

NYS 2016-18 Community Health Assessment and Improvement Plan and Community Service Plan Update Madison County, New York

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Executive Summary

2016-18 Community Health Assessment and Health Improvement Plan and Community Service Plan Update

Summary Statement: The Madison County Department of Health, Oneida Healthcare and Community Memorial Hospital will collaborate to address NYS Prevention Agenda priority of Preventing Chronic Disease in two specific areas: Reducing obesity in adults and increasing the rate of colorectal cancer screenings in adults ages 50-75. A Worksite Wellness Coalition will be formed to inform and educate employers about best practices, so they may reach out to employees to have a positive impact on health in these two areas in Madison County.

In 2016, a Community Health Assessment Steering committee, comprised of the county health department, local hospitals, the county's rural health network, and a representative from our regional PHIP initiative (Appendix A), reviewed the current data and related health information and recognized the need to shift the focus of our future efforts towards the working-aged adult population; specifically in the areas of healthy weight and colorectal cancer screening. The Steering Committee reviewed data and health trends, along with various documents and reports including; the 2013 Madison County Community Health Assessment and Community Health Improvement Plan, the hospital Community Service plans, and the NYS Prevention Agenda dashboard to determine the priorities.

The Prevention Agenda Priorities selected for Madison County are:

- 1. Prevent Chronic Disease – Focus Area 1 – Reduce Obesity in Children and Adults**
- 2. Prevent Chronic Disease – Focus Area 2 – Increase access to high quality Chronic Disease Preventive Care and Management in both Clinical and Community Settings**
- 3. Disparity: Socioeconomic Status (SES)**

The Committee identified and established two stakeholder groups, one for each priority health issue, to obtain feedback, and assist in adding to and/or updating the data and evidence-based recommendations. The stakeholders represented schools, insurance companies, Community based organizations, Cornell Cooperative Extension, health and human service organizations, the American Cancer Society, neighboring county health departments, employers and business. Two overarching principles emerged that would help shape and refine our strategic recommendations and subsequent actions: a strong need to raise awareness about these health issues, and, the need to bring the interventions to where the people are. Although both groups met separately, they each identified working-aged adults as a key population for the implementation of the recommended strategies.

It became apparent to the Steering Committee and stakeholders, that the establishment of a Worksite Wellness Coalition would be a key strategy for the successful implementation of the identified and recommended action items. At present, no such organized Work site Wellness Coalition exists in Madison County. The Madison County Rural Health Council will be charged to bring together Employee Wellness personnel to form an Employee Wellness Coalition, utilizing Population Health Improvement Program funds to support the initiative. The Coalition's initial charge will be to evaluate and identify ways to improve screening rates and reduced obesity within the workforce population. Our initial target population will be employers with over fifty employees. These large employers employ approximately twenty percent (20%) of the work aged adults (18-64 year olds) in Madison County (approximately 14,000 individuals). The Rural Health Council will develop and send out a survey in early 2017 to the large employers to assess their current health and wellness related activities. The results

of the survey will serve to identify needs or gaps, and will serve as the basis for the initial coalition meeting, whereby we will refine our work site related strategies and action items.

A goal of the Madison County Rural Health Council will be to convene the Employee Wellness Coalition as well as other community Stakeholders in early 2019 to report the status of progress as a result of this Community Health Assessment Plan update.

Overview

Community Served

Madison County is located in Central New York State, bordering six other counties: Onondaga, Oswego, Oneida, Chenango, Cortland and Otsego. Madison County has a total land area of 662 square miles, of which 6 square miles are water. The county is predominantly rural with a population density of 110 persons per land square mile compared to an upstate NYS average of 240 people per land square mile (excluding New York City). Forty-five percent (45%) of the land in the county is farmland. As shown in Table 1 below, Madison County had a population of 72,427 people, which is a slight decrease (2%) from the 2010 population estimate. According to the U.S. Census, the median age of Madison County residents (40.8) has increased from 39.5 in 2010 to 40.8 in 2016 and 16.3% of residents are over the age 65 which is a 2.4% increase since 2010 rate of 13.9%. Approximately 12.2% of residents are living in poverty; an increase of 1.4% since 2008-2010 rate of 10.8%. This data suggests there are fewer residents of the county and the population is getting older, and poorer. Socioeconomic status as the health disparity will be addressed throughout the work in this plan update. The population overall is predominately white at 94.6%.

Table 1.

Socio-Demographic¹

Area	662 square miles
Person/mile	110 persons per square mile
Population	72,427
65 years of age and older	15.4%
Median household income	\$54,145
High school graduate or higher	90.4%
Bachelor’s degree or higher	26.2%
Low Literacy – Adults (%) 2009 (source)	10.0%
Poverty - all	12.2%
Children in Poverty – under 18 years	17.9%
Health Insurance – civilian noninstitutionalized population	94.3%
Unemployment – population 16 years and over	5.1%

Vital Statistics²

Leading Causes of Death, 2014 (per 100,000)	
Cancer	158
Heart Disease	152
Chronic Lower Respiratory Disease (CLRD)	54
Unintentional Injury	40
Stroke	34

Behavioral Risk Factors³⁴

Adults who smoke	17.1%
Adults overweight or obese (BMI 25 or higher)	64.3%
Adults 50-75 years who received a colorectal cancer screening based on the most recent guidelines	65.4%

¹ U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

² NYS Department of Health, Vital Statistics 2014

³ NYS Expanded Behavioral Risk Factor Surveillance System 2013-2014

The Process

The key partners in the development of the 2016 -18 update are the Madison County Department of Health, the two local hospitals, (Oneida Healthcare, and Community Memorial Hospital) the Rural Health Council of Madison County, and the regional Public Health Improvement Program (PHIP) / Regional Health Information Organization (RHIO) (HealthConnections). Representatives from these organizations formed the Madison County CHA-CHIP-CSP Steering Committee, which was charged with conducting the Community Health Assessment and developing the Community Health Improvement Plan and Community Service Plan updates.

