

Community Health Improvement Plan, 2019-2021

THE PREVENTION AGENDA (PA)^{13 14} is New York State’s blueprint to be “the healthiest state.” It is categorized by the five PA priorities: Prevent Chronic Disease, Promote a Healthy and Safe Environment, Promote Healthy Women, Infants, and Children, Promote Well-Being and Prevent Mental and Substance Use Disorders, and Prevent Communicable Disease. Within each Prevention Agenda priority, the structure is: Priority > Focus Areas > Goals > Objectives > Interventions. County status and progress on PA priorities are tracked through 44 indicators in the PA dashboard.

Identification of Prevention Agenda Priorities

The CHIP priorities and Focus Areas selected for the period 2019-2021 addressed are:

1. Prevent Chronic Disease, Focus Area 1: Healthy Eating and Food Security
2. Prevent Chronic Disease, Focus Area 4: Preventive Care and Management
3. Promote Healthy Women, Infants, and Children, Focus Area 4: Cross cutting healthy women, infants, and children
4. Promote Well-Being and Prevent Mental and Substance Use Disorders, Focus Area 1: Promote Well-Being

Disparities and Health Equity

Poverty is the most consistent inequity underlying the unmet needs in the selected Focus Areas. And, because services and resources tend to be clustered in just a few geographic areas of the county, spatial accessibility to resources—just being able to get to a pharmacy or provider’s office on time—also creates inequity. Limited options for transportation impacts both those living in rural areas and those living within the City of Ithaca, as do work schedules and child care options.

It is also evident from data presented in the Community Health Assessment (CHA) that racial inequity exists and contributes to challenges with health access and delivery of services. These disparities are a result of a system of inequity: wide income gaps, systemic racism, a culturally diverse and transient community, and variation in standard of care. The interventions described here are intended to develop and promote a more equitable delivery of services that reach the standard the community aspires to.

¹³ www.health.ny.gov/prevention/prevention_agenda/2019-2024/ (Accessed Dec 2019)

¹⁴ [NYS Prevention Agenda 2019-2024. Download the full document as a PDF](#) (3.5MB, 256pp)

Process and Criteria

In February 2019, Horn Research of Slaterville Springs was retained as a consultant for the data collection process of the Community Health Assessment (CHA), and a Steering Committee was convened by TCHD. The committee included representatives from TCHD, Cayuga Health Systems (Cayuga Medical Center), Health Planning Council (Human Services Coalition), County Office for the Aging, County Mental Health Services, Horn Research, Tompkins County Board of Health, Ithaca College Department of Health Promotion and Physical Education, Cornell Master of Public Health program, Cornell Cooperative Extension of Tompkins County. This committee met in person monthly and communicated via email, phone, and Google Drive throughout the process.

To inform the decision-making process for selecting the CHIP focus areas, the steering committee drew on their professional expertise, their extensive review of secondary and primary data, and their personal experience as residents of Tompkins County. In August 2019, the steering committee met to conduct a “data walk” to review multiple sources of data for seven focus areas determined to be of most interest during the CHA process. The participants circulated in small groups to discuss the various data and answer reflection questions about each station. The questions included: what are the disparities, what are the connections to available resources/programs/services, how will we know if we are succeeding, and what surprises you about the information?

Following the data walk, there was a whole group discussion and a brief survey was sent out through which steering committee members were asked to choose two priorities. Based on this survey, the focus areas listed above were selected for the CHIP.

The proposed focus areas and supporting data were presented at the September 2019 Health Planning Council meeting, after which there was discussion, comments, and feedback. The Health Planning Council represents over 20 community organizations in Tompkins County.

