

CROUSE HEALTH 2016-2018



Community Service Plan



March 31, 2017



Copies of this report are available online at crouse.org/commplan



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Executive Summary

Crouse Health's Community Service Plan was developed from the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) process headed by the Onondaga County Health Department (OCHD). OCHD organized a year-long process working with the CHA/CHIP Steering Committee to gather community input, identify priorities and provide a plan of activities. Along with Crouse Health, St. Joseph's Health Hospital and Upstate University Hospital were represented on the Steering Committee as well as representatives from Syracuse University's Lerner Center for Public Health Promotion, HealthConnections and the Central New York Care Collaborative. To gather input during the planning process a community engagement survey was developed and disseminated throughout Onondaga County. Over 3,000 county residents responded to the survey. Focus groups were also held to gather input from underrepresented groups.

The CHA/CHIP and the resulting Crouse Health Community Service Plan were also informed by data sources provided by the New York Department of Health and others. They include:

- NYS DOH County Health Assessment Indicators
- 2013 – 2014 Expanded Behavioral Risk Factor Surveillance System
- County Health Rankings
- Statewide Planning and Research Cooperative System
- Onondaga County Medical Examiner's Office
- Statewide Perinatal Data System
- Onondaga County Health Department Bureau of Surveillance and Statistics
- Onondaga County Health Department Bureau of Disease Control

The priorities focused on were chosen based on the county's greatest health needs as well as New York State's Prevention Agenda. Those priority areas are to promote mental health and prevent substance abuse and to prevent chronic disease. The interventions in the CHA/CHIP as well as Crouse's Community Service Plan are focused on addressing opioid abuse with the goal of reducing opioid-related overdose deaths. They are also focused on reducing obesity, enhancing chronic disease self-management and linkages with primary care.

Crouse Health's activities developed to increase the community's health outlined on the chosen priorities are described in detail in this Community Service Plan. For the priority area of promoting mental health and preventing substance abuse the activities include: preventing substance abuse by providing education to providers on patient pain management; implementing community-based educational campaigns to increase awareness of the opioid abuse problem; standardizing the prescription drug monitoring program in Emergency Departments and increasing the number of referrals for patients with substance abuse disorders. For the priority area of preventing chronic disease activities include: expanding the reach of nutrition, exercise and wellness programs; increasing the percentage of infants exclusively breastfed; expanding tobacco cessation activities and promoting culturally relevant chronic disease self-management education and prevention.



Crouse Health will track the progress of priority area activities throughout the years covered in this plan. Methods to track progress will include:

- Number of program participants
- Percentage decrease in affected individuals
- Number of programs presented
- Number of unique visits to program-related educational websites
- Number of referrals

The Community Health Assessment/Community Health Improvement Plan and Crouse Health's Community Service Plan were accepted by Crouse Health's Board of Directors.

Crouse Health is indebted to the CHA/CHIP Planning Committee, notably Onondaga County Health Department Commissioner Dr. Indu Gupta, Rebecca Shultz, Director of Surveillance and Statistics and Bridget Lenkiewicz, Research Technician, for all their work and guidance in compiling the CHA/CHIP.



About Crouse Health

The Community Health Assessment and Improvement Plan was developed through a collaboration between the Onondaga County Health Department (OCHD) and the CHA/CHIP Steering Committee, which included representatives from Crouse Health, St. Joseph's Hospital Health Center, Upstate University Hospital, HealthConnections and the CNY Care Collaborative.

The Community Service Plan was developed by Crouse Health based upon:

- Crouse's mission, vision, values and strategic initiatives
- Onondaga County Community Health Improvement Plan
- CNY Care Collaborative Community Health Assessment
- New York State's 2013 -2018 Prevention Agenda

Crouse Health Mission

To provide the best in patient care and to promote community health.

Vision

- Service excellence
- Dynamic work environment
- Building on center of clinical and organizational excellence
- Innovation and collaboration
- Financial and resource stewardship

Values

- C**ommunity — working together
- R**espect — honor, dignity and trust
- O**pen and honest communication
- U**ndivided commitment to quality
- S**ervice to our patients, physicians and employees
- E**xcellence through innovation and creativity

Strategic Initiatives 2017 – 2018

- **Crouse Culture** – Nurture relationships; encourage diversity and inclusion
- **Access to Healthcare** – Improve access to care through continued growth of Crouse Medical Practice and expanded Emergency and Critical Care services
- **Strategic Partnerships** – Continue to seek partnerships and affiliations to expand key growth areas including population health
- **Service Line Growth** – Including women's and infants' and primary care
- **Crouse Health System** – Focused on enhancing the network of hospital and community-based partners and services to meet the mission



Community Served by Crouse Health

Onondaga County covers 780 square miles in Central New York State. With a population of 468,463 (2015), Onondaga is the sixth most populous county in upstate New York. Onondaga County has a population density of 600 persons per mile. The County seat is the City of Syracuse, where nearly one-third of County residents reside. With a population of 144,142 (2015), Syracuse is the largest city in the Central New York region and fourth largest upstate New York city. In addition to Syracuse, 19 towns, 15 villages, and the Onondaga Nation territory lie within the County's borders. Interstates 90 and 81 are major east-west and north-south highways that intersect just north of Syracuse.

