

Priority	Focus Area (select one from drop down list)	Goal Focus Area (select one from drop down list)	Objectives	Disparities	Interventions	Family of Measures	Projected (or completed) Year 1 Intervention	Projected Year 2	Projected Year 3 Interventions	Implementation Partner (Please select one partner from the dropdown list per row)	Partner Role(s) and Resources
Prevent Chronic Disease	Focus Area 3: Tobacco prevention	Goal 3.2 Promote tobacco use cessation	By December 2021, Health Systems for a Tobacco-Free NY will partner with and educate decision makers of 7 medical health systems within the nine county service area to support the development of comprehensive, guideline concordant and evidenced-based policies that address tobacco dependence within their patient population.		Health Systems for a Tobacco-Free NY works with health system administrations to integrate policies and practices that ensure the consistent delivery of aggressive tobacco dependence treatment in accordance with the Public Health Service's Clinical Practice Guidelines for Tobacco Use and Dependence. Health Systems for a Tobacco-Free NY is a program of the Health Promotion Center of GFH and is partially funded by the NYS DOH. This initiative is implemented in Clinton, Essex, Franklin, Fulton, Hamilton, Montgomery, Saratoga, Warren and Washington counties.	# of educational touches to decision makers at each of the identified behavioral health system targets. # of adopted comprehensive policies that complete systems level change to address tobacco dependence as directed by the Public Health System's 2008 Clinical Guidelines for Treating Tobacco Use and Dependence .	Engage or re-engage significant medical health care systems and their key administrators within the nine county area to approach with the health improvement initiative. Enlist influential local and regional organizations and members in activities that support and advance advocacy with decision makers of the targeted medical health systems. Engage these targeted medical health systems to ascertain the current state of each system's tobacco use and dependence interventions.	Partner with the targeted medical health systems to establish and integrate system-level policies and procedures that meet the Public Health Service Clinical Guidelines for Tobacco Use and Dependence. Lead target health systems to measure the implementation of the evidence-based policy in order to enhance the protocols where needed, and to impact the sustainability of the initiative.	Due to the timing of the grant cycle, the specific initiatives for 2021 have not been identified yet. Later in 2020, more information will be available to determine the scope of work for 2021.	Providers	This initiative partners with Medical Health Systems and specifically looks to engage providers and administrators or other key decision makers of those systems. This could include hospital systems, Federally Qualified Health Centers or private practices.
			By December 2021, Health Systems for a Tobacco-Free NY will partner with and educate decision makers of 7 behavioral health systems within the nine county service area to support the development of comprehensive, guideline concordant and evidenced-based policies that address tobacco dependence within their patient population.	Individuals with low income, low educational attainment and individuals diagnosed with mental health issues. These specific populations are prioritized because of their disproportionate use of tobacco products in comparison to the general population.	Health Systems for a Tobacco-Free NY works with health system administrations to integrate policies and practices that ensure the consistent delivery of aggressive tobacco dependence treatment in accordance with the Public Health Service's Clinical Practice Guidelines for Tobacco Use and Dependence. Health Systems for a Tobacco-Free NY is a program of the Health Promotion Center of GFH and is partially funded by the NYS DOH. This initiative is implemented in Clinton, Essex, Franklin, Fulton, Hamilton, Montgomery, Saratoga, Warren and Washington counties.	# of educational touches to decision makers at each of the identified behavioral health system targets. # of adopted comprehensive policies that complete systems level change to address tobacco dependence as directed by the Public Health System's 2008 Clinical Guidelines for Treating Tobacco Use and Dependence .	Engage or re-engage significant behavioral health care systems and their key administrators within the nine county area to approach with the health improvement initiative. Enlist influential local and regional organizations and members in activities that support and advance advocacy with decision makers of the targeted behavioral health systems. Engage these targeted behavioral health systems to ascertain the current state of each system's tobacco use and dependence interventions.	Partner with the targeted behavioral health systems to establish and integrate system-level policies and procedures that meet the Public Health Service Clinical Guidelines for Tobacco Use and Dependence. Lead target health systems to measure the implementation of the evidence-based policy in order to enhance the protocols where needed, and to impact the sustainability of the initiative.	Due to the timing of the grant cycle, the specific initiatives for 2021 have not been identified yet. Later in 2020, more information will be available to determine the scope of work for 2021.	Providers	This initiative partners with Behavioral Health Systems and specifically looks to engage providers and administrators or other key decision makers of those systems. This could include hospital systems, Federally Qualified Health Centers or private practices.