The Steering Committee met every two to four weeks over the course of the year to develop the plan. Two Stakeholder meetings were held for each of the two Prevention Agenda priorities (4 meetings total) to seek input from community stakeholders.

The Madison County Department of Health (MCDOH) promotes and strives to protect the health of the Madison County community through assessment, education, and by ensuring necessary services. The Department is committed to partnerships and represents a respected source for health information, in the development and coordination of health services, policies and programs for the community. MCDOH works to address five basic service areas, as dictated by NY Public Health Law: Family Health, Communicable Disease Control, Chronic Disease Prevention, Community Health Assessment, Environmental Health, and Emergency Preparedness and Response.

Oneida Healthcare Systems, Inc. is a not-for-profit corporation licensed under the State of New York. It consists of a 101 bed acute care hospital- Oneida Healthcare, 160 bed extended care facility, primary care health centers located in Chittenango (2), Canastota and Verona, specialty practices in the areas of Women's Health, Orthopedics, Neurology, ENT, After hours care and ancillary services in the outpatient therapies, in physical therapy, speech and occupational; 4 laboratory draw stations, inpatient and outpatients medical imaging services.

Oneida Healthcare treats approximately 25,000 emergency room patients, 27,000 primary care visits and 500 obstetrical deliveries, 3600 ambulatory surgeries annually.

The mission of Oneida Health Systems, Inc. is to plan, provide and coordinate the highest quality of progressive and comprehensive health care services for the greater Oneida Area and surrounding communities. OHC primary market includes approximately 26 zip codes in eastern Madison County and Western Oneida County comprising a population of approximately 75,000 residents.

Community Memorial Hospital (CMH) is a 25-bed critical access hospital located in Hamilton, NY in southern Madison County. CMH serves a population of 45,000 people in 27 communities throughout Madison County and the eastern sections of Onondaga County as well as parts of Chenango and Oneida Counties. Annually the hospital admits approximately 2,500 patients, treats approximately 11,000 patients in emergency services, and experiences approximately 27,000 patient visits to the five hospital-owned Family Health Centers. CMH provides services for both Colgate University and SUNY Morrisville and is also available for students and faculty of Cazenovia College and Hamilton College. Outside of the college population, there is an aging and low income demographic in CMH's primary and secondary market areas in need of services. Community Memorial Hospital, in 2013, corporately linked with Crouse Hospital in a passive parent relationship and are very tightly aligned around infrastructure and provision of care. A safety net for the people of Central New York, Community Memorial is dedicated to treating all patients regardless of ability to pay.

Community Memorial's mission statement proclaims that Community Memorial Hospital "is a cornerstone of health and wellness for Madison and surrounding counties. We provide essential preventive, primary, behavioral and acute care services based on quality, compassion and respect for the whole person."

The Steering Committee reviewed state and local data health trends, and various documents and reports including; the 2013 Madison County Community Health Assessment and Community Health Improvement Plan, the hospital Community Service plans, and the State Prevention Agenda dashboard to determine our priority health issues. Five initial focus

areas were identified and further researched. The five areas reviewed were Age Adjusted Suicide, Occupational Injuries, Well Child Visits, Adult Obesity and Colorectal Cancer Screening rates. The Steering Committee partnered with Upstate Medical University's Masters in Public Health program (CNYMPH) faculty and students to research the five identified topics and provide a more detailed understanding of the impact these health issues had in our community. The Steering committee reviewed data using a criterion matrix using the data and information collected by the CNYMPH team which allowed the Steering to identify the top two priority health areas; Reduce Obesity in [Children and] Adults, and increased access to high quality Chronic Disease Preventive Care and Management in both Clinical and Community Settings, specific to colorectal cancer screening. The criterion matrix identified the priorities that would reach the most people, and that the Health Department and Hospitals could most impact. Within both priority health issues, low socioeconomic status was recognized as the priority health disparity area. The CNYMPH team was also charged with identifying and recommending evidence-based strategies to address the priority issues. The recommendations were provided to the Steering Committee for their consideration.

Once the two (2) priority health issues were identified the Committee expanded their review of evidence-based practices, data (e.g. SPARCS, American Cancer Society data) and potential models specific to these two priority health using the social ecological model.

The Committee identified and established two stakeholder groups, one for each priority health issue, to obtain feedback, and assist in adding to and/or updating the data and evidence-based recommendations. The stakeholders represented schools, insurance companies, community based organizations, Cornell Cooperative Extension, health and human service organizations, the American Cancer Society, neighboring county health departments, employers and business. Over the course of a few group meetings, two overarching principles emerged that would help shape and refine our strategic recommendations and subsequent actions: a strong need to raise awareness about these health issues, and, the need to bring the interventions to where the people are. Although both groups met separately, they each identified working-aged adults as a key population for the implementation of the

recommended strategies. As such, an initial strategic focus on working aged adults was agreed upon.