Goals, Objectives, and Intervention Strategies and Activities

The NYS Prevention Agenda provides guidance for addressing the Focus Areas. Goals and objectives that span the needs and opportunities of each Focus Area are defined, and intervention strategies and process measures are identified. The goals for this Community Health Improvement Plan (CHIP) are as follows:

NYS Prevention Agenda Priority	Focus Area	Goal	Disparities Addressed
Prevent Chronic Disease	CD-1: Healthy Eating and Food Security	CD-1.1: Increase access to healthy and affordable foods and beverages CD-1.2 Increase skills and knowledge to support healthy food and beverage choices CD-1.3: Increase food security	Poverty/ low income; Town of residence/ geography
	CD-4: Preventive Care & Management	CD-4.1: Increase cancer screening rates for breast, cervical, and colorectal cancer screening.	Poverty; Residence/ geography; Race
Promote Healthy Women, Infants, & Children	HWIC-4: Cross Cutting Healthy Women, Infants, & Children	HWIC-4.1: Reduce racial, ethnic, economic, and geographic disparities in maternal and child health outcomes, and promote health equity for maternal and child health populations.	Poverty (Medicaid recipient); Race; Residence /geography
Promote Well-Being & Prevent MH and SU Disorders	WB-1: Promote Well-Being	WB-1.1: Strengthen opportunities to build well-being and resilience across the lifespan WB-1.2: Facilitate supportive environments that promote respect and dignity for people of all ages.	Poverty; Social isolation; Persistent mental illness

The objectives, interventions, and process measures for each goal are outlined in the CHIP matrix.

Hospital Actions and Impacts

During the 2019-2021 timeframe, Cayuga Health System (CHS) will work towards addressing numerous health needs discussed in the CHNA. These needs include: the prevention and management of chronic diseases, specifically screening for breast, cervical, and colorectal cancers, and the promotion of well-being and prevention of mental and substance use disorders. Many of these interventions have been and will continue to be led solely by the Health System, while others will be a collaborative effort with other local organizations. The following describes interventions and initiatives CHS is involved in and their intended impact on the community at large.

Chronic Disease Preventive Care and Management: Cancer Screening and Early Detection

To ensure patients are receiving timely and appropriate care, specifically in regard to cancer prevention and management, Cayuga Health System has been heavily involved public initiatives and interventions.

Year-over-year, the health system is involved in numerous outreach initiatives, and since 2016, CHS has been involved in over 70 initiatives. Each year, CHS's prevention and screening program shifts its focus to target a specific cancer prevention goal. Over the past three years, the program has focused on events and initiatives surrounding breast health and screening, colon cancer screening and preventative care, and melanoma screening and preventative care. Key events have included the following:

Community Wellness Health Fair

This event utilized laptop computers with internet access for community members to complete the National Cancer Institute Breast Cancer Risk Assessment Tool. Upon completion of this event, 100% of participants reported that they learned something helpful, including increased cancer awareness, what a derma scan is, signs of pre-diabetes, preventing type 2 diabetes, when to know it's time for colonoscopy, and how and where to access the many different programs that are available at the Cayuga Center of Healthy Living and at Cayuga Medical Center. Similarly, 86% of participants reported that they will make changes in their health behaviors; these include breast health, limiting sun exposure, increasing exercise, healthier eating, weight loss, and improved nutrition.

Bottom Boogie Event

The Blue Bottom Boogie event was held at the Shops of Ithaca Mall in 2016, 2017 and 2018 with collaboration from the Cayuga Medical Center Endoscopy, Cayuga Cancer Center, the American Cancer Society, the Cancer Resource Center of the Finger Lakes, and the Cancer Treatment Services Program of Tompkins Cortland County. These events focus on the

importance of colorectal preventive care and screening and discuss the 80 by 2018 colorectal initiative. This event is well attended and has reached a vast number of community members in our service area. Eight-five percent of people surveyed after this event believed they learned helpful information including colon prep information, information on risk factors and treatment, treatments options and the importance of preventative screenings, and the different types of colon cancer and family genetics. Seventy-two percent of individuals reported they had a recent colonoscopy and 34% report that they are interested in getting a colon cancer screening.