Crouse Health is located in the city of Syracuse. The demographic and socioeconomic characteristics of a population have a significant impact on health behaviors, healthcare access and utilization of health services. These factors in turn influence health outcomes on a population level. The substantial differences in the socio-demographics between residents of Syracuse and the rest of Onondaga County lead to geographic disparities in health status and are a crucial consideration during the community health planning process

Eighty-seven per cent of Crouse Health inpatient and outpatient discharges reside in Onondaga County. Crouse Health cares for inpatients and outpatients from surrounding counties primarily for two service lines: women's and infants' services, specifically high-risk perinatal patients and infants admitted to the neonatal intensive care unit, and chemical dependency treatment services (CDTS).

Since 1975, Crouse has served as the New York State-designated Regional Perinatal Center (RPC) for high-risk perinatal and neonatal services. New York State's system includes a hierarchy of four levels of perinatal care provided by the hospitals within a region and led by a Regional Perinatal Center, which provides the most sophisticated care and provides education, advice and support to affiliate hospitals in their region. Crouse provides the clinical services of the Central New York Regional Perinatal Program for 18 birthing hospitals in the region. The center's Baker Regional Neonatal Intensive Care Unit (NICU) admits more than 900 premature and critically ill infants each year. Dedicated to the care and well-being of mothers and babies in the 14 counties that comprise the hospital's service area, the program provides specialized care during pregnancy and/or the newborn period. Crouse's service area spans from St. Lawrence County in the northern part of the state, to Broome and Tioga counties in the southern tier.

Crouse CDTS is the region's largest provider of substance abuse services, and is the only hospital-based program in the region. CDTS provides a comprehensive system of assessment and treatment services for patients with Substance Use Disorder (SUD) at varied levels of care. From hospital-based withdrawal management, residential treatment, medication assisted treatment with methadone, suboxone and vivitrol, to a variety of outpatient programs, Crouse CDTS provides options to meet the unique needs of individuals with substance use disorders. Crouse programs include gender specific treatment for women; adolescents; Older Adult Recovery Program for adults 50 and older; Recovery Challenge program for individuals with substance use disorders



and co-occurring conditions such as developmental disabilities and traumatic brain injury; a co-occurring disorder program for individuals with both substance use disorders and mental health diagnoses; and programs geared towards individuals involved with the criminal justice system. In addition Crouse provides addiction psychiatry to individuals presenting with both substance use disorders and co-occurring mental health symptoms. Approximately 79% of CDTS patients reside in Onondaga County and out of those 74% are residents of the City of Syracuse. In 2016, there were 215,383 patient service visits.

Inpatient and outpatient discharges for Onondaga and the next highest counties:

County	Discharges
Onondaga	127,415
Oswego	11,152
Madison	5,098
Oneida	3,723

Crouse Health serves as a safety net hospital for Onondaga County. In 2016, the payer composition of the inpatient and outpatient populations Crouse served was: (1) Medicaid – 32%; (2) Medicare – 23%; self pay – 4%; commercially insured – 38%.



New York State Prevention Agenda Priorities for Onondaga County and Crouse Health

Introduction

The following section outlines the Prevention Agenda Priorities determined by health and public health professionals following an in-depth data review as well as the community through a wide-ranging community engagement process.

Onondaga County Health Department led the effort with input from the Steering Committee which included the three local hospitals, Syracuse University, HealtheConnections and the Central New York Care Collaborative. The Health Department has published extensive information on the priorities, Onondaga County health statistics, the process of community engagement and plans to improve the community's health in the *Onondaga County Community Health Assessment and Improvement Plan, 2016 – 2018* which can be found at www.ongov.net/health; the New York State Prevention Agenda can be found at https://www.health.ny.gov/prevention_agenda/2013-2017/.

Prevention Agenda Priority Area: Promote Mental Health and Prevent Substance Abuse

Mental Health

In Onondaga County, 15.6% of adults reported experiencing poor mental health for 14 or more days in the last month compared to 11.8% in NYS excluding NYC.¹ Both Onondaga County and NYS excluding NYC have not met the Prevention Agenda objective of 10.1%.

Suicide and Self-inflicted Injury

Onondaga County has a higher rate of self-inflicted injury hospitalizations, particularly among those age 15 to 19 years, than NYS excluding NYC (Table 4). The suicide death rate in Onondaga County is also higher than in NYS excluding NYC, and neither meet the Prevention Agenda objective of 5.9 per 100,000. Particularly concerning is the increasing trend in suicide death rates in both Onondaga County and NYS excluding NYC, from 2009-2011 to 2012-2014 (Figure 7).

