

Franklin County Combined CHA-CHIP-CSP
2018 Update

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NOTE: Adirondack Health Update Submission Separate

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Priority	Focus Area	Goal	Objectives	Disparities	Interventions/ Strategies/Activities	Family of Measures	2018 Progress to Date	Implementation Partner <i>(Please select one partner from the dropdown list per row)</i>	Partner Role(s)	Strengths	Challenges? How will they be addressed?
Prevent Chronic Diseases	Reduce obesity in children and adults	Create community environments that promote and support healthy food and beverage choices and physical activity	OBJECTIVE 1.1.2: Increase the percentage of adults ages 18 years and older who participate in leisure time physical activity		Establish joint use agreements to open public areas and facilities for safe physical activity (IOM Nutrition Standards in Schools; IOM Obesity Prevention; HP 2020; CDC Community Strategies) and for the implementation of programs to increase access to leisure time activities for members of the community: Host 5K Run/Walk for local community.	720	UVMHN-AHMC hosted the Color Your Hyde 5K run/walk for the community at the Franklin County Fairgrounds on May 19, 2018. UVMHN-AHMC provided education to the 700+ employees on the importance of healthy diet and exercise.	Hospital	Organization and Leadership	A number of selected activities were part of the strategic focus for the "leading" organization identified, adding to its importance (example - 5K, walking trail, employee wellness). Strong communication strategies were used to drive participation. There is significant organizational focus around the selected initiatives. Grant dollars were received to assist with various initiatives around healthy eating and increasing physical activity.	Securing funding creates a challenge to the building of programs. As organizations are under increased financial stress, identifying staff to spearhead initiatives and assist in the development and follow-through is a significant challenge. Another challenge is around the consistency of data collection and reporting. CHA/CSP leaders work with partners to assure measures are identified in advance and the data being collected meets program needs and LHD/Hospital reporting requirements.
					(Intervention removed for 2018)						
					Open public areas and facilities for safe physical activity (IOM Nutrition Standards in Schools; IOM Obesity Prevention; HP 2020; CDC Community Strategies) through the implementation of walking trails on the Medical Center campus. Implement hospital Employee Wellness Committee to promote wellbeing for health professionals, partially through the usage of the Medical Center campus trails.	Establishment of walking trails in two locations.	Two walking trails on the UVMHN-AHMC campus were established - one at the main hospital campus and one on the Nursing Home campus. Both are marked with signage and are available to employees. Employee Wellness Committee continues to provide regular fitness and nutrition education through email and newsletter. Several events promoting healthy eating and	Hospital	Leadership	Committed Employee Wellness Committee that was able to work with other community agencies and private businesses on the initiatives. Committee was able to promote both the events and initiatives developed by UVMHN-AHMC and those developed or initiated by other organizations in the community to increase overall participation throughout the community.	Financial sources to fund additional programs and initiatives identified by the UVMHN-AHMC Employee Wellness Committee continues to be a challenge. To best address, the Committee has applied for grant funding and partnered with other agencies to work on the projects collaboratively.

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					Implement practices to reduce overconsumption of sugary drinks, such as make clean, potable water readily available in public places, worksites and recreation areas, and explore the feasibility of implementing an employee fitness center. (IOM Nutrition Standards in Schools; IOM Obesity Prevention; CDC Community Strategies).	Completion of feasibility study to determine if fitness center can be implemented. If yes, implementation in subsequent years	An employee fitness center is still underdevelopment but space has been identified in the employee health department and equipment purchased. Space needs minor renovations/repairs prior to opening.	Hospital	Leadership	Grant received from the Healthy Heart Network to purchase under the desk exercise pedals for employees located at the community health centers.	Funding sources to continue the work of building and developing the Employee Fitness Center.
					Adequately invest in proven community-based programs that result in increased levels of physical activity and improved nutrition (Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities) by conducting general education for health professionals on diet and exercise. (https://www.thecommunityguide.org/stories/investing-worksite-wellness-employees)	Number of employee wellness events conducted.	UVMHN-AHMC conducted various health-related events throughout 2018. In total, 8 event with approximately 150 total participants were hosted by the UVMHN-AHMC Employee Wellness Committee. This does not take into account the Color Your Hyde 5K or any of the other Walk/Runs hosted by other agencies but promoted through the Wellness Committee. In addition, a weekly	Hospital	Leadership	Strong community support. Several community agencies participated in events or provided assistance with the events.	Ability to track and report data necessary to complete CSP/CHNA reporting to ensure complete and accurate data provided.
					Increase awareness of obesity as a risk factor for chronic disease by using Facebook to promote awareness of key obesity prevention strategies/practices. CDC encourages the strategic use of Facebook to effectively and inexpensively reach individuals with personalized and targeted health information. https://www.cdc.gov/socialmedia/tools/facebook.html	Number of pertinent posts to Franklin County Public Health Facebook page per quarter	8 Chronic Disease FB posts completed per quarter (three-month period). Typical reach between 100-200 views.				

