Genesee, Orleans and Wyoming County (GOW)
A Joint Community Health Assessment, Improvement Plan, and Services Plan
2016-2018 Update

A Partnership of
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Introduction:

This plan is a part of the New York State Department of Health (NYSDOH) Prevention Agenda, a blueprint for state and local community action to improve the health of New Yorkers.

Developed by a diverse group of stakeholders, this 2016-2018 Prevention Agenda update is a continuation of the 2013-2017 comprehensive plan that identifies goals, measurable objectives and a range of evidence based and promising practices in five priority areas to be implemented by public health, health care and community partners. Local health departments and hospitals located in each NYS county are responsible for enacting a plan to work towards overcoming at least two priorities, with at least one of these priorities addressing a disparity.

NYS Prevention Agenda Priority Areas:

- Prevent chronic diseases
- Promote healthy and safe environment
- Promote healthy women, infants and children
- Promote mental health and prevent substance abuse
- Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases and healthcare associated infections

The local health departments, hospitals and community partners in the tri-county area have teamed up in this process, creating a joint community health assessment, improvement plan and services plan. Spreading limited resources across vast distances is commonplace for small counties. Joining forces to combine resources and positively impact the lives of residents in these areas is an efficient and effective form of collaboration.

The following priority areas and focus areas have been chosen and are succinctly explained in this plan. These areas were chosen after analyzing existing county and state data in conjunction with local community feedback from over 1,700 respondents who completed a tri-county Community Health Assessment survey and from those who participated in the 19 community conversations across the region in 2013. In addition, tri-county community stakeholder meetings were held in 2013 and 2016 to inform the process as well.
New York State Department of Health (NYSDOH) Prevention Agenda
Priorities and Focus Areas for Genesee, Orleans and Wyoming Counties:

Priority Area 1: Prevent chronic diseases

- Focus Area 1: Prevent obesity in children and adults
- Focus Area 2: Reduce illness, disability and death related to tobacco use and secondhand smoke exposure
- Focus Area 3: Increasing access to high quality preventative care and management in clinical and community settings
  Disparity: Underinsured (cancer screenings)

Priority Area 2: Promote mental health and prevent substance abuse

- Focus Area 2: Prevent substance abuse and other mental, emotional, and behavioral disorders

If you would like to become a part of this process please contact your Local Health Department:
Genesee County: (585) 344-2580 ext. 5555/ Orleans County: (585)589-3278
Wyoming County: (585)786-8890
Region Served:

The tri-county region of Genesee, Orleans and Wyoming Counties are rural and located mid-way between two major New York State cities: Buffalo to the west and Rochester to the east.

According to the 2012 United States Census Bureau estimates, the population of Genesee County is 59,977. Genesee County has one city, thirteen towns and six villages spanning across 493 square miles with a population density of approximately 122 persons per square mile. In the heart of the county stands the micropolitan City of Batavia, the county seat, which is easily accessible from the New York State I-90 Thruway, New York State Routes 5, 33, 63, and 98, and the Genesee County Airport.

According to the 2012 United States Census Bureau estimates, the population of Orleans County is 43,836. Orleans County sits north of both Genesee County and Wyoming County and boarders Lake Ontario. In Orleans County there are ten townships and four villages that span slightly over 390 square miles with an average of approximately 109.6 people per square mile. Orleans County can be accessed via New York State Routes 18, 31, 63, 98, 104 and the Lake Ontario State Parkway.

According to the 2012 United States Census Bureau estimates, the population of Wyoming County is 41,892. Wyoming County sits directly south of Genesee County. In Wyoming County there are sixteen townships and eight villages that span approximately 592.75 square miles, with 71.1 persons per square mile. The majority of the county population is concentrated in four centers: Warsaw, located in the center of the county, Attica to the northwest, Arcade to the southwest and Perry to the east. Wyoming County can be accessed via New York State Routes 19, 20A and 98.

Hospital Systems in Region

1. Rochester Regional Health │ United Memorial Medical Center (UMMC)
   Is a not-for profit, 131- bed community hospital located in Batavia, New York recently merged with the Rochester Regional Health System January 1, 2015 and serves as a primary healthcare resource for the residents of Genesee County. United Memorial’s inpatient alcohol and chemical dependency rehabilitation unit, Hope Haven, and many of the specialty outpatient centers for Wound Care and Hyperbaric Medicine, Pain Management and new Oncology and Infusion Services attend to the populations of Genesee, Livingston, Orleans and Wyoming Counties (the GLOW Region). United Memorial operates Women’s Care Centers in Wyoming, Orleans and Genesee Counties, as well as primary care physician office practices in LeRoy, Bergen and Batavia, New York. Additional services include urgent care offices at two locations, sleep
services, physical and occupational therapy with aquatics, occupational medicine, a cardiology physician practice, cardiac rehabilitation, a surgical practice and three locations for laboratory specimen collection and medical imaging. UMMC manages the Tonawanda Family Care Center on the Tonawanda Seneca Nation through a contract with the New York State Department of Health. Annually, UMMC treats nearly 22,000 emergency room visitors, delivers over 600 babies, has almost 12,000 urgent care visits, 4,000 admissions, over 6,800 ambulatory surgical patients and performs over 800 surgical inpatient procedures. There are approximately 269 members of the UMMC Medical staff, with sixty employed providers and approximately 800 employees in total.

