

OSWEGO COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN 2013 – 2017

SECTION I: PROCESS FOR IDENTIFYING PRIORITIES

The Oswego County Health Department engaged many community partners in the gathering of data, discussion of findings, and development priorities for the Community Health Improvement Plan (CHIP). Meetings with individual organizations took place as well as meetings among groups of stakeholders. A focus group of community organizations and community members was convened in May 2013. Numerous presentations of preliminary data were shared with the community. Information was shared with and gathered from diverse sections of the community including schools, health and human services, higher education institutions, law enforcement and probation agencies, businesses, legislative bodies, and the disabled/special needs community.

Priority: Prevent Chronic Disease

Focus Area 1: Reduce illness, disability and death related to tobacco use and secondhand smoke.

Focus Area 2: Promote culturally relevant chronic disease self-management education.

I.A. DATA SOURCES

Various data sources were utilized in determining which priorities were selected by the Health Department and community partners:

- New York State Department of Health
- County Health Ranking 2010-2013
- Community Commons
- New York State Expanded Behavioral Risk Factor Surveillance System
- Oswego County WIC Program, 2012
- Oswego County OB/GYN, 2013
- Oswego Health Community Survey Findings Report, August 2012
- Oswego Health Stakeholder Interviews, August 2012
- Oswego County COACH Point in Time Survey on Homelessness, 2012 & 2013
- QuickFacts from the U.S. Census Bureau
- 2007-2011 American Community Survey
- Oswego County DSS TA Application Assessment Data, 2011 & 2012

- Statewide Perinatal Data System, 2011, 2012
- NYS Kids Wellness Indicators Clearinghouse
- American Cancer Society
- Oswego County Cancer Services Program
- Oswego County Health Department
- Farnham Family Services

I.B. PLANNING PARTNERS

The following community partners worked together with the Health Department in identifying the chosen priorities for the CHIP:

- Oswego Health
- Oswego County Rural Health Network
- Oswego County Division of Mental Hygiene/DSS
- Oswego County OB/GYN
- Oswego County Tobacco Free Network
- Cornell Cooperative Extension of Oswego County
- Oswego County WIC
- Oswego County Head Start
- Oswego County Opportunities
- Integrated Community Planning of Oswego County
- Oswego County School Superintendents

I.C. PRELIMINARY DATA SHARING

Numerous presentations of preliminary data were shared with the following organizations and community groups:

- Oswego County Legislature
- Oswego County Rural Health Network Advisory Committee
- Oswego County School Superintendents
- City of Oswego Mayor
- Zonta Club
- Executive Director of Oswego County Opportunities
- Executive Director of Cornell Cooperative Extensions of Oswego County
- United Way of Greater Oswego County
- Child Protection Advisory Committee
- Chamber of Commerce, Oswego
- Chamber of Commerce, Fulton
- Fulton Lions Club
- ARISE
- SUNY Oswego Communications Program
- Coalition on Human Services in Oswego County

I.D. COMMUNITY INPUT

Input was sought from various stakeholders in the county using several methods including presentations, meetings with elected officials, reports to community organizations and committees, and a focus group. These engagements were opportunities for health department staff to share preliminary findings on the health challenges faced in Oswego County, seek opinions from those outside of the health department as to what they perceive as health concerns, and obtain information on how to partner with stakeholders to address these challenges in the Community Health Improvement Plan. Input and guidance was sought from the planning partners listed previously, and from those that preliminary data was shared with.

A focus group meeting was held on May 29, 2013. There were 30 participants in attendance with representation by health and human service organizations, elected leaders, and county residents. The participants were divided into three groups of ten. Each group was given the following questions to discuss in their sub-groups and then report back to the larger group.

Question 1: What do you see as the biggest health issue impacting Oswego County?

Common themes: Obesity and related health issues, poverty, access to care, mental health/substance abuse, unplanned pregnancy, lack of focus on preventive health

Question 2: How do we better engage the community to create environmental changes for a healthier Oswego County?

Common Themes: Meet them in “their” community, community pride, highlight success stories, policy change/legislation, change social norms

Question 3: How do we “brand” the healthier community and health behaviors we want for Oswego County?

Common Themes: Use local champions, social media, broad messages that can be used across issues, for example: “Take a Step Towards Better Health,” “What is Your Healthy Choice?,” “Health Wise.” Others said, don’t brand it, make it from the bottom up to get true ownership, e.g. “You Own It.”

