

**Tompkins County Combined CHA-CHIP-CSP
2018 Update**

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informational
advisory
transactional
leadership

| Priority | Focus Area | Objectives | Disparities | Interventions/ Strategies/Activities | Family of Measures | 2018 Progress to Date | Implementation Partner <i>(Please select from the dropdown)</i> | Partner Role(s) | Strengths | Challenges? How will they be addressed? |
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| Prevent Chronic Diseases | <u>Reduce Obesity in Children and Adults</u> | <u>Objective 1.4.1:</u> Increase the percentage of small to medium worksites that offer a comprehensive worksite wellness program for all employees and that is fully accessible to people with disabilities | Rural populations, small employers, nursing moms | Identify evidence-based, best, promising, or established workplace interventions to manage chronic disease at member municipalities (employers) of the Greater Tompkins County Municipal Health Insurance Consortium (Consortium) through the Owning Your Own Health (OYOH) Committee. [Revised] | Specific interventions that have been identified | Consortium contracted with a Wellness consultant. Contract workplan includes outreach to member municipalities to connect with HR and benefits managers and identify employee champions, to provide newsletter articles about wellness, to promote flu vaccinations, and to improve enrollment for Excellus "Blue4U" wellness benefit. Excellus Blue4U wellness benefit made available to with all plans (previously just available for select new plans) | Health Insurance Plans | The Consortium covers all municipal employers in Tompkins County, and a total of 43 municipalities in Tompkins and contiguous counties. Worksite size ranges from fewer than 10 to more than 700. | The Consortium operates solely for the benefit of its member municipalities and promotes a culture of preventive health care for the well-being of its members. | Every workplace has its own culture and environment, so interventions must be broadly applicable and selected to elicit the greatest benefit for the highest utilizers of plan benefits, while remaining relevant and inviting to all covered members. Addressing through careful review of claims data. |
| | | | | | Specific promotional channels employed for messaging within the member employers | Fully redesigned website went live providing a much more user-friendly interface for connecting with all services, including promotion of personal wellness, annual health provider well visits, flu shots, selection of a primary care provider (PC) | Health Insurance Plans | The OYOH Committee markets/ promotes full utilization of plan benefits, wellness and prevention strategies, and establishing a culture of wellness at member workplaces. | OYOH committee members includes community health services organizations that are not municipal employees, but do have a strong understanding and grasp of health care utilization and worksite wellness implementation. | Budgetary constraints, diverse population, not all plans have the same benefits so must target carefully. Addressing by hiring a Wellness Coordinator. |
| | | | | | # of employer representatives attending OYOH Committee meetings | Attending regularly: County Tompkins, City Ithaca, Town Ithaca, Town Dryden, Bolton Point Water. Plus cmte members not affiliated with Consortium member employers. Employer attendance not improved | Other (please describe partner and role(s) in column D) | Wide range of municipal governments | Diverse committee membership | Attracting members who are able to attend monthly meetings |

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| | | | | | # of employers who have identified an employee wellness champion or wellness committee chair | None. There has not been any mechanism for tracking this indicator, though with the new wellness consultant that is expected to change | Other (please describe partner and role(s) in column D) | Wide range of municipal governments | Identificaton of a wellness champ or committee chair is a first step to commitment and establishes a site contact. | Convincing employers of the value, especially when there are very few employees. When a Wellness Coordinator for the Consortium is hired, outreach to employers will become more focused. |
| | | | | | Draft & submit a resolution to the Consortium Board of Directors that encourages employers to follow practices aligned with NYS Labor Law to support breastfeeding at work. | Again not addressed this year. Expect to transfer to new plan | Other (please describe partner and role(s) in column D) | Wide range of municipal governments | Vital for gender equity and family support. Important message to employees. Supports value of breast feeding in development and promotes norm changes. A relatively simple initiative with which to launch a wellness program. It's the law. | Time and attention in the midst of other issues. Otherwise, should be minimal and restricted only to providing adequate education to the Board. |