2. Orleans Community Health (OCH)
Is a full-service community health provider serving 43,000 residents in Orleans, eastern Niagara and northern Genesee counties. It is the only full-service, acute care system in Orleans County. The health services it provides include Medina Memorial Hospital which is a designated Critical Access Hospital; renal dialysis centers located in Medina and Batavia, NY; a primary and urgent care center in Albion, NY; a 30 bed skilled nursing home; outpatient and ambulatory services; a Comprehensive Acute Medical Rehabilitation Unit; and a Community Partners Wellness Center that provides a comprehensive variety of health and wellness programs. Annually, Orleans Community Health treats nearly 10,000 emergency room patients, has over 13,000 primary and urgent care visits and over 1,400 hospital discharges. OCH employs approximately 363 staff members.

3. Wyoming County Community Hospital System (WCCHS)
Is a County-owned rural, acute-care facility located in Warsaw, NY proudly serving residents of Wyoming County and surrounding counties. WCCHS is a 62-bed, Joint Commission-certified health system, providing inpatient and outpatient diagnostic testing, acute care, ambulatory, inpatient behavioral health and long term skilled nursing services. In 2014, WCCHS completed a $32,000,000 addition and renovation project that included a 12,000 square foot addition housing a new Emergency Department, Lobby, Patient Registration, Laboratory Draw Stations, Waiting and Pre-Admission Testing Area in the front of the hospital. Complete renovations were made to the maternity floor, skilled nursing facility, ambulatory surgery unit, and various support departments. Wyoming County Hospital has approximately 3,000 inpatient admissions per year and 12,000 ED visits per year. WCCH mission is to provide outstanding healthcare services and to have a positive impact on the health of our rural community.
Alignment with Prevention Agenda, DSRIP, and Community Benefit:

The 2016 – 2018 GOW CHA, CHIP and CSP update aligns with the Prevention Agenda by addressing two of the five priority areas and a disparity as required by the NYSDOH.

1.) Prevent Chronic Diseases
   Disparity: Uninsured (cancer screening)
2.) Promote Mental Health and Prevent Substance Abuse

The GOW CHIP/CSP aligns with New York State’s Delivery System Reform Incentive Payment Program (DSRIP) projects that are being spearheaded locally by the Finger Lake Performing Provider System (FLPPS).

1.) Goal: “Improve access to care, quality of care, patient safety and satisfaction, efficiency and cost effectiveness of care delivery”
   • COPD – initiative to reduce admission rates
2.) Prevention Agenda Priority Area - Prevent Chronic Diseases
   • Focus area #2: Reduce illness, disability and death related to tobacco use and secondhand smoke exposure was added as a new focus area based on the high rates of tobacco use in the GOW region.
     a. Goals listed under this focus area are intended to reduce the incidence tobacco use and may reduce the incidence of COPD.

The GOW CHIP/CSP also aligns with the hospitals (UMMC and OCH) Community Benefit which can be viewed in each hospital’s respective Schedule H document.
Summary of CHIP/CSP 2013-2016 Efforts

Priority Area 1 – Prevent Chronic Diseases

Focus Area 1: Reduce obesity in children and adults
a.) The Healthy Children & Families Coalition which operates the family-friendly health and wellness program called Get Fit! in Genesee County has been working to promote the program, increase participation, and locate the program to county zip codes outside of Batavia. In 2016, the coalition has seen mild success in increasing participation via increased volume of program promotion. In addition the program is working with local school districts, with plans in place to bring the program to Pembroke Central School District and Alexander Central School District in 2017. Orleans County is working on building on the success of the Healthy Children & Families Coalition by developing an Active Families Coalition under the umbrella of a partnering Human Services Agency.

Focus Area 2: Reduce illness, disability and death related to tobacco use and secondhand smoke exposure
a.) The Genesee, Orleans and Wyoming County Health Departments have worked with the Tobacco Free WNY / GOW promoting tobacco awareness activities. Currently the Health Departments, UMMC, OCH and the Orleans County Mental Health Department are looking to implement the opt-to-quit or refer-to-quit programs at each location to reduce tobacco use among patients served.

Focus Area 3: Increasing access to high quality preventive care and management
a.) Cancer Services Program(CSP) – UMMC, OCH and Wyoming County Health Department have continued to enroll people in the program (cervical, breast, colorectal). The numbers of eligible clients has declined across the state because of the New York State of Health Marketplace. Innovative outreach includes colorectal screening outreach during free rabies clinics in Genesee and Orleans Counties. Lessons learned include the need to partner with already established events, as well as the continuation of targeted special events. Plan to proceed include the need to continue with and build on successful outreach initiatives.

b.) Chronic Disease Self-Management / Diabetes Self-Management Program – Participation tends to increase when providers refer their patients to these programs. Lessons learned: need to increase our numbers by targeting providers, utilizing public health detailing to provide more specific outreach and buy-in to providers and eventually participants.
c.) National Diabetes Prevention Program (NDPP) – The Wyoming and Orleans County Health Departments and OCH have learned it takes time to develop buy-in for this program due to its yearlong commitment and the publics misunderstanding of what prediabetes is. Also, some primary care providers may not be aware of the sessions available in their respective counties. Additional outreach needs to occur with worksites, upper management and human resources to educate on the cost/benefit ratio of offering the program. The benefit of having the program offered on-site is also convenient for the staff being served. Programs would be developed as a benefit either before or after work and for some businesses during the workday. Healthcare providers need to be educated on the program and develop it as a standard of care. Electronic referrals or refer-to-attend sessions are needed to increase participation.