It became immediately apparent to the Steering Committee and stakeholders, that the establishment of a Worksite Wellness Coalition would be a key strategy to the successful implementation of the identified action items. At present, no such organized work force coalition exists in Madison County. The Madison County Rural Health Council will be charged, as part of the improvement plan, to bring together Worksite Wellness personnel to form an Employee Wellness Coalition, in collaboration with the Central New York Population Health Improvement Program. . The Coalition's initial charge will be to evaluate and identify ways to improve screening rates and reduced obesity within the workforce population. Our initial target population will be employers with over fifty employees. These large employers employ approximately 14,000 individuals or thirty percent (30.5%) of the work aged adults (18-64 year olds) in Madison County. Prior to the initial coalition meeting, the Rural Health Council will send out a survey in early 2017 to the large employers to assess their current health and wellness related activities. The results of the survey will serve to identify needs or gaps, and will serve as the basis for the initial coalition meeting agenda, whereby we will refine our work site related strategies and action items. The initial Worksite Wellness Coalition meeting will also educate worksites about the two NYS Prevention Agenda priority health issue of improving colorectal cancer screening rates in adults ages 50 – 75 and reducing the obesity rate in adults. The evidence-based approaches that are being recommended will be introduced to the Coalition.

Currently Madison County does not have a coordinated Employer Worksite Wellness organization. The Rural Health Council of Madison County will convene Human Resources and worksite wellness personnel to form a Madison County Worksite Wellness Coalition in early 2017. This Coalition will provide a forum to communicate the current health status of work-aged adults in Madison County and serve as the vehicle to guide and implement both the healthy weight and colorectal cancer screening initiatives outlined in the community health improvement plan update work plan. . The Coalition will work together on the goals and objectives in the plan and report back to employers and the community, about the progress.

Convening employers with more than 50 employees will be a pathway for reaching approximately 14,000 people.

Summary of health and other data reviewed to identify health issues

The Steering Committee reviewed various documents, data sets and reports including the NYS Prevention Agenda Dashboard, US Census data, NYS SPARCS hospitalization data, County Health Rankings, and Economic Development Data. After careful consideration of data as well as potential for impact, the Committee identified two NYS Prevention Agenda priorities for this plan.

The two Prevention Agenda Priorities are:

1. **Priority Area:** Prevent Chronic Disease
Focus area 3: Increase Access to High quality Chronic Disease Preventive Care and Management in both clinical and community settings
Goal: Increase Colorectal Cancer screening rates by reaching public and private employers
Objective: Improve the percentage of Adults ages 50-75 who receive Colorectal Cancer Screenings based on the most recent guidelines, from 65.4% to 80%.
2. **Priority Area:** Prevent Chronic Disease
Focus area 1: Reduce Obesity in Children and Adults
Goal: Expand the role of public and private employers in obesity prevention to improve percentage of adults at a healthy weight
Objective: Decrease the rate of obese adults by 1% from 31.5% to 30.5% through 2018.
3. **Disparity:** Socioeconomic Status (SES)

The Steering Committee reviewed county specific data to identify and select the two health priorities that we will address in the Community's Health Improvement Plan. Following a review of the data, an initial five health issues were identified for further evaluation. The

Steering Committee partnered with the Upstate Medical University's MPH program staff and student team to further research and evaluate the five identified issues. The results of their evaluation were forwarded to the Steering Committee for consideration. The Steering Committee assessed the results in light of select criterion such as the number of people impacted and the ability of the Health Department and Hospitals to work together to have a positive impact. Based on the assessment the Steering Committee decided upon the two Prevention Agenda Priorities noted above. Stakeholders were engaged to develop the work plan for each priority including strategies, activities and interventions, process measures, and timeline targets to track progress.

One Stakeholder group was established for each Health Priority. Each group met twice to review evidence-based interventions and determine resources needed to implement the interventions. Each Stakeholder group identified and agreed upon two guiding principles for strategy and action plan development; raising awareness, and bringing services to as many people as possible. Separately, each group identified work-aged adults (18-64) as the primary target population. Through further group discussion, large employers (50+ employees) were identified as the focal point for implementing the priority health initiatives to address improving the Colorectal Cancer Screening rates and reaching and reducing the adult obesity rate. Establishing an Employee Wellness Coalition to execute the priority health initiatives therefor became an overarching strategy for the health improvement plan implementation.

Beginning in 2017 the Rural Health Council of Madison County will convene a Worksite Wellness Coalition meeting with wellness and human resources professionals representing our county's largest employers (50+ employees). There are 71 companies in Madison County employing fifty or more employees, with ten of those employing more than 160 employees. At present, no such work force coalition exists in Madison County. Through the establishment of an Employee Wellness Coalition we seek to affect positive change in approximately 14,000 working aged adults. The coalition will bring together employers to facilitate better collaboration, improve communication, share ideas, best practices, policies, and the opportunity to leverage resources. The Coalition will provide a venue to look at solutions in a non-threatening atmosphere as well as position the coalition for grant funding opportunities to

further the worksite health initiatives. In rural communities, worksites are spread out throughout the county. The Worksite Wellness coalition provides employers a way to facilitate the dissemination of health information to employees as well as family members, which will broaden the reach of the provided information.

