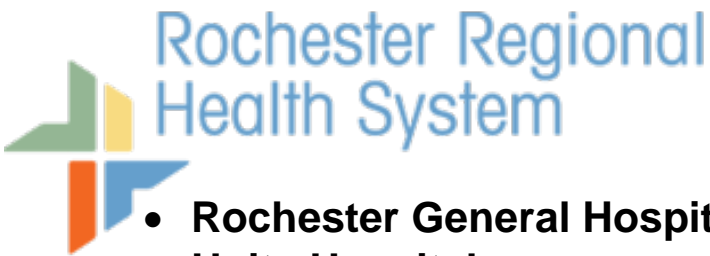


MONROE COUNTY, NEW YORK 2015 PROGRESS REPORT

Monroe County Joint Community Service Plan
2014-2016

**For Health Systems
Serving Monroe County, including:**



- Rochester General Hospital
- Unity Hospital



UNIVERSITY of
ROCHESTER
MEDICAL CENTER

- Strong Memorial Hospital
- Highland Hospital

With collaboration from
Monroe County Department of Public Health
University of Rochester Medical Center – Center for Community Health
Finger Lakes Health System Agency

MARCH 2015

Introduction

Rochester, NY and its surrounding communities in the Western Rochester Region have a long history of collaboration to improve the health of the Monroe County residents. Hospital systems in Monroe County include:

University of Rochester Medical Center

- Strong Memorial Hospital
- Highland Hospital

Rochester Regional Health Systems

- Rochester General Hospital
- Unity Health System

These hospitals have jointly filed a community service plan to the New York State Department of Health for the past fifteen years, most recently in November 2013. This partnership assures synergistic, non-duplicative meaningful strategic efforts towards the common goal of improving the population's health in the Monroe County community.

The 2013 Monroe County Joint Community Service Plan (JCSP) builds on a collaborative Community Health Needs Assessment and Community Health Improvement Plan that was developed jointly between the hospitals and the Monroe County Department of Public Health, with the assistance of the Finger Lakes Health System Agency representing several community organizations and initiatives. The Community Health Improvement Plan (CHIP) is based on the NY State Prevention Agenda 2013-2017.

Our CHIP and the JCSP are centered on the State Prevention Agenda 2013's first priority area: Preventing Chronic Disease, a decision based on our Community Needs Assessment. All hospitals and the MCDPH will concentrate on three focus areas within this priority:

1. Reduce Obesity in Children and Adults.
2. Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure.
3. Increase Access to High-Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings.

Our intervention goals, objectives and action steps will be tackled as a community with participation and representation of all hospitals, the health department and FLHSA.

The Monroe County hospitals are pleased and proud to be implementing this Joint Community Service Plan for 2014-2016.

Community Health Improvement Workgroup

Since the submission of the Monroe County Joint Community Service Plan for 2014-2016, the Community Health Improvement Workgroup (CHIW) has been meeting regularly to implement the plan. The four hospital systems provide financial and in-kind resources for CHIW, and have supported a chair to convene the group. The team meets monthly or bi-monthly and has been doing so, in this format, since May 2012. Each hospital system has one representative spot on the team in addition to public health experts from the Monroe County Department of Public Health (MCDPH), and community member expertise from the Finger Lakes Health System Agency (FLHSA). The University of Rochester Center for Community Health serves as a facilitating agency for this process.

Roster of Team Members (March 2015)

NAME	TITLE	AFFILIATION
Al Bradley	Senior Project Manager, High Blood Pressure Initiatives	Finger Lakes Health Systems Agency
Wade Norwood	Director of Community Engagement	Finger Lakes Health Systems Agency
Theresa Green, PhD, MBA	Director of Community Health Policy & Education	Center for Community Health, URM
Jennifer VanRy	Health Project Coordinator	Center for Community Health, URM
Anne Kern	Public Health Program Coordinator	Monroe County Department of Public Health
Byron Kennedy, MD, PhD	Director	Monroe County Department of Public Health
Barbara Ficarra	Director of Public Relations	Highland Hospital
Barbara McManus	Director, Marketing & Public Relations	Rochester General Health System
Kathy Parrinello	Associate VP and COO	Strong Memorial Hospital
Mardy Sandler	Chief Social Worker	Strong Memorial Hospital
Wendy Wilts	Senior Vice President Clinical Service Lines	Unity Health System

In addition to the core CHIW Team Members, each hospital has designated a champion for each of the three initiatives.