Priority Area 2 – Promote mental health and prevent substance abuse

Focus Area 2: Prevent substance abuse and other mental, emotional, behavioral disorders
a.) Working collaboratively with 2-1-1WNY and P2 Collaborative of WNY the Genesee, Orleans and Wyoming County Health Departments initiated a steering committee to develop a media campaign to promote a landing page / web site www.SpeakYourMind211.com and Facebook page that promotes mental health / substance abuse services available in Western NY, especially in Genesee, Orleans and Wyoming Counties. The media campaign was promoted through various modes including outdoor billboards, radio and print advertisements. The main challenge has been limited stakeholder buy-in. The steering committee is continuing to meet to determine how to encourage providers / agencies promotion of the web site / Facebook connection, as well as engagement on the development of a Tri-County Opioid Prevention Task Force.
1. Community Based Health and Wellness Program

**Prevention Agenda Priority Area: Prevent Chronic Diseases**

**Focus Area #1: Reduce Obesity in Children & Adults**

Measure of Success: Reduce the percentage of adults in Genesee and Orleans county who are obese or overweight by 5%, from 66.1% and 68.4% to 62.8% and 65% respectively.

<table>
<thead>
<tr>
<th>Goals</th>
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<th>Objective</th>
<th>Short Term Process Measures</th>
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<tbody>
<tr>
<td>Create community environments that promote and support healthy food and beverage choices, as well as physical activity.</td>
<td>Expand upon the existing Get Fit! program in Genesee County and replicate a similar program in Orleans County.</td>
<td>Decrease the caloric intake of participants by 10% upon program completion. Decrease the sodium intake of participant by 10% upon program completion. At least 40% of participants will improve upon at least one nutrition practice upon program completion (i.e. plans meals, makes healthy food choices, prepares food without salt, reads nutrition labels, and/or eat breakfast). At least 15% of participants will increase their physical activity level upon program completion.</td>
<td>Creation of a Pre and Post evaluation of nutrition and physical activity behaviors of participants’ ≥10 years old. Percentage of families who complete 80% of the program. Program satisfaction evaluation. Growth in community stakeholder involvement.</td>
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</table>
The tri-county area has increased rates of overweight or obese children and adults when compared to the New York State (NYS) average that excludes the rates of New York City (NYC). Specifically, the age adjusted percent of adults who are overweight or obese are 66.1% in Genesee County\(^1\), 68.4% in Orleans County\(^2\), and 64.5 in Wyoming County\(^3\), as compared to the NYS average (excluding NYC) of 62.3%. Specifically, the percent of children (data includes students in Pre-K, Kindergarten, 2\(^{nd}\) and 4\(^{th}\) grades, 7 grade and 10 grade) overweight or obese are 35.4% in Genesee County\(^1\), 39.4% in Orleans County\(^2\) and 34.7% in Wyoming County\(^3\), as compared to the NYS average (excluding NYC) of 33.9%.

To combat and prevent childhood obesity in Genesee County the Healthy Children & Families Coalition has been operating the family-friendly health and wellness program called Get Fit! since 2010. As part of the program, each participant receives free nutrition education with hands-on activities and fun fitness activities. The Genesee Orleans Ministry of Concern will recruit and assemble the Orleans County Active Families Coalition that would be responsible for implementing the Get Fit Orleans program.


## Partner Roles & Resources

### Activities and resources the hospitals will contribute:

<table>
<thead>
<tr>
<th>Rochester Regional Health United Memorial Medical Center (UMMC)</th>
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<tr>
<td>• Rochester Regional Health</td>
<td>Orleans Community Health</td>
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<tr>
<td>United Memorial Medical Center (UMMC)</td>
<td>will assist the Orleans County Health Department to recruit interested community partners to participate on the Orleans County Active Families Coalition that would be responsible for implementing the Get Fit Orleans program.</td>
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<td></td>
<td>• Orleans Community Health have staff that actively participate on the Healthy Children &amp; Families Coalition.</td>
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</table>

### Activities and resources the Health Departments will contribute:

- In Genesee County, the Health Department will lead the Healthy Children & Families Coalition that is responsible for implementing the Get Fit! program.
- In Orleans County, the Health Department will convene interested community partners to participate on the Orleans County Active Families Coalition that would be responsible for implementing the Get Fit Orleans program.

### Activities and resources the Community Agencies will contribute:

- The Healthy Children & Families Coalition is made up of various community agencies. The community agencies assist in the development and implementation of the Get Fit! Program in various ways by donating their time, resources and expertise.

  - As needed, the Genesee YMCA allows the Get Fit! Program and its participants to utilize the facility for each session
  - The Orleans County Cornell Cooperative Extension Nutrition Educator will provide at least six evidence-based nutrition education lessons to participants of the Get Fit! program.
  - The Genesee Orleans Ministry of Concern is anticipated to spearhead the Orleans County Active Families Coalition that would be responsible for implementing the Get Fit Orleans program.

