

Chautauqua County 2016-2018 Community Health Assessment and Improvement Plan and Community Service Plan



Service Area: Chautauqua County, New York

Local Health Department:

Chautauqua County Department of Health and Human Services, Division of Public Health (CCDHHS)

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Hospitals:

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TLC Health Network (TLC)

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Contact: Tracy A. Stevens, MS, RN, CDE, Clinics Manager, 716-532-8100, tstevens@tlchealth.org

WCA Hospital (WCA)

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Executive Summary

Selection of Prevention Agenda Priority Areas

Consideration of public input and secondary health data from the NYSDOH led the Chautauqua County Community Health Planning Team (CCCHPT) to select the following priorities, focus areas, and disparities:

1) Prevent Chronic Diseases

Focus Areas: Reduce Obesity in Children and Adults, and Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and community Settings

Disparity: Low-income residents

2) Promote Healthy Women, Infants, and Children

Focus Areas: Reproductive, Preconception, and Inter-Conception Health, and Maternal and Infant Health *(Not including TLC Health Network or Westfield Memorial Hospital)*

3) Promote Mental Health and Prevent Substance Abuse

Focus Area: Prevent Substance Abuse and Other Mental Emotional and Behavioral Disorders

Changes from Plan Developed in 2013

Several strategies and activities have changed since the last assessment, but overall goals and health outcomes that we intend to monitor over the next several years are essentially unchanged. We selected a new focus area for the Promote Mental Health and Prevent Substance Abuse priority area that captures more of the strategies and activities that we will carry out over the next two years.

Data Reviewed

The CCCHPT reviewed many data sources to confirm existing priorities, including: NYS Prevention Agenda Tracking Indicator Dashboard; Sub-County Health Data Reports for County Health Rankings-Related Measures; Community Health Indicator Reports; County Health Indicators by Race/Ethnicity; County/ZIP Code Perinatal Data Profile; Vital Statistics; NYS Cancer Registry; Expanded (County-Level)

Behavioral Risk Factor Surveillance System; Keys to Health (P2 of WNY's data clearinghouse) Chautauqua County PRIDE Survey Data (youth substance abuse and risk factor surveys); and, New York State County Opioid Quarterly Report for Counties Outside NYC (Published 10/2016).

Partner Roles

Please see Table 1 for a list of partners and their roles in the planning and implementation process.

Community Engagement

To involve the community in our health assessment and improvement planning efforts, the CCCHPT solicited survey responses from 1,353 County residents and held four community conversations that engaged ~200 individuals. A stakeholder meeting, which was attended by 19 organizations, was held to share our plan with community partners, and ask for feedback. Once finalized, the plan will be posted on hospital and health department websites. A press release will be submitted to media contacts and shared via social media outlets and email lists.

Evidence-based Interventions and Process Measures

The following evidence-based interventions and strategies and their corresponding process measures (PM) were selected due to identified need and availability of resources.

Chronic Disease Prevention

- Work with institutions to improve nutrition standards for healthy food and beverage procurement. (PM: # of hospitals promoting Chautauqua Grown, # of institutions adopting or maintaining healthy beverage or vending policies, # institutions signed CHQ250 pledges)
- Increase the number of municipalities that have and implement Complete Streets policies. (PM: # of municipalities with policies, # of people impacted by improvements and policies)
- Increase the number of schools with comprehensive and strong local wellness policies. (PM: # of schools completing school health index and ASCD assessments, # policies changed)

- Promote the use of evidence-based interventions to prevent or manage chronic diseases. (PM: # of people who have completed Living Healthy or NDPP programs, # trainings and # people trained in hands-only CPR, # practices working to meet Million Hearts benchmarks)

Promote Healthy Women, Infants, and Children

- Provide evidence-based home visiting and community health worker program models to mothers during and after pregnancy. (PM: # of moms/babies in programs, # moms in smoking cessation programs)
- Work with hospital, medical, and community partners to improve policies and breastfeeding (BF) support for BF moms. (PM: # hospitals with BF policies and working w/NYS program, # moms visited in hospital, # designated BF-friendly practices, # BF support groups)
- Encourage employers to implement breastfeeding-friendly policies and practices. (PM: # employers trained, # employers that made improvements for BF moms)
- Work with community partners to increase access to sexual health education and birth control methods. (PM: # hospitals providing methods post-delivery, # community partners referring clients to or providing birth control methods to high-risk women)

Promote Mental Health and Prevent Substance Abuse

- Work with CASAC and CASAC's HOPE Chautauqua coalition to address prevention, prescriber education, and adopt environmental strategies to prevent drug use. (PM: # providers educated, # schools using prevention programs, # environmental strategies)
- Offer Mental Health First Aid gate keeper training in community. (PM: # MHFA trainings held, # participants trained)
- Implement SBIRT process in medical facilities. (PM: # medical providers using SBIRT)

Table 1. Chautauqua County Community Health Improvement Plan and Community Service Plan Partners and their Roles

Organization	Role in Assessment and Implementation									
	Meeting facilitation	Data review and planning process	Survey design	Data Compilation	Report Writing	Solicited Survey Responses	Assisted with Community Conversations	Identification of key stakeholders	Review and critique of plan	Proposed implementation partner
Blackwell Chapel Baby Café									X	X
Brooks Memorial Hospital		X	X		X	X	X	X	X	X
Catholic Charities- WIC				X					X	X
CC Dept. of Mental Hygiene		X	X		X	X		X	X	X
CC DHHS	X	X	X	X	X	X	X	X	X	X
CC Health Network	X	X	X		X	X	X	X	X	X
CC Mental Health Association						X			X	X
CC Office for the Aging									X	X
CCE- Eat Smart NY									X	X
Chautauqua Alcohol and Substance Abuse Council				X		X			X	X
Chautauqua Opportunities, Inc.										X
Chautauqua Striders									X	X
Community Partners of WNY								X	X	X
Cornell Cooperative Extension of CC										X
E-2CC BOCES									X	X
Evergreen Health Services								X	X	X
P2 of WNY	X	X	X	X	X	X			X	X
Teenage Education and Motherhood (TEAM) Program										X
The Chautauqua Center		X	X			X		X	X	X
The Resource Center									X	X
TLC Health Network		X	X		X	X	X	X	X	X
United Way of Southern CC								X	X	X
WCA Hospital		X	X		X	X	X	X	X	X
Westfield Memorial Hospital		X	X		X	X	X	X	X	X
YWCA of Jamestown									X	X

CC=Chautauqua County

Report

At the request of the New York State Commissioner of Health, the Chautauqua County 2016-2018 Community Health Assessment and Health Improvement Plan and Community Service Plan was developed collaboratively by Brooks Memorial Hospital, Chautauqua County Department of Health and Human Services (Division of Public Health), TLC Health Network, WCA Hospital, and Westfield Memorial Hospital. This unified plan outlines much of the work conducted in 2016 and will serve as a blueprint for action through 2018.

Description of the Community

The geographic area captured by the Chautauqua County Community Health Improvement Plan is the entirety of Chautauqua County, NY. Each of our four hospitals has been actively engaged in the planning process, and their respective community service plans are included in this county-wide plan.

Chautauqua County is the westernmost county in New York State, located along the shore of Lake Erie between Erie, PA and Buffalo, NY. Chautauqua County is made up of two cities, Dunkirk and Jamestown, twenty-seven towns, and fifteen villages that cover 1,060 square miles with an estimated population of 130,779 in 2015 (US Census American Community Survey). In Chautauqua County, 18.5% of residents are aged 65 years and older (2015, ACS), which is slightly higher than New York State's rate of 15.0%.

Of Chautauqua County residents, 88.6% are white, non-Hispanic, 6.6% are Hispanic or Latino (of any race), 2.3% are black or African-American and non-Hispanic, 1.3% are multi-racial, 0.6% are Asian, and 0.5% are American Indian or Alaska Native (2014, ACS).

The median household income in 2014 was \$42,720 (2010-2014). In 2014, 19.4% of all residents and 29.9% of residents less than 18 years old were living in poverty. During the same

Chautauqua County

time period, New York State's median household income was \$58,687, and 15.6% of state residents, including 22.1% of residents less than 18 years old, were living below the federal poverty level (ACS, 2014). As of September 2016, 5.5% of adults in the Chautauqua County labor force were unemployed-6th highest of all counties in NYS (NYS Department of Labor, September, 2016).

Chautauqua County residents (ages 25 and up) are more likely (88.0%) to have graduated from high school than New York State as a whole (85.4%), and less likely to hold a bachelor's degree or higher (21.1% compared to NYS 33.7%) (ACS, 2010-2014).