Following discussions with community stakeholders and review of county health data, the Oswego County Health Department recognized that the **prevention of chronic disease** is a priority for Oswego County. In particular, the county needs to address the role that high smoking rates and obesity play in the two leading causes of death in Oswego County: heart disease and cancer. Smoking rates in Oswego County are alarmingly high at 32%, with smoking rates for pregnant women at 28%. The smoking rate for pregnant women with Medicaid or Medicaid Managed Care Plans as a payer source jumps to 42% compared to only 7.9% for women with private insurance as a payer.

In the county's only OB/GYN practice, 54% of the women who smoked had Medicaid or Medicaid Managed Care as a payer. After reviewing this data, the disparity Oswego County needs to address is smoking among low income pregnant women, with the focus on tobacco use cessation and eliminating exposure to secondhand smoke. This approach aligns with the Prevention Agenda priority of promoting smoking cessation among low SES populations and those with poor mental health, and the National Prevention Strategy of supporting comprehensive tobacco free and other evidence-based tobacco control policies and expanding use of tobacco cessation services. The strategy also meets the Healthy People 2020 priority of increasing smoking cessation during pregnancy.

In addition, community stakeholders suggested that there needs to be more education on healthy lifestyle choices. We will continue to work with our community partners, Oswego Health and the Rural Health Network, to offer and expand the use of evidence-based chronic disease self-management programs such as Healthy Living Workshops developed by Stanford University. Healthy Living Workshops have been available in Oswego County since 2012. The community partners will work together to increase the number of classes and make new curriculum available to county residents, such as the Active Living Every Day program. In order to expand the program, Oswego Health had three staff members trained this year. With the limited number of peer leaders available previously, it was difficult to offer classes consistently. At least one course per quarter is planned. This aligns with the NYS Prevention Agenda Objective to *promote culturally relevant chronic disease self-management education and the National Prevention Strategy to provide people with tools and information to make healthy choices.*

SECTION II: PLAN FOR ADDRESSING THE PRIORITIES

FOCUS AREA 1: REDUCE ILLNESS, DISABILITY AND DEATH RELATED TO TOBACCO USE AND SECONDHAND SMOKE

Performance Measures: How We Will Know We Are Making A Difference		
Short Term Indicators	Source	Frequency
By June 30, 2014, increase the number of smoke free units, in multi-unit housing to 50 units	Tobacco Free Network	Annual
By October 2014, 20% of pregnant women, in the Oswego County OB/GYN practice, that smoke will quit during their pregnancy (baseline 12% of patients attending Oswego County OB/GYN practice)	Oswego County OB/GYN practice	Annual
Long Term Indicators	Source	Frequency
By December 2016, decrease the number of women that smoke during pregnancy, with Medicaid as a payer source, from 42% to 37%	Statewide Perinatal Data System	Annual
Increase the number or residents that report that they live in homes where smoking is prohibited from 70.4% to 75%	NYS EBRFSS	

OBJECTIVE 1.1 <i>By June 30, 2014 increase the number of smoke free units in multi-unit housing to 50 units</i>	
Background	
Source:	NYS DOH Prevention Agenda Action Plan, HP 2020
Evidence Base:	The Community Guide
Policy Change (Y/N):	Yes
Action Plan	
Activity:	Receive statements of support from landlords that have tobacco policies to use in education of community
Target Date:	June 30, 2014
Resources Required:	Time, expertise
Lead Person/Organization:	Abby Jenkins/Oswego County Tobacco Free Network
Anticipated Product or Result:	List of smoke free MHU
Progress Notes:	
Activity:	Develop list of smoke free MHU rentals to distribute to the public
Target Date:	December 31, 2014
Resources Required:	Staff time, travel

Lead Person/ Organization:	Abby Jenkins/Oswego County TFN
Anticipated Product or Result:	Resource Guide on Smoke Free MHU
Progress Notes:	
Activity:	Engage county housing authorities that serve low SES residents in the development of smoke free policies for MHU residences
Target Date:	December 31, 2015
Resources Required:	Staff time, travel
Lead Person/ Organization:	Abby Jenkins/Oswego County TFN
Anticipated Product or Result:	Expanded resource list on smoke free residences
Progress Notes:	
Activity:	Develop guide for pregnant women and parenting residents on smoke free indoor and outdoor activities
Target Date:	December 31, 2017
Resources Required:	Staff time
Lead Person/ Organization:	Abby Jenkins/ Oswego County TFN, Diane Oldenburg/OCHD
Anticipated Product or Result:	Guide to distribute at community events and to agencies
Progress Notes:	

