Livingston County Combined CHA-CHIP-CSP
2018 Update

Completed by: LCDOH and UR Medicine|Noyes Health
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Priority	Focus Area	Goal	Objectives	Disparities	Interventions/ Strategies/Activities	Family of Measures	2018 Progress to Date	Implementation Partner *(Please select one partner from the dropdown list per row)*	Partner Role(s)	Strengths	Challenges? How will they be addressed?
Prevent Chronic Diseases	Promote evidence-based care	Promote culturally relevant chronic disease selfmanagement education.	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)	Yes: low income and high need, ready for change community, low income population (WIC)	Maintain Stanford Model evidence-based CDSMP Programs (Chronic Disease, Diabetes, and Chronic Pain management) and establish new National Diabetes Prevention Program (NDPP).	Number and type of evidence-based programs offered by Noyes Health.	Four classes: 3 CDSMP (chronic disease) 1 CPSMP (chronic pain) Locations: Geneseo, Avon and Dansville with 24 completing	Hospital	Noyes Health to offer classes. LCDOH to promote classes.	Successfully implemented chronic disease and chronic pain classes throughout the county	Lack of DSMP facilitators. Two new facilitators trained in 2018.
						Number of participants attending EBI's	Locations: Geneseo, Avon and Dansville with 24 completing				
						Minimum of 60% will report increased ability to self-manage their health condition each year.	100% reported increased ability to self-manage				
					Implementation of Healthy Living Programs, which is a recipient of the 2005 DHHS Secretary's Award for Innovation in Prevention	Number and type of evidence-based programs offered by CSP-MC/URMC	Two classes completed (Nunda and Wayland)	Hospital	Cancer Services Partnerhip of Monroe County/URMC (CSP-MC, URMC) to offer classes and evaluate efforts. Chronic Disease Committee to assist with community linkage.GVHP promotion of classes. Noyes and LCDOH promotion of classes	Two programs were successfully completed in high risk / high need areas of the county. Various partners presented topics to participants which shows strong collaboration	Increase participation of community members- utilize various recruitment stategies, enhance outreach to key stakeholders and increase community awareness.
						Number of participants attending	25 participants and 11 completing				
						Minimum of 50% with decreased BMI	Did not collect data for 2018				
						Minimum of 50% with decreased blood pressure	Did not collect data for 2018				
						Minimum of 50% with increased physical activity level	50% of participants reported an increase				
						Minimum of 50% with increased fruit and vegetable consumption	50% of participants reported an increase in fruit intake and 25% reported an increase in daily vegetable intake				

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	Reduce obesity in children and adults	Create community environments that promote and support healthy food and beverage choices and physical activity	By December 31, 2018, reduce the percentage of adults ages 18 years and olcer who are obese: By 5% from 264.5%(2011) to 23.2% among all adults. By 5%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%(2011) to 31.4% among adults with disabilities. (Dasta source: NYS Behavioral Risk Factor Surveillance System	Yes: low income and high need, ready for change community, low income population (WIC)	Promote physical activity in community venues through signage, worksite policies, social support and joint use agreements.	Number of facilities and parks/paths/trail offering physical activity opportunities to the public including disabled population.	Through *Be Well in Nunda* , a chronic disease/obesity prevention initiative, we established walking tour with Nunda Historical Society; established walking trail in Nunda Kiwanis Park; purchased and installed exercise station at Kiwanis Park; and developed and implemented *Fun and Fitness* communication plan for Nunda. 26 completed survey with 87% stated trail increased physical activity level. 17% of Nunda residents live in poverty, 60% of residents have a high school diploma or less.	Local health department	LCDOH, Chronic Disease Committee, and GVHP to reach out to businesses. Noyes Health to assist efforts through networking, promotion, etc. Community members and community partners assisted with implementation and evaluation.	Increased community engagement regarding chronic disease prevention initiatives in Nunda.	Communication throughout the community. Developing a communication /marketing plan to increase awareness and utilization, ie. social media, website, and print.
				Yes: low income and high need, ready for change community, low income population (WIC)		Minumum of 2 entities adopt policy/practice to include signage.	Nunda Kiwanis and Nunda Historical Society adopted a practice which included signage for both the walk and the trail.	Local health department	LCDOH, Chronic Disease Committee, and GVHP to reach out to businesses. Noyes Health to assist efforts through networking, promotion, etc.	Positive collaborative relationships with community partners including Nunda Kiwanis, Nunda Historical Society and municipality in Nunda.	There is a need to enhance community engagement. Continue to partner with community in local events to increase awareness.
	Reduce obesity in children and adults	Create community environments that promote and support healthy food and beverage choices and physical activity	By December 31, 2018, reduce the percentage of adults ages 18 years and olcer who are obese: By 5% from 264.5%(2011) to 23.2% among all adults. By 5%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%(2011) to 31.4% among adults with disabilities. (Dasta source: NYS Behavioral Risk Factor Surveillance System	Yes: low income and high need, ready for change community, low income population (WIC)	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.	Difficulty finding a farmers' market coordinator to establish a new farmers' market in Livingston County, continue to provide education and outreach regarding the importance of farmers' markets, continue to work with Foodlink to provide curbside market program to low income and high needs areas of the county. Livingston County is proposing a public market in the County. Community survey was conducted and planning meetings are being held. Five Farmer Markets currently available.	Local governmental unit	Livingston County Government working with community partners and evaluation of proposal of public market. Food Security Committee to reach out coordinate annual farmers market workshops. LCDOH participates on FSC and will provide technical support	Enhanced community engagement	Finding funding and resources for proposed public market
				Yes: low income and high need, ready for change community, low income population (WIC)		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 SNAPbased) incentives July1, 2016 to October 2016 Foodlink)	In 2018, Curbsite Markets was available at 39 sites for 13 days with 338 people served, total sales $3,057.19, 90 SNAP transitions with $668.76 in SNAP sales	Community-based organizations	Foodlink provided the service, community partners promoted the service	Total sales increased and number ofsites increased.	Increase utilization. Continue to enhance outreach and media , continue to offer services strategically throughout the county with a focus on ffood desert areas.
			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)		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.	Documentation of education/ outreach.	Through Be Well in Nunda, a chronic disease/obesity prevention initiative,LCDOH met and worked with Keshequa School to complete the SHI and develop policies/practices	K-12 School	LCDOH to provided technical support to schools regarding wellness policies and ongoing committees. Keshequa Central School completed the School Health Index (SHI) with a minimum of 1 school.	Enhanced collaboration with the school.	None