Supporting Data

The CCCHPT reviewed data from the following sources to confirm existing priorities:

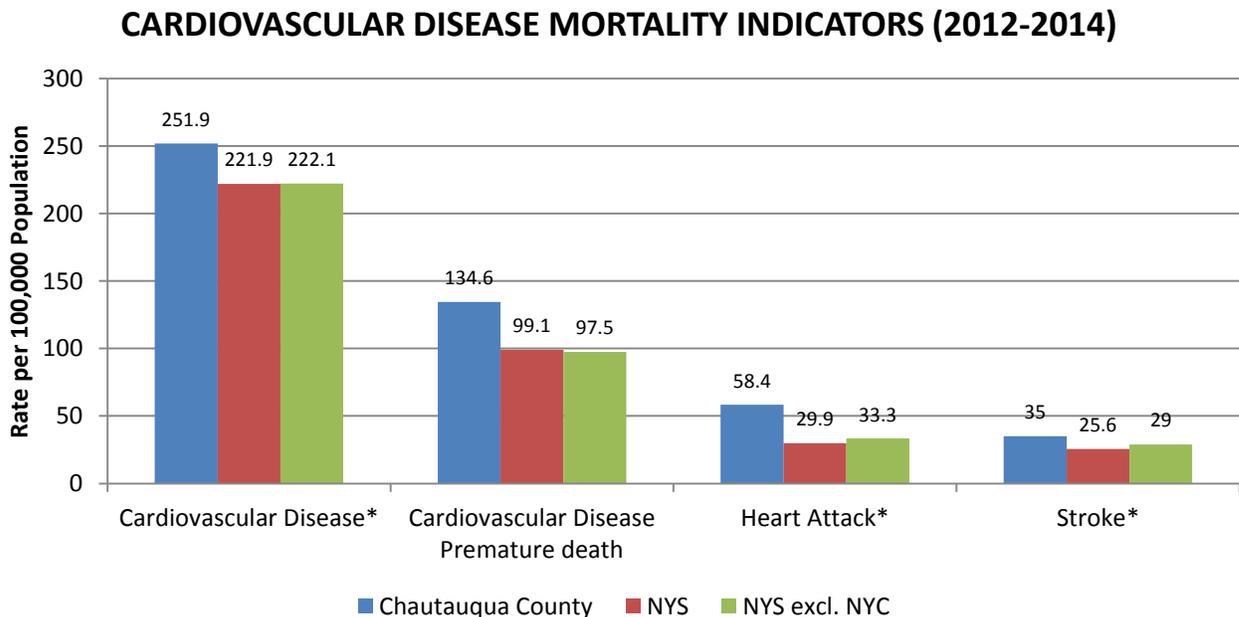
- New York State Prevention Agenda Tracking Indicator Dashboard
- Sub-County Health Data Reports for County Health Rankings-Related Measures
- Community Health Indicator Reports
- County Health Indicators by Race/Ethnicity
- County/ZIP Code Perinatal Data Profile
- Vital Statistics
- NYS Cancer Registry
- Expanded (County-Level) Behavioral Risk Factor Surveillance System
- Keys to Health (P2 of WNY's data clearinghouse)
- Chautauqua County PRIDE Survey Data (youth substance abuse and risk factor surveys)
- New York State County Opioid Quarterly Report for Counties Outside NYC (Published 10/2016)

Prevent Chronic Diseases

The leading causes of death in Chautauqua County in 2014 were heart disease, cancer, chronic lower respiratory disease, stroke, and unintentional injury, respectively (NYS Leading Causes of Death by County, 2014).

Review of NYSDOH’s Community Health Indicator Reports showed that Chautauqua County experiences significantly higher rates of mortality for cardiovascular disease, including significant rates of premature death (ages 35-64) and pretransport mortality. Death rates for heart attack, stroke, and stroke premature death were all significantly higher in Chautauqua County than New York State as well. See Chart 1 below for more details. Corresponding hospitalization rates appear to be lower than the state averages, likely due to travel outside of Chautauqua County (and New York State) for health care relating to these conditions.

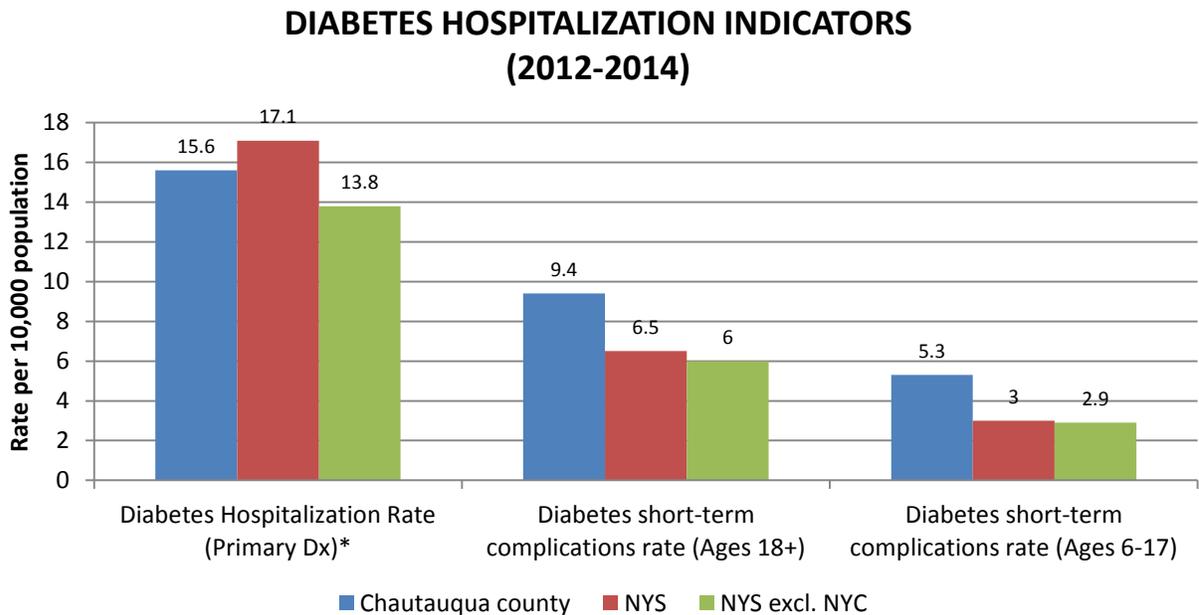
Chart 1. Cardiovascular Disease Mortality Indicators



*=Age-adjusted, Premature death= death to individuals aged 35-64 years
 Data obtained from NYSDOH, Community Health Indicator Reports
 Sources: Vital Statistics, 2012-2014

Diabetes and Cirrhosis-related Community Health Indicator Reports were reviewed. Diabetes mortality rates, while higher than the state average, have dropped over the past eight years, and are no longer as concerning as they once were. Short-term complications for both the 6-17 year old and 18 and older age groups seem to have risen over the past several years.

Chart 2. Diabetes Hospitalization Indicators



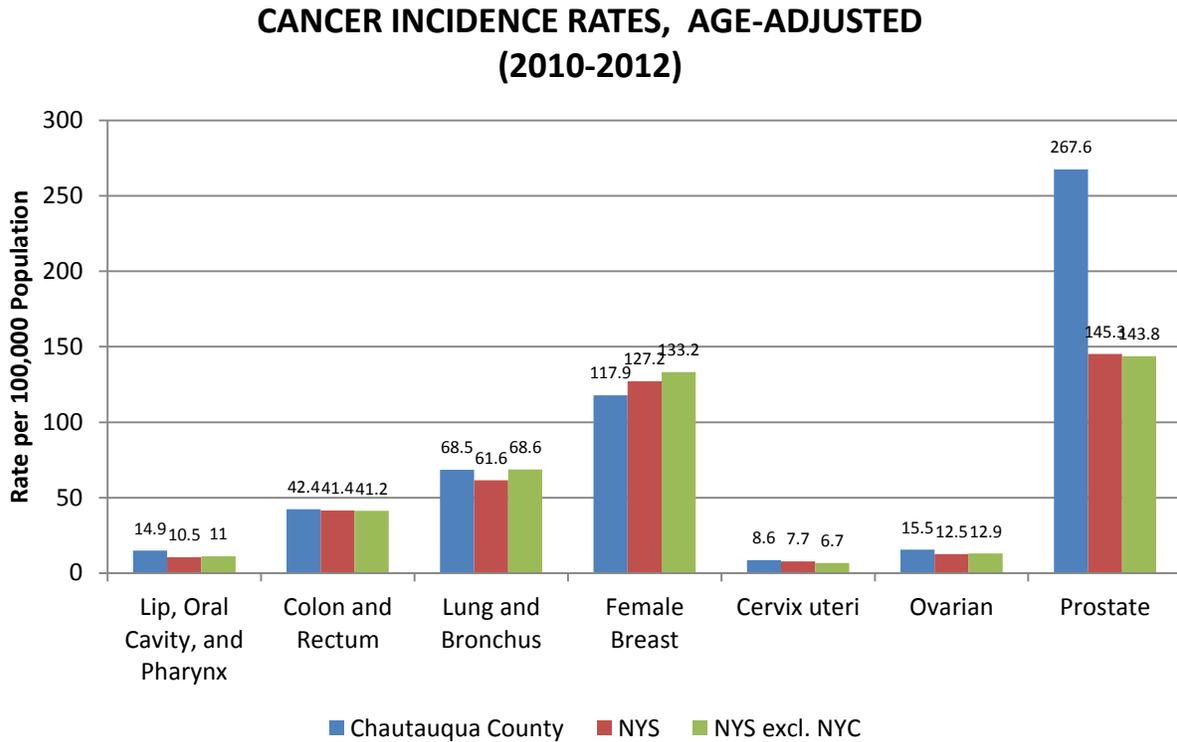
*=Age-adjusted

Data obtained from NYSDOH, Community Health Indicator Reports, 2012-2014

Sources: SPARCS Data

The age-adjusted incidence rate for all cancers was significantly higher in Chautauqua County than New York State for all cancers (559.4 per 100,000, compared to 489.2, respectively). Cancer sites that were significantly elevated over the state rates included lip, oral cavity, and pharynx cancer and prostate cancer. It is important to note that local screening efforts for prostate cancer likely skew the reported number of prostate cancer cases, which make it difficult to compare to state figures. Corresponding treatment is reflected in the resulting lower prostate cancer mortality rates.