Silver Service Lecture at Kendall at Ithaca

These events occur on an annual basis at Kendall at Ithaca in Ithaca, New York and are led by Cayuga Medical Center’s Oncology Nurse Navigator. The focus of these events is on identifying risk factors, cancer prevention and screening education for both detection and prevention of cancer among elder residents. Each year, approximately 20 residents attend the informational event.

Removing Structural Barriers through Carpenter Park

Through the development of Carpenter Park — a multi-functional facility which will house a medical office building to be operated by Cayuga Health System — in 2020 and 2021, CHS will be directly addressing structural barriers to health care. With its convenient and walkable location from downtown Ithaca, Carpenter Park will better serve Ithaca’s lower income and Medicaid population by providing a wide variety of services including women’s health screening.

Promote Well-Being and Prevent Substance Use Disorders

Mental Health First Aid

Also discussed in the 2016 CHIP, CHS is continuing its efforts towards the expansion of Mental Health First Aid Training to target at-risk individuals and their families. By doing so, CHS hopes to create and kindle partnerships among families, service and health care providers to promote and support the early detection and recognition of mental health disorders and substance use. To strengthen its efforts, CHS will continue to work alongside Franziska Racker Centers, local school districts, and local pediatricians and primary care providers.

Screening Models and Protocols

Much like screening for cancer, screening patients for mental health and/or substance use disorders can play a major role in the long-term health and well-being of those individuals. Screening saves lives. At Cayuga Health System, many screening models and protocols are used to best determine the appropriate route of care for patients.

The *Columbia-Suicide Severity Rating Scale (C-SSRS)* is a frequently used tool by Cayuga Medical Center’s Behavioral Services Unit. When a patient is referred to the unit for evaluation, especially when s/he is referred from the Emergency Department, C-SSRS is used to evaluate an individual’s risk of suicide. Using a series of simple questions, medical staff and providers are able to better identify whether a patient is at risk for suicide, assess the severity of the patient’s mental health status, and determine the level of support and care the patient needs.

Another commonly utilized and effective screening model used at Cayuga Medical Center to screen patients for substance use is the *CAGE-AID Questionnaire*. This questionnaire is used by CHS’s BSU staff to test for alcohol and substance abuse and dependence in adults. While this tool is not used to prevent or diagnose the diseases, it is extremely helpful in indicating whether or not a problem exists. Once a problem is identified, providers are better able to formulate a personalized and appropriate care/treatment plan that is specific to that patient.

Zero Suicide Model of Care

Cayuga Medical Center medical staff and leadership are largely involved in the Zero Suicide Initiative. In July of 2018, Tompkins County became one of the first counties in New York to adopt this model, and Cayuga Medical Center implemented the model in early 2019. The model was developed to ensure that health care systems adopt a “suicide safe” approach and acknowledge that many suicidal individuals often fall through the cracks of this fragmented system. The adoption of this model at Cayuga Medical Center has been a major step towards better identifying at risk individuals and enabling medical staff and providers with skill-sets to better screen and support patients. By utilizing this model of care, CMC hopes to merge physical healthcare medicine with mental healthcare medicine to ensure a more holistic approach to mental health management.

Behavioral Services Unit Transportation Program

Patients who are discharged from the Behavioral Services Unit (BSU) at Cayuga Medical Center are often times in need of follow-up care with providers at Tompkins County Mental Health. Many of these patients miss their appointments due to lack of transportation or failure to comply with medical orders. To better support this patient population and ensure their safe and timely arrival to their mental health appointments, the BSU at Cayuga Medical Center launched a Transportation pilot program in June, 2019. By leveraging ride-share technology, BSU Licensed Social Workers schedule rides for patients several days prior to the patient’s appointment. Since the inception of this program, 20 patients have been enrolled for transportation assistance. Of the 20 patients, 13, or 65 percent successfully made it to their scheduled follow-up appointment. Four of the 20 enrolled patients canceled their appointment but successfully rescheduled and attended; the remaining 3 patients cancelled and did not attend their appointment. With a total of 17 of 20 enrolled patients attending their follow-up mental health appointment, the BSU was able to increase their attendance rate from 50 percent to 85 percent.