Table 4. Injury indicators, Onondaga County and NYS excluding NYC, 2012-2014

Indicator	Onondaga County	NYS excluding NYS
Age-adjusted self-inflicted injury hospitalizations (per 10,000)	7.9	6.8
Self-inflicted injury hospitalizations (per 10,000)—Aged 15-19 years	14.5	12.9
Age-adjusted suicide mortality rate (per 100,000)	10.6	9.5
Suicide mortality rate (per 100,000)—Aged 15-19 years	6.7*	5.9

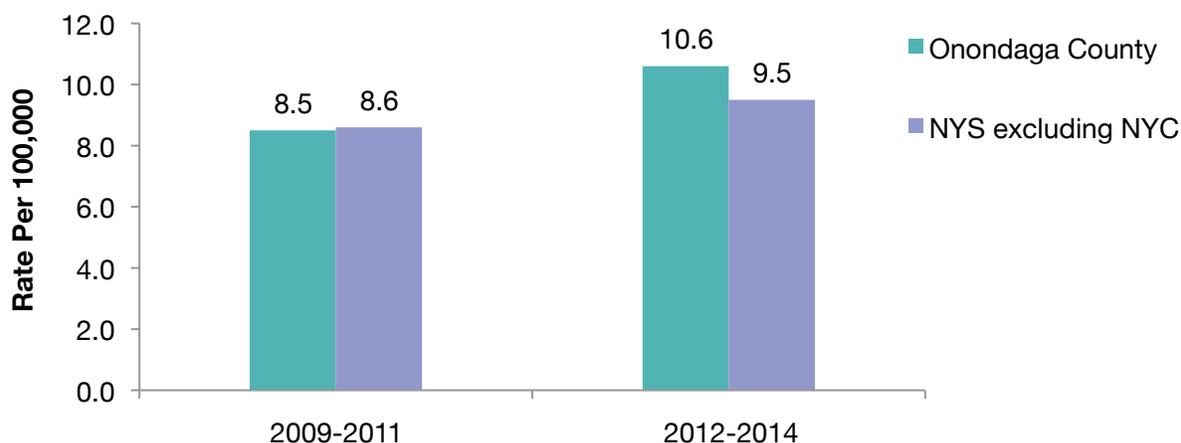
Source: NYSDOH County Health Assessment Indicators, https://www.health.ny.gov/statistics/chac/chai/docs/inj_31.htm

*Fewer than 10 events in the numerator, therefore the rate is unstable

¹ Expanded Behavioral Risk Factor Surveillance System (BRFSS), 2013-2014



Figure 7. Age-adjusted suicide mortality rate, Onondaga County and NYS excluding NYC, 2009-2011 and 2012-2014



Source: NYSDOH County Health Assessment Indicators, https://www.health.ny.gov/statistics/chac/chai/docs/inj_31.htm

Alcohol Abuse

Alcohol abuse is defined as alcohol dependence syndrome, nondependent alcohol abuse, alcoholic psychoses, toxic effects of alcohol, and excessive blood level of alcohol and does not include diseases of the nervous system, digestive system, and circulatory system caused by alcohol. The rates of emergency department (ED) visits and hospitalizations due to alcohol abuse for Onondaga County and NYS are presented in Table 5. In Onondaga County, ED visits due to alcohol abuse are highest among adults ages 18 to 19 (107.7 per 10,000) while hospitalization rates are highest among adults ages 45 to 64 (37.8 per 10,000).² Rates for both ED visits and hospitalizations have increased since last measurement in 2011-2013.³

Table 5. Overall emergency department and hospitalization rates per 10,000 aged 18+ years for alcohol abuse, Onondaga County and NYS, 2012-2014

Indicator	Onondaga County	NYS
Age-adjusted emergency department visits due to alcohol abuse (per 10,000) – Aged 18+ years	52.5	72.9
Age-adjusted hospitalizations due to alcohol abuse (per 10,000) – Aged 18+ years	25.1	25.3

Source: Statewide Planning and Research Cooperative System (SPARCS), 2012-2014

² SPARCS, 2012-2014
³ SPARCS, 2011-2013 and 2012-2014



Binge Drinking and Alcohol Impaired Driving

In Onondaga County, 18.8% of adults report binge drinking during the last month compared to 17.2% in NYS excluding NYC.⁴ The rate of alcohol related motor vehicle injuries and deaths occurring in Onondaga County (44.2 per 100,000) is higher than in NYS excluding NYC (42.5 per 100,000). Additionally, the County Health Rankings⁵ reports that 30% of Onondaga County motor vehicle deaths involve alcohol compared to 23% in NYS.

Substance Abuse

Onondaga County and NYS rates of ED visits and hospitalizations due to substance abuse are shown in Table 6. Alcohol-related disorders were excluded from the substance abuse visits and admissions. Onondaga County’s rate of ED visits due to substance abuse is higher than NYS’s rate while the County’s hospitalization rate is similar to the NYS rate. Within Onondaga County, both ED visits and hospitalizations rates are highest among adults aged 25 to 34 years (ED visit rate: 69.8 per 10,000; hospitalization rate: 45.5 per 10,000).⁶ Differences based upon gender, race, and ethnicity are notable for ED visits with males (46.3 per 10,000), black or African Americans (76.0 per 10,000), and Hispanics (42.0) having higher rates than the County as a whole.⁶ Similar disparities exist for hospitalization rates.

