Increase # of integrated co located programs by 1 by 2018.	LCDOH/MH continue to advocate for state policy change	LCDOH/MH: .006 FTE Noyes Health: .05 FTE

<p>MEB disorder prevention.</p>	<p>and key initiatives (e.g., Health Reform) have in contributing toward MEB health promotion and MEB disorder prevention in New York State.</p>			<p>Noyes continue to assess and implement as regulation allow</p>	
	<p>Incorporate promotion of MEB as part of Chronic Disease efforts by identifying a shared purpose integrating chronic disease prevention and behavioral health goals and interventions and engaging key stakeholders.</p>	<p>Number of organizations collaborating, coordinating, or sharing resource with other organizations.</p>	<p>LCDOH provide outreach to mental health Noyes offer Chronic Disease Self Management and provide outreach to mental health</p>	<p>Chronic Disease Committee/GVHP: in kind LCDOH/MH: .025 FTE Noyes Health: .025 FTE</p>	
	<p>Initiate community conversations about the importance of promoting mental health and access to treatment and recovery services within local communities.</p>	<p>Number of discussions held. Number of participants.</p>	<p>LCDOH and Noyes provide outreach to key stakeholders</p>	<p>GVHP: in kind LCDOH/MH: .10 FTE Noyes Health: .10 FTE Other Partners: DePaul</p>	

Priority: Promote a Healthy and Safe Environment					
Focus Area 4: Injuries, Violence and Occupational Health					
Timeframe: To be completed by December 31, 2018 (Ongoing)					
Do the suggested intervention address a disparity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Goal	Outcome Objectives	Interventions/Strategies /Activities	Process Measures	Partner Role	Partner Resources
#1 Reduce fall risks among vulnerable populations.	<p>Objective 1b: Stop the annual increase of the rate of hospitalizations due to falls among residents ages 65 and over by maintaining the rate at 204.6 per 10,000 residents.</p> <p>Livingston Specific Data: Decrease number of hospitalizations due to falls among 65 + (Baseline: 143.3, 2014, NYSDOH) (Baseline: 477 EMS patients ages ranged from 65 to 105 who fell , 2015) (Baseline: 221 Lifeline Calls for Falls, Noyes Health) Baseline:313 Noyes ED fall data, 2015)</p>	Promote community-based programs for fall prevention including home based environmental risk assessments, such as Home Safe Home.	<p>Number of homes assessed for fall risks.</p> <p>Number of homes modified to prevent falls.</p>	<p>LCDOH facilitates Fall prevention committee and coordinates Home Safe Home</p> <p>Noyes Health participates on committee, promotes and refers Home Safe Home</p> <p>LCOFA participates on committee, promotes and refers Home Safe Home</p> <p>Lifespan conducts home assessments and modifications</p> <p>Medical Reserve Corp Volunteers assist Lifespan with home assessments and provides education</p> <p>SUNY Geneseo Community Health Alliance conducts evaluation</p>	<p>LCDOH: .25 FTE</p> <p>Medical Reserve Corp Volunteers: in kind</p> <p>Noyes Health: .1 FTE</p> <p>LCOFA: in kind</p> <p>Lifespan: grant funded</p> <p>Other Partners: SUNY Geneseo Community Health Alliance – in kind</p>
		Promote physical activity opportunities through active design promotion for older adults (such as, Tai chi and Matter of Balance).	<p>Number of evidence based, community fall prevention programs offered.</p> <p>Number of participants participating in evidence based, community fall prevention</p>	<p>LC EMS and Noyes gathers and analyzes fall prevention data</p> <p>LCDOH to support and promote evidence based programs (Tai Chi and Matter</p>	<p>LCDOH: in kind promotion</p> <p>Medical Reserve Corp Volunteers: in kind</p>

			<p>programs.</p>	<p>of Balance).</p> <p>Noyes Health to support and promote evidence based programs (Tai Chi and Matter of Balance).</p> <p>LCOFA to coordinate, promote, and implement evidence based programs (Tai Chi and Matter of Balance).</p> <p>GVHP to support and promote evidence based programs (Tai Chi and Matter of Balance).</p>	<p>Noyes Health: in kind promotion</p> <p>LC EMS: in kind</p> <p>LCOFA: in kind</p> <p>GVHP: in kind promotion</p>
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