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						A minimum of one school which completed a SHI.	SHI completed by Keshequa School				
						Number of policies developed.	A policy on increasing students' physical activity level in classroom was adopted- stand up stations and exercise ball chairs were purchased and utilized in Keshequa School classrooms- Per teachers' surveys, increased students' physical activity and focus development of policy on healther lunchroom practice, training to be held in 2018 with evaluation to follow	K-12 School	LCDOH and Noyes Health provided technical support to schools regarding wellness policies and ongoing committees.	Positve feedback from school on physical activity initiatives and strengthening of partnerships.	None
						Maintain BMI rate of one school as identified (Baseline: 22% of students who are obese KCS, 2012-2014, NYSDOH).	Per NYSDOH, 19.5% of Keshequa Central School (KCS) students were obese, 2014-2016				
						Measurement indicator: Free and reduced school lunch rate, (Baseline: TBD, NYSDOH).	In 2016-2017, 42.7 KCS students received free lunch and 6% received reduced lunch (NYSDOH)				
			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)		Conduct evidence based assessment (CDC CHANGE Tool) at local worksite, provide education and support to create policy/practice change regarding nutrition and physical activity such as, healthy food and beverage options policy	Number of assessments completed.	Through Be Well in Nunda, a chronic disease/obesity prevention initiative, one assessment completed at Nunda Lumber in 2017. In 2018, policy/practice changes were implemented.				
						Number of practices and/or policies implemented.	A healthier options policy was adopted at Nunda Lumber; in addition, a wellness committee was established, walking routes for employees were created by LC Planning Dept. Increased number of employees who noticed healthy food options offered at meetings and events, increased number of employees taken advantage of healthier choices being offered by 27%	Business	LCDOH assisted Nunda Lumber (local worksite) to implement policy and practice changes.	Enhanced relationship with worksite and leveraged funding for the community.	Challenge to get local worksite and Kiwanis to effectively collaborate on installation of exercise equipment in Kiwanis Park.

