







Priority Area: Prevent Chronic Disease

Focus Area 1: Implementation Partners: K-12 schools, CBO's

PA Goal: 1.2 Increase skills and knowledge to support healthy food and beverage choices

CHIP Objective: To decrease the percentage of Wayne County students who are obese from 19.7% to 16.4%

Disparities: Lower SES students enrolled in Wayne County schools with the highest percentage obesity as reported by NYSDOH

Intervention 1.0.4: Multi-component school-based obesity prevention interventions.

Outreach and collaboration with decision makers to inform and educate on evidenced based interventions, policies and environmental changes that

address obesity in children.

Proposed Activities: 1. Assess readiness of at least one school district identified as having a higher percentage of obese students.

2. Conduct a readiness assessment of at least one school district with a higher percentage of obese students.

3. Assisted decision makers in identifying potential strategies/policies (WHAT WORKS) appropriate for their purview to reduce (obesity) risk factors

and improve health for the population they serve.

4. Invite decision maker to participate on CHIP committee.

5. Work with key stakeholders to implement strategies, review and or modify policies to decrease obesity by promoting healthy eating policies,

increase physical activity etc.

Family of Measures: # of outreach activities/communications with schools

of new programs or strategies to address obesity risk factors implemented

of policies reviewed or modified

of new policies to address obesity risk factors among school aged children.

Partner Roles: LHD will work with Community Schools to identify opportunities to engage with decision makers and opportunities to share data.

(Finger Lakes Community Action) and other stakeholders will collaborate to work with school districts and parent-teacher organizations (PTOs) to

support policy, and environmental changes that target physical activity and nutrition before, during or after school.

Wayne County Public Health will assign at least one staff person to school advisory council/committee.









Priority Area: Prevent Chronic Disease

Focus Area 1: Healthy Eating and Food Security

Implementation Partners: FQHC (Finger Lakes Community Health)

CBO's (CCE, Pivital).

PA Goal: 1.3 Increase food security

CHIP Objective 1.13

Increase the percentage of adults with perceived food security (among all adults)

Disparities: Low-income children and families

Intervention 1.0.6: Screen for food insecurity, facilitate and actively support referral

Proposed Activities: 1. Established partnerships with at least two food retailers who will accept A Healthy Hand Food Vouchers

2. Established partnership with at least 1 medical office in year 1 of the program who will screen for food insecurity (FI) among their patients

3. Developed of FI screening tool and referral system

4. Engaged with eligible families

5. Distributed food vouchers based on screening, engagement with engagement specialist and participation in cooking matters classes with

Wayne County CCE

Family of Measures: # of food retailers who agree to accept A Healthy Hand Food Vouchers

of individuals who screen + for FI

Percentage of adults screened who report increased food security

Percentage of vouchers redeemed

of families who receive SNAP benefits

Partner Roles: Pivital Health Partnership Food Security Engagement Specialist, will engage with individuals and families to reduce barriers and increase food

security

The FQHC staff will implement FI screening tool and make referrals to A Healthy Hand Engagement Specialist

WCPH will provide office space for engagement specialist and will promote the program on their various social media sites and webpage

Wayne County CCE will facilitate Cooking Matters classes for eligible A Healthy Hand Families/Individuals.









Priority Area: Prevent Chronic Disease

Focus Area 3: Tobacco prevention

Implementation Partner: Newark Wayne Community Hospital RRH,

Regional Cessation Center, WCPH, & WBHN

PA Goal: Goal 3.2 Promote tobacco use cessation

CHIP Objective: To decrease the percentage of adult smokers in Wayne County from 22.3% to below 20% by the end of the CHIP cycle.

Disparities: Lower SES current smokers

Intervention 3.2.1: To assist medical and behavioral health care organizations (defined as those organizations focusing on mental health and substance use

disorders) and provider groups in establishing policies, procedures and/or workflows to facilitate the delivery of tobacco dependence treatment, consistent with the Public Health Service Clinical Practice Guidelines, with a focus on Federally Qualified Health Centers,

Community Health Centers and behavioral health providers.