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		Complete Streets Update - sidewalks, benches, bike share, helmets...	OBJECTIVE 1.1.3: Increase the number of municipalities that have passed Complete Streets policies.		Adopt, improve, or implement Complete Streets principles: Support and strengthen local complete streets policies and guidelines and implement Complete Streets projects.	Number of projects implemented	Projects Completed by the Malone Complete Streets Advisory Board with the assistance of their community partners include procurement of benches through a grant that will be placed strategically throughout the village to accommodate pedestrians; procurement of 4 adult comfort bicycles subsequently donated to the YMCA for an adult bike share (the first bike share in Franklin County); a test treatment on State Street to reduce the curb width (test ended prior to anticipated completion date due to complaints);				
		Expand the role of health care and health service providers and insurers in obesity prevention.	OBJECTIVE 1.3.1: Increase the percentage of children and adults with an outpatient visit with a primary care provider or obstetrics/gynecology practitioner during the measurement year who received appropriate assessment for weight status.		Increase the capacity of primary care providers to implement screening, prevention and treatment measures for obesity in children and adults through quality improvement methods and other training approaches, reimbursement and payment incentives (IOM Obesity Prevention). Providers at primary care practices will document patient BMI, develop a plan with the patient and document in the patient EMR.	Number of patients with BMI ≥26 with documented discussion with provider regarding plan for overweight/obesity.	The UVMHN-AHMC Primary Care Practices have BMI automatically calculated within the EMR, as well as discussion/plan template built in the system for patients who are above/below healthy range. This indicator is a quality metric that is reported quarterly and reviewed on a quarterly basis with providers.	Hospital	Leadership	Strong record of project implementation.	Lack of political support by town and village board members; addressed by creating a designated positions for each on the Complete Streets Advisory board to increase understanding of project plans and rationale.
					Increase the capacity of pediatric providers to implement screening, prevention and treatment measures for obesity in children through quality improvement methods and other training approaches, reimbursement and payment incentives (IOM Obesity Prevention). Develop a Childhood Obesity Initiative to be implemented in Pediatric Primary Care practice.	Program developed and implemented in Pediatric Primary Care practice. Quality metrics established and report.	Increased quality metrics tracked and reported for the UVMHN-AHMC Pediatric practice. New quality metrics include screenings for various health-related (chlamydia, obesity, etc.). The pediatric practice closely monitors BMI and provides action plan to address diet and exercise. Information is provided during visit.	Hospital	Leadership	UVMHN-AHMC has a strong Quality Council Committee that reviews the various quality metrics proposed and implemented in the Practices, including the Pediatric Practice. By identifying childhood obesity as a focus area for the practice, there has been increased attention on ways to address and improve.	Competing initiatives and priority areas for focus. This challenge is being addressed through the alignment of payers' quality metrics, ACO measures, and Medical Home measures.

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			OBJECTIVE 1.3.2: Increase the percentage of infants born in NYS hospitals who are exclusively breastfed during the birth hospitalization.		Link health care based efforts with community based programs and services for breastfeeding counseling and support: Continued participation in Great Beginnings, NY	Breastfeeding rates at discharge.	For 2018, the Exclusive Breastfeeding rates per quarter were: 42.8% First Quarter, 38.7% Second Quarter, and 56.2% Third Quarter.	Hospital	Leadership		
					Encourage adoption of breastfeeding friendly policies in hospital owned practices.	Number of practices certified as NYS Breastfeeding Friendly Practices.	There is still only one UVMHN-AHMC practice that is certified as a NYS breastfeeding friendly practice. A Registered Nurse was assigned to	Hospital	Leadership		Organizations are short staffed leaving challenges in ensuring staff is available for identified efforts. Addressing challenges by finding innovative ways to increase access to information around
				Low Income	Continued participation in Breastfeeding Council of Malone	Attend Meetings	Monthly Coalition Meetings Held at Alice Hyde Medical Center; Attendees include WIC, Early Head Start, Healthy Families, Catholic Charities	Community-based organizations	Man peer-support line, organize community events for Breastfeeding Week (August)	Long-Standing Coalition	none identified
				Access to Care	Ensure access to breastfeeding education, lactation counseling and support: Implement lactation support program, including availability of Certified Lactation Counselors, and prenatal breastfeeding education in OB/GYN practice.	Number of Certified Lactation Counselors Trained Number of women who receive lactation support or education.	Every patient in the UVMHN-AHMC OB practice receives information about benefits of breastfeeding in all trimesters. Dedicated staff to ensure the education is provided on timely basis. Chart reviews showed education provided 90-100% of the time. Continue to have four staff members trained as lactation counselors. Follow-up calls after delivery to identify those who continue breastfeeding after discharge continues.	Hospital	Leadership	Increased coordination between the UVMHN-AHMC OB Practice and the Maternity Unit has allowed for better communication and increased support for patients and better coordination around the breastfeeding initiative.	Funding for additional training for lactation counselors. Limited staff resources.