A new report from the Institute for Health and Productivity Management (IPHM) concludes “that employees are more likely to improve their health-related lifestyle behaviors and support each other in sustaining positive changes over time, where a healthy workplace culture exists.” (IPHM - Global Workplace Wellness: Healthy Employers, Healthy Business).

**Prevention Agenda Priority goals, objectives, interventions,
strategies and activities**

Prevention Agenda Priority #1

Priority Area: Prevent Chronic Disease

Focus area 3: Increase Access to High quality Chronic disease Preventive Care and management in both clinical and community settings

Goal: Increase Colorectal Cancer screening rates

Objective: Improve the percentage of Adults ages 50-75 who receive Colorectal Cancer Screenings based on the most recent guidelines, from 65.4% to 80%.

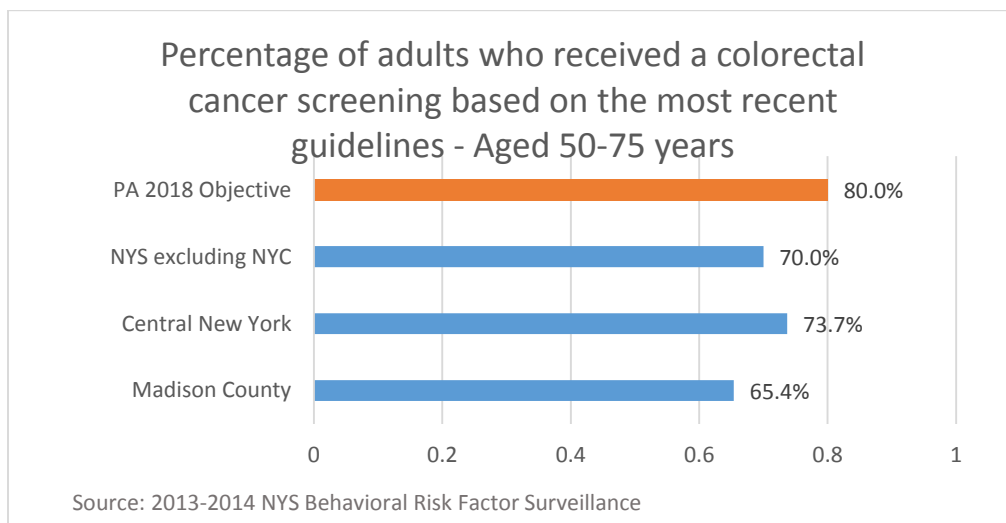


Figure 1

Colorectal cancer is the third most commonly diagnosed cancer and the second leading cancer-causing death of women and men combined in the United States. In the 2013-17 Madison County Community Health Assessment, the county noted that the colorectal mortality rate is higher than the NY State average (18.1 vs 12.3 in females and 19.8 vs. 17.2 in males per 100,000), see Table 2. . The colorectal cancer screening rate for adults ages 50 – 75 in Madison County is 65.4%, (eBRFSS – 2014), lower than the NYS Prevention Agenda objectives of 80% and lower than the current NYS rate, excluding New York City, of 70%, (Figure 1).

Colorectal Cancer Incidence and Mortality for Madison County and NYS, 2009-2013

Site of Cancer	Incidence				Mortality			
	Males		Females		Males		Females	
	Average Annual Cases	Rate per 100,000 Males	Average Annual Cases	Rate per 100,000 Females	Average Annual Deaths	Rate per 100,000 Males	Average Annual Deaths	Rate per 100,000 Females
Madison County	17.6	45.4	19.6	42.7	7	19.8	8.8	18.1
New York State	4575.8	47.9	4572.6	36.6	1595.2	17.2	1634	12.3

Notes:

Incidence data are provisional, November 2015.

Rates are per 100,000 persons, age-adjusted to the 2000 US standard population, with 95% confidence intervals.

Rates based on fewer than 4 cases or deaths per year are unstable and should be used with caution. NOS = Not otherwise specified.

Table 2

The power of Colorectal Cancer screening is that it can affect both incidence (it can actually prevent cancer) and mortality (it can pick up cancer earlier to reduce mortality). Promoting screening to identify colorectal cancer early to reduce mortality and to prevent the development of colorectal cancer by finding adenomatous polyps, thus reducing incidence.

The NYS Department of Health encourages local organizations to join the National Colorectal Cancer Roundtable’s (NCRRT) campaign efforts to increase colorectal cancer screening rates to reach 80% by 2018. The NCRRT 80% by 2018 strategic plan provides a blueprint for achieving our shared goal of screening 80% of adults aged 50 and older for colorectal cancer by

2018. The Steering Committee adopted this blueprint to direct our health work for colorectal cancer screening over the next two years.

The Colorectal Cancer Screening Stakeholder meetings were held in May and June 2016. Representatives from local government, health and human services, insurers and businesses, as well as residents with a personal connection to colorectal cancer and/or cancer experiences were in attendance.

The Steering Committee, with assistance from the NYS Department of Health's Bureau of Cancer Prevention, identified relevant evidence-based interventions to increase colorectal screening. The Steering Committee presented the data and a list of evidence based interventions to the Stakeholder group for their review, changes and approval. The group used this information to develop a broad range of activities for implementation.

