

Tioga County, NY 2022-2024 Community Health Improvement Plan



Acknowledgements

The Tioga County Community Health Improvement Plan was developed with the collaboration of many partners and multiple agencies. This plan is the result of many conversations and brainstorming exercises with the intent to improve the health of our residents.

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CHIP Steering Committee

Tioga County Mental Hygiene

A New Hope Center

Racker Center

Mothers and Babies Perinatal Network

Waverly School District

Lourdes-Ascension

Tioga County Veteran's Services

Tioga County Sheriff's Office

Guthrie Medical Group

CASA-Trinity

Tioga Opportunities, Inc.

Cornell Cooperative Extension

Tioga County Legislature

Tioga County Social Services

What is a Community Health Improvement Plan?

A Community Health Improvement Plan, or CHIP, is a long-term, systematic effort used to address needs identified in the Community Health Assessment.

Updated every three years, the CHIP evolves to meet the current needs of the community. It is used by local health and human service agencies, along with community partners, to set priorities and coordinate resources to address top health concerns.



Community Health Improvement Plan Development

Identifying Stakeholders

- Identifying key stakeholders was among the initial steps taken to complete the CHIP. Due to the lack of a hospital within Tioga County, it was important to identify organizations and agencies that are vital to the health of the community. Stakeholders were identified based on past participation in the 2019-2021 Community Health Improvement Plan, as well as from new partnerships that had formed during the COVID-19 pandemic.

Identifying Priority Areas

- A survey was sent to all members of the steering committee inquiring what they believed to be the top three health concerns in Tioga County. Collectively, their top health concerns were: mental health issues and lack of support/services, substance abuse, and transportation related issues. The steering committee was also asked to rank the five priority areas in order from most to least important for the health of Tioga County residents. Based on their responses the priority areas, in order from most to least important were: Promote Well-Being & Prevent Mental & Substance Use Disorders; Promote Healthy Women, Infants, & Children; Preventing Chronic Disease; Promote a Healthy & Safe Environment; and Prevent Communicable Disease. Feedback supporting the rankings was also solicited during an initial steering committee meeting held on June 23, 2022.
- Data from the Community Health Assessment survey was also utilized to identify our top priority areas. The survey received over 1,000 responses from residents of Tioga County. The survey asked residents to list the five priority areas in order from 1 to 5; with 1 being the most important for the health of Tioga County and 5 being the least. In order from 1 to 5 the results were: Prevent Chronic Disease; Promote Healthy & Safe Environment; Promote Well-Being & Prevent Mental & Substance Use Disorders; Promote Healthy Women, Infants, and Children; and Prevent Communicable Diseases.
- Responses from both surveys were taken into consideration and the following priority areas were selected: **Promote Healthy Women, Infants, and Children; Promote Well-Being & Prevent Mental & Substance Use Disorders;** and **Prevent Chronic Diseases.** The priority area of Promoting Healthy Women, Infants, and Children will address multiple disparities within the county (see work plan).

Selecting Goals, Objectives, and Interventions

- After the priority areas were selected, a second steering committee meeting was held at a local venue on August 16, 2022. The event kicked-off with sharing the Community Health Assessment's (CHA) preliminary community survey findings. With knowledge of the survey findings, participants were able to have informed conversations and brainstorming sessions when identifying health improving tactics.
- Attendees were placed into three groups determined by the priority area that their work most closely aligned with. Using the goals, objectives, and interventions established by the NYS Prevention Agenda, the groups chose the most appropriate interventions based on the programs/services their organization or agency currently offer, or have the capacity to offer in the near future.

Priorities Areas

Promote Healthy Women, Infants and Children

Promote Well-being and Prevent Mental
and Substance Use Disorders

Prevent Chronic Diseases

Monitoring, Reporting, and Maintaining Engagement

The CHIP steering committee is tasked with oversight of the Community Health Improvement Plan. With members representing the Public Health Department, local hospital systems, community-based organizations and agencies, the committee is well-equipped with qualified informers.

Tioga County Public Health will work to engage the committee by hosting regular meetings to solicit feedback and provide updates. In addition to the meetings, TCPH will maintain contact with steering committee members through email as questions or challenges present themselves.