Roster of Champions

	RRHS Unity	RRHS RGH	URMC Strong	URMC Highland
Worksite Wellness	Tiffany Passmore	Joann Zoda	Rachel Carmen	Kim O'Grady Jones
Smoking Cessation	Sheri Faggiano	Jim Sutton	Scott McIntosh	Barb Ficarra
Chronic Disease	Anthony Minervino	Jim Sutton	Steve Judge	Mike Mendoza

The CHIW currently meets every third month on the third Monday of the month at the Center for Community Health from 3:30-5:00pm. Minutes from each meeting are available upon request.

Community Health Improvement Work Team Meetings

Date	# of Attendees
June 20, 2012	5
July 24, 2012	8
August 22, 2012	6
October 15, 2012	8
November 12, 2012	7
December 17, 2012	6
January 21, 2013	5
February 6, 2013	9
March 25, 2013	8
April 22, 2013	7
June 19, 2013	6
August 26, 2013	11
September 16, 2013	8
October 21, 2013	7
November 18, 2013	6
January 13, 2014	11
February 10, 2014	10
April 21, 2014	7
May 19, 2014	6
June 16, 2014	9
August 18, 2014	12
October 20, 2014	8
January 12, 2015	11
March 9, 2015	11
May 18, 2015	Scheduled

Meetings are scheduled for 2015 with the following focus:

January 12	Worksite Wellness
March 9	Smoking Cessation
May 18	Chronic Disease Management
July 20	Worksite Wellness Focus
September 21	Smoking Cessation Focus
November 16	Chronic Disease Management Focus
December 30	STATE CSP Report DUE – No Meeting

Community Health Improvement Plan/Joint Community Service Plan

Based on the Prevention Agenda, Monroe County will implement several strategies to **PREVENT CHRONIC DISEASE** through the following:

Priority Area 1: Reduce obesity in children and adults

Overarching Goal 1: By December 31, 2017, reduce the percentage of adults age 18 years and older who are obese by 5%, from 30% (Monroe County AHS, 2012) to below 28.5% among all adults.

Objective 1.1. By December 31, 2016 expand the worksite wellness package at each hospital system by 3 effective interventions, as measured by increase in each hospital system's score on the community Worksite Wellness Index.

Objective 1.2. By December 31, 2016 increase from 0 to 10 the number of small to medium worksites that complete the worksite wellness index annually and implement at least one improvement.

Priority Area 2: Reduce illness, disability and death related to tobacco use.

Overarching Goal 2: By December 31, 2016, reduce the percentage of adults ages 18 years and older who currently smoke by 5%, from 16% (Monroe County AHS, 2012) to below 15% among all adults. Also, reduce the percentage of adults ages 18 years and older who live in the City and who currently smoke by 7%, from 25% to 23% or less.

Objective 2.1: By December 31, 2016, increase from 0-6 the number of hospitals and primary care practices (including hospital based CMMI practices and/or FHQCs) that have a smoking cessation policy, and which includes linkage to the NYS Quitline Opt-To-Quit Program (Source: Community Health Improvement Work Team/GRATCC).

Priority Area 3: Increase access to high-quality chronic disease preventive care and management in clinical and community settings, especially among high risk (low SES) populations.

Overarching Goal 3: By December 31, 2017, increase the percentage of adults ages 18+ years with hypertension who have controlled their blood pressure (below 140/90) by 10%, from 66.7% (2012) to 73.4% for residents in the blood pressure registry.

Objective 3.1. By December 31, 2016 develop a central repository for community based resources that is sustainable and user-friendly and link the repository to health care providers, including care managers and community health workers.

Objective 3.2. By December 31, 2016, expand the practice of meaningful data use to improve the management of patients with chronic disease, especially hypertension.