### Maintaining partner engagement:

- Community organizations and agencies involved with the Healthy Children & Families Coalition/Get Fit! program and those involved in a similar program in Orleans County will meet monthly to discuss upcoming events, sessions, current successes, room for improvements, sustainability, etc. Emphasis will be placed on engaging additional partners for growth of these programs and improving strategic data collection methods.
2. Smoking Cessation

Prevention Agenda Priority Area: Prevent Chronic Diseases

Focus Area #2: Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure

Measure of Success: By December 31 2018, reduce the percentage of adults ages 18 years and older who currently smoke in Genesee (15%), Orleans (16%) and Wyoming (15%) to 14%.

According to the County Health Rankings, prior to the 2016 County Health Rankings, up to seven survey years of landline only BRFSS data were aggregated to produce county estimates. However, even with multiple years of data, these did not provide reliable estimates for counties, particularly those with small respondent samples. For the 2016 County Health Rankings, the CDC produced 2014 county estimates using single-year 2014 BRFSS data and a multilevel modeling approach based on respondent answers and their age, sex, and race/ethnicity, combined with county-level poverty and county and state level contextual effects. To produce estimates for those counties where there was no or limited data, the modeling approach borrowed information from the entire BRFSS sample as well as Census Vintage 2014 population estimates. CDC used parametric bootstrapping method to produce standard errors and confidence intervals for those point estimates. This estimation methodology was validated for all U.S. counties, including those with no or small (<50 respondents) samples.

<table>
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</thead>
<tbody>
<tr>
<td>Promote tobacco use cessation, especially among low SES populations and those with poor mental health.</td>
<td>Promote use of evidence-based tobacco dependence treatments among those who use tobacco.</td>
<td>By December 31, 2018, UMMC and OCH hospital-based healthcare systems and Health Departments will enact a tobacco cessation policy that incorporates the Opt-to-Quit and/or Refer-to-Quit program. By December 31, 2018 the Orleans County Mental Health Department will enact a tobacco cessation policy that incorporates the opt-to-quit and/or refer-to-quit program.</td>
<td># of hospitals adopting tobacco cessation policy # of health departments adopting tobacco cessation policy # of patients referred to NYS Smokers’ Quitline from hospitals # of patients referred to NYS Smokers’ Quitline from Genesee, Orleans and Wyoming Counties # of patients successfully quitting tobacco after engaged by the NYS Smokers’ Quitline</td>
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</table>
Description:

Tobacco addiction is the leading preventable cause of morbidity and mortality in New York State (NYS) and in the United States\(^4\). The economic costs of tobacco are overwhelming and include both health care costs for smoking-related illnesses and lost productivity. Despite public education and policy to decrease tobacco use, there are still a substantial and troublesome amount of current smokers in Genesee, Orleans and Wyoming Counties.

Tri-County Statistics:

- 14\% of adults smoke in NYS\(^5\)
- Genesee County 15\% of adults smoke\(^5\)
- Orleans County 16\% adults smoke\(^5\)
- Wyoming County 15\% of adults smoke\(^5\)

Although preventing people from initiating smoking is the primary goal, getting smokers to quit tobacco is equally important. Much research shows that quit lines are an effective cessation intervention\(^6\) and the reach of quit lines due to access and no/low caller cost means that they can have a huge public health impact. The New York State (NYS) Smokers’ Quitline offers confidential counseling and other cessation-related services to patients who use tobacco products. Health care providers can refer their tobacco-using patients to the NYS Smokers’ Quitline using several options, the easiest of which is electronically through the EMR. Patients will then receive a follow-up call from a Quit-Coach who will provide a stop smoking or stop smokeless-tobacco counseling session to tailor a cessation plan for the patient.


\(^6\) Representative sampling of evidence for quitline effectiveness can be accessed at http://globalqlnetwork.wordpress.com/about-quitlines/the-evidence-base/landmark-research/
**Partner Roles & Resources**

### Activities and resources the hospitals will contribute:

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<tr>
<th>Rochester Regional Health United Memorial Medical Center (UMMC)</th>
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<tbody>
<tr>
<td>- UMMC and OCH will adopt a tobacco cessation policy to include Opt-to-Quit and/or Refer-to-Quit, referring patients that smoke to the NYS Smokers’ Quitline.</td>
<td>- UMMC and OCH will facilitate training to providers about Opt-to-Quit and/or Refer-to-Quit and will participate in a quality improvement process to increase number of patients referred to the NYS Smokers’ Quitline.</td>
<td>- WCCHS will assess the potential to adopt a tobacco cessation policy to include Opt-to-Quit and/or Refer-to-Quit during outpatient registration processes.</td>
</tr>
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</table>

### Activities and resources the Health Departments will contribute:

- Genesee County will adopt a tobacco cessation policy to include Opt-to-Quit and/or Refer-to-Quit, referring patients that smoke to the NYS Smokers’ Quitline. Patient assessment and referral will take place during the department’s immunization clinics, TB skin testing clinics, and migrant health program.
- Orleans County will adopt a tobacco cessation policy to include Opt-to-Quit and/or Refer-to-Quit, referring patients that smoke to the NYS Smokers’ Quitline. Patient assessment and referral will take place during the department’s immunization clinics and migrant health program.
- Wyoming County will adopt a tobacco cessation policy to include Opt-to-Quit and/or Refer-to-Quit, referring patients that smoke to the NYS Smokers’ Quitline. Patient assessment and referral will take place during the department’s family planning clinic and immunization clinic patient encounters.
- Wyoming County will leverage the success of Ted Nadelen, FNP from the Oak Orchard Health Care - Lyndonville, NY office (Orleans County) to encourage patient referrals to the NYS Quitline from the Oak Orchard Health Care – Warsaw, NY office (Wyoming County).