Table 6. Overall emergency department and hospitalization rates per 10,000 aged 18+ years for substance abuse, Onondaga County and NYS, 2012-2014

Indicator	Onondaga County	NYS
Age-adjusted emergency department visits due to substance abuse (per 10,000) – Aged 18+ years	35.3	28.7
Age-adjusted hospitalizations due to substance abuse (per 10,000) – Aged 18+ years	21.6	22.6

Source: SPARCS, 2012-2014

Opioid Overdose Emergency Department Visits and Hospitalizations

Rates of opioid overdose outpatient emergency department visits and hospitalizations in Onondaga County are higher than those in NYS excluding NYC (Figures 8 and 9). As seen in Figure 8, the rate of emergency department visits for all types of opioid overdoses in Onondaga County in 2015 was 65.1 per 100,000 population compared to 39.8 per 100,000 in NYS excluding NYC. The rate of emergency department visits for heroin overdoses in Onondaga County (49.7 per 100,000) was higher than visits for overdoses excluding heroin (15.4 per 100,000). However, as Figure 9 shows, hospitalizations for overdoses excluding heroin occurred at a higher rate than hospitalizations for heroin overdoses.

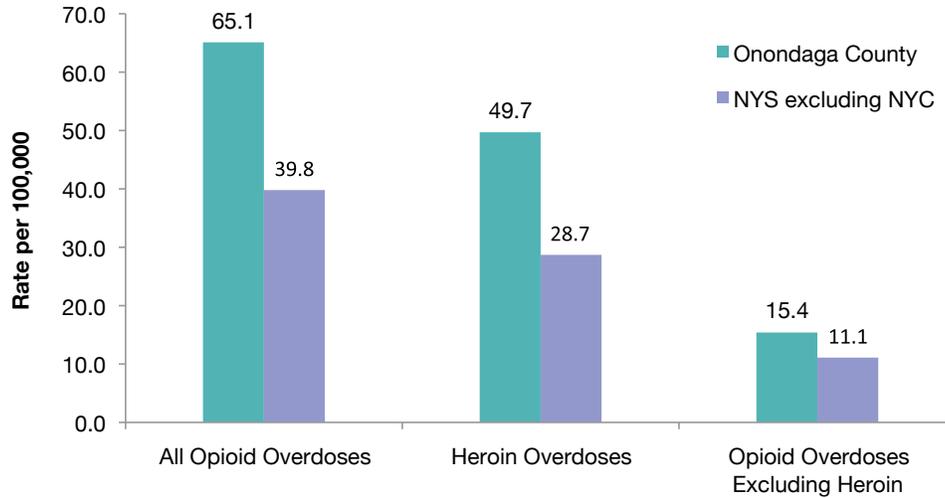
⁴ Expanded BRFSS, 2013-2014

⁵ County Health Rankings, 2016. <http://www.countyhealthrankings.org/app/new-york/2016/rankings/onondaga/county/outcomes/overall/snapshot>

⁶ SPARCS, 2012-2014

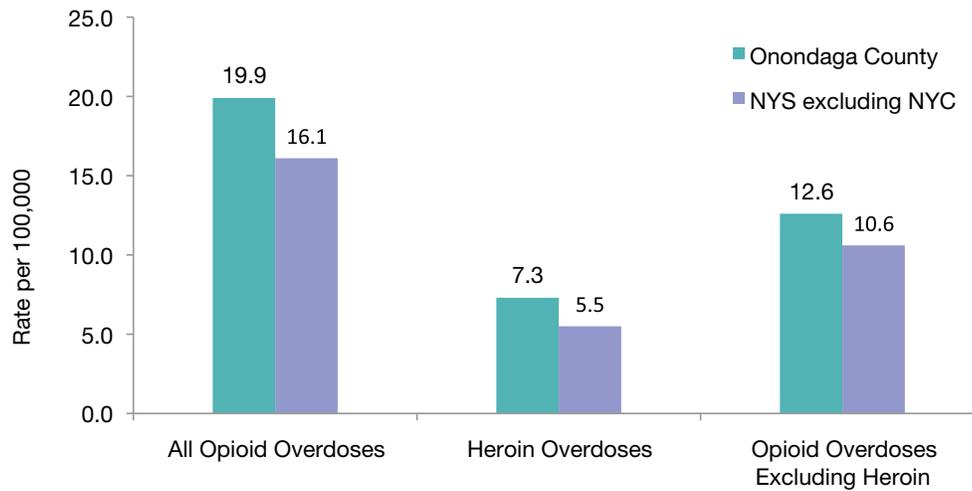


Figure 8. Opioid overdose outpatient emergency department visits, Onondaga County and NYS excluding NYC, 2015



Source: SPARCS, 2015

Figure 9. Opioid overdose hospitalizations, Onondaga County and NYS excluding NYC, 2015