Progress on Priority Area 1: Reduce Obesity in Children and Adults – March 2015

<p>Goal 1: By December 31, 2017, reduce the percentage of adults age 18 years and older who are obese by 5%, from 30% (Monroe County AHS, 2012) to below 28.5% among all adults.</p>			
Measures of success: Adults who are obese	Baseline: 30%	Current (3/15) Not updated since planned	Goal (12/16): < 28.5% (reduced by 5%)
<p>1.1. By December 31, 2016, expand the worksite wellness package at each hospital system by 3 effective interventions, as measured by increase in each hospital system's score on the community Worksite Wellness Index.</p>			
Measures of success: Overall average score of HOSPITALS on the Monroe County Worksite Wellness Index (all 4 hospitals completed the index by 1/2014)	Baseline: H1: 92/115 rank #2 H2: 90/115 rank #3 H3: 70/115 rank #19 H4: 55/115 rank #30	Current (3/15): The Worksite Wellness Index is being improved – completion set for March 2015	Goal (12/16): Improvement in rank or score (as a %) for each of the hospitals over 3 years
Measure of success: Number of new effective interventions completed	Baseline: 0	Current (3/15): 10	Goal (12/16): 12
HOSPITAL	Intervention Successes		
Highland – URM	<p>Goals 2014 (chosen based on results of WWI):</p> <ul style="list-style-type: none"> • Provide and label healthier items in vending machines so that they are easily identified. Price foods to encourage healthy eating. • Provide and label healthier items in the cafeteria so that they are easily identified. Price foods to encourage healthy eating • Offering onsite physical activity classes (offer additional health and wellness classes) 		
<p>Jan 2015 Reported Successes:</p> <p>Vending Machines: Highland has made several changes to the vending selections for employees and families visiting. Many items in the vending machine that are processed, fatty foods were replaced with healthier options such as protein and granola bars and fruit.</p> <p>Cafeteria: In the cafeteria, the salad bar has been updated to include leafy greens and spinach as well as other fresh veggies and lighter dressings. The fruit bar offers many varieties of fruit as well as low fat yogurt. Hot meals always include a cooked vegetable, and the deli offers carrot and celery sticks at times, for example, in place of fries or potato chips.</p> <p>In addition, Highland offered a Food Show that allowed employees to taste over 50 healthier choices and lighter versions of some favorites. Employees voted on what they would like to have offered in the cafeteria to replace higher calorie choices. This was a very big success!</p>			

In addition, the Good Food Collective was piloted at Highland which is a year-round program providing individuals and families with access to this area’s best local, sustainable food.

Physical Activity: Highland is limited as far as space for onsite physical activity classes, but has designated a stairway that has been painted by local artists to portray each type of patient that Highland cares for to encourage staff to use the stairs. Scavenger hunts and walking trails incorporate the stairway. In addition, yoga classes were implemented and have high participation. Lunch and learn classes surrounding wellness continue.

Rochester General - RHHS	<p>Goals 2014:</p> <ul style="list-style-type: none"> • Increase opportunities to be physically active at the worksite • Consider having a fully designated space available for employees to express milk during break times • Label healthier items in vending machines and in cafeteria so that they are easily identified. Price food to encourage healthy eating and discourage unhealthy eating.
--------------------------	--

January 2015 Reported Successes:

Physical Activity: The Riedman Wellness Center is a brand new state of the art facility that is open for extended hours (including Saturdays) and is offered to all team members, free of charge. In addition to an extensive range of available gym equipment, there is a wide array of group fitness class offerings, workshops and team challenges. Team members’ spouses and immediate family members are also encouraged to purchase memberships at a significantly lower cost than comparative gyms and wellness facilities.

Breastfeeding: There are now remodeled dedicated lactation rooms or private space provided at all affiliates. Each breastfeeding area is equipped with a door with a lock to ensure privacy.

Vending/Cafeteria: The 12 cafeterias have collaborated for consistency and have “good for you foods.” The cafeterias have removed all fried foods from their menus. Also, they have begun offering smaller-portioned entrée choices at a lower cost.

Strong – URM	<p>Goals 2014:</p> <ul style="list-style-type: none"> • Adopt healthy food policies or guidelines for vending machines • Increase opportunities to be physically active at the worksite • Encourage and enable employees to buy local healthy foods
--------------	--

January 2015 Reported Successes:

Vending Policies: Well-U and Food and Nutrition Services have coordinated vending machine enhancements with a goal to offer 20% healthy items starting in Jan. 2014, with the plan to increase after each quarterly review. Cafeteria healthy options will be designated as such using the “be in Balance” tagline (4-14).