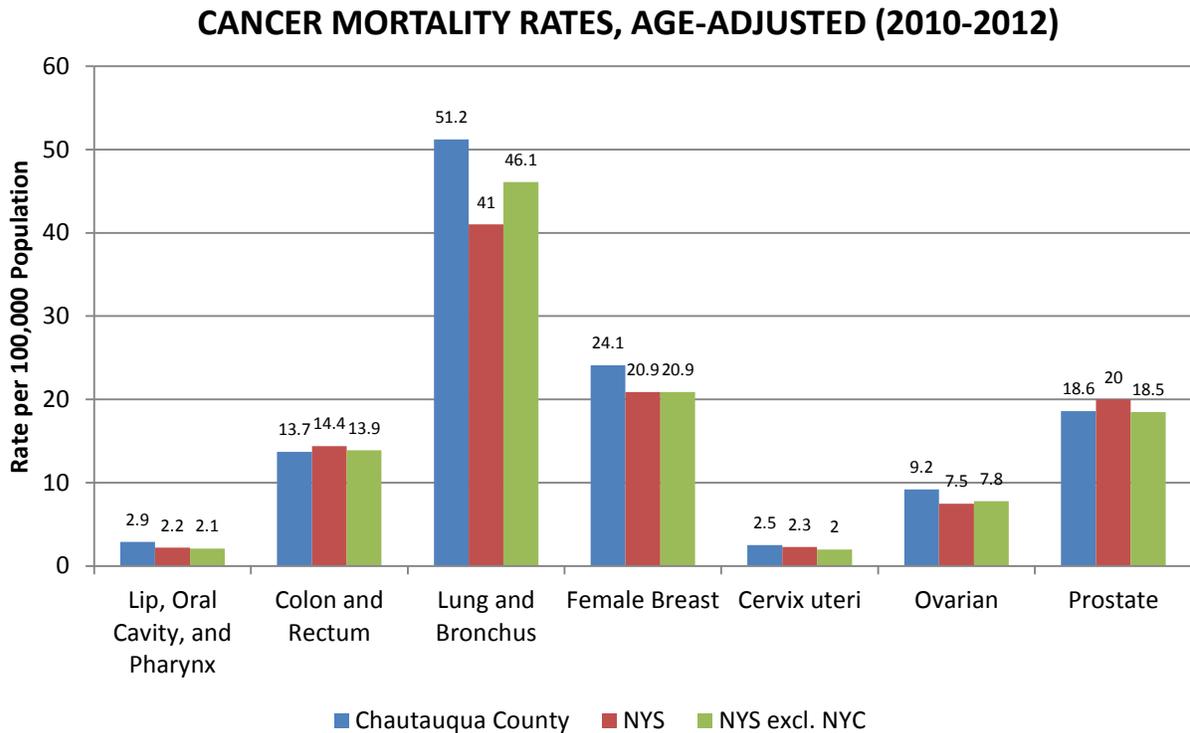
Chart 3. Cancer Incidence Rates, Age-Adjusted



Data obtained from NYSDOH, Community Health Indicator Reports, 2012-2014
Sources: SPARCS Data

The age-adjusted cancer mortality rate for Chautauqua County (176.6 per 100,000) is significantly higher than that of New York State (158.6 per 100,000), but non-significantly higher than that of New York State excluding New York City (165.6 per 100,000). The highest age-adjusted mortality rates were observed for lung and bronchus cancer (51.2 per 100,000), and female breast cancer (24.1 per 100,000).

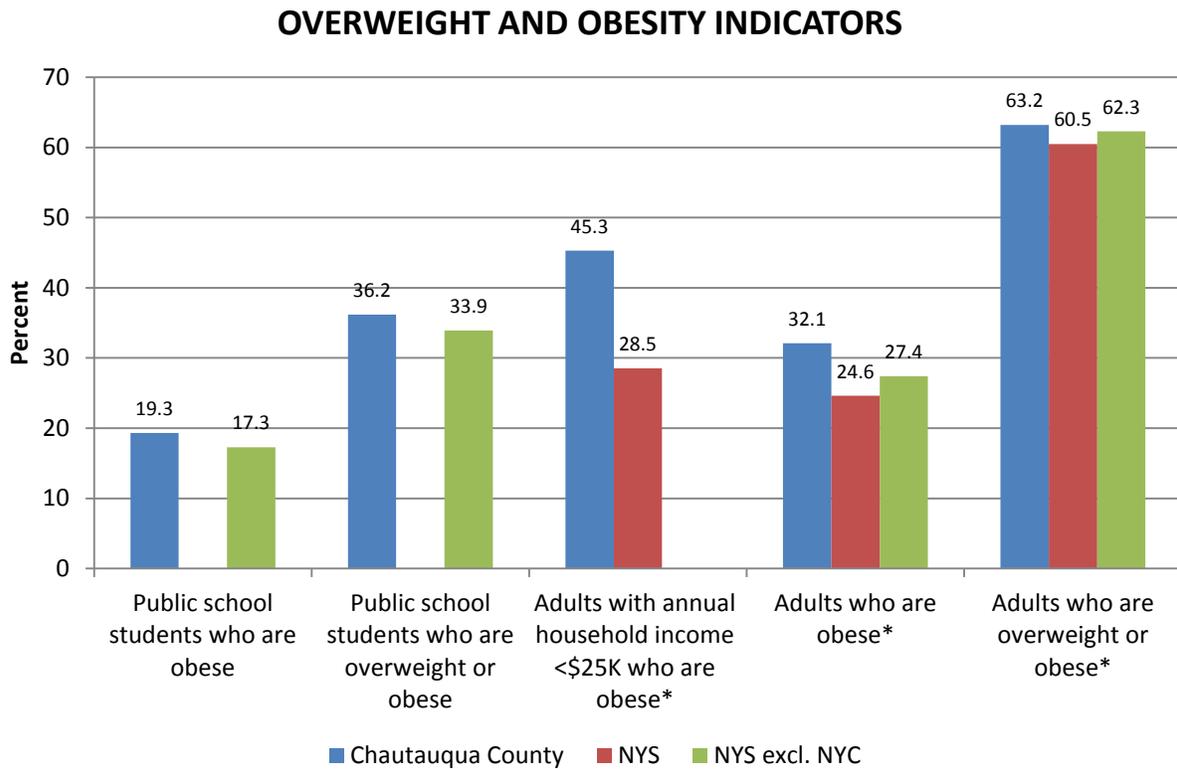
Chart 4. Cancer Mortality Rates, Age-Adjusted



Data obtained from NYSDOH, Community Health Indicator Reports, 2012-2014
 Sources: Vital Statistics

Overweight and obesity indicators for Chautauqua County are not overwhelmingly different from state-level averages, but are still very concerning because these conditions affect the majority of our adult residents, as well as a growing number of our youth residents. In Chautauqua County, an estimated 32.1 of adults are obese and an additional 31.1% of adults are overweight (NYS eBRFSS 2013-2014). Of public school students, 36.2% were overweight or obese (SWSCRS 2012-2014).

Chart 5. Overweight and Obesity Indicators



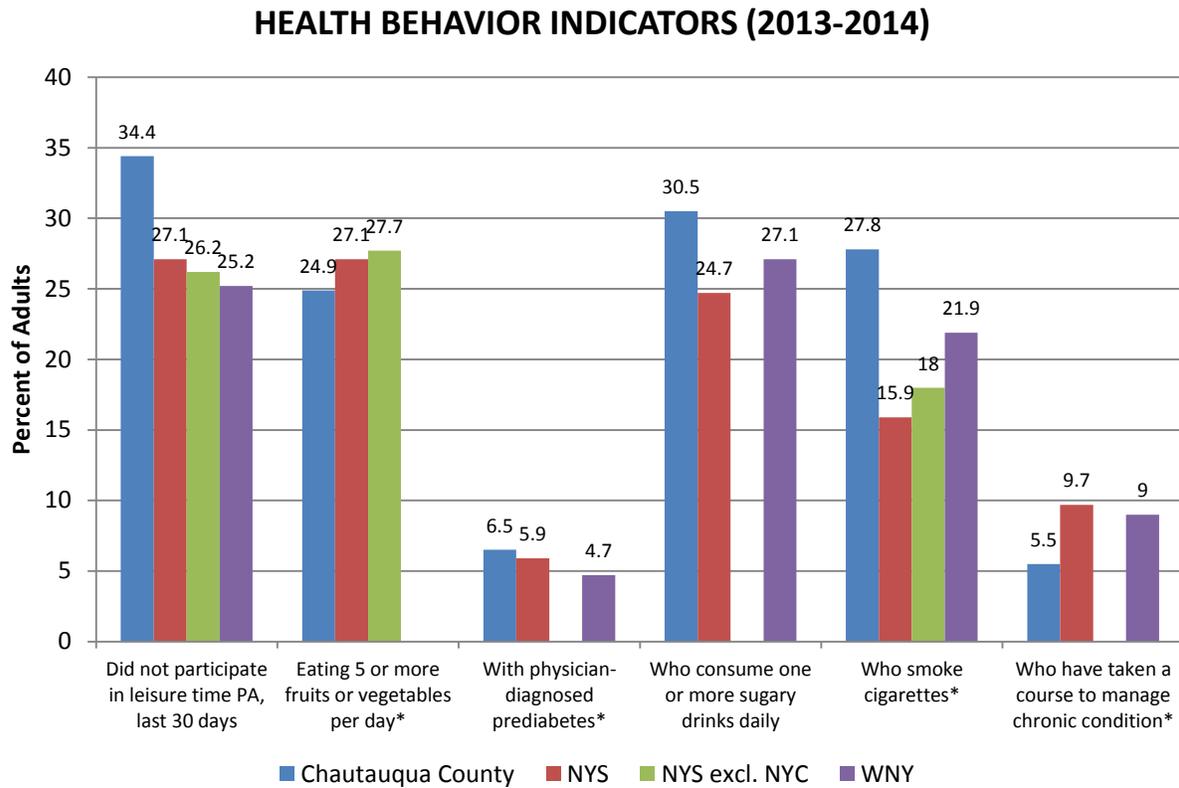
*=Age-adjusted

Data obtained from NYSDOH, Community Health Indicator Reports

Sources: Student Weight Status Category Reporting System 2012-2014, Expanded BRFSS 2013-2014

Additional measures from the expanded BRFSS show that Chautauqua County adult residents are less likely to participate in leisure-time physical activity, consume at least 5 fruits or vegetables per day, or to have taken a class to help manage a chronic condition. Chautauqua County residents are more likely to have physician-diagnosed prediabetes, consume one or more sugary drinks per day, and smoke cigarettes than New York State adults (NYS eBRFSS 2013-2014).