Geographic areas of focus

These interventions will impact Cayuga Health System’s combined service area (SA); CHS’s Service Area System is a mixture of urban and rural communities that includes the counties of Tompkins and Schuyler, with sections of Cayuga, Cortland, Tioga, Chemung and Yates. The service area has a total population of approximately 212,000 individuals.

Hospital resources to address the need

In addressing the prevention and management of chronic diseases and continuing its commitment to promoting well-being, specifically surrounding mental health and substance use disorders, Cayuga Health System will continue to utilize its existing staff members, outreach programs and initiatives, and its partnerships with external organizations.

Local Health Department Actions and Impacts

During the 2019-2021 period, the Tompkins County Health Department will work to address the health needs identified as priorities in the CHIP. These include: the promotion of healthy eating and food security; the prevention and management of chronic diseases, specifically screening for breast, cervical, and colorectal cancers; the promotion of healthy women, infants, and children; and the promotion of well-being and prevention of mental and substance use disorders. Many of these interventions will be a collaborative effort with CHS, other County departments, and community organizations. The following describes interventions and initiatives currently underway in addition to new strategies, and their intended impact on the community at large.

Prevent Chronic Disease: Healthy Eating and Food Security

Food Security

Circumstances that lead to a lack of food security involve many factors: poverty, inability to access food distribution resources, falling just outside the lines for eligibility for food incentive programs, sudden expenses or changes in family or household status, or not having access to a store with a variety of nutritious or culturally appropriate foods. Regardless of the underlying cause, inadequate options to maintain a healthy diet will always have a negative impact on overall health for children and adults, including learning and productivity.

As revealed through data in the Community Health Assessment (CHA), food security is a real issue for a significant segment of the Tompkins County population. While this is new information for the CHA, many community-based organizations, social service providers, schools, and programs have initiatives underway to address this challenge.

Two programs that exist in schools are the Fresh Snack Program, part of the Youth Farm Project, and the Farm to School Program. Both support the Prevention Agenda (PA) objective to increase consumption of fruits and vegetables among children. Fresh Snack is currently being piloted in six of eight elementary schools in the Ithaca City School District, and the CHIP sets a target of the program being active in all 8 ICSD elementary schools over the next year, and in three more districts by 2021.

Farm to School is a NYS-funded grant program that works to increase the amount of locally sourced food purchased and served by school meal programs. The grant objectives are to bring healthier foods to children, while at the same time providing a market and distribution network for local farms. Farm to School aims to have districts reach 30% of food sales from NYS producers. Cornell Cooperative Extension (CCE) is the lead agency for the grant in Tompkins County.

The Tompkins CHIP progress measure is for at least one district to reach the 30% mark in the first year, two districts by the end of the second year, and all districts sourcing 30% of food service products locally by 2021.

A third intervention in the objective for improving children’s consumption of healthy foods — and assuring that children do not start the day hungry — is Universal Breakfast, a program that makes a nutritious breakfast available to all school students. Currently, this program is operating in two of Tompkins County’s rural districts, plus two schools in the Ithaca District. Progress by 2021 is to have the program active in all Ithaca elementary schools. Refer to the workplan matrix for more information and updates.

Obesity

Reducing adult and childhood obesity continues to be an objective of the Prevention Agenda (PA) and preventing related chronic disease. From 2008–2016, the average rate of obesity among Tompkins County adults increased, most recently rising above the PA goal (in 2016, Tompkins 24%, goal 23%). Food security is fundamentally driven by structural determinants — economics, built environment, entrenched and often inequitable systems. Add to that cultural influences and a marketplace focused on fast food, and the environment is one that facilitates high rates of obesity.