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| | | | Small employers with limited resources to initiate a wellness program | Utilize the Tompkins County Worksite Wellness Coalition to promote worksite-based activities for health promotion and chronic disease prevention. [Revised] | # of attendees at meetings | Abandoning this intervention. The Coalition did not meet during the 2nd half of the year and is at risk of disbanding due to time constraints among those willing to lead. Also the intervention was yellow 2 years in a row, suggesting that the clarity of purpose for the coalition might benefit from additional discussion | Community-based organizations | Representatives coordinate and attend meetings | Sincere interest of attendees | All volunteer leadership makes it difficult to consistently plan ahead. Limited means of promoting meetings beyond the nonprofit sector makes it difficult to grow participants. |
| | | | | | # of outside speakers presenting at meetings | | | | | |
| | | | | | # of employers who report to the coalition that they have established outreach or conducted wellness activities | | | | | |
| | | Objective 1.1.3: Increase the number of municipalities that are implementing complete street components. (Action Plan) | Equitable implementation of policies, focus on low SES, communities of color, aging population, mental health community, k-12 schools, and rural areas to ensure connectivity, individuals without cars/personal vehicles | Establish complete street components within our municipalities, including complete street policies that incorporate universal design. (DASH NY) [NEW] | # of sidewalk/street improvements that are implemented (bike lanes, traffic calming, intersection repair, # of bike/pedestrian trips compared to total trips) | 6556 linear feet of new or replaced sidewalk; 26 curb ramps installed; Pedestrian Safety Action Plan: State funding, awarded July 2018, \$600K for 3 years. City will implement push buttons and pedestrian signal heads at specific high-traffic intersections. City is collaborating on Priority Trails Strategy within the City - plans to complete 6 Mile Creek Natural Area. Miles of complete streets for the County: 11.5 miles in 2018 (Ithaca-Tompkins County Transportation Council) | City government | City of Ithaca Engineering Department is responsible for planning and implementation of street/sidewalk repairs, traffic calming measures, etc. | | Need to explore funding opportunities for trail project. |
| | | | | | Public feedback: perceived safety, comfort, quality of life, suggestions, identify intersections that are most difficult to cross as pedestrian. Statistically significant survey of pedestrians/bikers. | Streets Alive! Cayuga Street (5/2018), Southside (9/2018); Blueprint for Better Bicycling - Survey completed June 2018, Advisory Council meeting August 2018, ongoing community outreach; Train the Trainer through League of American Bicyclists, trained 11 local educators - bike traffic skills (11/2018). | Community-based organizations | "Bike Walk Tompkins" advocates for biking and walking in our community. The organization builds awareness and educates the public about bike/pedestrian safety. BWT organizes community events to engage the public and solicit feedback. | Normalizing different modes of transportation; encouraging multi-generational community building, gets people out in the streets; improvements to the environment, reducing risk of injury and death; building awareness | Need for a culture shift to recognize importance of multi-modal, not just focused on cars; funding to ensure long-term planning; education, public/ political will |

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| | | | | | Safety data: accident/collision, # ER visits, self-reported injury | Use of ALIS. City plans to collaborate more with Cayuga Medical Center to collect data about pedestrian and bicyclist crashes. In 2019, City plans to adopt Vision Zero principles, convene a stakeholder group, public outreach. Focus on equity and voices from different neighborhoods. The Ithaca-Tompkins County Transportation Council continues to track crash data through their performance measures: Based on ALIS: # of average annual crash fatalities in the last five years 2013-17: 10.2; # of average bike/pedestrian crashes: 55.8; # of average annual bike/pedestrian crashes with serious injuries: 10.4; # of average annual bike/pedestrian fatalities: 2.6. | | County Government - The Ithaca-Tompkins County Transportation Council (ITCTC) is the Metropolitan Planning Organization (MPO) for Tompkins County. The ITCTC is charged with facilitating county-wide transportation planning. | Transportation related data analysis to provide support for continued advocacy and need for improved safety in transportation routes. | More data to prevent death and serious injury; better communication and coordination between city/county government and police to have more comprehensive data collection and reporting |