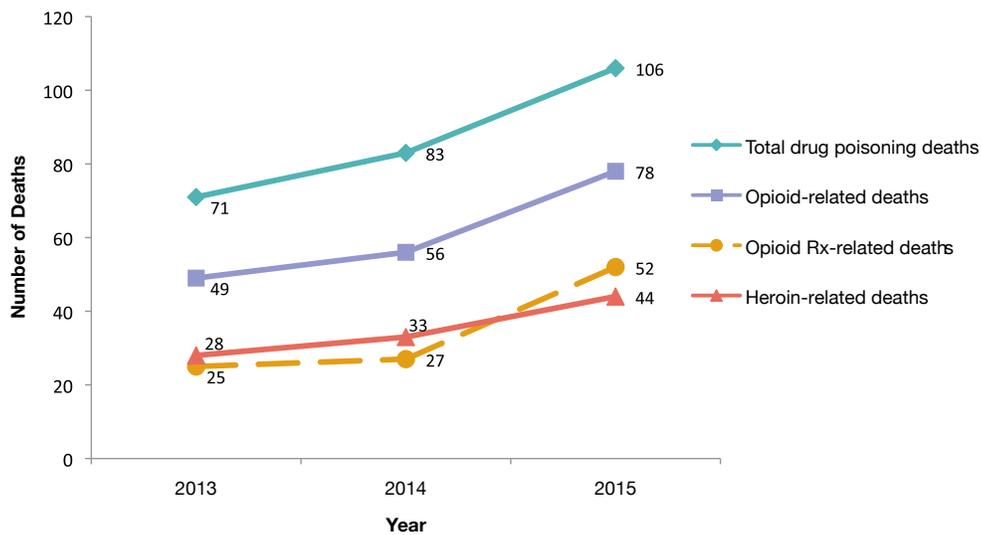
Source: SPARCS, 2015



Drug Use Deaths

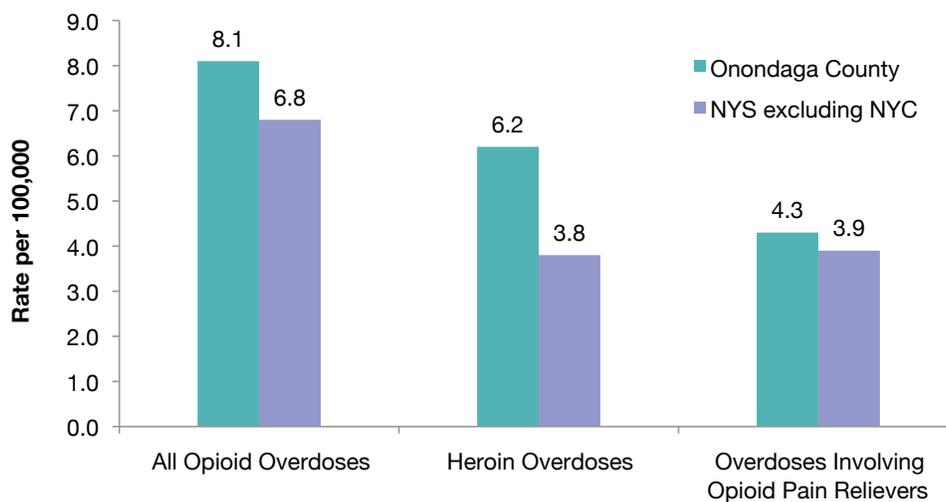
In Onondaga County deaths from drug use have increased in recent years. Figure 10 depicts drug use deaths from 2013 to 2015. The trend seen in Onondaga County follows a broader trend that is occurring both in NYS and nationally. In 2015, the rate of deaths due to all types of opioid overdoses was higher in Onondaga County than in NYS excluding NYC (Figure 11). This was also true for heroin overdoses and overdoses involving opioid pain relievers.

Figure 10. Deaths from drug use, Onondaga County 2013-2015



Source: Onondaga County Medical Examiner’s Office
 Note: Data are provisional

Figure 11. Deaths due to opioid overdoses, Onondaga County and NYS excluding NYC, 2015



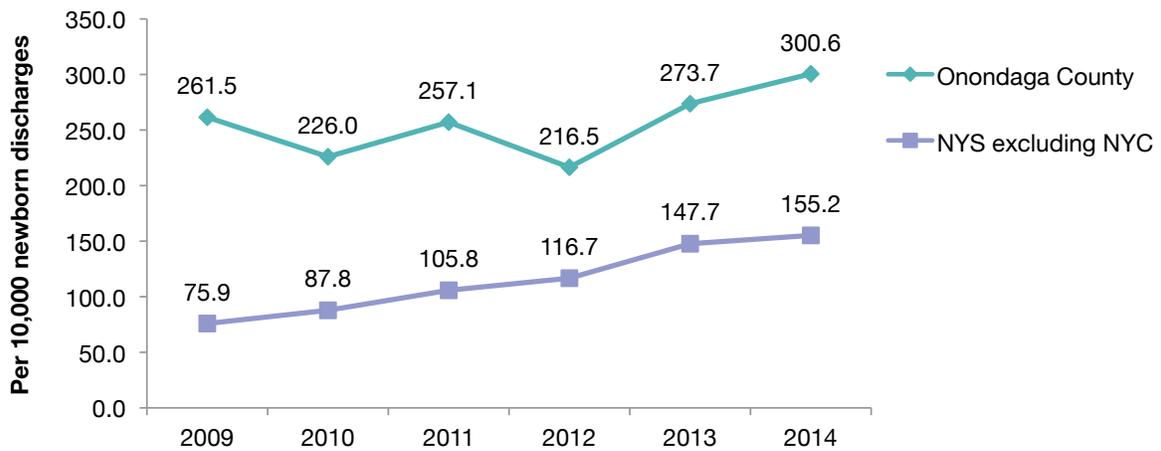
Source: NYSDOH, Vital Statistics, 2015



Drug Dependent Newborns

The 2014-2017 Onondaga County Community Health Assessment identified drug dependent newborns as an indicator of concern. Alarming, the Onondaga County newborn drug-related discharge rate has increased over the last three years, and continues to exceed the NYS excluding NYC rate (Figure 12). Onondaga County has the third highest rate (2014) in NYS for newborn drug-related diagnoses.