			By December 2021, individuals attending the smoking cessation programs will demonstrate a 20% decrease in the number of cigarettes smoked	Individuals at high-risk for poor health outcomes	The C.R. Wood Cancer Center offers smoking cessation programs for patients and community members. The 4 week program is currently offered four times a year, led by Oncology Nurse Navigators at the Cancer Center.	% average decrease of cigarettes smoked by program participants	Provide quarterly smoking cessation programs; Offer individual smoking cessation counseling to patients whom have been diagnosed with any type of cancer; provide pre-post program evaluations for effectiveness of the program; provide timely follow-up to ensure and reinforce knowledge base.	Provide quarterly smoking cessation programs; Offer individual smoking cessation counseling to patients whom have been diagnosed with any type of cancer; provide pre-post program evaluations for effectiveness of the program; provide timely follow-up to ensure and reinforce knowledge base.	Provide quarterly smoking cessation programs; Offer individual smoking cessation counseling to patients whom have been diagnosed with any type of cancer; provide pre-post program evaluations for effectiveness of the program; provide timely follow-up to ensure and reinforce knowledge base.	Providers	Providers, local health departments, and other community based organizations advertise the classes to their patient populations as appropriate. GFH Health Promotion Center provides program materials for the classes.
	Focus Area 4: Preventive care and management	Goal 4.1 Increase cancer screening rates	By December 2021, conduct cancer screenings in priority populations to ensure: • 20% of clients screened are women who are rarely or never screened • 20% of clients screened are those needing comprehensive screenings (breast, cervical and colorectal)	Low socio-economic status populations and uninsured individuals with limited access to screening services	The Integrated Breast, Cervical and Colorectal Cancer Screening Program provides comprehensive screening for uninsured residents. Cancer Services Program (CSP) partners with close to 50 local health care providers for screening services. Outreach and education practices are in place with strong relationships cultivated with community partners. The CSP partners are key community leaders, public health departments, elected officials, the Chamber of Commerce and the local libraries. The CSP is a program of C.R. Wood Cancer Center of GFH and is partially funded by the NYS DOH.	% of clients screened (in each population identified in the objective)	Develop and implement advertising campaigns during breast, cervical and colorectal cancer awareness months (October, January & March). Broaden inreach efforts within GFH to include the ED and Behavioral Health Services to identify uninsured and age-eligible people for cancer screenings. Utilize the CSP centralized intake system to ensure comprehensive screenings have been completed.	Develop and implement advertising campaigns during breast, cervical and colorectal cancer awareness months (October, January & March). Broaden inreach efforts within GFH to include the ED and Behavioral Health Services to identify uninsured and age-eligible people for cancer screenings. Utilize the CSP centralized intake system to ensure comprehensive screenings have been completed.	Develop and implement advertising campaigns during breast, cervical and colorectal cancer awareness months (October, January & March). Broaden inreach efforts within GFH to include the ED and Behavioral Health Services to identify uninsured and age-eligible people for cancer screenings. Utilize the CSP centralized intake system to ensure comprehensive screenings have been completed.	Providers	Providers and community-based organizations provide referrals