### Activities and resources the Community agencies will contribute:

- Roswell Park Cancer Institute:
  1. Facilitate training to Health Department employees on implementation of Opt-to-Quit and/or Refer-to-Quit.
  2. Will provide technical assistance, expertise about the NYS Smokers’ Quitline, and evaluation reports to hospitals and health departments.
  3. Educate the community about the influence of point-of-sale marketing of tobacco products.
- Orleans County Mental Health Department will adopt a tobacco cessation policy to include Opt-to-Quit or Refer-to-Quit, referring patients that smoke to the NYS Smokers’ Quitline.

### Maintaining partner engagement:

- Roswell Park Cancer Institute will engage the hospitals and health departments as needed, providing evaluations reports as they become available.
### 3a. Chronic Disease Evidenced-Based Programming

#### Prevention Agenda Priority Area: Prevent Chronic Diseases

#### Focus Area #3: Increase Access to High-Quality Chronic Disease Preventative Care and Management in Clinical and Community Settings

Measure of Success: Increase accessibility to the National Diabetes Prevention Program (NDPP), the Chronic Disease Self-Management Program (CDSMP), and the Diabetes Self-Management Program (DSMP) to better identify and educate high-risk populations.

**DPP:**
An average 7% weight reduction among program participants who complete the 16 week core phase by 2018.

**DSMP:**
Improvements in A1C (blood glucose) test measures, daily foot checks, and an annual ophthalmologist visit.

**CDSMP:**
Increase participants’ confidence in managing their health conditions.

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<tbody>
<tr>
<td>Orleans County Health Department to implement a NDPP class.</td>
<td>Implement evidence-based chronic disease programming to educate high risk populations on healthy lifestyle management.</td>
<td>UMMC to implement a NDPP class by December 31, 2018. OCH to implement a NDPP class by December 31, 2018. Independent Living of the Genesee Region to implement a DSMP class in the tri-county region by December 31, 2018. Orleans County Health Department to implement a NDPP class by December 30, 2018. Wyoming County Health Department to continue to regularly provide NDPP classes to county residents. Independent Living of the Genesee Region to continue to provide CDSMP classes to the tri-county region.</td>
<td>% of participants in each NDPP class that experience at least a 7% weight reduction upon completion of the 16 week core phase. % of participants in each DSMP that experience improvements in A1C test measures, daily foot checks, and an annual ophthalmologist visit. Pre and post self-confidence data collected via the CDSMP Participant Information Survey</td>
</tr>
<tr>
<td>Orleans Community Health to implement a NDPP class(es).</td>
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<tr>
<td>UMMC to implement a NDPP class.</td>
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<tr>
<td>Increase promotion of CDSMP classes offered by Independent Living of the Genesee Region.</td>
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Overall, Genesee, Orleans and Wyoming Counties have high rates of chronic diseases that need to be addressed in order to increase quality of life and delay premature death of residents. The age-adjusted percentage of adults who are overweight or obese is 66.1% in Genesee County\(^7\), 68.4% in Orleans County\(^8\), and 64.5% in Wyoming County\(^9\), as compared to the New York State\(^6\) (NYS) average (excluding New York City [NYC]) of 62.3%. In, the cardiovascular disease mortality rate per 100,000 in Genesee County\(^6\) is 233.4, 296.2 in Orleans County\(^7\), and 250.8 in Wyoming County\(^8\) as compared to the NYS\(^6\) average (excluding NYC) of 222.1. The age-adjusted percentage of adults with physician diagnosed diabetes is 11.5% in Genesee County\(^6\), 11.2% in Orleans County\(^7\), and 8% in Wyoming County\(^8\) as compared to the NYS\(^6\) average (excluding NYC) of 8.2%. With a diabetes mortality rate per 100,000 in Genesee County\(^6\) of 30.9, 11.4 in Orleans County\(^7\), and 28.5 in Wyoming County\(^8\), as compared to the NYS\(^6\) average (excluding NYC) of 15.5. According to the Center for Disease Control and Prevention (CDC), 1 out of 3 adults in the United States have prediabetes and 90% don’t know it. Between 15-30% of individuals who become pre-diabetic will develop type 2 diabetes within 5 years. Being pre-diabetic means the blood sugar level is higher than normal but not high enough to be diagnosed as diabetes. Prediabetes can lead to heart disease, stroke, and type 2 diabetes. Prediabetes can often be reversed.

Physical activity and good nutrition are two important factors that contribute to a person’s health and combat chronic disease. According to the 2016 County Health Rankings and Road maps, 26% of Genesee County residents and 24% of Orleans County and Wyoming County residents are considered to live a physically inactive lifestyle as compared to the overall NYS average of 24%.\(^\text{10}\) Similarly, below 30% of the residents in each county consume 5 of more fruits of vegetables daily. Specifically, 27.1% in Genesee, 24.9% in Orleans\(^7\) and 19.7% in Wyoming\(^8\) as compared to the NYS average (excluding NYC) of 27.7%\(^9\).