Figure 12. Newborn drug-related diagnoses, Onondaga County and NYS excluding NYC, 2009-2014



Source: SPARCS, 2009-2014

Promote Mental Health and Prevent Substance Abuse Summary

Since the 2014-2017 Onondaga County Community Health Assessment and Improvement Plan, many indicators within this priority area have worsened. The drug-related hospital discharge rate among newborns remains a concern in Onondaga County; however, it is indicative of a much larger community-wide substance abuse issue. Indicators such as opioid overdose ED visits and hospitalizations as well as drug use deaths provide additional evidence of the severity of the substance abuse issue in Onondaga County. For these reasons, substance abuse, specifically opioid abuse, is given priority in the 2016-2018 Community Health Improvement Plan.

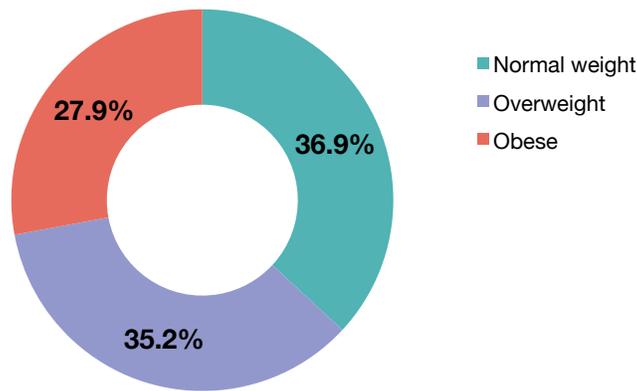


Prevention Agenda Priority Area: Prevent Chronic Disease

Overweight and Obesity

Overweight and obesity presents a substantial challenge in Onondaga County. Among adults, the obesity rate is 27.9% with 63.1% being either overweight or obese (Figure 13). Onondaga County's adult obesity rate is similar to NYS excluding NYC (27.4%) and does not meet the Prevention Agenda objective of 23.2%. As seen in Figure 14, some populations within Onondaga County are at greater risk for obesity, including individuals with an annual income of less than \$25,000 (33.9%) and those living with a disability (38.7%).

Figure 13. Percentage adults who are overweight or obese, Onondaga County, 2013-2014



*Among adults, overweight is defined as BMI between 25.0 and <30.0, obesity is defined as BMI ≥ 30.0

Source: Expanded BRFSS, 2013-2014

Figure 14. Disparities in adult obesity, Onondaga County, 2013-2014

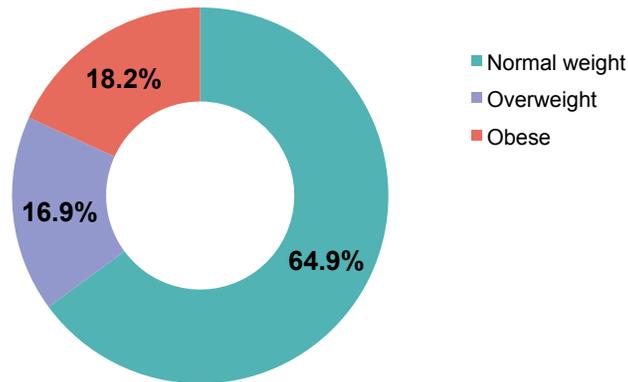


Source: Expanded BRFSS, 2013-2014



Overall, 35.1% of children and adolescents in Onondaga County are overweight or obese (Figure 15). This rate has increased from 32.0% at last measurement (2010-2012). Obesity among children and adolescents in Onondaga County (18.2%) is slightly higher than in NYS excluding NYC (17.3%), and does not meet the Prevention Agenda objective of 16.7%. Additionally, substantial differences exist by school district (Table 7) with the highest rates seen in the Lyncourt Union Free School District (25.7%) and the Syracuse City School District (23.7%).

Figure 15. Percentage of children and adolescents who are overweight or obese, Onondaga County, 2012-2014



**Among children, overweight is defined as weight category $\geq 85^{th}$ and $< 95^{th}$ percentile, obesity is defined as weight category $\geq 95^{th}$ percentile*

Source: Student weight status category reporting system, 2012-2014

Table 7. Percentage of children and adolescents who are obese by school district, 2012-2014

School District	Students who are obese
Baldwinsville Central School District	13.3%
East Syracuse-Minoa Central School District	16.4%
Fabius-Pompey Central School District	23.4%
Fayetteville-Manlius Central School District	9.0%
Jamesville-DeWitt Central School District	13.2%
Jordan-Elbridge Central School District	23.4%
LaFayette Central School District	20.7%
Liverpool Central School District	17.8%
Lyncourt Union Free School District	25.7%
Marcellus Central School District	10.3%
North Syracuse Central School District	17.0%
Onondaga Central School District	23.1%
Skaneateles Central School District	12.8%
Solvay Union Free School District	17.3%
Syracuse City School District	23.7%
Tully Central School District	16.3%
West Genesee Central School District	16.4%
Westhill Central School District	14.3%