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| | | | Make it possible for more people to ride bikes; targeted outreach to individuals with low-income and minorities; increase daily activity; low-cost accessible pricing for using bikeshare. | Implement a pilot bikeshare, "Bike for All" in the City of Ithaca. [New] | # of bikes, locations | <p>NYSERDA grant 2017-2019 - Contractor chosen for bikeshare, Lime Bike. Launched bikeshare 4/2018 up to 300+ bikes; Lime Access launched Summer 2018: \$5 for 100 rides for non-smart phone riders and low-income eligible.</p> <p>3/2018: Better Bikeshare Partnership grant, funds 7 Bike Champions - multiple events: senior rides, mental health department, Titus Towers, youth rides; Ithaca City School District: senior administrators meeting (monthly starting 11/2018) for bike education in the schools; Developing Adaptive Bike Library for non-motorized mobility.</p> <p>02/2018:</p> | Community-based organizations | Bike Walk Tompkins is the lead agency to coordinate and implement the bike share program. | Bikeshare has been very well received and well-used by a large and diverse group of people. More bikes were quickly added, other towns have adopted Lime Bikes (Trumansburg-7/2018 and Dryden-9/2018) | Maintaining campaigns to build general awareness among the target population regarding who is eligible to utilize the service, how to use the service, & special programs for select populations. Ongoing education about why a bike share is important to our community. Bike safety and how to ride a bike workshops may be necessary to include individuals who have never rode a bike or have not done so on city streets. Plus, helmets |
| | | Obj. 1.1.x: Increase the number of institutions with nutrition standards for healthy food and beverage procurement. (ReFresh) [NEW in 2018] | low-income/SNAP/WIC eligibility, rural families | Trained nutrition educators facilitate workshops that aim to improve food and physical activity behaviors, food resource management, food safety, and food security. Workshops are offered in a range of locations including schools, food pantries, community centers, neighborhood housing, etc. | # of lessons facilitated with adults and youth | Nutrition lessons facilitated with 4,321 adults and 5, 538 youth (duplicate count) | Community-based organizations | Cornell Cooperative Extension of Tompkins County's Nutrition Program offer two federally funded nutrition education programs for youth and families who are eligible for SNAP and/or WIC. | | |

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| | | | Schools where more than 50% of the students are eligible for free or reduced price meals. | Receive support to help school gardens become sustainable and well-integrated into both school programs and to meet community food security needs whenever possible. | | Three schools received support with their school gardens: 2 Ithaca City School District schools: Enfield Elementary School and BJM Elementary School; Newfield Elementary School | | Cornell Cooperative Extension of Tompkins County's Finger Lakes Eat Smart New York School & Community Garden Specialist | | |
| | | | Groton - rural community, universal free meals in school district | Groton Harvest: all families will have adequate nutritional security to support their health, growth and well-being in order to thrive and meet their full potential. Mission: A community driven, sustainable nutrition project that creates a shift in cultural norms improving access throughout Groton to nutritious meals, nutrition education, and wellness activities for all. Our top priority is that every child has access to and chooses to eat nutritious and appealing food. | # of Community Cafes, #lbs of redistributed food | Recently started initiative. Currently working on evaluation plan. More to come in 2019. | Community-based organizations | A coalition of community partners and funders is participating in this initiative. Cornell Cooperative Extension, Groton Public Library, Groton Public Schools, and others are involved. | Builds on grassroots nutrition work that was already underway in the Groton community. Very collaborative. | Evaluation, coordination, participation |

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| | Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure | Objective 2.1.1: Decrease the prevalence of any tobacco use (cigarettes, cigars, smokeless tobacco) by high school age students | Youth; tobacco users with multiple unsuccessful quit attempts | Encourage municipalities to implement policies that protect youth from tobacco marketing in the retail environment, also known as the point-of-sale (POS) | Number of municipalities that reduce youth access to tobacco marketing and tobacco products, including: Limiting the number, type, and location of licensed tobacco retailers, and/or Prohibiting the use of coupons and multi-pack discounts. | Presentation to the Health and Human Services Committee of the Tompkins County Legislature on local licensing of retailers selling tobacco and ENDS garnered a commitment by the HHS chair to continue to explore the issue in 2019 | Advocates | Build awareness of issue and education to a point where public demand brings action | Reduce access to tobacco products by high school and middle school students | Restricts business activity, especially among small businesses. Address through ongoing education. |
| | | Objective 2.1.2: Decrease the prevalence of cigarette smoking by adults ages 18-24 years | | | | (1) Current and trend data not available for this population segment. (2) Efforts to generate demand and administration support for a tobacco free campus were active at each of Cornell, Ithaca College, or Tomp-Cort Cmty College, but were not successful in advancing the issue | College | Working together to establish tobacco-free college campuses | Cigarette use in middle and high schools is declining. Cigarette use among college students appears to be declining also. | Dramatic increase in the use of electronic cigarettes and vaping products. Remedy through education and retail licensing. |
| | | Objective 2.1.3: Increase the number of municipalities that restrict tobacco marketing (including limiting the density of tobacco vendors and their proximity to schools) | | Interventions for this Objective are the same as for 2.1.1 | | | Other (please describe partner and role(s) in column D) | County Legislature, City Council, Town Boards | Reduce access to tobacco products within the community to support reduced initiation, quitting tobacco use, and reduced consumption. | Government overreach, resources required to implement and manage a licensing scheme that will address density and proximity, finding a champion to carry the proposal through the process. Must be presented as a preventive measure that is not intended to take products out of existing retailers. |