		Goal 4.3 Promote evidence-based care to prevent and manage chronic diseases including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity	By December 2021, maintain above 75% completion of HCBS assessments By December 2021, increase enrollment of the HARP population by 5% annually (baseline to be set in 2019)	This patient population presents with multiple social determinants of health and compliance issues.	A Health Home is a care management service model whereby all of an individual's caregivers communicate with one another so that a patient's needs are addressed in a complete and comprehensive manner. A HARP is a managed care product that manages physical health, mental health, and substance use services in an integrated way for adults with significant behavioral health needs (mental health or substance use). HARPs manage the Medicaid services for people who need them, manage an enhanced benefit package of HCBS and provide enhanced care management for members to help them coordinate all their physical health, behavioral health and non-Medicaid support needs. The intervention is to increase the engagement and enrollment of the HARP (Health and Recovery Plan) population for Health Home Care Coordination and Home & Community Based Services (HCBS)	% completion of HCBS assessments % increase in enrollment of HARP patients	Complete all trainings for the HH CC regarding HCBS services, HARP requirements & mandatory assessments.	Increase in HCBS service availability, increase HCBS assessment completion and increase in HARP enrollment.	Increase in HCBS service availability, increase HCBS assessment completion and increase in HARP enrollment.	Other (please describe partner and role(s) in column D)	AH! Lead Health Home: Training, Tracking & reporting back to the CMA. HCBS service Providers: Training & making sure the Lead HH & CMA's are aware of their services, staffing and availability. Patients: engaging with the programs

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	Focus Area 1: Healthy eating and food security	Goal 1.1 Increase access to healthy and affordable foods and beverages	By December 2021, improve school environments to support and promote healthful eating before, during and after the school day for all students in grades K-12 by implementing environmental and board approved policy changes across 14 identified schools.	Low socio-economic status populations as demonstrated by schools and communities with the 1) highest percent of district population living in poverty; 2) highest percent of the population with less than a high school education; 3) highest percent of students qualifying for free/reduced lunch; 4) highest percent of children living in poverty; and 5) highest percent of students who are obese.	The Creating Healthy Schools and Communities initiative works with school districts to implement sustainable policy, systems and environmental changes in high needs school districts and the communities where the students and their families live. Work focuses on increasing access to healthy, affordable foods and beverages and expanded opportunities to be physically active. Creating Healthy Schools and Communities is a program of the Health Promotion Center of Glens Falls Hospital and is partially funded by the NYS DOH. This initiative is implemented in school districts and communities located in Warren and Washington counties.	# of schools implementing environmental and/or policy changes.	Increase access to healthy, affordable foods through implementing policies that increases a school districts ability to meet Healthy Hunger-Free Kids Act provisions. Promote student wellness through the assessment, development, improvement and implementation of local School Wellness Policies.	Increase access to healthy, affordable foods through implementing policies that increases a school districts ability to meet Healthy Hunger-Free Kids Act provisions. Promote student wellness through the assessment, development, improvement and implementation of local School Wellness Policies.	Due to the timing of the grant cycle, the specific initiatives for 2021 have not been identified yet. Later in 2020, more information will be available to determine the scope of work for 2021.	K-12 School	Food service directors, teachers, administrators, school wellness committee, community based organizations are involved with policy or environmental change development, approval and implementation.