From the stakeholder meetings two themes or guiding principles emerged from the discussions; they were:

- a. Increase the awareness of the importance of and options for Colorectal Cancer Screening
- b. Meet people where they are to inform them and provide opportunities for receiving Colorectal Cancer Screening services.

Numerous activities were identified in the stakeholder group meeting. The Steering Committee further reviewed, consolidated, and refined the feedback from the stakeholder group to draft final recommendations and objectives. These final draft recommendations were vetted through the stakeholder group and finalized; they are as follows:

- 1) A Worksite Wellness Coalition will be convened by the Madison County Rural Health Council by February 2017. The Worksite Wellness Coalition will be provided with data and information pertaining to colorectal cancer screening rates in Madison County, its potential impact on employee health and productivity management. This step will raise the awareness of the importance of and options for Colorectal Screening.
- 2) The Worksite Wellness Coalition will be provided with information and educational materials to take back to their worksites, about the best practices for improving the rate

of Colorectal Cancer screening of their employees, ages 50- 75 years of age. This step will meet people where they are to inform them and provide opportunities for receiving Colorectal Cancer Screening.

The following evidence based strategies will be used to address the improvement of the Colorectal Cancer Screening rates:

Large employers will be informed of the American Cancer Society's 80x2018 initiative and encouraged to sign the 80 X 2018 Pledge. The first objective is to have eight large employers sign the pledge over the next two years; four in 2017 and four more in 2018.

Second, Madison County, in collaboration with the large employers will utilize small media techniques, such as posters and flyers in paychecks, to inform employees about the importance of screening as well as how to access screening services. Through the Worksite Wellness Coalition, employers will be provided with brochures, press releases for employee newsletters, print material for paycheck inserts and posters for employee meeting spaces. The goal is for employers to have this information for the month of March, which has been designated as "Colorectal Cancer Screening Month" by the American Cancer Society. Having this information available at that time will afford employers the opportunity to simultaneously promote colorectal cancer screening.

Third, the Coalition will assist the County Health Department in distributing the fecal immunochemical test (FIT) test information during Flu clinics held at large employer locations, hospital clinics and through the county health department. Employers will be educated about the evidence-based intervention of informing residents of the availability of Colorectal Cancer screening tests while attending local Flu clinics, or the Flu-FIT promotion. Some larger employers currently partner with the Madison County Health Department to provide flu shot clinics for their employees. We would work with those same employers to include information about available screening tests, as well increase the number of employers who host such clinics. Employers will also be provided information to refer employees to collaborating pharmacies and clinics where FIT kits may be available.

Additionally, through the Worksite Wellness Coalition, we will work with employers to review existing and model cancer screening policies, such as paid time off for cancer screenings, and identify and develop resources, e.g., policy templates, to assist employers in establishing such policies in their own organizations. The objective is for four employers to adopt cancer screening policies by 2018.

Prevention Agenda Priority #2

Prevent Chronic Disease

Focus Area 1 – Reduce Obesity in Children and Adults

Goal: Expand the role of public and private employers in obesity prevention

Outcome Objective: Reach and Maintain healthy weights

Objective: Decrease the rate of obese adults by 1% from 31.5% to 30.5% by the end of 2018.

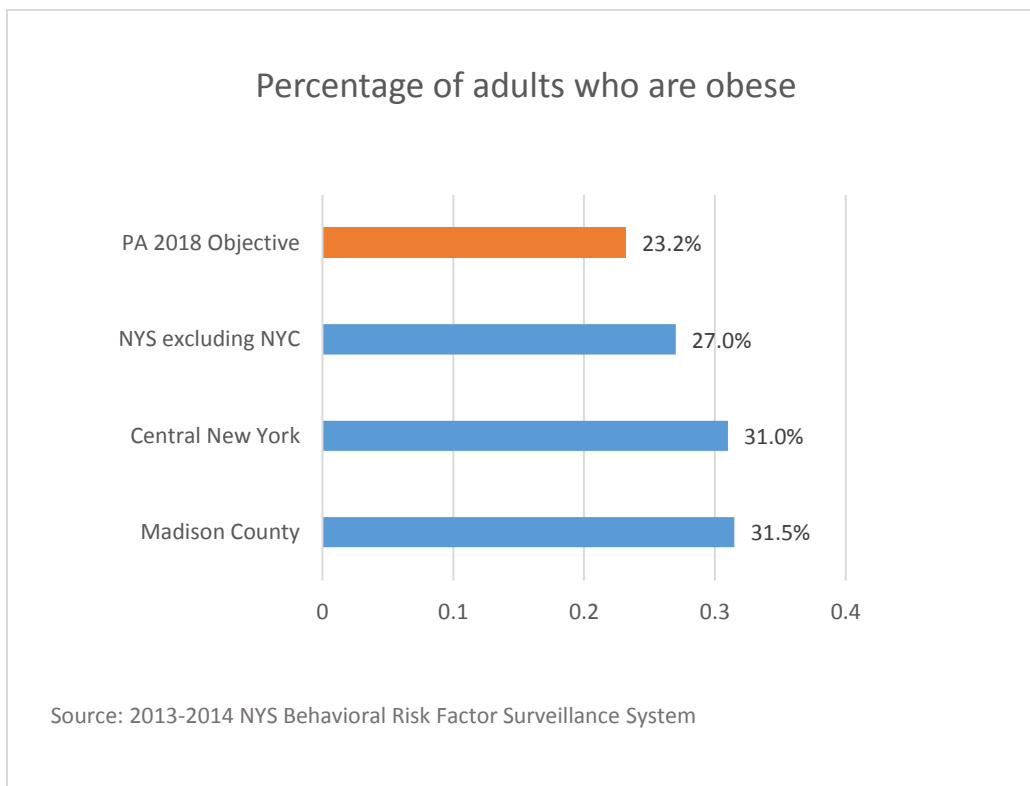


Figure 2

Obesity is a complex issue involving biological, genetic, behavioral, social, cultural and environmental factors. According to the 2013/14 NYS e-BRFSS, nearly two thirds or 64.3% of Madison County residents are overweight or obese, with 31.5% of adults considered obese as shown in Figure 2 Both of these percentages are higher than the state and regional percentages.