Monitoring of activities will occur during regularly scheduled meetings. Progress reports will include identified successes and challenges presented by the intervention's lead agency. Support from the partnership will aid in addressing identified challenges and analysis of problems with determination of action steps to remedy the issue. The proposed family of measures will provide the barometer to evaluate progress. Additionally, activity reporting will be completed and submitted to New York State Department of Health annually.

It is the responsibility of the steering committee to revise and update the Community Health Improvement Plan-Work Plan as deemed necessary.

Dissemination Process

The Community Health Assessment Update, Community Health Improvement Plan, and the Executive Summary will be distributed to local agencies and town and village halls at local meetings, via mail, and through in-person deliveries. The documents will be made available to the public at ph.tiogacountyny.gov.

WORK PLAN



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Priority: Prevent Chronic Diseases		
Focus Area 1: Healthy Eating and Food Security		
<p>Goal 1.2 Increase skills and knowledge to support healthy food and beverage choices</p>	<p>Objective: Decrease the percentage of adults who consume one or more sugary drinks per day (among all adults)</p>	<p>Who Tioga County Public Health in collaboration with the Broome County Health Department Creating Healthy Schools and Communities grant staff.</p>
<p>Interventions Adopt policies and implement practices to reduce (over)consumption of sugary drinks. Creating Healthy Schools & Communities Grant - Implementing Food Service Guidelines for local workites. Increase availability of healthy food options in multiple venues (vending machines, cafeterias, snack bars, etc.). https://www.health.ny.gov/prevention/obesity/prevention_activities/chsc/</p>	<p>Family of Measures Input Measures: # of workplaces approached by CHSC grant staff offering education on the benefits of implementing practices to reduce sugar sweetened beverages (SSBs) Output Measure: # of workplaces in Tioga County that adopt practices (signage, healthier options) to reduce SSB consumption Short-term Outcome: # of employees from workplace(s) reporting they intend to choose healthier drink options Intermediate Outcome: # of employees reporting reduced consumption of SSBs Long-term Outcome: Decrease in the percentage of obese adults</p>	<p>By December 2023 we will have completed... At least 1 workplace in Tioga County will have implemented a policy to promote practices to reduce access to and consumption of SSBs.</p>

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<p>Goal 2.0 Reduce obesity and the risk of chronic diseases</p>	<p>Objective: Decrease the percentage of children with obesity (among public school students in NYS exclusive of New York City)</p>
<p>Interventions</p> <p>Multi-component school-based obesity prevention interventions. Coordinated Approach to Childhood Health (CATCH) program.</p> <p>The mission of CATCH is, “to empower school communities to cultivate Whole Child wellness as a lever for student success and social equity. The Foundation links underserved schools and communities to the resources necessary to create and sustain healthy change for future generations.”</p> <p>https://catch.org/</p>	<p>Family of Measures</p> <p>Input Measures: # of schools offered to be CATCH trained</p> <p>Output Measure: # of schools with CATCH trained staff</p> <p>Short-term Outcome: # of students educated on the importance of proper nutrition and education</p> <p>Intermediate Outcome: # of students reporting an increase in skills needed to adopt to a healthy lifestyle</p> <p>Long-term Outcome: Decrease in the percentage of children with obesity</p>
<p>Focus Area 2: Physical Activity</p>	
<p>Goal 2.1 Improve community environments that support active transportation and recreational physical activity for people of all ages and abilities</p>	<p>Objective: Increase the percentage of high school students who were physically active for a total of at least 60 minutes/day on all 7 days (among all high school students)</p>
<p>Interventions</p>	<p>Family of Measures</p>
	<p>By December 2023 we will have completed...</p>
	<p>Who</p> <p>Cornell Cooperative Extension/SNAP-Ed NY Nutrition Educator</p>