- Well-U and Food and Nutrition analyzed vending machine sales data, Variety4 Life options, and

Green Machine criteria. In March, Well-U will hold a Variety4Life tasting event during which employees will sample healthy vending options and provide feedback as to their vending choices. Well-U is working with Crickler Vending to increase signage, awareness, and information about the Variety4Life and Green Machine options and to provide incentives for purchasing these items.

- Well-U and Food and Nutrition are offering weekly (\$5 gift cards to Café 601), monthly (2 week gym memberships), and quarterly (FitBit) raffle prizes for employees who purchase Be in Balance items in Café 601

Physical Activity: Well-U plans to increase fitness class offerings from a baseline of approximately 8 classes per week to 17 classes per week, targeted at employees at various off-site locations in addition to those currently held at the medical center and River Campus (4-14).

Well-U added yoga classes at the new College Town offices, as well as Chair Yoga classes to off-site locations with less space. Well-U will pilot a Couch to 5K program this spring in collaboration with the YMCA, culminating in the Chase Corporate Challenge.

Local Healthy Food: The University of Rochester Farmers Market connects the UR community to sustainable foods from local farmers. Each week, more than 20 vendors offer seasonal produce, baked goods, artisan crafts, spices, meats and more. Market customers can meet the vendors, sample goods, and receive nutrition education and cooking tips. The vision for the market is that by increasing access to fresh, local and affordable food, the farmers market is in alignment with Well-U’s mission to support employee health.

The market is open annually from 3-6pm on Wednesdays, March 4 through October 28. In addition, Well-U will offer onsite pickup for employees wishing to purchase food shares from the Good Food Collective. For more information on the UR Farmers

Market: <http://rochester.edu/working/hr/wellness/market/>

<p>Unity - RHHS</p>	<p>Goals 2014:</p> <ul style="list-style-type: none"> • Adopt healthy food policies or guidelines for meetings • Provide and label healthier items in vending machines so they are easily identified • Price food to encourage healthy eating and discourage unhealthy eating
---------------------	--

January 2015 Reported Successes:

Healthy Food Policies: Due to the merger with RGH, Unity has had to table the healthy food policies/guidelines for meetings. We will be revisiting this as the year progresses.

Vending: We are currently working with our food and nutrition department to identify optimal healthy vending machine vendors. We have gotten an assurance that the vendors will be willing to label “Good 2 U Foods” as such in the machines to promote continuity throughout all of our food service venues.

Food Pricing: “Good 2 U Foods” was piloted by offering a 15% discount to employees/visitors at the register for buying healthy food, however, the launch of this program coincided with an overall push to remove the general employee discount. Consequently, due to significant pushback from employees, the overall 15% discount on *all* foods is still in place. Our salad bar, however, has been competitively

priced, and is still the lowest price of all the neighboring hospitals. Good 2 U Foods are clearly identified on cafeteria menus. There are also monthly cooking demos and samples of Good 2 U Foods. In addition, Good 2 U Foods prize cards are regularly distributed to staff to keep awareness of the program high. All of our cafeterias also offer lower priced, “half plate” options on all entrees. Also, in the interest of incentivizing healthy eating, we have partnered with the Good Food Collective – a local community supported agriculture organization – to offer summer and fall produce crop shares to Unity team members. Participating team members receive a \$50 reimbursement. In order to encourage participation, three of Legacy Unity’s campuses were designated as weekly drop sites so team members could easily pick up their shares right at work.

1.2. By December 31, 2016, increase from 0 to 10 the number of small to medium worksites that complete the worksite wellness index annually and implement at least one improvement.

<p>Measures of success: Number of small to medium sized businesses completing the Monroe County Worksite Wellness Index</p>	<p>Baseline: 35 of the 73 complete WWI were from organizations with less than 100 employees</p> <p>Average score = 42.5/115</p>	<p>Current (3/15): The Worksite Wellness Index is being improved – completion set for March 2015</p>	<p>Goal (12/16): Improvement in rank or score (as a %) for each the employees with less than 100 employees</p>
<p>Measure of success: Number (or above) implementing at least one improvement</p>	<p>Baseline: 0</p>	<p>Current (3/15): 0</p>	<p>Goal (12/16): 10</p>

Narrative:
The Healthy Worksite Action Team is comprised of local worksite wellness experts, and is chaired by Dr. Cynthia Reddeck-LiDestri, VP of Health and Wellness at LiDestri Foods. The group meets bi-monthly and was instrumental in the construction, testing and marketing of the Worksite Wellness Index.