The Steering Committee reviewed available data and decided to focus the improvement plan efforts on adult obesity through a Worksite Wellness Coalition. The previous Community Health Assessment and Community Health Improvement plan had as a Priority to promote the prevention of Chronic Disease through Healthy Eating and Physical Activity.

The Rural Health Council of Madison County will lead an effort to survey larger employers (50+ employees), using a CDC worksite wellness survey tool, to obtain information regarding; if there is a worksite wellness contact person, what wellness activities they currently undertake, and to gauge their interest in establishing a worksite wellness coalition. This survey will be sent to all 71 employers with more than 50 employees. The results of the survey will provide a clearer picture of what is available and what is needed, so the coalition may begin to address these needs in a well-coordinated, county-wide effort. In early 2017 the Rural Health Council will convene a meeting with representatives from our larger employers to review the results of the survey and the current status of worksite wellness and health and productivity activities, and use this information to refine or revise the improvement plan activities for implementation.

The Live Well Committee, a committee of the Rural Health Council of Madison County, will collaborate with the Worksite Wellness Coalition to identify at least two employer sites that will establish and promote a walking route for employees. At present, the Rural Health Council's Live Well Committee, with support from the CNY Population Health Improvement Program (PHIP) and the Syracuse University Lerner Center introduced the "Monday Mile" program in Madison County. The "Monday Mile" is a part of the "Healthy Monday" and "Move-it Monday" initiatives that provide opportunities for people to begin healthy behaviors (such as more physical activity). Mondays are considered the "January 1st of every week", when people tend to make a commitment to a healthier lifestyle. The Monday Mile initiative is a

practical way for those individuals who were previously sedentary, to engage in activity that is beneficial, realistic, and achievable. Under a separate initiative, five Monday Mile walks were established through collaboration with schools and town and village governments. By 2018 we propose the addition of at least five more Monday Mile sites (three in rural outdoor areas and 2 located in indoor settings). A toolkit for developing Monday Miles in rural areas was developed as a result of the Madison County pilot program and will be shared with the Coalition members and employers. To assist employers in developing a Monday Mile initiative, the Live Well Committee will collaborate with the Madison County Planning Department to link information about other existing trails in the County to the new Monday Miles to promote activity opportunities for employees.

A second healthy weight strategy will entail an assessment by the Worksite Wellness Coalition of large employer's use of Healthy Meeting policies within their organizations. Using the wellness survey, we will determine how many employers have Healthy meeting policies, and then provide education and resources, including best practices to encourage the adoption of a Healthy meeting policy by employers. The objective is to have at least four employers adopt a Healthy meeting policy by the end of 2018.

Through the employer survey we will also determine what, if any, foods are available for purchase either via vending machines or from the cafeterias that serve employees. The Worksite Wellness Coalition will identify, evaluate, develop, advocate, and assist employers with implementing Healthy Food policies within their respective workplace. A "Healthy Workplace Food Toolkit" has been developed in collaboration with the SU Lerner Center and will be provided to each large employer. The Kits contain ideas and strategies employers can use to integrate healthy foods into the workplace. The objective will be to have four employers adopt healthy food policies by 2018.

Another strategy that will continue to be supported in Madison County is the promotion of The National Diabetes Prevention Program, (NDPP) an evidence-based program, is a partnership of public and private organizations working to reduce the growing problem of prediabetes and type 2 diabetes. The partners work to make it easier for people with prediabetes to participate in evidence-based, affordable, and high-quality lifestyle change

programs to reduce their risk of type 2 diabetes and improve their overall health, including better nutrition, physical fitness, and weight loss. The program educates participants about two essential components of reaching and maintaining healthy weights; increasing physical activity and nutrition, by eating in a more healthy way. Most participants lose 5 – 7% of their weight and increase their activity to recommended levels over the course of the one year program.

For the past 2 years, the Rural Health Council of Madison County has offered the NDPP program to individuals with prediabetes, in three locations within the county. Over the next two years, the Rural Health Council of Madison County will work to increase the number of trained Lifestyle coaches and the number and locations where classes are offered. The Rural Health Council will collaborate with the large employers to make NDPP classes available at least one new worksite in 2017 and one in 2018.

The Madison County 2008 Overweight and Obesity Issue Profile was updated in 2016 with current data and activities. The updated report provides approximately 235 strategies, ranging from individual to community based strategies. This report and the strategies contained within will provide a framework for work in this area over the next two years and will be available on www.healthymadisoncounty.org.

