

	A	B	C	D	E	F	G	H	I	J	K	L
1	Name of County - Organization(s) Tompkins County - Tompkins County Health Department, Cayuga Health System											
2	2019 Workplan											
3												
4	Planning Report Liaison Samantha Hillson, Ted Schiele											
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7	Priority	Focus Area (select one from drop down list)	Goal Focus Area (select one from drop down list)	Objectives	Disparities	Interventions	Family of Measures	Projected (or completed) Year 1 Intervention	Projected Year 2	Projected Year 3 Interventions	Implementation Partner (Please select one partner from the dropdown list per row)	Partner Role(s) and Resources
8	Prevent Chronic Diseases	Focus Area 1: Healthy eating and food security	Goal 1.1 Increase access to healthy and affordable foods and beverages	Increase consumption of f/v among school-age children by 5%.	Poverty - low-income, geography	Increase the availability of fruit and vegetable incentive programs. Provide fresh fruits and vegetables to students at lunch and/or snack through the Fresh Snack Program.	# of new schools participating in Fresh Snack Program (target - all elementary schools in county)	Fresh Snack Program: Increase participation from 6 Ithaca City School District elementary schools to all 8 elementary schools. (2 remaining: South Hill and Fall Creek)	Fresh Snack Program: Increase participation of at least one additional school district in Tompkins County.	Fresh Snack Program: Increase participation to at least 4 school districts in Tompkins County (5 total districts).	Community-based organizations	Fresh Snack Program is a program of the Youth Farm Project Other partners: Ithaca City School District (ICSD) and other potential districts, farms and suppliers of food, Childhood Nutrition Collaborative (CNC): collective impact group - 20 agencies
9	Prevent Chronic Diseases	Focus Area 1: Healthy eating and food security	Goal 1.1 Increase access to healthy and affordable foods and beverages	Increase consumption of f/v among children (grades 3-5) by 5%.	Poverty - low-income, geography	Participate in Farm to School Programs.	# Farm to School Program: participating school districts (5 districts) in TC that reach 30% of sales from NYS products benchmark	Farm to School Program: At least one school district will reach 30% of sales from NYS products	Farm2School: At least 2 school districts will reach 30% of sales from NYS products.	Farm2School: All participating school districts will reach at least 30% of sales from NYS products.	Community-based organizations	Cornell Cooperative Extension of Tompkins County (CCE) holds Farm to School grant and convenes steering committee with representation of school food programs in all K-12 school districts in Tompkins County. Other partners: Childhood Nutrition Collaborative (CNC)
10	Prevent Chronic Diseases	Focus Area 1: Healthy eating and food security	Goal 1.1 Increase access to healthy and affordable foods and beverages	Increase consumption of f/v (more than one per day) among adults by 5%.	Poverty - low-income, geography	Provide Fresh Fruit and Vegetable Prescription (FV Rx) shares to adults with chronic disease	# of FV Rx shares provided to adults with chronic disease (pilot through CCHL)	Seeking additional funding. Increase number of shares from 45 to 75 in 2020. Cayuga Center for Healthy Living (CCHL) started pilot in 2018. One internist from Cayuga Medical Associates was added in 2019.	Add an additional community partner/medical office to offer FV Rx shares. Increase number of shares to 100. Evaluate program.	Implement any changes to the FV Rx program based on the evaluation of this program.	Hospital	Pilot program: partnership between Cayuga Center for Healthy Living (CCHL), Healthy Food For All, and Cornell MPH Program, CMA