In addition to the Worksite Wellness Index, the group works to identify wellness-related needs of local employers and wellness professionals and develop resources that will help meet those needs. These resources include workplace curriculums on blood pressure management, toolkits for creating a worksite wellness workplan, email blasts on a variety of wellness topics, webinars on lactation support and the ABCs of cardiovascular health, and workshops. At the workshops, opportunities to network with wellness mentors are priority.

We partner with the Rochester Business Alliance (RBA) to offer the workshops. Following the first workshop held in February 2014, the vast majority of the participants (42) said they would definitely participate in this type of training again.

As a follow up to the positive feedback from the initial workshop, a stress management workshop with a model for managing stress in the workplace was conducted. The model includes the impact of diet and exercise on stress, as well as using meditation in the workplace to manage stress. We will continue to assess the needs and interests of local employers and offer wellness workshops on an ongoing basis.

We continue to partner with the RBA to determine the best way for the hospital worksite champions to assist small and medium sized businesses in improving their wellness initiatives.

SUMMARY

In order to reduce obesity in the communities of Monroe County, the hospital systems started by addressing healthy weight within their own local community through worksite wellness programs. These programs focused primarily on increasing healthy food options and increasing physical activity through a variety of interventions.

Healthy Food Options

All four hospital systems have worked on revamping their offerings in the cafeteria to provide healthy food options. This included updating the salad bar with leafy greens and low-calorie dressings, increasing fruits in the fruit bar, offering more vegetable snacks and side dishes, and removing fried foods from the cafeteria menu. This also included offering smaller-sized portions at lower costs. Healthier food options are specially labeled as such at Unity (“Good 2 U Foods”) or at Strong (“Be in Balance”) in order to help patrons choose among the different food offerings. Two hospitals offered incentives such as prizes and raffles to people purchasing healthy foods, and one hospital continues to work on discounted pricing for healthy food options. Creative endeavors included monthly cooking demonstrations by one hospital, and a food show held by another to allow employees to sample healthier versions of their favorite offerings and asking them to vote on what should be offered in the cafeteria. The hospital systems have also been working to increase the healthy foods offered in the vending machines. Hospitals are working to identify vendors with healthy options, to replace processed, fatty foods with better options such as granola bars and fruit, and to increase awareness of these healthier options in the vending machines.

In order to increase consumption of fresh fruits and vegetables, one hospital holds an on-site farmers market with approximately 25 vendors for 35 weeks out of the year. Two hospitals have become designated pick-up sites for members of the Good Food Collective, a community-supported agriculture project that provides shares of fruit and vegetables from local, sustainable farmers in the upstate New York region.

Physical Activity

Three of the four hospital systems also worked to increase physical activity through a variety of interventions. These included fitness classes, walking trails and increased stair use. One hospital created a scavenger hunt incorporating the use of newly artistically-painted stairs. Other interventions included a new fitness center that is free-of-charge to all its employees and another hospital’s pilot “Couch to 5K” program that will culminate in a 5K race later this year.

Progress on Priority Area 2: Reduce illness, disability and death related to tobacco use

<p>Goal 2: By December 31, 2016, reduce the percentage of adults 18+ who currently smoke by 5%, from 16% to below 15% among all adults. AND reduce the percentage of adults 18+ who live in the city and who currently smoke by 7%, from 25% to 23% or less.</p>			
Measures of success: Adults who currently smoke	Baseline: 16% (Monroe County Adult Health Survey)	Current (12/14) No new measures since inception	Goal (12/16): <15% (reduced by 5%)
Measures of success: Adults who live in the city and who currently smoke	Baseline: 25% (Monroe County Adult Health Survey)	Current (12/14) No new measures since inception	Goal (12/16) <23% (reduced by 7%)
<p>2.1 Increase from 0-6 the number of hospitals and primary care practices (including FQHCs) that have a smoking cessation policy that includes NYS Quitline Opt-to-Quit</p>			
Measures of success: Number of hospitals and primary care practices (FQHC) that have a smoking cessation policy that includes Opt-to-Quit	Baseline: 0	Current (12/14): 4	Goal (12/16): 6
HOSPITAL	Intervention Successes		
Highland – URM	Highland has developed its smoking cessation opt-to-quit policy (very strong and well written) which will shortly be sent for board approval. URM is updating its electronic medical records (EMR) system to automatically send referrals to the quit-line. Focus is on the out-patient aspects of the EMR and procedures, which will then be moved to the in-patient side. A pilot program will be conducted at four sites system-wide between Highland and Strong.		
Rochester General - RHHS	Rochester General has developed and adopted a smoking cessation opt-to-quit policy. A work plan and procedures are being developed and will be sent for executive approval. The hospital is updating its electronic medical records (EMR) system to automatically send referrals to the quit-line. Focus is on the in-patient aspects of the EMR and procedures, which can then be seamlessly moved to the out-patient side. A pilot of the program is planned for the end of the second quarter of 2015 with full implementation planned for the end of the third quarter of 2015.		
Strong – URM	Strong Memorial Hospital has assessed its current policy which was approved 3/2014 and includes Opt-to-Quit but in limited language. Strong’s cessation champion is working		