Chart 6. Health Behavior Indicators



*=Age-adjusted

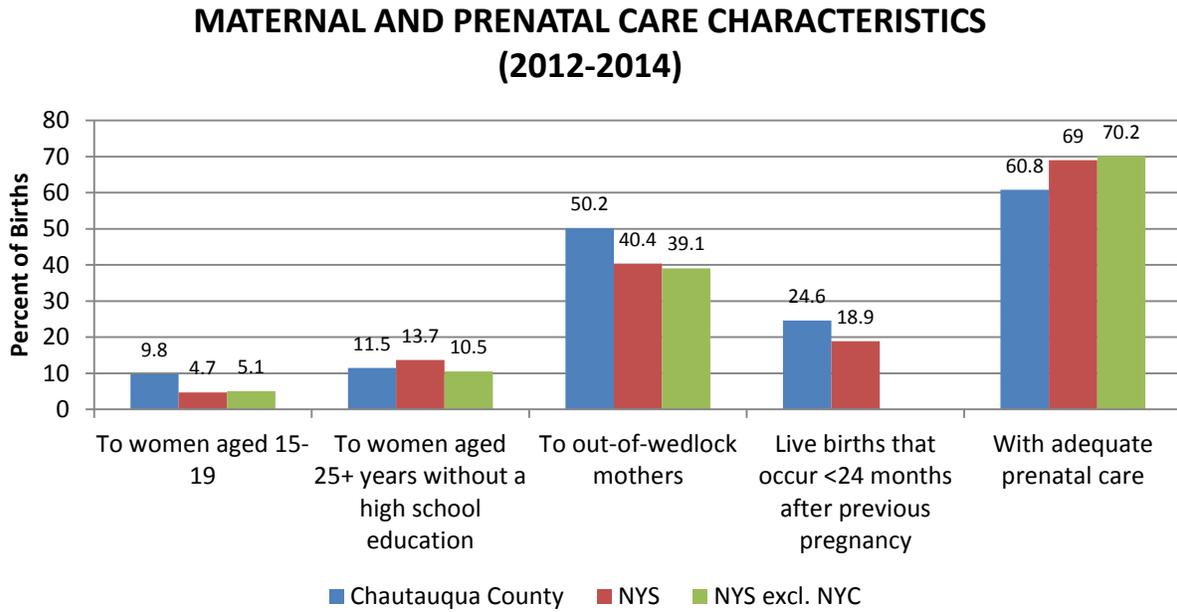
Data obtained from NYSDOH, Community Health Indicator Reports

Sources: Expanded BRFSS 2013-2014

Healthy Women, Infants, and Children

Chautauqua County sees proportionately more births to women aged 15-19, and to out-of-wedlock mothers than New York State as a whole. Fewer births are to babies who have received adequate prenatal care (NYSDOH CHIRS, Vital Statistics). Chautauqua County also experiences a higher percentage of babies born within 24 months of a previous pregnancy. Among live births, 36.7% are a result of unintended pregnancy in Chautauqua County, compared to 24.5% in New York State.

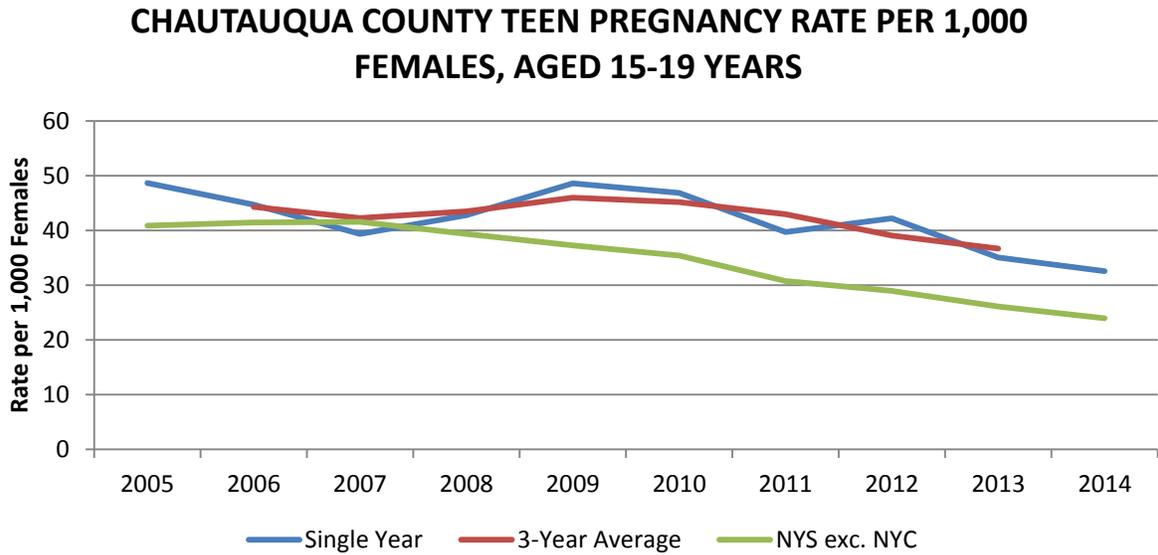
Chart 7. Maternal and Prenatal Care Characteristics



Data obtained from NYSDOH, Community Health Indicator Reports
Sources: Vital Statistics

Teen pregnancy rates among 15-19 year olds have been on the decline in Chautauqua County from 2005 to 2014. A breakdown of pregnancies by race and ethnicity shows that teen pregnancy rates are twice as high among Hispanic girls than white and black or African-American subgroups (CHIRS, 2012-2014).

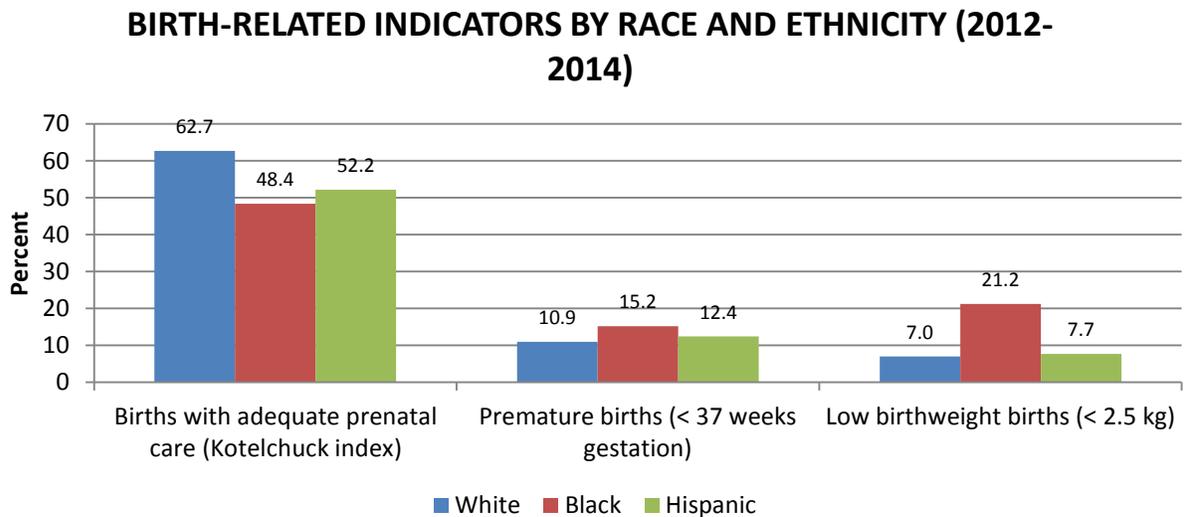
Chart 8. Teen Pregnancy Rates



Data obtained from NYSDOH, Community Health Indicator Reports
Sources: Vital Statistics

Chautauqua County moms who are white are more likely to receive adequate prenatal care than their African-American or Hispanic counterparts. African-American babies are more likely to be born premature and at a low birth weight.

Chart 9. Birth-Related Indicators by Race and Ethnicity

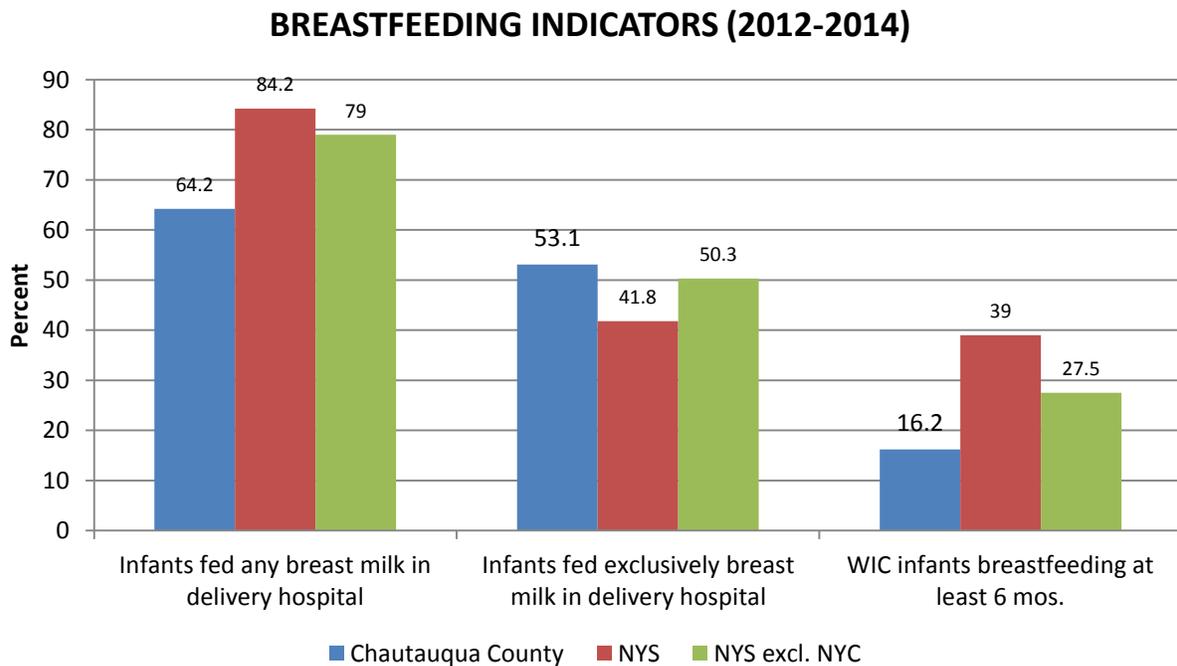


Data obtained from NYSDOH, Community Health Indicator Reports
Sources: Vital Statistics

Chautauqua County

During 2012-2014, babies in Chautauqua County were less likely to be fed any breast milk in the delivery hospital (64.2%, compared to 84.2% in New York State), but were more likely to be fed exclusively breast milk (53.1%, compared to 41.8% in New York State). WIC infants in Chautauqua County (16.2%) were less likely to be breastfeeding at 6 months compared to New York State (39.0%) and New York State excluding New York City (27.5%).