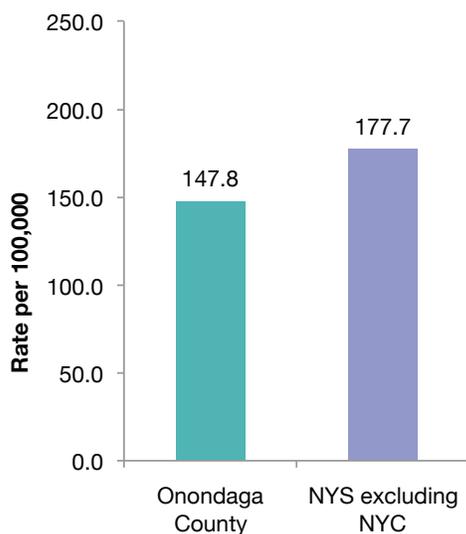
Source: Student weight status category reporting system, 2012-2014



Heart Disease

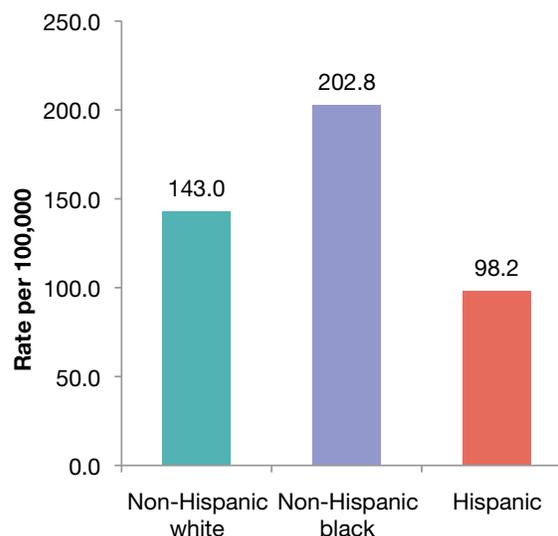
As shown in Figure 16, Onondaga County has a lower age-adjusted mortality for diseases of the heart than NYS excluding NYC. However, heart disease remains an important indicator as it is the second leading cause of death in Onondaga County and substantial disparities in heart disease rates exist based upon race and ethnicity (Figure 17).

Figure 16. Age-adjusted mortality for diseases of the heart, Onondaga County and NYS excluding NYC, 2012-2014



Source: NYSDOH County Health Assessment Indicators, https://www.health.ny.gov/statistics/chac/chai/docs/chr_31.htm

Figure 17. Age-adjusted mortality for diseases of the heart by race and ethnicity, Onondaga County, 2012-2014



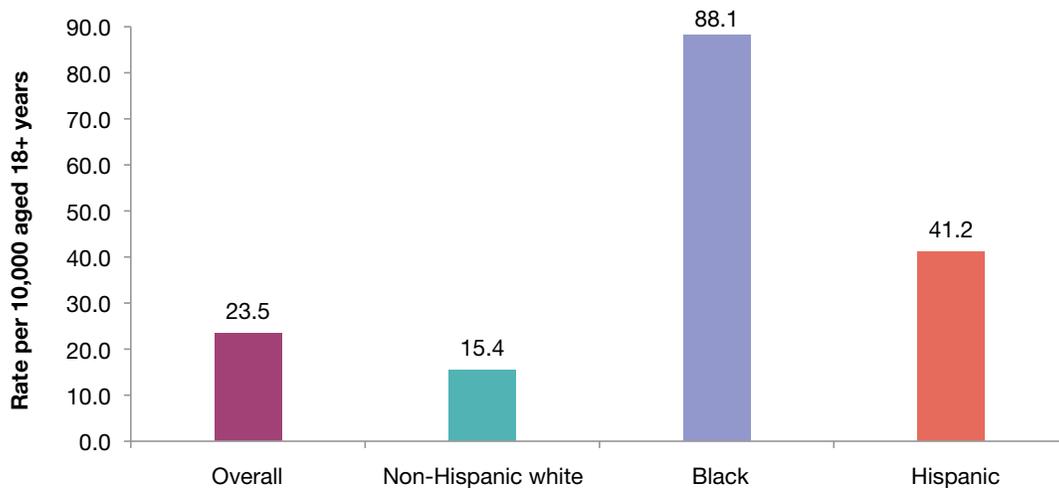
Source: NYSDOH County Health Indicators by Race/Ethnicity, <https://www.health.ny.gov/statistics/community/minority/county/onondaga.htm>

Diabetes

The prevalence of physician diagnosed diabetes in Onondaga County (8.6%) is similar to the prevalence in NYS excluding NYC (8.2%). Within Onondaga County, there are substantial racial and ethnic disparities in rates of emergency department visits and hospitalizations due to diabetes. Figure 18 shows the emergency department visit rate due to diabetes for the County as a whole and by race and ethnicity. The emergency department visit rate among blacks and Hispanics is higher than the rate for non-Hispanic whites and also higher than the overall County rate.