OBJECTIVE 1.2	
<i>By October 2014, 20% of pregnant women that previously smoked will quit during their pregnancy (baseline 12%)</i>	
Background On Strategy	
Source:	Healthy People 2020 TU-6
Evidence Base:	Baby and Me Tobacco Free Program
Policy Change (Y/N):	No
Action Plan	
Activity:	Conduct training for facilitators in smoking cessation counseling for pregnant women
Target Date:	January 2014
Resources Required:	Staff time, volunteers, training materials
Lead Person/ Organization:	Christina Wilson/ICP
Anticipated Product or Result:	Staff will be trained to initiate the Baby & Me Tobacco Free model
Progress Notes:	

Activity:	Look for additional resources to sustain program
Target Date:	October 2014
Resources Required:	Staff time
Lead Person/ Organization:	Jiancheng Huang/OCHD
Anticipated Product or Result:	Additional resources will be put in place to sustain program
Progress Notes:	
Activity:	
Target Date:	January 2014
Resources Required:	Staff time
Lead Person/ Organization:	Daniel Mather/Oswego County OB/GYN
Anticipated Product or Result:	Women will be enrolled in smoking cessation program
Progress Notes:	
Activity:	
Target Date:	August 2014
Resources Required:	Staff time, Clinicians to take training
Lead Person/ Organization:	Diane Oldenburg/OCHD
Anticipated Product or Result:	Clinicians in Oswego County especially OB/GYN and family practice providers will enhance professional skills to assist women to quit smoking
Progress Notes:	

Alignment With State/National Priorities			
Obj #	NYS Prevention Agenda	Healthy People 2020	National Prevention Strategy
1.1	Eliminate exposure to secondhand smoke		Support comprehensive tobacco free and other evidence-based tobacco control policies
1.2	Promote smoking cessation, especially among low SES populations and those with poor mental health	Increase smoking cessation during pregnancy	Expand use of tobacco cessation services.

FOCUS AREA 2:
PROMOTE CULTURALLY RELEVANT CHRONIC DISEASE
SELF-MANAGEMENT EDUCATION

Performance Measures: How We Will Know We Are Making A Difference		
Short Term Indicators	Source	Frequency
By December 31, 2015 add at least two additional community partners that are trained to offer Evidenced based interventions (EBIs) promoted by the NYSDOH	QTAC	Annual
By December 31, 2015, add one additional EBI curriculum to be offered in Oswego County	Oswego County Health Department	Annual
By December 31, 2015, offer at least four self-management courses annually	QTAC	Annual
Long Term Indicators	Source	Frequency
By December 31, 2017, increase by at least 5% the percentage of adults with arthritis, asthma, cardiovascular disease, or diabetes who have taken a course or class to learn how to manage their conditions (baseline Nov. 2013, 22 participants)	BRFS QTAC	Annual
By December 31, 2017, reduce the number of adults in Oswego County that are overweight or obese by 5% (baseline: 67.9%)	NYSDOH	Annual

OBJECTIVE 2.1	
<i>By December 31, 2015 add at least two additional community partners that are trained to offer Evidenced Based Interventions (EBIs) promoted by the NYSDOH</i>	
Background on Strategy	
Source:	NYS DOH Prevention Agenda Action Plan
Evidence Base:	Stanford University CDSMP
Policy Change (Y/N):	No
Action Plan	
Activity:	Recruit community partners to be trained as peer leaders for the CDSMP or other EBI
Target Date:	April 2015
Resources Required:	Time, volunteers
Lead Person/Organization:	Diane Oldenburg/OCHD
Anticipated Product or Result:	At least two additional peer leaders will be trained
Progress Notes:	

Activity:	Work with the QTAC to identify training dates and locations
Target Date:	January 2014
Resources Required:	Staff time, travel
Lead Person/ Organization:	Diane Oldenburg/OCHD
Anticipated Product or Result:	Establish a date to have peer leaders trained
Progress Notes:	
Activity:	
	Presentations to community groups/partners about EBI to recruit new participants and potential peer leaders
Target Date:	December 2014
Resources Required:	Staff time, travel
Lead Person/ Organization:	Diane Oldenburg/OCHD
Anticipated Product or Result:	Sites to hold additional CDSMP workshops and recruit potential peer leaders
Progress Notes:	