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| | | Objective 2.3.2: Increase the number of local housing authorities that adopt a tobacco-free policy for all housing units | | Promote smoke-free policies in multi-unit housing, including apartment complexes, condominiums and co-ops, especially those that house low-SES residents. | # of tenant surveys conducted | None | Housing | Support from housing management | Build awareness of and support for smoke-free policies; gauge support for a policy that will hopefully demonstrate to management that a policy will have majority acceptance | low participation or negative outcome. Conduct town hall meetings to increase survey participation |
| | | | | | # of tenant town hall meetings held | 6 at Ithaca Housing Authority properties | | Support from housing management | The more that tenants understand the reason for smoke-free apartments, the more likely they are to comply or exert peer pressure for others to comply, and thus accelerate a norms change. | Getting tenants to attend, especially those who are smokers. Remedy: multiple meetings. |
| | | | | | # of low SES units that are in a smoke-free building | (1) Smoke-free policy for all properties owned and managed by the Ithaca Housing Authority (341 units) was implemented 5/1/18. Includes ENDS. (2) Smoke-free policy for Ellis Hollow Rd Apartments (104 low income units) was announced in Dec, to take effect in 2019. | Housing | Support from housing management | Healthier buildings, model healthier behaviors, reduce access to places to smoke may reduce consumption. | Compliance is the primary challenge. Address with education first and penalties if needed |

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| | | | | | # of new construction units that are on a smoke-free property | # Unknown. Discussed the idea of including smoke-free property as a criteria for receiving a tax abatement or other public support with governing development agency, but the idea was rejected by the agency. | Other (please describe partner and role(s) in column D) | Builders, planning departments and municipal planning committees | Starts clean with policy written into original lease; Establishes social norm from the start | Keeping up with all the new construction when it is still in the planning phase, rather than after construction starts. |
| | | Objective 2.3.2.1: Increase the number of worksites with a tobacco-free property policy. | | Promote tobacco-free property policies at worksites | # of outreach mailers to local employers | In lieu of mailers we ran a 6-week advertising campaign on the social media channels LinkedIn and Facebook | Other (please describe partner and role(s) in column D) | Advertising agency | Direct targeting to employers | Funding and follow-through. A successful campaign would benefit from more exposure online |
| | | | | | # of workplaces that adopted a tobacco-free policy | Not aware of any other than Ithaca Housing Authority | | | Tobacco-free workplace decreases exposure to secondhand smoke, decreases nicotine use as a social norm, may increase quit rates and decrease consumption. | Compliance. Address through adequate signage and ongoing education. |
| | | | | | # of meetings with worksite wellness coordinators or champions | None | | | Wrapping tobacco-free property into a wellness program is the best way to start the discussion. | Resources (including staff) necessary to reach out and find these champions. It is a worthy measure, but maybe beyond the scope of current programs. |
| | | | | | # of resolutions of support from business & employer groups or associations. | None | | | Awareness, credibility | Staffing limitations. Include in an overall campaign that reaches out to employers (eg, mailers). |

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| | | Objective 2.3.2.2: Increase the number of colleges that have set an implementation date for a tobacco-free campus. | | Promote tobacco-free campus policies at local colleges and universities | # meetings with student champions | Multiple meetings over the course of an in depth partnership with one student at Ithaca College | College | Administration demands that initiative be initiated and driven by students | Students are a critical --- and in some cases required --- stakeholder within these communities. | Specific student champions are often not enrolled through the full, multi-year process needed to make the full case. |
| | | | | | # meetings with faculty/ staff champions | (1) multiple meetings with AOD coordinator at TC3 (Cmty College) (2) 3 meetings with health promotion staff at Cornell Health, the student health services | College | Access to administration | Employees are key stakeholders. Voices are needed from multiple sectors. | Not easy to break into fac and staff organizations from outside the campus. Also finding those willing to step forward, and have the influence to make a diff. |
| | | | | | # meetings with administrators &/or institutional governing bodies such as a Faculty Council or University Assembly, or Student Government | None | | | These individuals and organizations have codified the decision making roles. | Getting through gatekeepers. Remedy: Accomplish the student and faculty/ staff steps first. |