Proposed Activities: Support Wayne County smokers ages 18 and over in their quit attempts by offering them 6 months of NRT and one to one support

Work with cessation center to track the number of medical provider offices who are referring their patients to the NYS Smoker's

Quitline, Wayne County Public Health and or other sources of cessation services.

WCPH and or its partners will provide PH detailing toolkits to medical provider offices.

Promote cessation services on social media and other outreach/educational offerings

Family of Measures: # of Wayne County residents who contacted the NYS Smoker's Quit line annually

of smoking cessation clients referred and assisted by WCPH staff

Percent of WCPH clients who report not smoking at the end of 6 months

of WCPH staff trained to facilitate smoking cessation for individuals and groups, # of patients provided NRT

Partner Roles: WCPH staff will provide cessation services and promote cessation services, provide NRT to those that qualify

Newark Wayne Hospital/RRH Medical Provider offices located in Wayne County will increase referrals to cessation services or prescribe

NRT or other pharmacological mediations to help patients quit smoking.

RRH will share data as requested with WHIP committee.

Smoking Cessation Center will work with medical provider offices to increase the # of offices with workflow processes to facilitate

referrals.









Priority Area: Prevent Chronic Disease

Focus Area 3: Tobacco prevention Implementation Partner: K-12 Schools/CBOs, & WCPH

PA Goal: 3.2 Promote tobacco use cessation

Disparities: Adolescents addicted to nicotine or current users of nicotine including electronic nicotine delivery systems

Increase availability of EBI's (evidenced based interventions) to assist Wayne County youth with tobacco/nicotine

cessation

Proposed Activities: WCPH staff to be trained to facilitate INDEPTH and NOT

WCPH will promote INDEPTH training to individuals working with youth in school settings

Promote youth cessation services available

Implement NOT and INDEPTH for youth who report nicotine youth and/or who violate school vaping policies

Work with schools and school health and wellness committees to review and revise vaping policies and increase cessation

services.

Family of Measures: Total number of school personnel trained to facilitate INDEPTH and NOT

Number of school policies reviewed and revised (as needed) re: youth vaping at school

Number of youth referred for INDEPTH who complete all 4 sessions

Number of youth who completed NOT

The percent of % youth who complete NOT program and report they no longer use nicotine or ENDS

Percentage of INDEPTH youth who do not re-violate their school's vaping policies

Percentage of NOT youth who report no longer using a vape or use nicotine at 3 and 6 months.

Partner Roles: School partners will refer youth who violate school vaping policy to the INDEPTH program. WCPH staff will facilitate

INDEPTH and NOT programs in the community and in local schools. WCPH will conduct outreach to parents and youth

about the EBI provided. Schools will identify staff to be trained to facilitate INDEPTH and or NOT.









Promote Well-Being and Prevent Mental and Substance Use Disorders

Focus Area 2: Prevent Mental and Substance User Disorders Implementation Partners: CBO's, WBHN,& WCPH

Goal 2.2 Prevent opioid overdose deaths

Objective: 2.2.4 Reduce all emergency department visits (including outpatients and admitted patients) involving any opioid overdose, age-adjusted

rate by 5% to 53.3 per 100,000 population

Disparities:Young adults and those of Low SES who use opiates

Increase access to addiction services and Opioid Use Disorder Treatments, Increase access to Opioid Overdose medications among drug

users, their families and friends, encourage safe use among PWSUD

Proposed Activities: A minimum of 10-shared messages will be developed and shared to reduce stigma,

12 Narcan trainings will be offered

Family of Measures: # of Opioid patients referred/served

of people trained in the administration of Narcan

of Narcan Trainings held

of Narcan kits used

of overdose deaths reported

of shared messages distributed

Partner Roles:

Opioid Coalition will develop shared messages; regularly promote availability of treatment services, and risk reduction strategies

WBHN will share Opioid Admission into Treatment data, OD Map data analyzed

WCPH will support WBHN in providing Narcan Training for community responders.