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					Participate in NY Academy of Medicine Breastfeeding Community of Practice Advancing Prevention Project	Number of Learning Sessions Attended Strategic plan resulting from program specific consultation					
				Access to Care	Provide support to Breastfeeding mothers through Franklin County Public Health Nurse Home Visiting Program; Healthy Families NY Program, and JCEO Early Head Start	Number of phone calls made to breastfeeding mothers Number of home visits made to breastfeeding mothers	Franklin County has an average of 103 births per quarter, and a 76% overall breastfeeding rate. All families are contacted by telephone by a Public Health Nurse who is a Certified Lactation Consultant. An				
					Establish Childbirth Classes to provide education to new mothers. Ensure access to breast feeding education, lactation counseling and support. (https://mchb.hrsa.gov/maternal-child-health-topics/maternal-and-womens-health)	Number of classes held. Number of participants in classes.	Childbirthing classes established and offered every other month (6 classes in 2018). It is a full-day class (8AM-4PM, including lunch). The agenda for each class covers various pre-natal and post delivery subject matter.	Hospital	Leadership	Strong support by staff for providing education and developing program	
				Access to Care	Determine the feasibility of the implementation of a pre-natal Centering program. INTERVENTION WILL BE REMOVED FOR 2018 (SEE COMMENTS)	Completion of feasibility study to determine if it makes sense to move forward with implementation. If yes, implementation in subsequent years.					
		Promote culturally relevant chronic disease self management education.	OBJECTIVE 3.3.1: Increase the percentage of adults with arthritis, asthma, cardiovascular disease, or diabetes who have taken a course or class to learn how to manage their condition.		Develop a sustainable infrastructure for widely accessible, readily available self-management interventions: Assure instructors for chronic disease self management (CDSM) classes are trained.	Number of instructors trained.					

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					Provide evidence based interventions (EBIs) for Chronic Disease Self Management at least twice per year in Franklin County. IE: CDSMP – Living Healthy with Chronic Conditions, CDC National Diabetes Prevention Program, Diabetes Self Management Program, Tai Chi for Health, Arthritis, and Fall Prevention.	Number and type of EBIs offered. Number of participants in EBIs offered.					
					Assure trained lifestyle intervention professionals are available in clinical and community settings.	List of CDSM professionals is developed and given to case managers and care managers.	Four Care Management/Transitional Care Coordinators dedicated to the Primary Care Practices. Care Managers trained to provide Tobacco	Hospital	Leadership		
				Access to Care	Participate in Franklin County Community Connectins Coalition, based on the FSG Collective Impact Approach: Common Agenda, Shared Measurement, Mutually reinforcing activities, continuous communication, backbone organizations. The goal of the coalition is to share details of activities/interventions so that agencies do not duplicate work, and the group can identify gaps in service and collaborate to ensure individuals with MEB disorders and chronic diseases receive the wrap-around services they need to remain in the community. https://www.fsg.org/ideas-in-action/collective-impact *Remove Intervention for 2019*	List of participating agencies and community based organizations. List of programs/services offered by partner organizations.	Franklin County Community Connections Coalition was dissolved as a distinct organization as it was felt by the leadership that the same participants attended the regional Public Health Network (PHN) Meeting hosted by the Adirondack Health Institute. The PHN meeting's goal is to support DSRIP interventions around reducing emergency room use by persons with MEB disorders. This no longer directly addressed improving access to care for individuals with chronic disease.	Community-based organizations	Convener		Intervention will not be carried over into 2019.

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					Support a "health in all policies" approach to legislation: Present to County Legislators, County Manager, and Tribal Leadership on County Health Rankings and the impact of policymaking on health outcomes. The health in all policies approach is supported by the CDC, WHO, and public health institute as a collaborative approach that integrates and articulates health considerations into policymaking across sectors to improve the health of all communities and people. https://www.cdc.gov/policy/hiap/index.html	Number of individual meetings held with county policymakers.	No individual meetings were held with county policy makers due to Director of Public Health procedure around communicating to Board of Legislators and Health and Human Services Committee. Three "lunch and learn" events were scheduled to coincide with times that legislators are typically in county courthouse; legislators invited directly by email along with other community stakeholders. Topics were "Building a World that Generates Health," "What Health Has to Do with Policy," "Policy, Data, and Me"			Model was inclusive and convenient	Interest and participation were negligible. Attempt will not be replicated in the future.
					remove intervention	Create and make available to clinicians and the public a list of community-based CDSM opportunities.					
					Adopt policies and a system for identifying and referring patients to CDSM opportunities in the community setting. IN 2018, WE WILL BE REMOVING THIS INTERVENTION AS IT IS DUPLICATIVE OF ANOTHER INTERVENTION THAT WAS IDENTIFIED.	System developed and adopted.					