One program that uses an existing system to help direct individuals to a healthier pace is called Fruit and Vegetable Prescription (FV Rx). FV Rx is being piloted through a partnership of Cayuga Center for Healthy Living (Cayuga Health System), CCE-Tompkins, Healthy Food for All, Cayuga Medical Associates, and the Cornell University MPH program. In the program, the healthcare provider gives participants a prescription (Rx) for fresh fruits and vegetables, which they can redeem through a CSA share. For additional program information, visit healthyfoodforall.org/fvr/x/. Refer to the workplan matrix for projected outcomes and updates.

Change is often more successful when support and encouragement are given in a different setting, or by role models and peers. Community Obesity Prevention Training is a strategy that provides nutrition education and obesity prevention training to partner agencies and local human services staff. The goal is to encourage partner agencies working with the SNAP population to become role models and SNAP-Ed champions for change. Cornell Cooperative Extension of Tompkins County (CCE-TC) has secured a grant to implement the program locally. Implementation will begin in Spring 2020.

CCE-TC also facilitates training for CATCH, the Coordinated Approach to Child Health, an evidence-based program that includes school-based obesity prevention. Currently in Tompkins County only the Newfield School District has adopted the program, and the projected outcome for year 2 of the CHIP is to engage at least one additional district in the CATCH program. Visit catchinfo.org for more about the program, or the CDC’s [CATCH Training site](http://catchinfo.org).

Prevent Chronic Disease: Preventive Care and Management

Cayuga Health System (CHS) will lead the public initiatives and interventions related to this Focus Area. The Health Department will convene community partners to further support this effort. In the CHIP, CHS concentrates on prevention with interventions designed to increase screening rates for breast, cervical, and colorectal cancers.

It is easy for individuals to lose track of their schedule for cancer screening, so reminders from the provider are common and important. The CHS oncology department currently sends a series of screening reminder letters to patients for follow-up screening care, specifically breast and lung screening. Cayuga Health Partners (CHP) care coordination team receive reports from provider offices about patients who are overdue for breast, colorectal or cervical cancer screenings, and then follow-up with phone calls to those patients. However, the means by which people communicate is changing, so CHS and other partners will identify additional modes for sending reminders to schedule a cancer screening. In years two and three, the CHIP adds a focus to target underrepresented groups to address inequities in who gets screened on time.

Remembering a screening appointment is an obvious first step, but sometimes less apparent are the structural barriers, such as time and place, that make it hard or impossible to make prevention a reality. Flexible clinic hours, more sites, and avoiding the necessity of a follow-up appointment are all interventions recommended in the Prevention Agenda. The CHIP workplan projected outcome for year 2 is to have the Lourdes Hospital mobile mammography van set up in at least five different Tompkins locations. For a more permanent solution, the CHS Carpenter Park expansion project is expected to provide a new, downtown location for cancer screening services.

Promote Healthy Women, Infants, and Children:

Focus Area 4: Cross cutting healthy women, infants, and children

Focus Area 4, cross cutting healthy women, infants, and children, applies the necessity to reduce inequities to provide the healthiest start for all children. Health inequity happens when social determinants become a barrier to individual health, whether that's housing, income, education, or social connections. In Tompkins County, people who identify as white have a higher rate of prenatal care than people who identify as a person of color, people with lower income or fewer years of education are less likely to report that they are in good health, and mothers who give birth due to an unintended pregnancy are more than 2-1/2 times more likely than not to be enrolled in Medicaid.

Medicaid Obstetrical and Maternal Services (MOMS)

The Prevention Agenda (PA) goal for Focus Area 4 is to “Reduce racial, ethnic, economic, and geographic disparities in maternal and child health outcomes, and promote health equity for maternal and child health populations.” The MOMS program, Medicaid Obstetrical and Maternal

Services, has been ongoing at the Tompkins County Health Department since 2000, though enrollment has been on a steady decline since 2015. Assessment of options for expanding MOMS got underway in year one (2019) of this CHIP, and will continue as strategies are rolled out. These include collaborating outreach with Cayuga Birthplace of the Cayuga Health System (CHS), pediatric and ob-gyn practices, Midwives, Family Treatment Court, and the county Department of Social Services to reach participants for this program.