Implementation of evidence-based chronic disease programming will increase access to quality curriculum to combat and/or prevent chronic disease and type 2 diabetes. The Health Departments and Hospitals Systems are supportive in implementing and/or promoting the following programs,
The **National Diabetes Prevention Program (NDPP)** is an evidenced-based, structured lifestyle change program developed by the CDC. The program helps participants make lifestyle changes to reduce their risk for type 2 diabetes. The program has two parts: Core Phase: The core phase focuses on how to adopt a healthy lifestyle. The 16 one-hour sessions help participants to develop lifelong skills through step-by-step changes. Participants stay in the same group throughout the core phase and usually meet weekly at the same location and time. Post-Core Phase: Following the 16 core sessions, Lifestyle Coaches offer monthly one-hour post-core sessions that provide participants with additional support and learning opportunities. These sessions also assist participants in maintaining their lifestyle changes independently, overcoming challenges, and staying motivated.

The **Chronic Disease Self-Management Program (CDMSP)** is an evidenced-based approach, developed by Stanford School of Medicine. This is a 6-week workshop where people with different chronic conditions attend together and develop the skills needed in the day-to-day management of their conditions with a goal of maintaining and/or increasing life’s activities. The curriculum supports self-managed behavior modification and coping strategies to enable participants to better manage their health condition(s), medications, and increase physical activity levels.

The **Diabetes Self-Management Program (DSMP)** is an evidenced-based approach, developed by Stanford School of Medicine. This is a 6-week workshop for people with type 2 diabetes. It teaches the skills needed in the day-to-day management of diabetes and to maintain and/or increase life’s activities. This workshop supports participants in developing the skills needed in the day-to-day management of type 2 diabetes. The curriculum supports self-managed behavior modification and coping strategies to enable participants to manage their type 2 diabetes, food choices, medications, and increase physical activity levels.
### Partner Roles & Resources

#### Activities and resources the hospitals will contribute:

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<td>• UMMC will continue to offer the Diabetes Self-management Program. Attendance in the program has increased by 65% from 2014 to 2015. The goal is to increase attendance by 10% by December 31, 2018. The rise in attendance will be accomplished by increased marketing to Primary Care Provider offices and educational opportunities in the community.</td>
<td>• UMMC will continue to offer the Diabetes Self-management Program. Attendance in the program has increased by 65% from 2014 to 2015. The goal is to increase attendance by 10% by December 31, 2018. The rise in attendance will be accomplished by increased marketing to Primary Care Provider offices and educational opportunities in the community.</td>
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</tr>
<tr>
<td>• OCH will offer the Diabetes Self-Management Program several times per year which will be marketed to Primary Care Provider offices, educational opportunities in the community, via Facebook and the OCH website.</td>
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</tbody>
</table>

#### Activities and resources the Health Departments will contribute:

- Each department has one staff member trained as an NDPP Lifestyle Coach.
- The Genesee County Health Department will co-facilitate the NDPP offered by UMMC.
- Promote DSMP classes offered by Independent Living of the Genesee Region in the tri-county region.

#### Activities and resources the Community agencies will contribute:

- Independent Living of the Genesee Region will continue to provide evidence-based chronic disease programming to the tri-county region, specifically Stanford Medicine’s Chronic Disease Self-Management Program (CDSMP).
- P² Collative of Western New York (WNY) will engage health departments as needed on efforts surrounding diabetes prevention as related to their respective deliverables for the New York State IMPACT Project.
- Oak Orchard Health, a Federally Qualified Health Center will refer patients to appropriate Health Departments / Health Systems to encourage participation in NDPP, DSMP and CDSMP programming.

#### Maintaining partner engagement:

- On September 30, 2016 Lake Plains Community Care Network submitted an application to Health Research Inc. for the L.I.F.T (Linking Interventions for Total Population Health) Population Health Grant. The application proposal focused on the increasing implementation of evidence-based chronic disease programming and provider referrals to respective programs in the tri-county region. Partners of this proposal include all hospitals and health departments, as well Independent Living of the Genesee Region. If the application is not successful, the partners will continue to seek out funding.
### 3b. Cancer Prevention and Early Detection Education

**Prevention Agenda Priority Area: Prevent Chronic Diseases**

**Focus Area #3: Increase Access to High-Quality Chronic Disease Preventative Care and Management in Clinical and Community Settings**

**Measure of Success:** Increase screening rates for breast/cervical/colorectal cancer, especially among disparate population