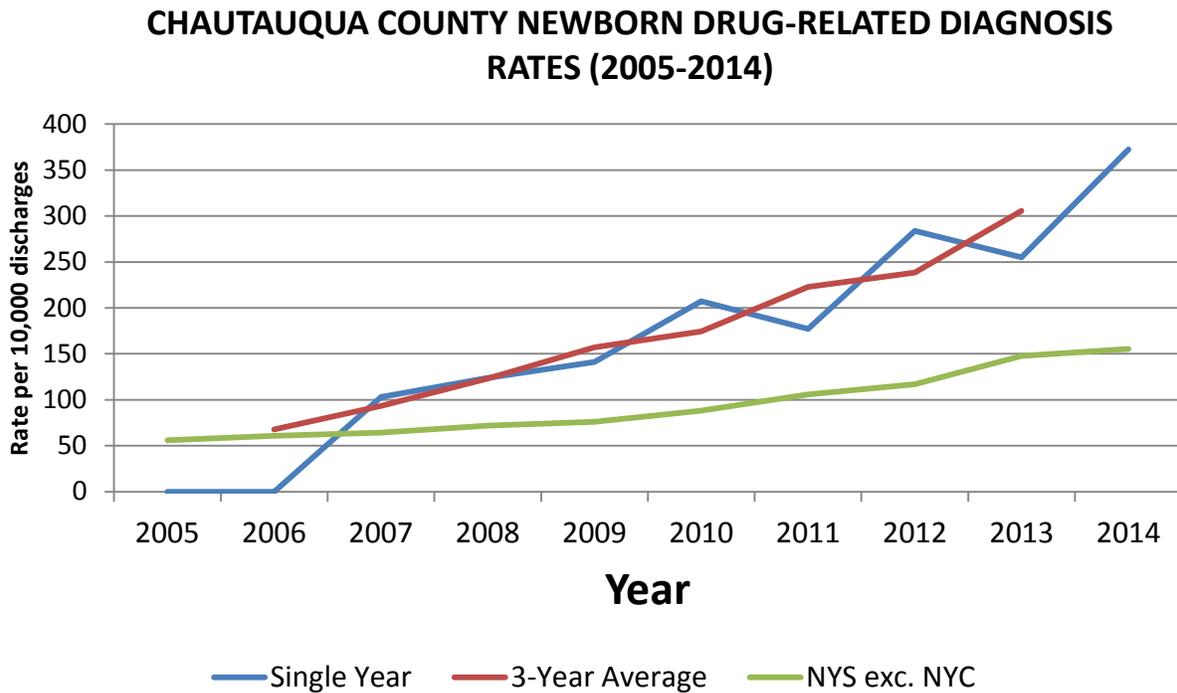
Chart 10. Breastfeeding Indicators



Data obtained from NYSDOH, Community Health Indicator Reports
Sources: NYS Pregnancy Nutrition Surveillance System, Vital Statistics

From 2005 to 2014, newborn drug-related diagnosis rates have drastically increased in Chautauqua County. From 2012 to 2014, 118 babies born tested positive for drugs in the delivery hospital, resulting in a rate of 305.6 per 10,000 newborn discharges, nearly three times greater than the New York State rate of 103.5 per 10,000.

Chart 11. Chautauqua County Newborn Drug-Related Diagnosis Rates



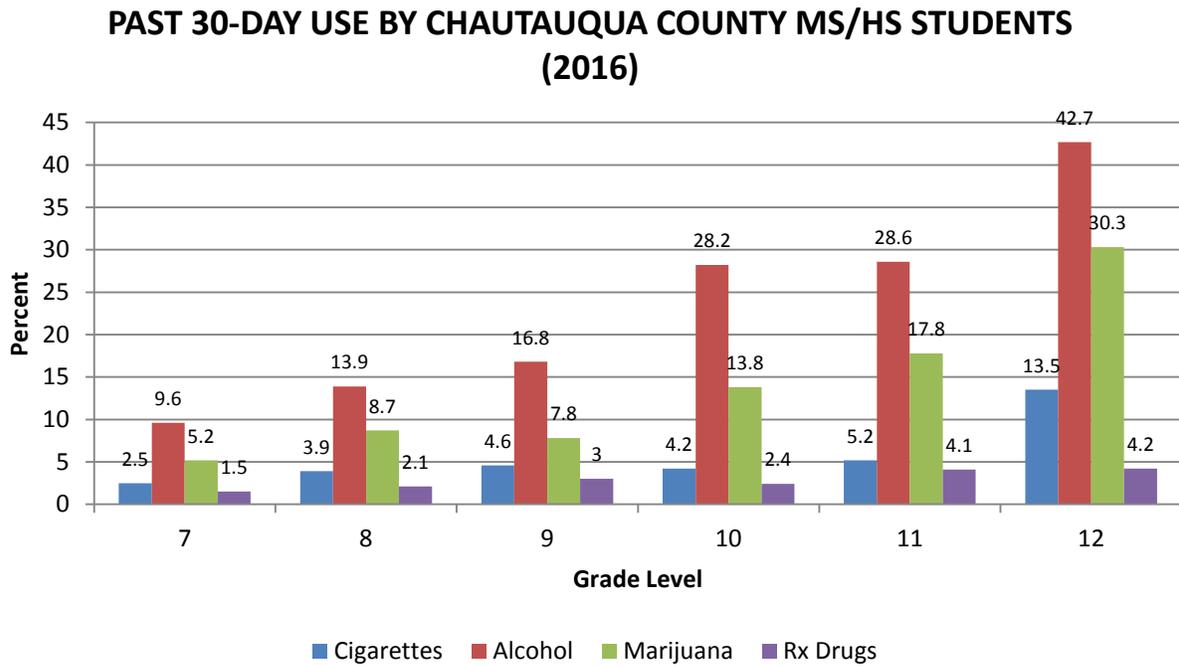
Data obtained from NYSDOH, Community Health Indicator Reports
Sources: SPARCS data

Promote Mental Health and Prevent Substance Abuse

Poor Mental Health and Substance Abuse are growing concerns in Chautauqua County. During the 2013-2014 eBRFSS survey period, 16.3% of Chautauqua County adults indicated that they had poor mental health during 14 or more days within the past month, compared to 11.1% of NYS adults. From 2012 to 2014, the age-adjusted suicide mortality rate in Chautauqua County was 12.6 per 100,000, compared to 7.9 per 100,000 in New York State (NYS Vital Statistics).

The 2016 PRIDE survey, conducted by the Chautauqua Alcohol and Substance Abuse Council, surveyed middle and high school students in 9 public school districts. The study found that alcohol and marijuana were the most-frequently used substances, and that cigarette and prescription drug use are also concerns. Use of substances typically increased with grade level.

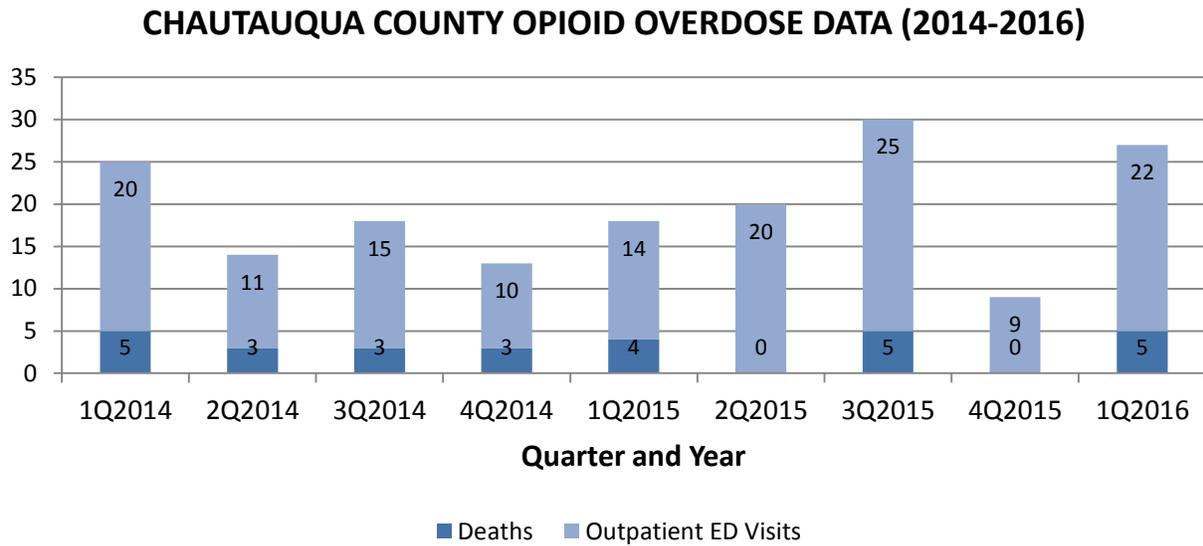
Chart 12. Past 30-Day Use of Substances by Chautauqua County Middle and High School Students



Data obtained from Chautauqua Alcohol and Substance Abuse Council
Sources: PRIDE Survey 2016, Data from 9 CC school districts

Opioid overdose data provided by the New York State Department of Health provides a picture of overdose deaths, emergency room visits, and hospitalizations by quarter that both provides a snapshot of this issue and serves as a baseline to monitor this issue over time. Overdose deaths declined from 2014 to 2015 (14 down to 9), while emergency room visits increased (56 up to 68).