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| | | Objective 3.2.8: Reduce the rate of hospitalizations for short-term complications of diabetes per 10,000, aged 18+ years, by 15%, from 4.0 (2012-2014) to 3.6 (2010-2012) (SPARCS data as of Feb. 2016) | | In accordance with DSRIP project 2.b.iv, Care Transitions, implement the Health Coach model, to ensure patients admitted to the medical- surgical unit make contact prior to discharge, and receive a home visit post discharge, to support improved continuity of care and a reduction in avoidable hospital use. | # of Medicaid patients receiving a visit from the Health Coach while in the hospital. | | Hospital | | We are able to assist when patient, with a well-formulated discharge plan, still struggles at home, mostly due to socio-economic issues. We can utilize external relationships such as CAP and the PCP to hand the patient off to and thus provide the patient with the support they need post discharge, to prevent re-admission. * This health coach role has allowed the medical center to identify strengths and weakness in overall hospital discharging process and we are using the health coach to make process changes that will further prevent re-admissions. | Discharge planning and medication management are very complicated. This level of complexity is compounded when there are many pieces of the discharge plan that require insurance pre-authorization and need the physician to personally authorize that piece of the discharge. This adds additional physician effort, time and complexity making discharge effort onerous. Add to this, patients lacking the ability to activate their own discharge plan care and/or those having unidentified social-economic issue hampering their ability to cope once discharged. |
| | | | | | # of home visits received post discharge. | | Hospital | | It is extremely valuable to perform home visits. It allows us to identify additional barriers to patient success and rectify them or call in resources to further support the discharge. | Not many patients want the home visit or "have the time" to schedule a home visit. |
| | | | | | # of patients that received Health Coach services who were not readmitted within 30 days of being discharged. | | Hospital | | | |

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| | | Objective 3.3.1: Increase the percentage of adults with asthma or diabetes who have taken a course or class to learn how to manage their condition. | Outreach to rural population | Promote the National Diabetes Prevention Program (NDPP) by expanding class availability, and by strengthening ties and collaboration among NDPP providers | # of trained Lifestyle Coaches | 3 trained coaches (1 at TC Health Dept. (TCHD), 2 at Cayuga Center for Healthy Living - part of Cayuga Medical Center (CMC)) | Hospital | Health Planning Council, TCHD, CCHL, all participate in planning and coaching | We have multiple sites and trainers. Providers are aware of the program. | Despite providers knowing about the program, we still do not get many referrals. Potential participants are discouraged from taking the course because of the fee and/or the time commitment. |
| | | | | | # of planning meetings among DPP providers | 2 in-person meetings, bi-monthly phone calls. Meetings are to coordinate outreach and when classes are held. | Community-based organizations | | Able to brainstorm outreach strategies to increase provider referrals and community knowledge about the program. | |
| | | | | | # classes offered | TCHD began a class in May 2018; CCHL completed 2017 class in April 2018 and started a new class in October 2018. | Other (please describe partner and role(s) in column D) | LHD, CBO, hospital | Ongoing communication between trained coaches about the number of participants and outreach. | It is difficult to get enough participants to fill up one class. |
| | | | | | # of rural locations where classes are offered | No rural locations in 2018. TCHD holds classes at the Health Department, which is not in downtown Ithaca, the geographic center, but the location is not in a rural town. | | | TCHD recruit residents from rural areas | While we conduct outreach to the general public, participation is dependent upon physician referrals. |
| | | | | | # of outreach channels and activities employed for class recruitment | Multiple outreach events during 2018, including health fairs, CMC wellness newsletter, and visits to provider offices, brochures provided. Radio ads conducted by CCHL | | | | |