	<p>with Highland to develop similar language for a system-wide smoking cessation opt-to-quit policy. Highland’s policy language is stronger, and the Strong policy board (Clinical Council) has encouraged stronger language to be submitted. URM is updating its electronic medical records (EMR) system to automatically send referrals to the quit-line. Focus is on the out-patient aspects of the EMR and procedures, which will then be moved to the in-patient side. A pilot program will be conducted at four sites system-wide between Strong and Highland, including the Solid Organ Transplant Clinic and the Cancer Center.</p>
<p>Unity - RHHS</p>	<p>With the merger between Unity and Rochester General, Unity has worked with Rochester General to develop and implement a shared policy. The implementation team includes representatives from Unity, RGH and Newark Wayne. The plan is to adopt the policy at all three hospitals then spread it out to Clifton Springs and UMMC once the EMRs are compatible.</p> <p>Unity maintains different EMRs from Rochester General for both its in-patient and out-patient practices. Automatic referrals to the NYSSQL will be considered in conjunction with Unity’s plan for its information technology needs as part of the merger.</p>
<p>FQHC and other Clinics</p>	<p>The Health Systems Change for a Smoke Free NY — Finger Lakes Region, led by Dr. Scott McIntosh, has been assisting three Rochester-area FQHC systems with the development and implementation of their opt-to-quit programs (Oak Orchard, Regional Primary Care Network and Jordan Health Center). Each has completed its assessment of smoking cessation policy and is developing procedures for the program. The FHQCs use the same EMR system and are working with the system’s developers to build the automated referral system.</p>

SUMMARY

In order to increase smoking cessation in the communities of Monroe County, the hospital systems agreed to each pass and implement a policy that included “Opt-to-Quit,” a system of referral for patients within the hospital systems. Patients are all asked their smoking status, and current tobacco users are automatically enrolled in the NY State Quit Line program unless they “opt out” of the enrollment. This is a more aggressive version of the “fax-to-quit” or “refer-to-quit” iterations of enrollment.

To begin the process, Patricia Bax from the Roswell Park Cancer Institute was invited to present to the Community Health Improvement Workgroup and to the Smoking Cessation champions from each hospital about the Opt-to-Quit program. Ms. Bax shared model policies, implementation strategies, scripts for patient conversations, and marketing tools among other resources. She also offered an evaluation and reporting plan through Roswell Park Cancer Institute that we will employ. The CHIW took an inventory of everyone’s current cessation policy for patients and had each hospital champion develop a plan for policy intervention. All four hospitals have made significant progress, and several have adopted Opt-to-Quit policies. In order to facilitate implementation, the Center for Community Health applied for and was awarded a grant from the New York State Health Foundation to advance the Prevention Agenda. Funds are being used to remove barriers at each of the hospitals around implementation. The greatest barriers appear to be inconsistencies in the various EMR systems and the ability of a given EMR to track smoking and to send referrals to the Quit Line. Through the CHIW, all four hospitals are able to discuss this process and work collaboratively to address common problems and compatibility issues.

Copies of all four current Opt-to-Quit policies have been collected, along with policies from three unique health clinics in Rochester. Policies will be strengthened and/or adopted within the next six months in all circumstances. IT specialists are working with cessation champions to transform the EMR to be able to collect appropriate data and make automatic referrals.