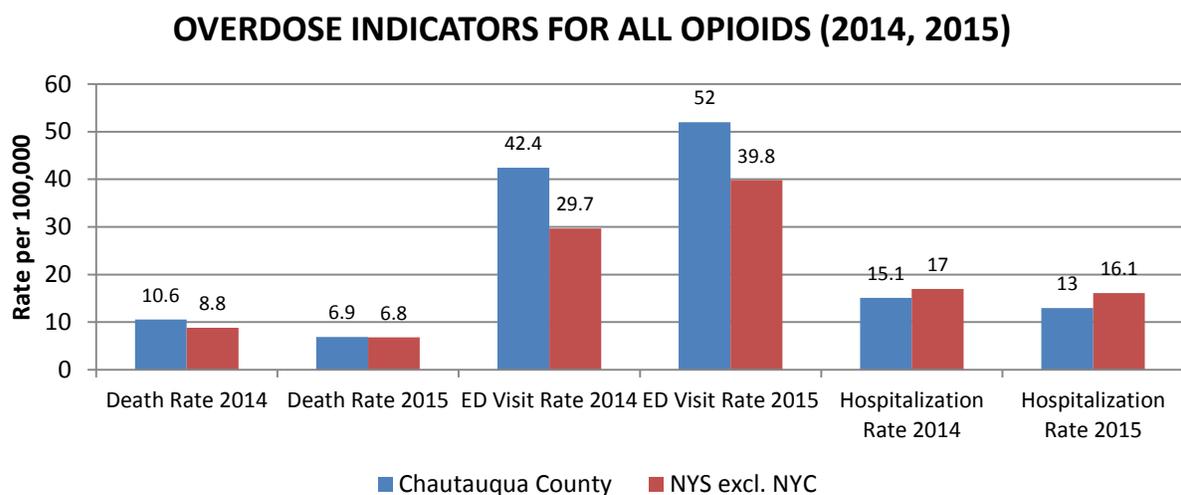
Chart 13. Chautauqua County Opioid Overdose Data



Data obtained from NYSDOH, New York State- County Opioid Quarterly Report for Counties outside NYC Published October 2016
 Sources: Vital Statistics, SPARCS data

Chautauqua County experienced higher death rates and emergency room visit rates for opioid overdoses in 2014 and 2015, compared to New York State. Hospitalization rates in Chautauqua County were slightly lower than New York State rates during the same time period.

Chart 14. Overdose Indicators for All Opioids



Data obtained from NYSDOH, New York State- County Opioid Quarterly Report for Counties outside NYC Published October 2016
 Sources: Vital Statistics, SPARCS data

Selected Priorities and Health Disparity

The CCCHPT adopted a three-pronged approach to determine Chautauqua County's health priority areas. We took into consideration input from community members, secondary health data from NYSDOH and other available sources, and input from local content-area experts. Community input was gathered through a survey (offered electronically and paper formats) and through a series of four community conversations

Consideration of public input and secondary health data from the NYSDOH led the CCCHPT to select the following priorities, focus areas, and disparities:

4) Prevent Chronic Diseases

Focus Area(s): Reduce Obesity in Children and Adults, and Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and community Settings

Disparity: Low-income residents

5) Promote Healthy Women, Infants, and Children

Focus Area(s): Reproductive, Preconception, and Inter-Conception Health, and Maternal and Infant Health (*Not including TLC Health Network or Westfield Memorial Hospital*)

6) Promote Mental Health and Prevent Substance Abuse

Focus Area(s): Prevent Substance Abuse and Other Mental Emotional and Behavioral Disorders

Changes from Plan Developed in 2013

Several strategies and activities have changed since the last assessment, but overall goals and health outcomes that we intend to monitor over the next several years are essentially unchanged. We selected a new focus area for the Promote Mental Health and Prevent Substance Abuse priority area that captures more of the strategies and activities that we will carry out over the next two years.

Goals, Objectives, and Plans for Action

Priority Area: Prevent Chronic Diseases

Focus Area: Reduce Obesity in Children and Adults

Disparity: Low-income residents

Goal: Create community environments that promote and support healthy food and beverage choices and physical activity.

Objective	Interventions/ Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will action address disparity?
By December 31, 2018, at least 15 organizations will implement a policy or practice change that impacts healthy food and beverage procurement (Baseline 11/2016= 10). At least 8 of these will be institutions that primarily serve low-income clients (Baseline 11/2016= 5).	Work with institutions (hospitals, municipal employers, private employers, non-profits, schools, etc.) to improve nutrition standards (policy or practice change) for healthy food and beverage procurement.	# institutions adopting/maintaining healthy meeting, beverage and/or vending policies	BMH, CCDHHS, TCC, TLC, WCA, WMH will ensure that healthy vending policies are being implemented.	Staff time	1/17, 1/18	Yes
		# institutions serving primarily low-income clients or employees adopting/ maintaining healthy beverage, meeting and/or vending policies	CCDHHS, CCHN, and CHAT will recruit and assist organizations in developing policy and practice changes.	Staff time, printed materials, sample policies, travel time and costs as needed	12/18	Yes
By December 31, 2018, at least 6 hospitals and/or community agencies will establish a mechanism to promote access to local foods, including promotion of the Chautauqua Grown website and initiative.	Promote Chautauqua Grown (online local foods directory) to clients, patients, and general public.	# hospitals and partners promoting Chautauqua Grown	CCE to upkeep website, work to identify local food access points, provide promotional materials.	Staff time, printed materials, funds for promotional materials.	Ongoing through 12/18	No
			BMH, TLC, WCA, WMH will convene marketing staff to develop plan for how to promote to patient and employee populations	Staff time, marketing tools and funds as plan is identified, meeting space.	3/18	No
			CCDHHS, CCHN, CCE, CHAT to promote Chautauqua	Staff time, social media outlets	Ongoing through	No

			Grown to general public through social and traditional media outlets.		12/18	
Growing Food Connections will identify local policy-level changes that should be made to improve the sustainability of the local food system.	TBD		Growing Food Connections Steering Committee to identify local opportunities for action to increase sustainability of the local foods system.	Staff time, travel time and costs,	12/17	No
Increase access to fresh, local produce.	# new outlets serving fresh, local produce		WCA and BMH to continue to offer farmer's markets on site during the growing season.	Staff time, promotional materials, space.	Ongoing through 12/18	No
			WMH to explore possibility of acting as an OFA farmer's market coupon distribution site.	Staff time, promotional materials, space.	3/18	Yes
			CCHN continue to work with Noe Place and others on healthy corner store initiative.	Staff time, grant funds	Ongoing through 12/18	Yes
WCA will offer lower saturated fat and increase healthier options for entrees in the WCA Cafeteria and promote healthy eating among employees.	# sales for Grab N Go entrée choices in cafeteria for 2017. # employee recipe submissions for Grab N Go less than 500 calories campaign.		WCA will educate employees about benefits of choosing low fat/cholesterol items; promote healthy snacks during meetings and in departments; remove fryer from cafeteria and replace with Grab N Go <500 calorie meals; engage employees in <500 calorie entrée recipe contest; hold	Staff time, funds for promotional materials, posters, etc.	Ongoing through 12/2018	No

			monthly drawings to make submissions as healthy options to be sold in cafeteria.			
By December 31, 2018, at least 50 organizations will submit a CHQ250 pledge to do at least one thing to create a healthier environment for users (Baseline 11/2016= 4).	Obtain CHQ250 pledges from community organizations to commit to making change to promote healthy places	# organizations that signed CHQ250 pledges	CHAT partners recruit organizations, groups, etc. to submit pledges.	Staff time, printed materials.	Ongoing through 12/18	No
			CCDHHS purchase window clings and blood pressure cuffs to promote CHQ250.	Staff time, funds for window clings and BP cuffs.	12/16	No
By December 31, 2018, at least 9 Chautauqua County municipalities will have Complete Streets policies in place (Baseline: 11/2016= 7).	Offer Complete Streets trainings and technical assistance to interested municipalities.	# policies in place	CCDHHS, CCHN (CHSC grant) to reach out to communities to gauge interest, hold trainings. (Falconer, Westfield Fall 2016)	Staff time	Ongoing through 12/18	Yes
Disparity objective: By December 31, 2018, 2 new municipalities with census tracts designated as low income, low access (USDA ERS map) will pass Complete Streets policies.	Offer guidance to participating municipalities to encourage compliance with existing policies	# CS improvements implemented	CCHN will hire groups and individuals in CHSC districts to conduct walkability assessments, identify opportunities for improvement.	CHSC grant funds, staff time	Summer 2016- Summer 2017	Yes
			CCDHHS, CCHN to offer technical assistance, presentations, materials, etc.	Staff time, materials	Ongoing through 12/18	Yes
			Municipalities reach out to CCHN, CCDHHS as needs arise. CCHN, CCDHHS inform municipalities of grant opportunities.	Staff time	Ongoing through 12/18	Yes