<table>
<thead>
<tr>
<th>Goals</th>
<th>Intervention for Action</th>
<th>Objective</th>
<th>Quarterly Short term process measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote comprehensive, guideline-concordant breast, cervical and colorectal cancer screening services among age-appropriate populations and coordinate the provision of integrated cancer screening services to eligible individuals.</td>
<td>Conduct outreach via individual and group education at community organizations, clinical provider’s health settings and other events. Increase community awareness and support for cancer prevention and control initiatives. Increase the number of settings that offer paid time off or flex time for employees to obtain cancer screening.</td>
<td>Increase the percentage of women aged 50-74 years old, with an emphasis of low socioeconomic status (SES) who receive breast cancer screening, based on clinical guidelines (mammography within the past two years), by 5% - from 76.7% (2010) to 80.5% by December 31, 2018 Health Disparities Indicator. Increase the percentage of women aged 21-65 years with an emphasis on low SES who receive a cervical cancer screening, based on the most recent clinical guidelines (Pap test within the past three years), by 5% from 83.7% (2010) to 88% by December 31, 2018 Health Disparities Indicator. Increase percent of adults (50-75) who receive a colorectal cancer screening based on the most recent guidelines by 10% from 59.4% (2011) to 69.4%. Breast and Prostate Peer Education Program Grant: Educate and encourage 100 males on discussing with their Primary Care Provider the need to receive a prostate screening. Breast and Prostate Peer Education Program Grant: Educate and encourage 100 females on discussing with their Primary Care Provider the need to receive a mammogram.</td>
<td>#educational sessions offered and number of persons educated # of strategic partners # of eligible clients referred for screening # of businesses interested in adopting an employee paid time off policy for cancer screenings # of persons who are sent the Genesee and Orleans Cancer Services Program Grant newsletter # of organizational partners engaged in special events and observances</td>
</tr>
</tbody>
</table>
Description:

Cancer screening is important to prevent cancers such as breast, colorectal, cervical or can detect cancers at an early stage when treatment options and outcomes are better.

Both Genesee and Orleans Counties show higher ranking for Breast/Cervical/Colorectal Cancer, NYS BRFSS. Mammography screening rates in Genesee and Orleans Counties are lower than the NYS average of 62%. Mammography screening rates in Genesee County average 55%, 54% in Orleans County and Wyoming County 63%. Colorectal cancer screening rates are significantly lower in Genesee, Orleans and Wyoming Counties than the NYS average of 69%. Colorectal cancer screening rates in Genesee County average 62%, in Wyoming County 59% and in Orleans County they only average 51%. As part of the National initiative "80% by 2018" if we can achieve the goal of 80% of the eligible population screened by 2018 for colorectal cancer we could prevent 277,000 cases of colorectal cancer and save 203,000 lives by 2030. Cervical cancer screening rates are lower in Genesee and Orleans Counties than the NYS average of 80%. Genesee County cervical cancer screening rates are 74%, Orleans County is 76% and Wyoming is 85%.

The NYS Cancer Services Program provides no cost breast, cervical and colorectal cancer screenings and support to eligible men and women. The program also focuses on cancer prevention promotion to increase awareness of the benefits of regular screening. The primary target population for this program is those who are uninsured and underinsured.

CSP Program Adaptations:
1. In 2008 the program began using evidenced based approaches to achieve programs goals.
2. With the enactment of the Affordable Health Care Act enacted on October 1, 2013, the numbers of individuals in the program’s target population (uninsured/underinsured) will decrease. The program will adapt to this change in the near future.
3. Genesee, Wyoming, and Orleans Counties are below the NYS average for cancer screenings and our objective is to improve screening rates in all populations with an emphasis on reaching the low SES population.

## Partner Roles & Resources

### Activities and resources the hospitals will contribute:

<table>
<thead>
<tr>
<th>Rochester Regional Health United Memorial Medical Center (UMMC)</th>
<th>Orleans Community Health (OCH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Conduct outreach via individual and group education at community organizations, clinical provider health settings and other events.</td>
<td></td>
</tr>
<tr>
<td>• Conduct outreach through strategic partnerships with social service organizations that work with Cancer Services Program Grant and the Breast and Prostate Peer Education Program Grant of Orleans and Genesee target populations or have a similar mission (reaching the hard to reach).</td>
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</tr>
<tr>
<td>• Implement evidenced-based strategies (client, provider reminders, provider assessment and feedback, etc.) to identify and recruit clients within participating health care systems/providers.</td>
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<tr>
<td>• Work with participating health systems to reduce structural barriers (non-traditional clinic hours, mobile mammography, provision of transportation, etc.) to cancer screening.</td>
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<tr>
<td>• Conduct outreach via group education at community organizations, clinical providers’ health settings and other events.</td>
<td></td>
</tr>
<tr>
<td>• Work with respective hospital departments’ (i.e. lab, operating room) for colorectal screening rates</td>
<td></td>
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</tbody>
</table>

### Activities and resources the Health Departments will contribute:

| Genesee and Orleans County will support and be in partnership with the Cancer Services Program Grant and the Breast and Prostate Peer Education Program Grant of Genesee and Orleans. |  |
| Wyoming County will maintain the Cancer Services Program of Livingston and Wyoming. |  |
| Wyoming County is working with Susan G. Komen for a Cure to focus on transportation and treatment for individuals diagnosed with breast cancer. |  |
| All departments will work with coalitions to promote policy changes to promote and enhance screening opportunities. |  |

### Activities and resources community organizations will contribute:

| The Breast Cancer Coalition of Rochester is supportive in offering educational opportunities and support in the tri-county region. |  |
| The American Cancer Society and Susan G. Komen for a Cure offer educational and financial support in the tri-county region. |  |
| Various community agencies participate in education about cancer screenings. |  |

### Maintaining partner engagement:

| Newsletters will be distributed by the respective Cancer Services Programs in all three counties. |  |
| Special events will be held in the tri-county region for Breast Cancer in October, Colorectal Cancer in March, and throughout the year to raise awareness. |  |
4. Opioid Overdose Prevention