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| | | | Offering an evidence-based program to individuals who may be part of pops that are disproportionately affected by diabetes. Targeted outreach to low-income & rural. | Increase coverage for the Diabetes Prevention Program by working with self-insured employers | # of worksites that promote DPP through their wellness programs or other health information outlet | Unknown | Other (please describe partner and role(s) in column D) | Employer | Providing coverage for the DPP program has the potential to increase attendance in the program. | Access to wellness program communication channels. Remedy: develop targeted materials first so messaging is effective when the target is hit. |
| | | | | | # self-insured employers with DPP as a covered benefit. | Unknown | Other (please describe partner and role(s) in column D) | Employer | Removes cost barrier to participating. | Changing plan benefits is a steep climb. Medicare benefit misses the target age, but will be a good model for plans to follow. |
| | | | | | # of employees with access to DPP as a covered benefit through their self-insured employer | Unknown | Other (please describe partner and role(s) in column D) | Employer | Some incentive if employees have a flex spending account, but still out of pocket expense. | |
| | | | | | # of employers that include DPP as eligible for an in-house wellness reimbursement benefit | Employees can submit to flex spending accounts. Draft policy for partial reimbursement for TC employees is in process, reviewed Fall 2018, but waiting approval. | Other (please describe partner and role(s) in column D) | Employer | Removes cost barrier to participating. Adding as an inhouse wellness program benefit is a much straighter line than adding to a plan or FSA | Comparatively few compared with adding to a plan. Should be the first stop when a wellness program reimbursement plan is in place. |
| | | | The Healthy Neighborhoods Program (HNP) conducts targeted outreach to individuals with low SES, rural areas, and to persons living in old or poorly maintained housing (including rental housing) | Increase awareness of basic asthma management steps that adults can take to lessen the daily impact of their disease. (informed by NLBI, NAEPP, ALA). | # of Healthy Neighborhoods Program (HNP) home visits conducted. | 409 initial home visits conducted, 167 revisits | | CMC and TCHD: Healthy Lungs for Tompkins County (HLTC) Leadership; HNP contractor through TCHD | Positive program that the public enjoys. We have full staffing, which makes it possible to meet our goals for number of visits. | There are always more people who do not know the program exists, we are always doing outreach to build awareness about the program. |

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| | | | | | # HNP home visits conducted with at least one person with diagnosed asthma (asthma triggers identified). | 48 initial asthma home visits, 26 asthma revisits | | | Indoor asthma triggers are identified and products are provided that can assist with decreasing triggers, such as hypoallergenic pillow/mattress covers and unscented green cleaning products. | Residents move or are not available for the revisit. |
| | | | | | # member organizations in Healthy Lungs for Tompkins County (HLTC, local asthma coalition). | 6 partner organizations: Cayuga Medical Center Respiratory Unit, Tompkins County Health Department, Ithaca City School District, Health Planning Council, Department of Emergency Response, Cayuga Area Preferred | | Hospital, Community based organizations, K-12 schools. Meet monthly to discuss/plan activities related to lung health. Meet monthly to discuss/plan activities related to lung health. | Representatives from partner agencies are committed to the coalition. Building awareness about respiratory disease and local resources. | We are working on collecting accurate data related to asthma, COPD, and other chronic lung disease. We would like to do more activities related to school age children, but asthma is not a current focus of the school districts, they are more concerned about mental health. We will continue working with the Head School Nurse for Ithaca City School District and nurses in other districts. |
| | | | | | # of HLTC meetings held | 3 meetings, March, May, September | Community-based organizations | | | |
| | | | | | # of outreach targets contacted (Primary Care Providers, worksite wellness programs, faith-based orgs, senior living centers) | Multiple provider offices, including the 2 pediatric offices, Family Medicine, CMC Pulmonologist and Respiratory Therapy, and CMC Physical Therapy | Providers | Medical provider offices can provide asthma information and refer patients to community resources. | Strong relationships with certain providers, regular contact reminds providers to make referrals. | Access to gatekeepers. Difficult to get into providers |

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| | | | | | At least one social media channel to promote asthma self-management strategies and garner home visits for the Healthy Neighborhoods Program. | Facebook page (2017) and Twitter account @TompkinsHealth (June 2018) | Local health department | | Social media allows us to reach more people and engage community members with local resources. The public uses social media to contact the health department about restaurant complaints, potential rabid animals, etc. | Making sure the community knows that the social media presence exists. Difficulty delegating staff time to social media updates. |