Specific Hospital Activities:

Oneida Healthcare intends to educate their nine physician practices on the importance of colorectal screening, will work with the Cancer Society to promote screening in the practices and meet with the Colorectal surgeon on the above initiatives. They will be incorporating this information in the annual employee health checks. They will be promoting colon cancer screening at their Ladies night out educational event in March 2017, attended by at least 50 people. They will be including colorectal cancer screening information in their monthly newsletter reaching 900 employees.

The Oneida Healthcare Dietician will continue to include information and tips for employees on exercise, healthy eating and stress release. The Wellness Committee will continue to promote healthy lifestyles for employees and will participate in the Employer Wellness Coalition. Oneida Healthcare will continue to conduct their Annual Employee Wellness

fair in October, continue to hold the employee run/walk in October, promote the Monday Mile and encourage employees to walk on a designated walk on lunch hours.

Community Memorial Hospital will commit staff to facilitate education of 23 providers at five family health centers and hospital staff the colorectal cancer screening initiative, staff time from the Employee Health nurse (and others as needed) to participate in the Worksite Wellness Coalition, and staff to assist with the implementation of initiatives from the Coalition. They will be adding questions regarding colorectal cancer screening and information to the employee annual health assessment. There are approximately 350 employees. The hospital will commit space and healthy meeting snacks as required for meetings and educational session.

Community Memorial Hospital and Oneida Healthcare currently and will continue to commit space and staff by providing National Diabetes Prevention Program at their facilities. The CNY Care Collaborative (DSRIP) has reached out to include the provision of these programs as resources in Project 3bi – Cardiovascular Disease Management.

The Madison County Department of Health outlined in their 2016-18 Strategic Plan that they “will coordinate and/or conduct health workshops/conferences/seminars/ or events for disseminating and collecting health information on workforce health and productivity management.” As part of their efforts, MCDOH will include information about improving Colorectal Cancer screening rates, enhancing access to healthy foods, and increasing physical activity in the workplace.

The Madison County Department of Health also will commit resources including staff time, data analysis and reports, health promotion, education and outreach, promotional materials and meeting room space.

Other key partners include the Rural Health Council of Madison County who will be charged with the creation and ongoing coordinating activities of the Worksite Wellness Coalition. Employers participating on the Worksite Wellness Coalition will be representative of our larger employers including; local government, community based organizations, College/Universities, public schools, and businesses. All of these employers will have a role in

educating their employees and adopting and implementing policies, programs and activities on the health issues of colorectal cancer screening and healthy weight.

The Steering Committee identified socioeconomic status as the key health disparity in Madison County. Embedded within each of our initiatives and activities, including; targeted education and outreach efforts, data analysis and assessments to determine specific needs and evidence based practices, providing linkages to resources, services and programs, will be a committed effort to address this health disparity.

Priority Work Plan Charts

Priority #1 Priority Area: Prevent Chronic Disease Focus Area 3: Increase Access to high quality Chronic Disease Preventive Care and Management in both clinical and community settings. Goal: Increase Colorectal Cancer screening rates by reaching public and private employers Outcome Objective: Increase Colorectal cancer screening from 65.4% to 80% of residents ages 50-75 by 2018					
Strategies	Process Measure	Lead Agency/ Partner Role	Partner Resources	By When	Disparity
Promote ACS “80% by 2018”; establish a company-wide goal for testing	*# of employers who sign the 80% by 2018 pledge (<i>note for baseline: As of 6/2016, five employers in Madison County have signed;</i> Goals: 4 in 2017, 4 in 2018)	American Cancer Society and Cancer Services	*promotion of 80 by 2018 *signing on to 80 by 2018 *ACS/CSP- promotion material * time, staff by Hospitals, Health Department *Hospitals & Health Department to support Worksite Wellness event	December 2018	Socioeconomic
Identification & distribution of best practices to improve colorectal screening friendly work culture	* # of worksites that received best practices information at Worksite Wellness Event	Rural Health Council of Madison County	*Rural Health Council staff *promotion/adoption of policies *PHIP Funds to hold Worksite wellness event	Early 2017	Socioeconomic
Employers engage insurance provider to provide CRC screening education to employees	*# of employers providing insurance coverage information *# of lunch n’ learns *# of paycheck stuffers with screening information (CMH) *# of newsletters with CRC testing information # of email distribution lists with CRC testing information	Employers	*Cancer Services Program – Educational Material for employers printing time *Rural Health Council Email distribution list for reminders Newsletter to Employers	December 2018	Socioeconomic

Priority #1 Priority Area: Prevent Chronic Disease Focus Area 3: Increase Access to high quality Chronic Disease preventive care and Management in both clinical and Community settings Goal: Increase screening rates for colorectal cancer Outcome Objective: Increase colorectal cancer screening rates from 65.4% to 80% of residents ages 50 – 75 by 2018					
Strategies	Process Measure	Lead Agency/ Partner Role	Partner Resources	By When	Disparity
Direct employee testing support (*reminders *assistance w/ getting test *small media *education)	*# of employers who send reminders to their employees *# of employers who assist with getting testing *# of employers sharing information in their newsletters and social media	Employers	*printing *time to put reminders in paychecks etc. *newsletters/ small media * Review of database to show compliance	December 2018	Socioeconomic
Outreach, support, promotion, and education for how to set up Flu/FIT (specifically target 50-75)	*# of Flu clinics that offer FIT/FoBT *# of trainings with employers *# of employer sponsored Flu clinics that offer FIT/FoBT	Health Department Pharmacy partner	*Health Department Physician Order *offering Flu clinics w/ FIT kits *promotion of community FIT events *Pharmacy	December 2018	Socioeconomic