<p>By December 31, 2018, at least 8 school districts in Chautauqua County will adopt and implement wellness policies that support healthier foods and increased opportunities for physical activity.</p> <p>Disparity Objective: At least 5 low-income school districts will adopt and implement wellness policies.</p>	Educate school districts about the Whole School, Whole Community, Whole Child model.	# schools participating in ICE-8 initiative, CHSC grant	BOCES, CCDMH, CCDHHS, CCHN encourage schools to participate in ICE-8.	Staff time	8/2016	Yes
	Provide Michigan Model curriculum to school districts.	# schools trained and implementing Michigan Model	CCDHHS, CCDMH provide funds to purchase Michigan Model for all school districts.	Staff time, local funds	1/2016	Yes
			BOCES offer Michigan Model trainings and technical assistance.	Staff time, training space	6/2016	Yes
			Schools incorporate Michigan Model curriculum into classrooms	Staff time	9/2016	Yes
	Provide technical assistance for assessment and development of plans, as well as linkages to community services.	# schools with completed School Health Index and Healthier School Report Card # schools with improved wellness plans	Schools sign on to ICE-8 co-ser or agree to participate in CHSC grant. Provide space for community conversations.	Staff time, meeting space	12/2017	Yes
			CCHN CHSC staff work with schools to complete assessments, hold community conversations.	Staff time, grant funds	6/2017	Yes
			BOCES hires School Health Specialist to work with school districts.	Staff time, personnel funds	1/2017	Yes
			School Health Specialist meets with schools, provides technical assistance to complete assessments, hold	Staff time, funds	12/2017	Yes

	community conversations, and develop plans.					
	Schools work with students to become youth advocates for the community, with assistance of BOCES.	Staff time, BOCES training funds	12/2017	Yes		
	CCDHHS regularly convenes community partners to develop community side of ICE-8.	Staff time, meeting space	Ongoing through 12/2018	Yes		
	WMH to offer health screening and healthy lifestyle education opportunities at schools in service area.	Staff time, educational materials	Ongoing through 12/2018	No		

Focus Area: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings

Disparity: Low-income residents

Goal: Promote evidence-based care to manage chronic diseases.

Objective	Interventions/Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will action address disparity?
By December 31, 2018, increase by 30% the number of Chautauqua County Adults that have completed chronic disease self-management programs, including Living Healthy and National Diabetes Prevention Program Classes. (Baseline: 332 (140 NDPP completers, 192 LH completers), 2013-November 2016)	Coordinate trainings, provide outreach to physician offices, and enroll referred patients into appropriate classes.	# of patients enrolled in programs, # of patients who complete programs	CCHN will coordinate trainings, provide outreach to physician offices, and enroll referred patients into appropriate classes.	Staff time, outreach materials	Ongoing through 12/18	No
	Hospitals will convene marketing staff to promote evidence-	Plan developed (yes/no)	BMH, TLC, WCA, WMH marketing personnel meet to	Staff time, meeting space, marketing funds as identified.	03/2017	No

Objective	Interventions/ Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will action address disparity?
	based programs to patients and residents.		develop marketing strategy.			
	Train new NDPP and Living Healthy leaders from hospital, government, non-profit and community settings.	# of new leaders trained	CCHN will identify training opportunities. BMH, TLC, WCA, WMH will identify and send staff to trainings.	Training funds, staff time, meeting space	06/2017	No
	Hospitals will host at least 1 LH and 1 NDPP class per year.	# classes held by hospital/year	BMH, TLC, WCA, WMH host at least 1 training per year.	Staff time, Meeting space.	12/2017, 12/2018	No
			WCA will continue to provide referrals to community-facilitated NDPP support group for those who have completed the program.	Staff time	Staff time	No
By December 31, 2018, at least 10 primary care practices in the Chautauqua Integrated Delivery Network will be aligned with Million Hearts initiative benchmarks for success.	CCHN will train practices to use best practices for monitoring blood pressure in patients, and train them to educate patients about the ABCS (aspirin when appropriate, blood pressure control, cholesterol control, and smoking cessation).	# practices (and # practices that serve low-income populations) using evidence-based practices to measure blood pressure	CCHN will train practices and track participation in program.	Staff time	Ongoing through 12/2018	Yes
Disparity objective: At least 5 PCPs who serve low-income populations will align with Million Hearts initiative benchmarks.		# practices educating patients about	CHAT coalition will continue to work on promoting community messages that mirror Million Hearts ABCS goals.	Staff time, meeting space, media outlets, funds to pay for promotional and educational materials and tools.	Ongoing through 12/2018	Yes

Objective	Interventions/ Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will action address disparity?
		ABCS	BMH, WCA, WMH, and TLC will provide smoking cessation services.	Staff time, meeting space, cessation tools	Ongoing through 12/2018	Yes
			WCA to explore feasibility of offering carotid artery scans; educate community about designated Stroke Center status.	Staff time, funds to purchase scanner	12/2017	No
			WMH will offer monthly blood pressure screenings at community locations.	Staff time, travel, medical equipment	Ongoing through 12/2018	No
			BMH will offer annual blood screening program that includes a colorectal screening kit.	Staff time, educational materials, kits	12/2017, 12/2018	No
	CCHN will monitor MH benchmarks to track success of practices.	Observed improvements in patient blood pressure and cholesterol numbers, # of patients who have quit smoking.	CCHN will track improvements in patient records.	Staff time, technology tools.	Ongoing through 12/2018	Yes

Objective	Interventions/ Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will action address disparity?
By December 21, 2018, at least 15 hands-only CPR trainings (reaching at least 250 community members) will be held throughout Chautauqua County.	Educate community members about heart attack and stroke symptoms, and educate them on how to do hands-only CPR. .	# trainings held, # participants trained	CCDHHS and CHAT will provide trainers.	CCDHHS and CHAT member staff time, CC Emergency Services manikins, CCDHHS technology (computers, speakers, etc.),	12/2017, 12/2018	No
			BMH, TLC, WCA, WMH will host at least 1 hands-only CPR training in their services areas per year.	Training spaces as identified by hospitals, hospital staff time, marketing tools/funds as needed.	12/2017, 12/2018	No

**Priority Area: Promote Healthy Women, Infants, and Children
(Not including TLC Health Network or Westfield Memorial Hospital)**

Focus Area: Maternal and Infant Health

Goal: Reduce premature births; Increase the proportion of babies who are breastfed

Objective	Interventions/ Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will action address disparity?
By December 31, 2018, increase by 30% the number of income-eligible pregnant and parenting moms who participate in maternal home visiting programs. (Baseline= 672 mothers (as of 11/16))	Offer evidence-based home visiting programs including CCDHHS MICHC Community Health Worker Program, CCDHHS Nurse Family Partnership, and TCC Community Health Worker Program. Combine efforts and offer central intake to connect patients with	# moms and babies enrolled in programs	CCDHHS, TCC continue to offer home visiting programs.	Staff time, grant funds, travel costs, promotional and educational materials	Ongoing through 12/2018	No
			MCC provides funding for TCC CHW Program.	Grant funds	Ongoing through 12/2018	No
			CHP provides funding to run CCDHHS NFP.	Grant funds	Ongoing through 12/2018	No

Objective	Interventions/ Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will action address disparity?
	appropriate programs and educate providers and community partners about services.		CCDHHS and TCC convene to plan for central intake and collaboration; carry out plans.	CCDHHS, TCC Staff time, meeting space	11/2016	No
			WCA’s prenatal clinic (Chautauqua OB/GYN) refers patients to home visiting programs.	Staff time	Ongoing through 12/2018	No
	Provide maternal smoking cessation services.	# moms who have made quit attempts and successfully quit smoking	CCDHHS and TCC offer maternal smoking cessation programs through home visiting programs.	Staff time, grant funds, cessation tools and equipment	Ongoing through 12/2018	No
			WCA and BMH offer Baby & Me Tobacco Free Program.	Staff time, cessation tools and equipment, Baby & Me resources	Ongoing through 12/2018	No
	Hold Chautauqua County Maternal and Infant Health Coalition meetings to engage community partners in collaborative efforts and cross-promote programs.	# partners engaged	CCDHHS to host MIH Coalition meetings. Gateway Center to offer meeting space.	Staff time, meeting space	Quarterly through 12/2018	No
	Educate mothers about child birth and breastfeeding.	# moms participating in education sessions	WCA and BMH offer child birth and breastfeeding educational classes	Staff time, education spaces, promotional materials, educational materials	Ongoing through 12/2018	No

Objective	Interventions/ Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will action address disparity?
			to expectant parents.			
	Conduct visits at hospital maternity wards to connect any eligible new moms with home visiting programs.	# moms visited at WCA and BMH	CCDHHS, TCC to conduct ward rounds; BMH and WCA to provide access to patients.	Staff time, promotional materials	Weekly through 12/2018	No
By December 31, 2018, increase the number of lactation professionals (goal=25) and community support groups (goal=2) available to help breastfeeding mothers. (Baseline: 17 CLCs, 2 IBCLCs, 1 Baby Café (as of 12/16).	Provide resources and access to educational opportunities to increase the number of individuals trained to offer breastfeeding support to mothers.	# practicing CLCs and IBCLCs in Chautauqua County	CCDHHS provides grant funds and/or CLC training opportunities to WCA, BMH, practices, partners, and Baby Café.	CCDHHS grant funds, partner staff time to participate in CLC trainings and provide lactation support to patients/clients.	12/2016	No
			CCDHHS hosts CLC training in Jamestown.	CCDHHS staff time, JCC training space	05/2017	No
	Collaborate with community groups and breastfeeding advocates to establish and sustain community-led support systems (support groups or Baby Cafes).	# community-led breastfeeding support systems, # moms who participate in programs	CCDHHS, BMH, WCA engage with community advocates, participates in community meetings, and promotes programs.	CCDHHS, BMH, WCA staff time, grant funds, promotional materials (Breastfeeding Resource Guides)	Ongoing through 12/2018	No
	Provide assistance through Chautauqua County Breastfeeding Helpline.	# calls to helpline, # follow-up home visits	CCDHHS staffs BF helpline. WCA, BMH refer patients to line.	CCDHHS staff time, grant funds; BMH, WCA staff time	Ongoing through 12/2018	No
	Maintain "Chautauqua	# people in	CCDHHS maintains	CCDHHS staff time	Ongoing	