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<p>Improve community environments that support active transportation and recreational physical activity for people of all ages and abilities.</p> <p>Creating Healthy Schools & Communities Grant - School Based Wellness Policies for Comprehensive School Physical Activity Programs.</p> <p>https://www.health.ny.gov/prevention/obesity/prevention_activities/chsc/</p>	<p>Input Measures: # of schools approached to complete a School Wellness policy</p> <p>Output Measure: # of schools that adopt a School Wellness policy</p> <p>Short-term Outcome: # of students with increased access to opportunities for physical activity</p> <p>Intermediate Outcome: # of students reporting they are physically active for at least 60 minutes per day</p> <p>Long-term Outcome: Decrease in obese high school students</p>	<p>At least 1 school will adopt a School Wellness policy.</p>	<p>Tioga County Public Health in collaboration with the Broome County Health Department Creating Healthy Schools and Communities grant staff.</p>
Focus Area 3: Tobacco Prevention			
<p>Goal 3.3 Eliminate exposure to secondhand smoke</p> <p>Objective: Decrease the percentage of youth who were in a room where someone was smoking on at least 1 day in the past 7 days.</p>			
<p>Interventions</p> <p>Through Tobacco-Free Broome/Tioga - provide education to elected officials and the community on the importance of the</p>	<p>Family of Measures</p> <p>Input Measures: # of facilities approached to adopt Tobacco-Free policies</p> <p>Output Measure: # of Tobacco-Free policies adopted</p>	<p>By December 2023 we will have completed...</p> <p>At least 1 facility in Tioga County will adopt a Tobacco Free policy.</p>	<p>Who</p> <p>Tobacco Free Broome-Tioga grant staff.</p>

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<p>following initiatives: Tobacco free outdoor policies, tobacco retail environment policies, smoke free public housing policies.</p> <p>Work with elected officials and local facilities to implement tobacco-Free policies.</p>	<p>Short-term Outcome: # of facilities reporting enforcement of their Tobacco-Free policy</p> <p>Intermediate Outcome: # of facilities reporting decreased tobacco use on their property</p> <p>Long-term Outcome: Decrease in tobacco use and exposure to secondhand smoke.</p>		
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<p>Priority: Promote Well-Being and Prevent Mental and Substance Use Disorders</p>			
<p>Focus Area 2: Prevent Mental and Substance User Disorders</p>			
<p>Goal 2.1: Strengthen opportunities to build well-being and resilience across the lifespan</p>			
<p>Interventions</p>	<p>Implement School based prevention: Implement/Expand School-Based Prevention Services</p>	<p>- Teen Intervene is a brief, early intervention program for 12- to 19-year-olds who display the early stages of alcohol or drug</p>	
<p>Family of Measures</p>	<p>Input Measures: # of students referred to Teen Intervene</p>	<p>Output Measure: # of students who complete Teen Intervene</p>	<p>Short-term Outcome: # of students educated on the harms of using alcohol and</p>
<p>By December 2023 we will have completed...</p>		<p>At least 20 students reached through Teen Intervene</p>	<p>Who CASA-Trinity</p>
<p>Objective: Reduce the percentage of youth in grades 9-12 reporting the use of alcohol on at least one day for the past 30 days by 10% from 27.1% in 2017 to 24.4%</p>			

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<p>involvement. Integrating stages of change theory, motivational enhancement, and cognitive-behavioral therapy, the intervention aims to help teens reduce, and ultimately eliminate, their substance use.</p>	<p>drugs. Intermediate Outcome: # of students who successfully complete Teen Intervene and use the skills learned throughout their sessions Long-term Outcome: Decrease in the percentage of students in grades 9-12 reporting the use of alcohol and other drugs.</p>		
<p>Goal 2.2 Prevent opioid overdose deaths</p>			
<p>Objective: Reduce the age-adjusted overdose deaths involving any opioid by 7% to 14.3 per population of 100,000.</p>			
<p>Interventions Increase availability of/access to overdose reversal (Naloxone) trainings to prescribers, pharmacists and consumers</p>	<p>Family of Measures Input Measures: # of trainings Output Measure: # of residents trained Short-term Outcome: # of individuals educated on steps to take in the event of an overdose Intermediate Outcome: # of Narcan kits successfully used to prevent overdose deaths Long-term Outcome: Decrease in overdose deaths from opioids</p>	<p>By December 2023 we will have completed... At least 4 overdose prevention trainings.</p>	<p>Who CASA-Trinity</p>