The program is expanding services in a pilot capacity to serve beyond the Medicaid population. The proposed changes include group education and increased outreach to providers, the Birthplace at Cayuga Medical Center, and non-traditional partners. Evidence-based screening tools used in MOMS include: Aubrey Assessment (includes psychosocial risk), Edinburgh Postnatal Depression Scale (EPDS), AUDIT (drug and alcohol use), and DAST (drug/substance use).

MOMS assist low-income pregnant women with Medicaid application, obtaining prenatal care, and referrals to WIC and other community services. Nurses provide home visits to offer education on pregnancy, nutrition, childbirth preparation, lactation and infant care, growth and development. Nurses are certified lactation counselors.

School-Based Health Program (SBH)

CHS is considering opportunities to partner with local school districts and engage in school-based health programs for children. Actions over the three-year CHIP are to convene a steering committee to review and assess available SBH models, evaluate funding options, establish a team, training, and evaluation plan for implementation, and initiate the program in at least one school district. Other partners include Cradle to Career, TC Youth Services, Local School Districts, and TCHD. For more information about school-based health programs, visit The Community Guide page [Health Equity: School-Based Health Centers](#) online.

Promote Well-Being and Prevent Mental and Substance Use Disorders

Focus Area 1: Promote Well-Being

“Well-Being” is a new term within the Prevention Agenda mental health priority. In Focus Area 1, “Promote Well-Being,” it is defined this way:

“Well-being is a relative and dynamic state where one maximizes his or her physical, mental, and social functioning in the context of supportive environments to live a full, satisfying, and productive life. Well-being is based on the relationship between social determinants of health and person’s experiences with quality of life.” [Prevention Agenda 2019-2024, ver. 1.3, 4/25/2019, p.207]

Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan.

A core question in the Behavioral Risk Factor Surveillance Survey is, “Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?” The resulting indicator, “percentage of adults with poor mental health for 14 or more days in the last month,” underlies all of the objectives and interventions for Goal 1.1. The “14+ days” rate for 2016 in Tompkins County is 12% of adults, up from 7% for 2013-14.

SafeCare[®]

Goal 1.1 under the Promote Well-Being Focus Area is to “Strengthen opportunities to build well-being and resilience across the lifespan,” and one of the recommended interventions within that goal is to “Implement evidence-based home visiting programs.” Home visiting programs offer skills and resources to families that assist in raising children who are physically, socially, and emotionally healthy and ready to learn.

SafeCare^{®15} is an evidence-based, behavioral parent-training program for parents of children ages 0-5 who have been reported for child neglect. The program is delivered by SafeCare-certified Community Health Nurses via 18 weekly home visits covering three scripted educational modules: Health, Safety, and Parent-Infant or Parent-Child Interaction. The Health Department has achieved annual SafeCare accreditation since 2017 and received the National Association of City & County Health Officials (NACCHO) model practice award in 2019.

In its first three years of implementation, SafeCare[®] has improved the family reunification rate from 42% to 82%. With the success of this program the Health Department is piloting an expansion, SafeCare Select, to include families who are not referred by Family Treatment Court, but are considered at-risk of child abuse or maltreatment. The progress of this program will continue to be monitored and specific modules from the SafeCare program will be used with the goal of the expanded program to reduce crisis calls/reports by 10%. See the CHIP matrix for details and updates.

Nurse Care Manager

The Nurse Care Manager Program (NCMP) utilizes housing—specifically, affordable housing where low-income elders live independently—as a vehicle for delivering patient-centered, comprehensive, quality health care. The program bridges medical care while addressing social determinants of health in low income senior housing. Visiting Nurse Service (VNS) of Ithaca and Tompkins County has implemented the program in Tompkins County through which nurses are embedded in low-income housing authorities. The program provides care that allows elders to stay at home, and allows the care provider to address uncoordinated

¹⁵ <https://safecare.publichealth.gsu.edu/> (accessed Dec 2019)

and fragmented care, and demonstrate impact on social determinants of health. The program will expand beyond Ithaca Housing Authority in year 2.