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Promote Mental Health and Prevent Substance Abuse	Prevent substance abuse and other MEB Disorders	Prevent suicides among youth and adults	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).		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 ASSIST and Safe Talk Training	Number of events held.	Fourth Annual Candle Light Vigil on suicide awareness	Community-based organizations	Coordinated and promoted the event.	Event was well attended.	Communication isssues as there was a media error regarding the date.
			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).			Number of community members engaged.	45 in attendance	Community-based organizations			
						Number of programs /trainings held/created.	Talk Saves Lives Training at Livonia School – 20 trained to facilitate. Partnered with Livingston County Veterans Services offered 3 suicide prevention trainings.	Community-based organizations	Promote and conduct trainings throughout the County	Multi sector buy in .	Overcoming the stigma of suicide. Further educaton and outreach.
						Engagement/ building of Suicide Prevention Task Force.	Task Force continues to grow, several community members who were affected by suicide participate . There were 5 new members in 2018.	Community-based organizations	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.	Strong community engagement and participation. Diverse smembership.	Community members' role is defficult to define and they are not aware of the importance of evidence based initiatives - Continue discussion of roles and evidence-based initiatives.
						Amount of media/ outreach around awareness.	Social media , paid media, FB group promotes information, education and events.	Community-based organizations	Develop and implementation of media/outreach	Utilized national campaign regarding suicide prevention and used various media venues	None
		Prevent underage drinking, nonmedical use of prescription pain relievers by youth, and excessive alcohol consumption by adults	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		Implement strategies to meet Goal 2.1 including: ~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 evidenced-based strategies, activities and programs to address the needs including risk and protective factors such as Lifeskills and Teen Intervene. ~Continue to pursue passage of a Social	Conduct Healthy Communities That Care PNA survey every two years. Analyze PNA data	Administered at 9 local schools for grades 8, 10, and 12. Five of eight schools added ACE (Adverse Childhood Experiences) questions to their surveys.	Community-based organizations	HCTC conducted PNA survey, anlayzed data and to share data with partners to create HCTC workplan and individualized plans for schools. HCTC to work with youth/schools, coordinate events and activities. Community partners to support and promote HCTC efforts.	Strong collaborative relationships with community partners and community members, data shows past inititiatives have been effective.	Engaging schools in implementing strategies, getting parents involved in attending programs, CASA prevention staff are highly involved in 5 of the districts and will work closely with school administration to implement strategies
			December 31, 2018, reduce the percentage of youth ages 12-17 years reporting the use of nonmedical use of painkillers. (Baseline: 5.26% 2009-2010, NSDUH, Target: 4.73%)			Research and implement evidence based interventions to address PNA data results.		Community-based organizations	Community partners assist with development and implementation of workplans and to support and promote HCTC efforts.	Strong collaborative relationships with community partners and community members, data shows past inititiatives have been effective.	Engaging schools in implementing strategies, getting parents involved in attending programs, CASA prevention staff are highly involved in 5 of the districts and will work closely with school administration to implement strategies

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						Number of NARCAN Trainings held.	12 trainings were held, with 148 individuals trained	Community-based organizations	Community partners to support and promote Narcan trainings	Many community partners and residents have been trained in the proper use of Narcan. Eight drug drop boxes are located throughout Livingston County.	The Opioid Epidemic continues in our community. Utilization of evidence based practices will continue. Due to NYS regulations, CASA is limited to who narcan is dispensed to and other can access at local pharmacies.
						Number of towns/villages to pass Social Host Law.	Healthy Communities That Care and LCDOH presented to local legislature on the proposed Social Host Law, which was not enacted at this time.	Community-based organizations	Healthy Communities That Care to reach out to towns/villages about Social Host Law. Community partners to support and promote HCTC efforts. LCDOH and Noyes promotion of trainings and support Social Host Law.	Some local legislature and community member continue to be interested. Research, data and collaboration with other counties shows the need and effectiveness of the law.	At this time, there is not county support for this law. The tactic will be to work with towns and /or villages in the future.
						Media and outreach around Drug Amnesty Program.	Education and outreach to include digital and print ads continue.	Community-based organizations	HCTC continues to promote the program. Community partners to support and assist with outreach.	Although the number of participants are small, education and outreach regarding this vital program continues.	Low program participation.Continue to reach out to non- traditional community partners including local churches to increase awareness and utilization of the program.
		Prevent, reduce and address adverse childhood experiences (ACES).	Increase the use of evidence-informed policies and evidencebased programs that are grounded on healthy development of children, youth and adults.		Provide research based, best practice regarding ACEs among child and/or adults to include education, outreach and training	Number of trainings and participants	4 schools received training in ACE's information (Avon, Keshequa, Dansville, Mt.Morris) (not all staff, but some just administrative team-Mt.Morris) Through the TIG consortium Geneseo, Cal-mum, Livonia, Avon, and York received some training (teams).	Community-based organizations	To collaborate on opportunities for training in Trauma Informed Care across agencies and schools in Livingston County	Relationships are established from long withstanding program implementation and collaboration. Trauma informed care is a need for most entities due to the growing challenges with ACE's among population of consumers and children and families. When a need arises and resources are available; true collaboration is able to take place.	It takes time to train in Trauma informed care and most people have a hard time giving up hours from their jobs to get trained. Overcome this by providing training in a timely manner across multiple months with more manageable expectations.
					Provide research based, best practice anti-bullying/nonviolence programming such as, *Second Step, Peace Circles* , and *PBIS to 10 schools and Kidstart.*	Review of LCDOH Violence Prevention Coordinator's annual report.	In 2018 Six schools expanded their social emotional learning programs (Avon, Keshequa, Livonia, Cal-mum, Mt. Morris and Geneseo) This expansion spans across all educational settings depending on the school. Also in 2018, four schools expanded their training in Restorative Practices (Livonia, Keshequa, Avon and York). A number of schools also provided training in ACE's and Trauma informed care for their staff (Avon, Keshequa, Wayland, and Dansville).	Community-based organizations	Coordinate and support violence prevention program implementation in schools and communities in Livingston County.	Coordinate and support violence prevention program implementation in schools and communities in Livingston County.	Challenges include sustaining funding from grants, there is not a guarantee that funding will be secured long-term. This will be overcome by applying for sustained funding and continuing the research and development of the program. Another challenge is staff turn over and buy in - overcome by relationship building and support for schools when change occurs. Mandates on violence prevention and character education from New York State Education Department that are not supported with state funds or resources