<table>
<thead>
<tr>
<th>Goals</th>
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</tr>
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</table>
| Promote successful interventions across county lines by convening an Opioid Prevention Task Force working with Genesee, Orleans and Wyoming County agencies. | Interventions will be overseen and suggested by a newly formed Opioid Prevention Task Force. We support the public health model for the prevention of drug overdose. Model components may include:  
1. Coalition building  
2. Prescriber education  
3. Supply reduction  
4. Pain patient services/drug safety  
5. Drug treatment  
6. Pharmaceutical interventions  
7. Community based prevention education  
8. Evaluation | By December 31, 2018, develop a tri-county consensus on the issues surrounding the opioid epidemic to develop strategies to lower the overdose and deaths due to illicit opioid usage and decrease access to illicit use of prescription drugs. | # of organizations represented on Opioid Prevention Task Force  
# of services for outpatient crisis intervention  
# of pounds of drugs / sharps disposed of at permanent drug drop sites and / or National Drug Take Back Day events  
# of referrals to inpatient and outpatient substance treatment facilities |
Substance abuse disorders have a substantial impact not only on individuals affected by the disorder, but their families and the community as a whole. The problem of substance abuse contributes to social, physical, mental and public health problems including crime, homicides, domestic violence, child abuse, suicides, motor vehicle crashes, sexually transmitted diseases, HIV/AIDS, Hepatitis C, and teen pregnancy.\textsuperscript{13}

Deaths due to substance abuse are increasing dramatically across the country. According to the CDC, more people died from drug overdoses in 2014 than in any year on record. The majority of these deaths (more than six out of ten) involve an opioid (prescription opioid, fentanyl or heroin). The rate of overdose deaths involving opioids (including prescription opioid pain relievers and heroin) has nearly quadrupled since 1999. Seventy-eight Americans die every day from an opioid overdose.\textsuperscript{14}

According to the Prevention Agenda 2013-2018 Dashboard\textsuperscript{15} the age-adjusted percentage of adults with poor mental health for 14 or more days in the last month was 17.9\% for Orleans County, 9.7\% for Genesee and 7.7\% for Wyoming County as compared to New York State at 11.2\% and the Prevention Agenda 2018 goal of 10.1\%. The age-adjusted percentage of adult binge drinking during the past month for Wyoming County was 20.7\%, Orleans 17.1\% and Genesee County was 16.9\% as compared to New York State at 17.8\% and the Prevention Agenda 2018 goal of 18.4\%. The age-adjusted suicide death rate per 100,000 for Wyoming County was 16.6, for Genesee 9.8 and Orleans County 8.3 all higher than New York State at 7.9 suicide deaths per 100,000 and the goal of the Prevention Agenda 2018 at 5.9.

All three counties participate in the National Prescription Take-Back Day events held twice a year and are working toward having permanent drop locations within each of the counties to help decrease the availability of unused prescription drugs.


## Partner Roles & Resources

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<th>Activities and resources the hospitals will contribute:</th>
<th>Rochester Regional Health United Memorial Medical Center (UMMC)</th>
<th>Orleans Community Health (OCH)</th>
<th>Wyoming County Community Health System (WCCHS)</th>
</tr>
</thead>
</table>
| • Hospitals will actively engage in the tri-county Opioid Prevention Task Force including having representation at the meetings.  
• Hospitals will participate in Task Force work groups related to detox referrals, inpatient care, Emergency Department drug seeking. | | | |

### Activities and resources the Health Departments will contribute:

- Assist with facilitating tri-county Opioid Prevention Task Force.
- Provide support / data and follow-up.

### Activities and resources the Community agencies will contribute:

- Law enforcement will actively engage in the tri-county Opioid Prevention Task Force / Drug Drop initiative / Inmate Drug Initiative to provide support for released inmates.
- Mental Health Departments / Mental Health Associations will actively engage in the tri-county Opioid Prevention Task Force and facilitate Mental Health First Aid trainings for Youth and Adults.
- Behavioral Health Organizations will actively engage in the tri-county Opioid Prevention Task Force / Provide guidance on addiction processes and evidence-based prevention tactics.

### Maintaining partner engagement:

The tri-county Opioid Prevention Task Force is anticipated to meet quarterly. Meeting minutes and program data collection are used to track progress and drive mid-course corrections.
Dissemination Plan:

Once approved by the New York State Department of Health, this document will be made available publicly on the following websites:

- Genesee County Health Department, [www.co.genesee.ny.us/departments/health](http://www.co.genesee.ny.us/departments/health)
- Rochester Regional Health | United Memorial Medical Center, [https://www.rochesterregional.org/about/facts-and-statistics/#community](https://www.rochesterregional.org/about/facts-and-statistics/#community)
- Orleans County Public Health Department, [www.orleansny.com/Departments/Health/PublicHealth/HealthEducation](http://www.orleansny.com/Departments/Health/PublicHealth/HealthEducation)
- Orleans Community Health, [www.orleanscommunityhealth.org](http://www.orleanscommunityhealth.org)
- Wyoming County Public Health Department, [http://www.wyomingco.net/health/main.html](http://www.wyomingco.net/health/main.html)
- Wyoming County Community Health System, [http://www.wcchs.net/](http://www.wcchs.net/)

The plan will be also shared with community stakeholders, each county’s Legislature and Board of Health, as well as each Hospital’s Board of Directors.