Harmonicas for Health

Social isolation can influence the mental health of individuals living with a chronic disease, especially seniors and the elderly. Protective factors such as social support, self-care, and self-esteem can counter the potential impact of social isolation and improve or maintain mental health and resilience.

Harmonicas for Health (H4H) is a classroom-style program for individuals with asthma or chronic lung disease such as COPD. Each course is six weekly classes where 12-15 individuals work as a group to learn to play the harmonica. The action of breathing through pursed lips is a common breathing exercise for individuals with reduced lung capacity, and playing the harmonica is a good way to practice.

Three six-week H4H courses were held in year one of the CHIP, with a total of about 50 participants. Two of the courses were held at a central location in Ithaca, and one was in a rural village. The plan for year two and three is to increase the number of courses to four, and branch out to additional rural locations. A tool for six- and twelve month follow-up will be developed, as well as a sustainability plan. Expanding the current partnership with Cayuga Health System (CHS) as an ongoing part of respiratory rehabilitation will be explored.

PROS

TC Mental Health offers Personalized Recovery Oriented Services (PROS), a comprehensive recovery oriented program for adult individuals with severe and persistent mental illness. The goal of the program is to integrate treatment, support, and rehabilitation in a manner that facilitates the individual's recovery.

Intergenerational Programs

Resilience and well-being may be strengthened through intergenerational activities, and the County Office for the Aging (COFA) and TC Youth Services (TCYS) are collaborating to plan events as described in COFA's Age-friendly Plan, Aging Center for Excellence, and the TCYS Achieving Youth Results (AYR) Community Action Plan. Intergenerational Programs training was held in year 1, and project planning and development will be done in year 2 and implemented in year 3.

Housing Improvement, Affordability, and Stability

The TC Mental Health Local Services Plan 2020 includes the priority goal, "Increase supply of OMH, OASAS, & OPWDD housing services to meet the increasing demand by developing new housing options licensed or supported by OMH, OASAS, and OPWDD as well as other

unique transitional and crisis housing options in Tompkins.” TCHD will partner with and support TCMH to assist in moving forward with this goal.

Goal 1.2: Facilitate supportive environments that promote respect and dignity for people of all ages

The objective for this goal turns to the Opportunity Index, using the Community Score as the data point (<https://opportunityindex.org/>). Tompkins County's Community Score is 58.8. The Community dimension looks into factors affecting community health and civic life. Included are the percentage of teenagers not working and not in school, community safety, access to primary healthcare, incarceration, and availability of healthy foods. A score has been generated based on these indicators compared against the national average.

Mental Health First Aid (MHFA)

Goal 1.1 under the Promote Well-Being Focus Area is to “Facilitate supportive environments that promote respect and dignity for people of all ages.” Reducing the stigma that is historically associated with poor mental health and mental illness requires that communities better understand how to recognize when someone is in crisis or having difficulty coping, and how to approach the individual in a manner that does not exacerbate the event or push the individual away.

Mental Health First Aid is an 8-hour course to teach practitioners and lay people how to respond when someone is in crisis. Identified as the trainer agency in the 2016-2018 CHIP, the Mental Health Association in Tompkins County (MHATC) continues to increase the number of certified MHFA instructors. In addition to the standard adult course, the MHATC offers specific modules; MHFA for Higher Education, Youth, and MHFA for Older Adults and Later Life Issues. MHATC also plans to offer the First Responders module of the course.

There are currently six certified instructors, including one for Youth MHFA. The instructors span three agencies, Tompkins County Mental Health, Racker Centers, and MHATC. The CHIP proposes a workgroup to develop a county-wide strategy to coordinate trainers and community cohesion. Outreach to employers will increase the number of workplaces whose staff has a broad base of individuals who have taken the course. Cayuga Health System (CHS) is also expanding its MHFA program (*see page 70*).