OBJECTIVE 2.2	
<i>By December 31, 2015 add one additional EBI curriculum to be offered in Oswego County</i>	
Background on Strategy	
Source:	NYS DOH Prevention Agenda Action Plan
Evidence Base:	Stanford University Patient Education Research Center, Chronic Disease Self-Management Program (CDSMP)
Policy Change (Y/N):	No
Action Plan	
Activity:	Discuss with Community Partners the interest in offering additional EBIs such as ALED or DSMP
Target Date:	January 2015
Resources Required:	Staff time, program information materials
Lead Person/ Organization:	Diane Oldenburg/OCHD
Anticipated Product or Result:	Gage existing partners interest in offering new curriculum or fostering new partnerships
Progress Notes:	

Activity:	Selection of new curriculum
Target Date:	April 2015
Resources Required:	Staff time
Lead Person/ Organization:	Diane Oldenburg/OCHD
Anticipated Product or Result:	Decision on how to expand self management programs
Progress Notes:	
Activity:	Recruitment of new peer leaders and training
Target Date:	June 2015
Resources Required:	Staff time, peer leaders, training class availability, funding from RHN to help support training and start up
Lead Person/ Organization:	Diane Oldenburg/OCHD, Danielle Wert/RHN
Anticipated Product or Result:	At least two new peer leaders will be trained in new curriculum
Progress Notes:	

OBJECTIVE 2.3	
<i>By December 31, 2016 offer at least four chronic disease self-management program (CDSMP) courses annually</i>	
Background On Strategy	
Source:	NYS DOH Prevention Agenda Action Plan, National Prevention Strategy
Evidence Base:	Stanford University Patient Education Research Center, Chronic Disease Self-Management Program (CDSMP)
Policy Change (Y/N):	No
Action Plan	
Activity:	Meet with County Health Issues subcommittee of the RHN to develop a schedule of classes for the year
Target Date:	December 2015
Resources Required:	Staff time, partner meeting
Lead Person/ Organization:	Diane Oldenburg/OCHD
Anticipated Product or Result:	Develop CDSMP schedule of workshops
Progress Notes:	

Activity:	Assign Peer leaders for classes
Target Date:	January 2016
Resources Required:	Staff time, Meeting with peer leaders
Lead Person/ Organization:	Diane Oldenburg/OCHD
Anticipated Product or Result:	Develop schedule for peer leaders
Progress Notes:	
Activity:	
	Post schedule of classes to QTAC portal and develop materials on signing up for workshops to providers
Target Date:	February 2016
Resources Required:	Staff time
Lead Person/ Organization:	Diane Oldenburg/OCHD, Danielle Wert/RHN
Anticipated Product or Result:	Classes for 2016 publicized, and conducted as scheduled
Progress Notes:	

Alignment With State/National Priorities			
Obj #	NYS Prevention Agenda	Healthy People 2020	National Prevention Strategy
2.1	Promote culturally relevant chronic disease self-management education		Engage and empower people and communities to plan and implement prevention policies and programs.
			Provide people with tools and information to make healthy choices.
2.2	Promote culturally relevant chronic disease self-management education		
2.3	Promote culturally relevant chronic disease self-management education		Provide people with tools and information to make healthy choices.

SECTION III: DESCRIPTION OF STRATEGIES TO BE IMPLEMENTED

Oswego County plans to implement a smoking cessation program targeting pregnant women who seek care at Oswego County OB/GYN, the sole OB/GYN practice in Oswego County. Approximately half of all babies born to Oswego County women are delivered by this practice. Women who smoke and are pregnant will be recruited to participate in this program. They will be required to attend four smoking cessation sessions prior to the delivery of the baby. Women will be encouraged and supported in their quit attempts. CO2 monitoring of participants will be implemented and those who remain quit will receive diapers as an incentive to stay quit. Participants will be referred to the NYS Quitline for additional support. Women will be enrolled for a period of one year. Oswego County will work with SUNY Oswego to develop targeted text messages for pregnant women trying to quit smoking.