11	Prevent Chronic Diseases	Focus Area 1: Healthy eating and food security	Goal 1.1 Increase access to healthy and affordable foods and beverages	Increase consumption of f/v among school-age children by 5%.	Poverty - low-income, geography	Provide universal free breakfast elementary schools.	# of schools districts/schools with universal breakfast (currently Newfield, Groton, and some ICSD-Enfield and BJM)	Universal Breakfast - increase # of ICSD schools that offer universal breakfast to 4 buildings. Assess Enfield Elementary pilot: breakfast in the classroom	Universal Breakfast - increase # of ICSD schools that offer universal breakfast to 6 buildings.	Universal Breakfast: all ICSD schools have implemented universal breakfast.	K-12 School	Ithaca City School District: for the 2019-20 school year, implemented free school breakfast at 2 elementary schools. Pilot: Enfield Elementary School - Breakfast in the Classroom Hunger Solutions provided technical support. Groton Harvest: multi-pronged intervention (kids farmers market) - funding from Park Foundation Other partners: CNC
12	Prevent Chronic Diseases	Focus Area 1: Healthy eating and food security	Goal 1.2 Increase skills and knowledge to support healthy food and beverage choices	Decrease the % of adults with obesity by 5%	Poverty - low-income, geography	Community Obesity Prevention Training: Led by a nutritionist, this Policy, Systems and Environmental Change (PSE) strategy involves providing nutrition education and obesity prevention training to partner agency and local human services staff. The goal is to encourage partner agencies working with SNAP population to become role models and SNAP-Ed champions for change. Key objectives are: a) identify and recruit partner agencies to receive annual training; b) Provide annual training to raise awareness of the importance of SNAP and SNAP-Ed to address food insecurity, hunger, and nutrition among SNAP population; c) provide technical assistance related implementation of key SNAP-Ed obesity prevention strategies for agency and SNAP population; and, d) provide obesity prevention promotion materials for partner agency distribution to SNAP population.	# organizations/agencies who receive annual training in Community Obesity Prevention (any organizations who serve families eligible for SNAP)	Needs Assessment will be completed in January 2020, implementation will begin in Spring 2020.	The Needs Assessment will inform Year 2 and 3		Community-based organizations	CCE secured grant to implement this program. Will be starting in 2020. Exec. Director of CCE is current contact. The grant includes a 6 county region: Tompkins, Tioga, Chemung, Steuben, Schuyler, Yates. Other partners: CNC
13	Prevent Chronic Diseases	Focus Area 1: Healthy eating and food security	Goal 1.2 Increase skills and knowledge to support healthy food and beverage choices	Decrease obesity rates by 5% in the following school districts: Newfield, Dryden, Groton	Poverty - low-income, geography Obesity rates based on school district	Multi-component school-based obesity prevention interventions: implementation of CATCH (Coordinated Approach to Child Health)	# school districts that have adopted/implemented CATCH program. # of schools that offer food & nutrition education to youth and/or families	CATCH (Coordinated Approach to Child Health) - CDC curriculum, train the trainer, currently 1 school district has adopted for the past 3 years (Newfield - Wellness Committee), increase to 1 additional district. CATCH is part of the "Whole School, Whole Community, Whole Child" (WSCC) model. Assess program outcomes.	Engage at least 1 additional school district in the CATCH program.		Community-based organizations	CCE - facilitates training for CATCH Goals: Increase fruit & veg consumption, decrease sugary beverage consumption and increase PA (overall decrease obesity).