Public Health + Mental Health Merger

In December 2019, the Tompkins County Legislature voted to merge the county health and mental health departments. In year 1, Public Health staff participated in the Kresge Foundation program, Emerging Leaders in Public Health, to develop a transformative role for the future of public health, including how to assume Chief Health Strategist, address social determinants of health, and increase community engagement. As the department merger takes shape a model will be developed in year 2 for forming a community advisory board.

Thoughtful messaging

Among the five Social Determinants of Health (SDoH) described in the CHA, four are relatively tangible: Economic Stability, Education, Health and Health Care, and Neighborhood and Built Environment. As suggested in the CHA and elsewhere in this CHIP, the fifth SDoH, Social and Community Context, is less tangible. Messaging—the way things are said—is key to building or tearing down the social environment in which we live. It can seep into every corner and impact a person’s well-being both in real time and over months and years. The words that are used can both open the community to residents who perceive themselves as being on the margin, and close. They can counter stigma, or enforce it.

Two initiatives have been launched in Tompkins County to develop collaborative efforts among multiple agencies that will spread awareness, understanding, and use of language in a thoughtful and well considered way. Be The One (established 2018) is transmitting the message that “everyone needs a safe, stable, nurturing relationship,” which in turn fuels a more nurturing community. The Anti-Bullying Taskforce’s (est. 2019) vision is for a bullying-free Tompkins County, an outcome which is only possible when community partners, schools, and government are working together and communicating in synch.

Access to health care is also impacted by communication; a common language depends on both the consumer and the provider being health literate. Health literacy skills help reduce confusion around treatment and improve service delivery; providers have a greater capacity to deliver their messages so consumers understand, and consumers are better able to ask the right questions and understand their choices. The Care Compass Network (CCN) funded Master Trainer education in year 1 yielding two trainers, each of whom will offer at least two 6-hour courses for health care staff in year 2.

Maintaining engagement, tracking progress, making corrections.

This CHIP was developed with and depends on the ongoing involvement of multiple agencies and workgroups. Through these workgroups and other collaborations, many of these stakeholders are in contact with TCHD, CHS, and each other on a regular or periodic basis. This provides multiple opportunities for engagement where informal tracking and discussion of course corrections can take place.

On a formal basis, the Director of TCHD’s Health Promotion Program is the Chair for the Community Health and Access Committee, a subcommittee of the Health Planning Council, which will serve as a primary mechanism to monitor the CHIP and maintain engagement. In order to capture stakeholders who are not part of the Health and Access Committee, the CHA/CHIP Steering Committee, or modified iteration of, will meet or correspond quarterly. At the same time, all interventions will be updated quarterly by direct contact with involved partners.

These activities will themselves be tracked in a document that is accessible to the public via the TCHD website.

Presentation, access, and availability of the CHIP

The Tompkins County Health Department and Cayuga Health System will work with the Health Planning Council (Rural Health Network) to develop an accessible visual version of the Executive Summary and highlights of the CHA/CHIP for dissemination to the public in Winter 2020. This document, along with the entire CHA, CHIP, and relevant appendices will be available on the TCHD website. Links will be provided to any partner organizations who want to promote on their website or social media. Presentations will be requested at the following venues:

- Health Planning Council
- Cayuga Health Partners
- Tompkins County Legislature, Health and Human Services Committee
- City of Ithaca Common Council
- Human Services Coalition Forum
- Tompkins County Council of Governments
- Tompkins County Chamber of Commerce
- Rotary Club of Ithaca

In addition, a press release will be issued and notification posted periodically on the local Human Services listserv, which is the primary accessible channel to the local nonprofit community. These notices will remind readers of access to the CHA/CHIP online, and invite groups to request presentations. TCHD will continue to present the CHA/CHIP process in related courses in the Cornell MPH Program and at Ithaca College, as requested.