Priority #2 Priority Area: Prevent Chronic Disease Focus area 1: Reduce Obesity in children and adults Goal: Expand the role of public and private employers in obesity prevention to improve the percentage of adults at a healthy weight. Outcome Objective: Decrease the rate of obese adults by 1% (from 31.5% to 30.5% by the end of 2018.)					
Strategies	Process Measure	Lead Agency/ Partner Role	Partner Resources	By When	Disparity
Increase NDPP (EBI) classes available	*# of class offered at worksites in Lunch and Learns 2017 – 1 worksite 2018 -1 worksite *# of promotions * # of geographic locations served 2017 – 1 add'l geographic area 2018 – 1 add'l area	MCRHC in partnership w/ Oneida Healthcare, Community Memorial Hospital	*MCRHC, CMH, OHC NDPP Workshop facilitators *Hospital locations/meeting spaces (Community Memorial and Oneida Healthcare) *Lifestyle coaches to promote and lead classes	December 2018	Socioeconomic
Conduct worksite survey	*# of businesses sent survey *# of businesses return survey	Employers	*MCRHC Data input *Employers distribute survey	December 2018	Socioeconomic
Assessment of Breastfeeding Policies	# of employers w/breastfeeding policies (through survey) # of employers w/breastfeeding policies at end of 2018	Employers	Madison County Department of Health promotions	December 2018	

Strategies	Process Measures	Lead Agency/Partner Role	Partner Resources	By When	Disparity
<p>Increase opportunities for physical activity at businesses</p>	<p>*# of sites with opportunities for physical activity *increase # of sites with opportunities for physical activity by 2018 *# of people using available physical activity opportunities. *Increase partnerships with places for activity (i.e. YMCA, colleges, school fitness rooms) # of Employers signing National Coalition for Promoting Physical Activity CEO Pledge- 1 worksite 2017 1 worksite 2018</p>	<p>Worksite Wellness Coalition And MCRHC</p>	<p>*Funds for printing, posting signs *Personnel time to install/maintain signs *Incentives for people to participate in MM*Time/Personnel to record/engage people who use activity opportunities</p>	<p>December 2018</p>	<p>Socioeconomic</p>

Process to maintain engagement, track progress and make corrections

The Madison County Rural Health Council will conduct the initial Workplace Wellness meeting with the goals of communicating the County's Health Priorities and to create a Madison County Worksite Wellness Coalition. Meetings are planned for 2017 to carry out the work plans addressing these two health issues. As we complete our initial plans, we would intend to have the coalition continue, to address other health related issues in the worksites, such as tobacco use, injury prevention and other identified health issues.

The Rural Health Council will track the health priority activities and performance. The survey tool used at the beginning of the formation of the Worksite Wellness Coalition would be given to employers at the end of 2017 and 2018 to track progress. After the end of 2017, if modifications in the plan are necessary to improve progress, there will be time to make the changes prior to the end of 2018. In early 2019 the Worksite Wellness Coalition will convene, to celebrate progress and reward successes.

Availability of Executive Summary to public

The 2016-18 Community Health Assessment update will be available on the Oneida Healthcare, Community Memorial Hospital, Madison County Department of Health, Madison County Rural Health Council and HealtheCNY websites. Copies of and links to the plan will be disseminated to target groups and stakeholders, e.g. large employers. The Community Health Assessment and Health Improvement Plan update will be sent to local media along with links to the full plan.

The Hospitals, Health Department and Rural Health Council of Madison County will make the plan available to their Board members.

APPENDIX A

2016-18 Community Health Assessment Update Steering Committee Members:

1. Eric Faisst, Director, Madison County Department of Health
2. Lisa Abbe, Director of Business Development, Oneida Healthcare
3. Denise Hummer, Vice President, Community Memorial Hospital
4. Rachel Kramer, PHIP, HealtheConnections

Community Stakeholder Group Participants:

1. Peter Cittadino, American Cancer Society
2. Wendy Hunt, Cancer Services
3. Sara Haag, Liberty Resources
4. Kevin J Prosser, Oneida Healthcare
5. Mary Parry, Oneida Healthcare
6. Julie Harney, Madison County Office for the Aging
7. Lindsay Gulla, Fidelis
8. Jacqueline Iacovelli, Excellus BlueCross Blue Shield
9. Leigh Silkowski, Madison County Department of Social Services
10. Aimee Walrath, HP HOOD
11. Dean Moffo, Tri-Valley YMCA
12. Hilary Hext, Marquardt Industries
13. Max Smith, United Healthcare
14. Deborah Seguin, Cornell Cooperative Extension
15. Brenda Wolak, BOCES
16. Joan Nicholson, SUNY Morrisville
17. Victoria Brown, Madison County Rural Health Council
18. Bonnie Slocum, Madison County Rural Health Council
19. Austin Anderson, Colgate University Student Intern

Upstate CNY MPH Program:

- Dr. Cynthia Morrow, MPH 607: Public Health Administration class students:
- Jeremy French-Lawyer, Jean Fidel Munezero, Amanda Ghanie, Allison Kilburg, Tia Marks, Samuel Michel, William Reed, Kathryn Wood