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	Strengthen infrastructure across systems	Strengthen infrastructure for MEB health promotion and MEB disorder prevention.	Identify specific roles different sectors (e.g., governmental and nongovernmental) and key initiatives (e.g., Health Reform) have in contributing toward MEB health promotion and MEB disorder prevention in New York State.		Increase access to mental health (MH) services by colocating behavioral health services into primary care.		Continue to provide Livingston County mental health therapists at DSS, one is a MICA specialist. Open Access Clinic began in December 2017 with early and late hours, and additional NP hours. A DSRIP funded Psychiatric Assessment Officer is available at the Noyes Health ED . A Mobile Crisis Response initiative has been implemented. Local HCP office now has a Depression Care Manager focus on midlevel behavioral health issues	Hospital	Noyes Health and LCDOH/MH continue to provide services and advocate for state policy change	Continued increase in mental health providers in turn improves access to mental health services in the county	Need for continued strengthening of infrastructure as ratio of population to mental health providers is an area of improvement as per the county health rankings. There are no new co-located BH and primary care locations. There will be no policy change on the Federal level so this is not a viable objective going forward.
					Incorporate promotion of MEB by promoting Stanford Model Evidence Based CDSMP class integration at local clinic site.	Number of organizations collaborating, coordinating, or sharing resource with other organizations.	No CDSMP at clinic site in 2018. Planning in progress for CDSMP at SPMI population in 2019.	Hospital	Noyes Health provides CDSMP leader, manage all program outreach registation , scheduling and evaluations.	Instructors are available to teach CDSMPclasses to SPMI population.	In 2018, there was difficulty finding a partners to implement classes. Noyes approached a non-traditional community partner for 2019.
					DELETE this intervention: Initiate community conversations about the importance of promoting mental health and access to treatment and recovery services within local communities. REMOVE 12/ 2017	Number of discussions held.					
						Number of participants.					

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Promote a Healthy and Safe Environment	Injuries, violence and occupational health	Reduce fall risks among vulnerable populations.	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.	Not addressing disparity; free service to all residents 60 and older.	Promote community based programs for fall prevention including home based environmental risk assessments, such as Home Safe Home.	Number of homes assessed for fall risks and number of homes modified to prevent falls.	A total of 43 homes assessed and modifications completed. Identified two new funding sources for sustainability. Rate of hospitalizations due to falls 143.4 (2014), increase 21% from 2013 (NYSDOH)	Hospital	Noyes Health managed outreach, referrals and evaluation. Community partners assisted with promotion of program. Lifespan of Rochester completed all home visits and modifications.	Program awareness has increased as evidenced by increase utilization. Increased fiscal support from community partners to maintain and grow program.	Build a new evaluation piece as per funder requirement.
	Injuries, violence and occupational health	Reduce fall risks among vulnerable populations.	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)	Not addressing disparity; all physical activity opportunities are free service to all residents	Promote physical activity opportunities through active design promotion for older adults (such as, Tai chi and Matter of Balance).	Number of evidence based, community fall prevention programs offered. Number of participants participating in evidence based, community fall prevention programs	Fall prevention workshop with 52 attendees, 100% increase knowledge of fall prevention and skills and strategies to prevent falls. Matter of Balance classes at 5 locations including Nunda, 87 completed. Tai Chi classes at 4 locations, 66 completed. Two additional Tai Chi instructors certified.	Community-based organizations	Office for the Aging provided outreach, trained class leaders and promoted classes. RSVP provide the lead Matter of Balance leader for the County.	Growth to meet community need and classes provided at multiple locations.	Limited Tai Chi instructors With support of Office for the Aging, two new Tai Chi instructors were certified.