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14	Prevent Chronic Diseases	Focus Area 1: Healthy eating and food security	<b>Goal 1.3 Increase food security</b>	Increase the % of adults with perceived food security by 5%. (Focus on adults w annual household income <\$25000) [p19-20] Increase the % of children with perceived food security by 5%.	Poverty - low-income, free/reduced lunch, geography	Screen for food insecurity, facilitate and actively support referrals (p 25) Screen pediatric patients by healthcare providers - refer to WIC and SNAP Screening of older-adults, referrals to SNAP	# of health practices (primary care) that screen for food insecurity and facilitate referrals to supportive svcs; % of eligible [residents] participating in SNAP; 3) % of eligible [residents] participating in WIC. [p26]	Conduct an inventory of screening tools for primary care, pediatrics, CHP (Cayuga Health Partners), TCHD - what is currently being used and assess other tools, such as: AARP Food security screening for older patients in primary care AAP (Pediatrics): Hunger Vital Sign For any healthcare providers not using a tool, identify a tool that could be implemented.	Year 2 and 3 will be informed by the inventory Emphasis on screening families who are not eligible for safety net programs, but still need to supplement food for their family.	Informed by inventory and year 2	Local health department	Cayuga Health Partners: Care coordinators Human Services Coalition Healthcare Navigators Childhood Nutrition Collaborative (CNC)
15	Prevent Chronic Diseases	Focus Area 1: Healthy eating and food security	<b>Goal 1.3 Increase food security</b>	Increase the % of adults with perceived food security by 5%. (Focus on adults w annual household income <\$25000) [p19-20] Increase the % of children with perceived food security by 5%.	Poverty - low-income, free/reduced lunch, geography	Multi-component food security initiative: eg. Groton Harvest, Esty Street Garden (Green Start Community Projects), Dignity Garden (West Hill)	# families served # community building events held	Dignity Garden: formalize plan for community kitchen and worker cooperative, add chickens to the garden food distribution at LACS and West Village to about 140 families monthly	Initiate new community kitchen location Student group develop an app for where food is available. Facilitate discussion: what does it mean to have a center/commons, where is this?		Community-based organizations	Our Children's Future (non-profit at West Village) - feed and nourish families Other partners: CCE, Taste of NY stores,
16	Prevent Chronic Diseases	<b>Focus Area 4: Preventive care and management</b>	<b>Goal 4.1 Increase cancer screening rates</b>	Increase cancer screening rates for breast, cervical and colorectal cancer screening [p43] Increase % of patients who receive screening by 5%	Poverty, geography	Work with health care providers/clinics to put systems in place for patient and provider screening reminders (e.g., letter, postcards, emails, recorded phone messages, electronic health records [EHR] alerts). (p 43)	# of health systems that implement or improve provider and patient reminder systems	Convene meeting with CHS oncology department and other partners to agree on additional mode of reminder. Develop a plan to roll out new mode for screening reminders	Implement at least one new mode for screening reminders and target at least one underrepresented group.	Implement an additional mode for screening reminders, target an additional underrepresented group, and engage at least one community partner in adopting a screening reminder.	Hospital	CHS oncology department currently sends a series of screening reminder letters to patients for follow-up screening care, specifically breast and lung screening. CHP's care coordination team receive reports from PCP offices about patients who are overdue for breast, colorectal or cervical cancer screenings and then follow-up with those patients (phone calls). Other partners: Ithaca Free Clinic, Planned Parenthood, Cancer Resources Center, Guthrie, Cancer Services Program NYS grant
17	Prevent Chronic Diseases	Focus Area 4: Preventive care and management	Goal 4.1 Increase cancer screening rates	Increase % of patients who receive screening by 5%, focus on mammograms and cervical cancer screening.	Poverty, minority, geography, women - mammograms and cervical cancer screening	<b>Remove structural barriers</b> to cancer screening such as providing flexible clinic hours, offering cancer screening in non-clinical settings [p45] (mobile mammography vans, flu clinics), offering on-site translation, transportation, patient navigation and other administrative services.	# of clinics that provide flexible hours and/or off-site/mobile settings for cancer screening	Finalizing plans and executing development (construction) of Carpenter Park - convenient, walkable location to downtown/low-income residents Host the Lourdes Mobile Mammography van in at least 4 locations in Tompkins County	Host the Lourdes Mobile Mammography van in at least 5 locations in Tompkins County		Hospital	Plans for CHS Carpenter Park are underway, a major construction project in Downtown Ithaca to make services more accessible. Other partners: Free Clinic, Planned Parenthood, Cornell Health/IC/TC3, TCHD, Chamber of Commerce, ObGYN Associates, CHS Women's Wellness Center