			By December 2021, enhance opportunities for improved nutrition by implementing policy or environmental changes across 5 identified communities.	Low socio-economic status populations as demonstrated by schools and communities with the 1) highest percent of district population living in poverty; 2) highest percent of the population with less than a high school education; 3) highest percent of students qualifying for free/reduced lunch; 4) highest percent of children living in poverty; and 5) highest percent of students who are obese.	The Creating Healthy Schools and Communities initiative works with school districts to implement sustainable policy, systems and environmental changes in high needs school districts and the communities where the students and their families live. Work focuses on increasing access to healthy, affordable foods and beverages and expanded opportunities to be physically active. Creating Healthy Schools and Communities is a program of the Health Promotion Center of Glens Falls Hospital and is partially funded by the NYS DOH. This initiative is implemented in school districts and communities located in Warren and Washington counties.	# of communities implementing environmental and/or policy changes.	Increase access to healthy, affordable foods through the implementation of zoning regulations, cooperative buying groups and creating or enhancing food hubs. Increase adoption and use of food standards and procurement policies in municipalities, community-based organizations, worksites and hospitals.	Increase access to healthy, affordable foods through the implementation of zoning regulations, cooperative buying groups and creating or enhancing food hubs. Increase adoption and use of food standards and procurement policies in municipalities, community-based organizations, worksites and hospitals.	Due to the timing of the grant cycle, the specific initiatives for 2021 have not been identified yet. Later in 2020, more information will be available to determine the scope of work for 2021.	Other (please describe partner and role(s) in column D)	Businesses/worksites, libraries, recreation centers, municipalities, community-based organizations and food pantries are involved with policy or environmental change development, approval and implementation.
	Focus Area 2: Physical activity	Goal 2.2 Promote school, child care and worksite environments that increase physical activity	By December 2021, improve school environments to support and promote increased opportunities for physical activity, before, during and after the school day for all students in grades K-12 by implementing environmental and board approved policy changes across 14 identified schools.	Low socio-economic status populations as demonstrated by schools and communities with the 1) highest percent of district population living in poverty; 2) highest percent of the population with less than a high school education; 3) highest percent of students qualifying for free/reduced lunch; 4) highest percent of children living in poverty; and 5) highest percent of students who are obese.	The Creating Healthy Schools and Communities initiative works with school districts to implement sustainable policy, systems and environmental changes in high needs school districts and the communities where the students and their families live. Work focuses on increasing access to healthy, affordable foods and beverages and expanded opportunities to be physically active. Creating Healthy Schools and Communities is a program of the Health Promotion Center of Glens Falls Hospital and is partially funded by the NYS DOH. This initiative is implemented in school districts and communities located in Warren and Washington counties.	# of schools implementing environmental and/or policy changes.	Support implementation of Comprehensive School Physical Activity Programs. Promote student wellness through the assessment, development, improvement and implementation of local School Wellness Policies.	Support implementation of Comprehensive School Physical Activity Programs. Promote student wellness through the assessment, development, improvement and implementation of local School Wellness Policies.	Due to the timing of the grant cycle, the specific initiatives for 2021 have not been identified yet. Later in 2020, more information will be available to determine the scope of work for 2021.	K-12 School	Administrators, physical education teachers, school wellness committees are involved with policy and environmental change development, approval and implementation.
		Goal 2.1 Improve community environments that support active transportation and recreational physical activity for people of all ages and abilities.	By December 2021, enhance opportunities for improved physical activity by implementing policy or environmental changes across 5 identified communities.	Low socio-economic status populations as demonstrated by schools and communities with the 1) highest percent of district population living in poverty; 2) highest percent of the population with less than a high school education; 3) highest percent of students qualifying for free/reduced lunch; 4) highest percent of children living in poverty; and 5) highest percent of students who are obese.	The Creating Healthy Schools and Communities initiative works with school districts to implement sustainable policy, systems and environmental changes in high needs school districts and the communities where the students and their families live. Work focuses on increasing access to healthy, affordable foods and beverages and expanded opportunities to be physically active. Creating Healthy Schools and Communities is a program of the Health Promotion Center of Glens Falls Hospital and is partially funded by the NYS DOH. This initiative is implemented in school districts and communities located in Warren and Washington counties.	# of communities implementing environmental and/or policy changes.	Adopt and implement Complete Streets policies, plans and practices.	Adopt and implement Complete Streets policies, plans and practices.	Due to the timing of the grant cycle, the specific initiatives for 2021 have not been identified yet. Later in 2020, more information will be available to determine the scope of work for 2021.	Other (please describe partner and role(s) in column D)	Local Municipalities, local government officials, Highway Superintendents are involved with policy and environmental change development, approval and implementation.