Promote Well-Being and Prevent Mental and Substance Use Disorders

Focus Area 2: Prevent Mental and Substance User Disorders Implementation Partners: LGU, WCPH & RRH

Goal 2.2 Prevent opioid overdose deaths

Objective: 2.2.4 Reduce all emergency department visits (including outpatients and admitted patients) involving any opioid overdose, age-adjusted

rate by 5% to 53.3 per 100,000 population

Disparities: Individuals with SUD or those at high risk

Increase access to addiction services and Opioid Use Disorder Treatments, Increase access to Opioid Overdose medications among drug

users, their families and friends, encourage safe use among PWSUD

Proposed Activities: By December 2023, the Opioid Task Force will develop an action plan and create sub-committees to increase access to treatment

services and OD medications to prevent opioid overdoses.

Family of Measures: # of Collaborations working to increase access to treatment and OD medications

of messages created and shared to reduce stigma as it related to individuals with SUD and/or about medications used for opioid use

disorder, # of sud prevention programs implemented in schools

Partner Roles: Various committees of the OTF and Wayne Wellness will work to develop public facing messages. Members of cross system agencies will

actively collaborate and participate in the Opioid Task Force and it various sub-committees. WCPH and WBHN will provide Narcan

trainings in the community. Educate substance users on safe use practices.









Promote Well-Being and Prevent Mental and Substance Use Disorders

Focus Area 2: Prevent Mental and Substance User Disorders Implementation Partners: CBO's, WBHN, RRH

Goal: Prevent opioid overdose deaths

Objective: 2.2.4 Reduce all emergency department visits (including outpatients and admitted patients) involving any opioid

overdose, age-adjusted rate by 5% to 53.3 per 100,000 population

Disparities: Young adults and those of Low SES

Intervention: Support and Sponsor X-Express buprenorphine prescribing for beginners, a 1-hour training to increase prescriber

capacity in Wayne County.

Proposed activities: Sponsor or support at least one X-Express buprenorphine prescribing for beginners training.

Educate providers about how they can become prescribers.

Promote trainings to local providers and encourage their participation.

Family of Measures: # of X-Express Trainings Offered

of new buprenorphine prescribing providers

Partner Roles: WCPH will participate on the OTF sub-committees, work with the committee to promote prescriber training, task

force members will conduct public health detailing to educate and encourage local providers to become

buprenorphine prescribers.









Promote Well-Being and Prevent Mental and Substance Use Disorders

Focus Area 2: Promote Well-Being and Prevent Mental and Substance Use Disorders Implementation Partner: CBO's/LGU, & WCPH

Goal 2.5: Prevent suicides

Objective 2.5.4: Identify and support people at risk: Gatekeeper Training, crisis intervention, treatment for people at risk of suicide, treatment to prevent

re-attempts, post-intervention, safe reporting and messaging about suicides

Disparities: Youth, males, and older adults

Interventions: Promote and offer gatekeeper trainings, collaborate with Suicide Prevention Coalition to reduce access to lethal means such as

promotion of the use of gunlocks.

Proposed Activities: At least one Gatekeeper training to be offered by December 2023.

A minimum of five PH employees and/or other members of the Wayne County Suicide Coalition to be trained in Talk Saves Lives or

another Gatekeeper training.

A minimum of four educational events to be provided to the community. One Shared message a month will be developed and shared via

social media and through other outreach activities, promotion of suicide awareness, conduct outreach via tabeling events, promote gun

safety/injury prevention to reduce access to lethal means.

Family of Measures: # of trainings offered, # of suicide coalition meetings held, # of gunlocks provided

of participants trained, # of suicides reported

of people trained who felt confident applying suicide prevention skills, active listening, problem-solving, anger management, and stress

management skills to identify and refer individuals at risk for suicide to appropriate care;

of people trained with increased knowledge of about the signs and symptoms of suicide, as well as the mental health problems

associated with suicide, such as depression and substance abuse (e.g., depression is an illness that a doctor can treat)

of awareness events, presentations outreach events held.

Partner Roles: Suicide coalition will work to plan and organize trainings. Members trained will deliver presentations in the community. Suicide coalition

members and WHIP committee members will promote suicide awareness to reduce stigma at outreach and education events held in the

community.