Oswego County will work with Oswego County Tobacco Free-Network in the effort to increase the number of tobacco free outdoor spaces and to encourage landlords to have written tobacco policies. A guide will be developed for distribution to county residents that lists the locations of tobacco free multi-unit housing and places to take the family that are tobacco free. Special emphasis will be on providing this information as a support to women who are pregnant or parenting and trying to quit smoking.

The Oswego County Health Department will promote the use of *Smoking Cessation for Pregnancy and Beyond: A Virtual Clinic*, an online-based program for clinicians to hone their skills to assist pregnant women in quitting smoking.

In addition, Oswego County will continue to offer Chronic Disease Self Management Healthy Living Workshops, developed by Stanford University. Oswego County and its partners will look to expand the number of classes offered and have staff or volunteers trained to provide additional evidence-based programs, such as Active Living Every Day or Diabetes Self-Management Curriculum.

Partners in the Smoking/Pregnancy Workgroup

- Oswego County Health Department
- Oswego Health, Behavioral Health Division
- Oswego Health, Employee/Community Health
- Headstart
- WIC
- Oswego County OB/GYN
- Oswego County Opportunities
- Farhnam Family Services

- Oswego County Opportunities, Family Planning
- Cornell Cooperative Extension
- SUNY Oswego, Communications Dept.
- SUNY Oswego, Phoenix Center
- St. Joseph's Hospital Smoking Cessation Center
- Oswego County Tobacco Free Network
- Integrated Community Planning

Partners in the Healthy Living Workshops

- Oswego County Health Department
- Oswego Health
- Oswego County Rural Health Network

SECTION IV: PLANS FOR SUSTAINING ACTION

The Oswego County Rural Health Network (RHN) will be the forum to review progress on the CHIP and to promote action on the activities listed in this plan. The County Health Issues Sub-Committee of the RHN has been in place to address the County Prevention Agenda Priorities for the last four years. Discussion of the CHA/CHIP and Oswego Hospital's Community Services Plan have been standing agenda items on this committee's monthly meeting agenda and will continue to be a part of the meeting. This sub-committee meets monthly and reports monthly to the Rural Health Network Advisory Board. Tobacco issues and the CDSMP have also been standing agenda items for this subcommittee for over a year. The Community Health Issues Sub-Committee will review the progress made in meeting the goals and objectives outlined in the Community Health Improvement Plan and Oswego Hospital's Community Services Plan.

Input from County Health Issues Sub-Committee will be sought in the event that mid course corrections to the CHIP need to be made. The Oswego County Rural Health Network has pledged support to help meet these goals and objectives and has been helpful in the past with facilitating group meetings and discussions, as well as providing financial support for these goals and objectives. This sub-committee is made up of key stakeholders that would need to be involved in discussions to move these items forward.

Rural Health Network Advisory Committee

- Oswego County Health Department
- Oswego Health, Behavioral Health Division
- Oswego Health, Employee/Community Health
- Headstart
- WIC
- Oswego County OB/GYN
- Oswego County Opportunities
- Farhnam Family Services
- Oswego County Opportunities, Family Planning
- Cornell Cooperative Extension
- SUNY Oswego, Communications Dept.
- SUNY Oswego, Phoenix Center
- Oswego County Tobacco Free Network
- Integrated Community Planning
- Oswego County Health Department
- Oswego Health
- Oswego County Rural Health Network
- Oswego County Mental Hygiene

- Oswego County Department of Social Services
- Onondaga Case Management Services
- Excellus Blue Cross Blue Shield
- Oswego County Office of the Aging
- Cayuga Community College
- Medicare Made Simple
- Senator Ritchie
- Assemblyman Barclay
- Rural and Migrant Ministries of Oswego County
- St. Luke's Health Care
- Catholic Charities
- Richard S. Shineman Foundation
- Health Foundation of Western and Central New York
- Oswego County Tobacco Free Network
- Integrated Community Planning

Rural Health Network County Health Issues Sub Committee

- Oswego County Health Department
- Oswego Health, Behavioral Health Division
- Oswego Health, Employee/Community Health
- Headstart
- OCO-Nutrition Services
- Cornell Cooperative Extension
- YMCA
- Oswego County Department of Social Services
- Excellus Blue Cross Blue Shield
- Oswego County Office of the Aging
- Farhnam Family Services
- Oswego County Cancer Services Program
- Oswego County Tobacco Free Network