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Goal 2.2 Prevent opioid overdose deaths		Objective: Increase the age-adjusted rate of patients who received at least one Buprenorphine prescription for opioid use disorder by 20% to 415.6 per population of 100,000.
Interventions	<p>Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine. MAT programming will be implemented in the Tioga County Jail.</p>	Who Tioga County Mental Hygiene Department
Family of Measures	<p>Input Measures: # of prisoners offered MAT Output Measure: # of prisoners receiving MAT Short-term Outcome: # of prisoners reporting they will use techniques they learned through MAT Intermediate Outcome: # of prisoners reporting a decrease in opioid use Long-term Outcome: Decrease in rates of opioid overdose deaths</p>	By December 2023 we will have completed... At least 5 prisoners at the Tioga County jail will receive MAT.
Goal 2.3 Prevent and address adverse childhood experiences		Objective: Increase communities reached by opportunities to build resilience by at least 10%.
Interventions	<p>Grow resilient communities through education, engagement, activation/mobilization and celebration.</p> <p>Will be completed through Community Resilience</p>	Who CASA-Trinity
Family of Measures	<p>Input Measures: # of CRM trainings Output Measure: # of agencies that complete the trainings Short-term Outcome: # of agencies reporting they have utilized CRM</p>	By December 2023 we will have completed... CRM Training completed with at least 2 additional agencies in 2023.

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<p>Model (CRM) trainings to help create "trauma-informed" and "resilience-focused" communities that share a common understanding of the impact of trauma and chronic stress on the nervous system.</p> <p>https://www.traumaresourceinstitute.com/crm/</p>	<p>Intermediate Outcome: # of individuals reporting they have utilized skills from CRM to restore or increase resiliency following trauma</p> <p>Long-term Outcome: Decrease in reported adverse childhood experiences</p>	
<p>Goal 2.5 Prevent suicides</p>		
<p>Interventions</p> <p>Strengthen access and delivery of suicide care - Zero Suicide: Zero Suicide is a commitment to comprehensive suicide safer care in health & behavioral health care systems.</p> <p>Will be completed through Mental Hygiene's Open Access Walk-in Clinics staffed with screeners to</p>	<p>Family of Measures</p> <p>Input Measures: # of staff trained on CALM Means restriction from the Zero Suicide Institute</p> <p>Output Measure: All staff trained; new hires will be trained also in CALM Means restriction</p> <p>Short-term Outcome: Strengthen access and delivery of suicide care-Zero Suicide: All who come for</p>	<p>Objective: Reduce suicide attempts by New York adolescents (youth grades 9 to 12) who attempted suicide one or more times in the past year by 10% to no more than 9.1%.</p> <p>By December 2023 we will have completed...</p> <p>All new MH staff will be trained, or in the process of being trained, on "Counseling on Access to Lethal Means" (CALM).</p> <p>Who</p> <p>Tioga County Mental Hygiene Department</p>

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<p>complete suicide risk assessments.</p>	<p>intake will be screened for Risk (both clinic open access and school based) *target grades 9-12 Intermediate Outcome: # of new clients (students in grades 9-12) who were flagged as high risk at intake and participated in therapies and Long-term Outcome: # of students who remained high risk vs. removed from high risk due to having therapy and after a period of scoring low on the risk assessment</p>		
<p>Goal 2.5 Prevent suicides</p>			
<p>Interventions Identify and support people at risk: Will be completed through Question, Persuade, and Refer (QPR) training. https://qprinstitute.com/</p>	<p>Family of Measures Input Measures: # of QPR trainings offered Output Measure: # of individuals trained in QPR Short-term Outcome: # of individuals reporting they can identify early warning signs of suicide and prevention interventions Intermediate Outcome: # of</p>	<p>By December 2023 we will have completed... At least 1 additional QPR trained member of the suicide coalition.</p>	<p>Who Tioga County Suicide Coalition</p>