Discussion with Roswell is on-going around reporting and evaluation of the impact of adopting Opt-to-Quit. Reports are currently available through the Partner site: <https://nysmokefree.com/Partners>

Referring providers and practices can access the information using a log-on and password after registering through the site. Once the health systems are ready to discuss the process of automatically sending referral information electronically, NYSSQL can work out the means to automatically send data and reports back to the health systems. The reports/data will be sent back to the referring organizations who can then work out means to provide them to CHIW. Possible data that can be collected include: gender, age, education, race/ethnicity, language, sexual orientation, military status, insurance status, consumption, e-cigarette usage, and co-existing conditions including mental health. NYSSQL is discussing other data to be collected, particularly around socio-economic status.

Some baseline data has been collected, including the demographics for Monroe County callers and referring physician/clinic information from fax-to-quit referrals. The demographic information is included as an attachment to this report.

Call volume to the NYS Quit line from Monroe County (March 2015)

Monroe County	Total Call Volume	Fax-to-Quit Referrals
Jan-14	315	22
Feb-14	472	38
Mar-14	640	41
Apr-14	540	29
May-14	601	29
Jun-14	665	30
Jul-14	811	35
Aug-14	424	28
Sep-14	428	11
Oct-14	352	29
Nov-14	357	12
Dec-14	342	27
TOTAL	5947	331

New York State Smokers' Quitline

Call Count by Demographics - Monroe County

From 01/01/2014 To 12/31/2014

Age

	Count	Percent
Under 18 Years	6	.22
18 to 24 years	216	7.87
25 to 34 years	531	19.36
35 to 44 years	521	18.99
45 to 54 years	702	25.59
55 to 64 years	526	19.18
65+ years	235	8.57
Total	2737	100

Amount Smoked Daily

	Count	Percent
1 to 9	66	2.41
10 to 19	1132	41.27
20 to 29	966	35.22
30 to 39	211	7.69
40+	141	5.14
Total	2516	92

Chronic Conditions (All NY State)

	Count	Percent
Asthma	7675	10.63
Cancer	1936	2.68
Depression	3506	4.85
Diabetes	4122	5.71
Emphysema / COPD	5137	7.11
Heart Disease	1527	2.11
Total	23903	33

Gender

	Count	Percent
	2	.07
Female	1419	51.73
Male	1322	48.20

New York State Smokers' Quitline

Call Count by Demographics - Monroe County

From 01/01/2014 To 12/31/2014

Gender

	Count	Percent
Total	2743	100

Insurance Status

	Count	Percent
Insured	1291	47.07
Uninsured	391	14.25
Medicaid	631	23.00
Medicare	245	8.93
Total	2558	93

Language

	Count	Percent
English	2719	99.13
Spanish	24	.87
Total	2743	100

Race / Ethnicity

	Count	Percent
White	1923	70.11
Black or African American	475	17.32
Hispanic/Latino	157	5.72
Other	57	2.08
Refused	42	1.53
Asian or Pacific Islander	15	.55
Native American Indian	12	.44
Total	2681	98

Source of Quitline Number

	Count	Percent
TV	405	14.76
Internet/Website/Web Search	180	6.56
Family- Friend who heard about QL	140	5.10

New York State Smokers' Quitline

Call Count by Demographics - Monroe County

From 01/01/2014 To 12/31/2014

Source of Quitline Number

	Count	Percent
Clinic/Health Care Provider	105	3.83
Radio	88	3.21
Other	70	2.55
Family- Friend (QL Client)	66	2.41
Fax-To-Quit	63	2.30
NYC Quits	58	2.11
Workplace / Office	25	.91
E-mail Message	17	.62
Called the NYS Quitline before	7	.26
311	2	.07
Newspaper	2	.07
Total	1228	45

Years Smoked

	Count	Percent
Less Than 1 Year	0	.00
1 to 5 years	103	3.76
6 to 11 years	180	6.56
11 to 15 years	107	3.90
16 to 20 Years	228	8.31
21 or more Years	741	27.01
Total	1359	50

Progress on Priority Area 3: Increase access to high-quality chronic disease preventive care and management in clinical and community settings