Objective	Interventions/ Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will action address disparity?
	County Breastfeeding Moms (and moms to be!)” closed Facebook group.	closed Facebook group	page, refers patients to group during ward rounds.		through 12/2018	No
By December 31, 2018, 2 hospitals will participate in NYSDOH Hospital Breastfeeding initiatives.	WCA and BMH will participate in either Great Beginnings NY or Breastfeeding Quality Improvement in Hospitals Initiatives.	# hospitals that participated in GBNY or BQIH programs	WCA, BMH to enroll in and fulfill requirements of NYSDOH programs.	WCA, BMH staff time	Ongoing through 12/2018	No
	WCA and BMH will adopt policies and practices that support breastfeeding moms and remove formula handouts.	# BF policies established	WCA, BMH OB and Maternity Units will partner with hospital administration to establish and carry out breastfeeding-friendly policies.	WCA, BMH staff time	12/2016	No
By December 31, 2018, at least 8 employers will make policy, promotional, or physical changes to support breastfeeding mothers in the workplace.	Provide outreach and trainings, policy and environmental examples, Making it Work Toolkit to employers.	# employers trained # employers reached out to # policy or environmental changes made	CCDHHS conducts outreach to employers to encourage policy and environmental changes to support BF moms. WIC provides training support.	CCDHHS staff time, grant funds, WIC staff time, training space (JCC)	Ongoing through 12/2018	No
			BMH and CCDHHS establish on-site lactation rooms.	BMH, CCDHHS physical space, grant funds, renovation costs	12/2017	No
By December 31, 2018, at least 3 OB/GYN, Family, or Pediatric Providers will be designated as NYSDOH Breastfeeding	CCDHHS provides support to interested practices.	# designated practices	CCDHHS identifies interested practices, provides technical assistance to help	Staff time, grant funds	Ongoing through 12/2018	No

Objective	Interventions/ Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will action address disparity?
Friendly Practices.			obtain designation.			

Focus Area: Reproductive, Preconception and Inter-Conception Health

Goal: Reduce rates of teen and unplanned pregnancy.

Disparity: Reduce unplanned pregnancies among patients in care for mental health or substance abuse disorders.

Objective	Interventions/ Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will action address disparity?
By December 31, 2018, both BMH and WCA will increase access to long acting reversible contraceptives (LARCs) by providing post-delivery or through prenatal clinics.	BMH and WCA will convene meetings with perinatal experts to obtain expert opinions on post-delivery LARC insertion. CCDHHS will partner as needed.	# hospitals implementing post-delivery LARC methods # clinics offering LARCs	BMH, WCA meet w/experts, carry out plans.	Staff time, access to perinatal specialists, meeting space	12/2017	No
			Chautauqua OB/GYN offers LARCs and other birth control methods to patients post-delivery.	Staff time	12/2017	Yes
			CCDHHS offers access to LARC training opportunities as needed.	Staff time, access to trainers.	06/2018	No
By December 31, 2018, CCDHHS will improve reproductive health referral processes by partnering with at least 7 community organizations. Disparity objective: By December 31, 2018, CCDHHS will partner with at least 5 Mental Health and Substance	CCDHHS will conduct assessment of reproductive health services in Chautauqua County to determine needs and opportunities for improvement.	Assessment completed	CCDHHS conducts assessment, health care providers complete surveys and interviews.	Staff time, grant funds, interviewee time	12/2016	No
	Connect interested	# providers	CCDHHS connects	Staff time, access to	12/2017	No

Objective	Interventions/ Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will action address disparity?
Abuse agencies to improve access to birth control methods for patients at risk for substance use.	practices with Family Planning Benefit Program and LARC insertion trainings.	trained in FPBP or LARC insertion	interested parties with appropriate trainings.	training resources		
	Conduct outreach to agencies and institutions with access to women with high-risk for unplanned pregnancy (schools, mental health and substance abuse organizations, poverty action groups, etc.) to develop referral system (or possibly offer on-site clinics) to reproductive health services and especially LARCs.	# referral systems established	CCDHHS meets with identified agencies to identify needs and establish referral systems.	Staff time, meeting space, partner time and resources, promotional materials	12/2017	Yes

Priority Area: Promote Mental Health and Prevent Substance Abuse

Focus Area: Prevent Substance Abuse and Other Mental Emotional Behavioral Disorders

Goal: Prevent underage drinking, non-medical use of prescription pain relievers by youth, and excessive alcohol consumption by adults.

Objective	Interventions/ Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will action address disparity?
By December 21, 2017, CCCHPT will develop a plan to engage local medical providers in patient education around safe medication disposal, monitoring of patient pain	CCCHPT will convene a workgroup to identify issues leading to miscommunications between physicians and emergency rooms	Convening of work group Development of plan	BMH, CCDMH, CCDHHS, TLC, TCC, WCA, WMH, CASAC to identify work group members, convene group, and	Staff time, meeting spaces, accessing training opportunities	12/2017	No

Objective	Interventions/ Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will action address disparity?		
contracts, and other access issues that lead to prescription drug misuse.	and develop a plan to educate local physicians about how to inform patients about safe disposal of medications and reduce access to opiates. CCCHPT will partner with the Western New York Chemical Dependency Consortium.	Completion of plan	work to identify needs and opportunities for action.	CASAC to facilitate connection to WNY Chemical Dependency Consortium to access regional activities that mirror our local objective.	Staff time, connections to partners	6/2017	No	
			Work group to develop plan for action.			Staff time	12/2017	No
			Work group to carry out plan.			Staff time, training funds and materials as identified	12/2018	No
By December 31, 2018, collaborate with CASAC and Chautauqua HOPE Coalition to carry out environmental strategies to reduce prescription drug use by youth and adults.	Collaborate with community partners (CASAC and HOPE Chautauqua) to identify appropriate environmental and policy-level strategies to reduce access and increase awareness of prescription drug abuse in Chautauqua County.	# environmental and policy-level strategies carried out, # people impacted by strategies	CASAC and HOPE Chautauqua Coalition identify environmental and policy-level strategies.	Staff time, grant funds, meeting space	6/2017	No		
			CCDHHS, CCDMH, BMH, TLC, WCA, and WMH assist in carrying out environmental strategies as appropriate.				Staff time, marketing tools as identified, resources as available to assist	Ongoing through 12/2018

Objective	Interventions/ Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will action address disparity?
By December 31, 2018, identify at least 2 medical providers to implement SBIRT process.	Reach out to at least 10 local medical providers to gauge interest in implementing SBIRT (Screening, Brief Intervention, and Referral to Treatment) in medical settings. Monitor funding opportunities to identify sources that would fund an individual to provide technical assistance to practices.	# providers reached out to, # providers implementing SBIRT process	CCHN, CCDMH, CCDHHS to identify funding sources and conduct outreach to medical providers to gauge interest in SBIRT.	Staff time	12/2017	No
			BMH, TLC, WCA, WMH to identify opportunities to incorporate SBIRT within emergency room settings.	Staff time	12/2017	No
			CCHN, CCDMH, CCDHHS to provide technical assistance as appropriate.	Staff time	12/2018	No

Focus Area: Prevent Substance Abuse and Other Mental Emotional Behavioral Disorders

Goal: Prevent suicides among youth and adults.

Objective	Interventions/ Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will action address disparity?
By December 31, 2018, hold at least 8 Mental Health First Aid trainings (2 in each hospital service area) open to employees, patients and community members.	Host community-level Mental Health First Aid trainings to identify and assist individuals experiencing one or more mental health crises or are in the	# trainings hosted by each hospital # individuals trained	BMH, TLC, WCA, WMH to identify appropriate training venues and times (at least 1 training per year in 2017 and 2018).	Staff time, marketing, meeting space.	12/2017, 12/2018	No

Objective	Interventions/ Strategies/Activities	Process Measures	Partner Role	Partner Resources	By When	Will action address disparity?
	early stages of one or more chronic mental health problems.		CCDMH, CHP to offer MHFA training resources (trainers, materials).	Staff time, grant/DSRIP funds	12/2017, 12/2018	No
			CCCHPT (all partners) collaborates with Community Alliance for Suicide Prevention to assist with community-level suicide prevention efforts.	Staff time, media connections	Ongoing through 12/2018	No

Maintaining Engagement

By committing to collaborate on the initiatives described above, the Chautauqua County Community Health Planning Team (CCCHPT) will maintain close contact during the project period. CCCHPT and partners county-wide understand that to make real, long-term change, we must work together. In addition to intense topic-specific collaboration involved as described above, CCCHPT partners will meet quarterly to review the CHIP, assess progress, and make appropriate amendments to these plans. Each partner will report out on respective tracking indicators at quarterly meetings.

The Chautauqua County Department of Health and Human Services will coordinate periodic meetings. The tentative meeting schedule for the CCCHPT for 2017-2018 is as follows:

- January, April, July, October 2017
- January, April, July, October 2018

Plans for Dissemination

The CCCHPT will make the 2016-2018 Community Health Assessment and Community Health Improvement Plan available to the community through a number of means.

These include:

- Posting the Executive Summary and Report on the following websites:
 - Brooks Memorial Hospital: <http://www.brookshospital.org/>
 - Chautauqua County DHHS: <http://www.co.chautauqua.ny.us/219/Health-Human-Services>
 - TLC Health Network: <http://tlchealth.org/>
 - WCA Hospital: <https://www.wcahospital.org/>

- Westfield Memorial Hospital: <https://www.ahn.org/locations/saint-vincent-hospital/westfield-memorial-hospital>
- Developing a press release and distributing to all local media outlets
- Posting links to the Executive Summary and Report on social media outlets
- Sharing documents and links to documents with community partners at various coalition and workgroup meetings
- Forwarding links to various community email lists (e.g. faith-based organizations, local physicians, youth-serving organizations, wellness coordinators at worksites, school administrators, etc.)
- Develop and distribute educational brochure that aligns with NYSDOH’s “Make New York the Healthiest State” brochure that will inform county residents of current and proposed efforts to improve community health.

The CCCHPT will additionally respond to any earned media requests generated from this outreach.

References

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