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	individuals reached through QPR tactics Long-term Outcome: Decrease in suicide rates	
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Priority: Promote Healthy Women, Infants, and Children		
Focus Area 1: Maternal & Women's Health		
Goal 1.1: Increase use of primary and preventive health care services by women, with a focus on women of reproductive age Objective: Increase the percentage of women ages 18-44 years with a past year preventative medical visit by 10% to 80.6%.		
	Family of Measures	By December 2023 we will have completed...
Interventions		
Disparity: Medicaid enrolled mothers		
Incorporate strategies to promote health insurance enrollment, well-woman visits, and age-appropriate preventative health care across public health programs serving women. Tioga Opportunities, Inc. (TOI) Family Planning provides preventative reproductive healthcare screenings (well-woman visits, cervical cancer screenings, breast cancer	Input Measures: promotion of services offered by TOI Family Planning Output Measure: # of women schedule a well-woman visit or cancer screening Short-term Outcome: # of women reporting they have had a well-woman visit or cancer screening in the past year Intermediate Outcome: Increase in women who regularly seek preventative	TOI Family Planning will strive to increase the # of female patients served by 10%. Tioga Opportunities Family Planning

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screenings) to all women of reproductive age.	care Long-term Outcome: Decrease in maternal morbidity and mortality		
Focus Area 2: Perinatal & Infant Health			
Goal 2.1: Reduce infant mortality and morbidity		Objective: Decrease the infant mortality rate by 13% to 4.0 infant deaths per 1,000 live births.	
Interventions	Family of Measures	By December 2023 we will have completed...	Who
Increase capacity and competencies of local maternal and infant home visiting programs. <ul style="list-style-type: none"> • MBPN will accept referrals, distribute a pack n play, and provide extensive safe sleep education for all families with an infant less than one year of age who do not have a safe place for their baby to sleep. • MBPN will provide safe sleep education at the bedside for all women who are seen in the hospital immediately following delivery, and will provide extensive safe sleep 	Input Measures: # of women offered safe sleep education Output Measures: # of safe sleep lessons conducted Short-term Outcomes: # of mothers properly educated on safe sleep practices Intermediate Outcomes: Increase the # of babies put to sleep in a safe environment in a belly-up position Long-term Outcome: Reduce the # of infant deaths related to an unsafe sleep	Completed: # of safe sleep lessons for Tioga County mothers	Mothers & Babies Perinatal Network

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<p>education at each home visit, including an infant sleep sack that can be used in place of a blanket for a safer sleep experience.</p>			
<p style="text-align: center;">Focus Area 3: Child and Adolescent Health, including children with special health care needs (CSHCN)</p>			
<p>Goal 3.1 Support and enhance children and adolescents' social-emotional development and relationships</p>			
<p>Objective: Increase the percentage of children and adolescents, age 3-17 years, with a mental/behavioral health condition who received treatment or counseling by 10% to 49.8%</p>			
<p>Interventions Increase awareness, knowledge, and skills of providers serving children, youth, and families related to social-emotional development, adverse childhood experiences (ACES), and trauma-informed care.</p>	<p>Family of Measures Input Measures: # of trainings offered with ACES information presented Output Measure: # of individuals trained Short-term Outcome: # of participants reporting an increase base knowledge on ACES Intermediate Outcome: # of individuals committed to participate in building community capacity around preventing ACES, including joining the ACES coalition Long-term Outcome: Decrease in</p>	<p>By December 2023 we will have completed... 4 ACES trainings (1 per quarter) will be held.</p>	<p>Who Tioga Opportunities Family Planning</p>

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	mental/behavioral health issues reported in children and adolescents ages 3-17 years	
<p>Goal 3.3: Reduce dental caries among children</p> <p>Objective: Increase the percentage of children ages 1-17 years who had one or more preventative dental visits in the past year by 10% to 85.4%</p>		
<p>Interventions</p>		
<p>Disparity: Low-income</p>		
<p>Integrate oral health messages and evidence-based prevention strategies within community-based programs serving women, infants, and children (Tioga County Mobile Dental Van).</p>	<p>Input Measure: # of sites with a secured MOU for mobile dental clinic. Output Measure: # of patients 2-20 years of age served through the mobile dental clinic Short-term Outcome: Increased number of 2–20-year-olds with a preventive dental visit Intermediate Outcome: Reduction in the rate of dental caries among children Long-term Outcome: Decrease in the # of children with extensive tooth decay</p>	<p>Promote mobile dental unit via multiple sources. Utilize electronic method for enrollment. Increase # of Medicaid-enrolled students served by 5%.</p>
<p>Family of Measures</p>		<p>By December 2023 we will have completed...</p>
		<p>Who</p>
		<p>Tioga County Public Health</p>