<p>Goal 3: By December 31, 2017, increase the percentage of adults ages 18+ years with hypertension who have controlled their blood pressure (below 140/90) by 10%, from 66.7% (2012) of residents in the blood pressure registry to 73.4%.</p>			
<p>Measures of success: Adults with hypertension who have controlled their blood pressure</p>	<p>Baseline: 66.7% As of Dec 2012 (JNC7) Of the 104,300 patients in the registry</p>	<p>Current (12/14) 70.1% As of June 2014 (JNC7) Of the 114,500 patients in the registry</p>	<p>Goal (12/16): 73.4% (increased control by 10%)</p>
<p>Several years ago, Finger Lakes Health System Agency in partnership with the Rochester Business Alliance developed a registry to track all patients in the area that are diagnosed with hypertension, in order to track control rates and to measure the impact of community interventions. Both hospital systems endorse the use of the registry and have shared patient data in a private and secure manner so that accurate community information could be gathered. Registry data is evaluated twice a year to measure control rates. The most recent control rates for December 2014 are expected to be reported in April 2015</p>			
<p>3.1. By December 31, 2016, develop a central repository for community-based resources that is sustainable and user-friendly, and link the repository to health care providers, including care managers and community health workers.</p>			
<p>Narrative:</p> <ul style="list-style-type: none"> • Anne Kern from the MCDPH convened a team (MCDPH, HEART, FLSHA) to attend the Community Wide Systems to Deliver Evidence Based Interventions to Address Chronic Disease. Several ideas were discussed at the meeting to inform our next steps in intervention. • Anne Kern spearheaded the efforts to develop a community resource guide. The group discussed that there are many community resources already in existence including 211 and RocHlth.com. LifeSpan has resources for the elderly, and Healthy Homes has resources as well. Is there a resource guide for health services such as the Diabetes Prevention Program? RocHlth.com is willing to add a 'managing chronic disease' referral system (used at Unity and RGH) that could link to social service. • Anne Kern and Kelly Mueller formed a group in June 2014 which included hospital representation to establish a resource guide especially geared to the diabetic patient. • In January 2015, Anne announced that the Diabetes Education and Support Guide is done and is being distributed. • Now that the guide has been developed, the CHIW will discuss the best means for distribution and if we can get this resource linked to the EMRs at the hospitals, or in the hands of the care managers throughout Monroe County. 			

3.2. By December 31, 2016, expand the practice of meaningful data use to improve the management of patients with chronic disease, especially hypertension.

Narrative:

There are several community initiatives underway to increase the rate of control among hypertensive patients. The Greater Rochester Health Foundation funded a variation project that involved RGH, Unity, Jordan and Culver that focused on provider transparency against peers in order to provide a consistent standard of care. RGH plans to implement this program in all primary care sites. Unity is also rolling the process out into other areas. There is the Practice Improvement Consultants or PIC program that involves academic detailing. Also, there is the NCQA, a patient centered medical home reporting structure that guides quality care. During 2014, while these initiatives continued to grow, the CHIW developed a way to catalog the interventions as well as where they were taking place. Next steps are to work with the RBA and the hospital systems to see where each hospital can grow and do more with data to implement HTN control interventions.

In addition to the hospital initiatives, it is important to note that we have a very robust community engagement program for HTN control. A high blood pressure ambassador program run by the FLHSA functions in churches, barber shops, beauty salons and Community Based Organizations to promote peer to peer counseling, heightened awareness and monitoring.

Initiatives for Controlling Blood Pressure in People Diagnosed with Hypertension

Initiative	Description	Highland	RGH	Strong	Unity	Community
Blood Pressure Advocate Program	Community members trained to work in clinics to meet with HTN patients to help them change behavior and navigate with their providers and social services	Highland Family Medicine	Genesee Health Services		Parkway	
Blood Pressure Registry	Twice per year (June and December) practices submit high blood pressure data to FLHSA for creation of a community-wide registry an addition to individual and system specific practice reports. Calculations include control rate and no BP reading in the past 13 months. Data received represents approximately 65% of hypertensive adults in Monroe County.	HFM submits data for the registry.	RGH submits data for all primary care practices.	Strong submits data for most primary care practices.	Unity submits data for all primary care practices.	Data is received from several community practices including FQHCs
Practice Improvement Consultants	Consultants were trained in an academic detailing model designed to examine practice procedures and systems that lead to the best chronic care outcomes. PICs will be deployed to about 25 practices in 2014-15	HFM has two trained MDs	RGH has one trained MD and two trained PharmDs	Strong does not participate in PIC program. They use their own internal program.	Unity has two trained MDs and one trained PA - growing	N/A