Figure 18. Age-adjusted emergency department visit rate due to diabetes per 10,000 aged 18+ years, by race and ethnicity, Onondaga County, 2012-2014

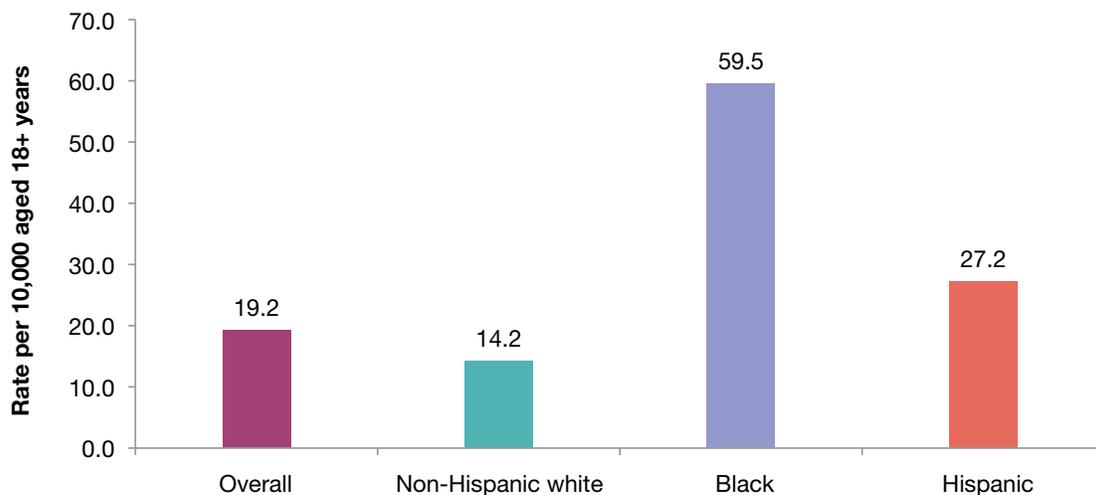


Source: SPARCS, 2012-2014

Note: Includes both Type 1 and Type 2 diabetes; cases of gestational diabetes were excluded

Similarly, Figure 19 shows the overall hospitalization rate due to diabetes for Onondaga County as well as rates by race and ethnicity. Unfortunately, racial and ethnic disparities can also be seen in hospitalization rates with blacks and Hispanics having higher rates than non-Hispanic whites and the County as a whole.

Figure 19. Age-adjusted hospitalization rate due to diabetes per 10,000 aged 18+ years, by race and ethnicity, Onondaga County, 2012-2014



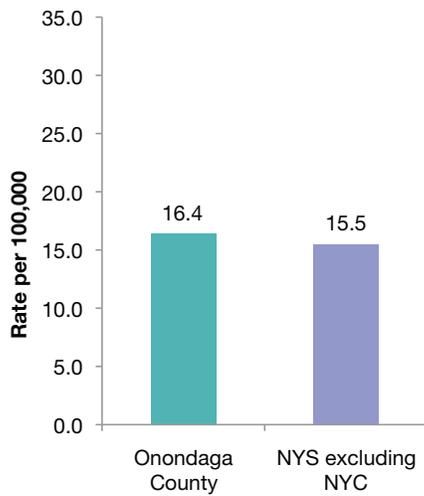
Source: SPARCS, 2012-2014

Note: Includes both Type 1 and Type 2 diabetes; cases of gestational diabetes were excluded



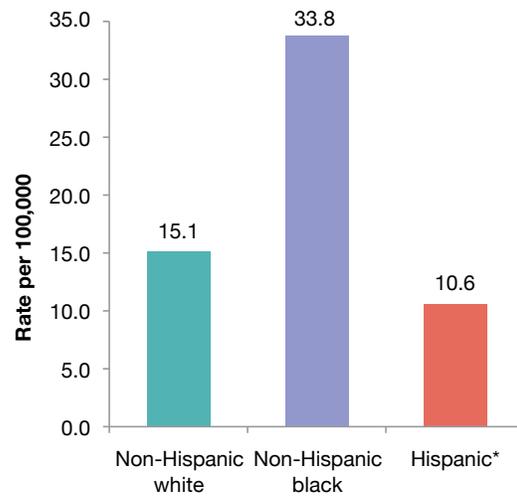
The age adjusted diabetes mortality rate in Onondaga County is similar to NYS excluding NYC, as seen in Figure 20. Within Onondaga County, there are notable differences in diabetes mortality based upon race and ethnicity, with non-Hispanic blacks having a much higher rate than non-Hispanic whites (Figure 21).

Figure 20. Age-adjusted diabetes mortality, Onondaga County and NYS excluding NYC, 2012-2014



Source: NYSDOH County Health Assessment Indicators, https://www.health.ny.gov/statistics/chac/chai/docs/dia_31.htm

Figure 21. Age-adjusted diabetes mortality by race and ethnicity, Onondaga County, 2012-2014



Source: NYSDOH County Health Indicators by Race/Ethnicity, <https://www.health.ny.gov/statistics/community/minority/county/onondaga.htm>

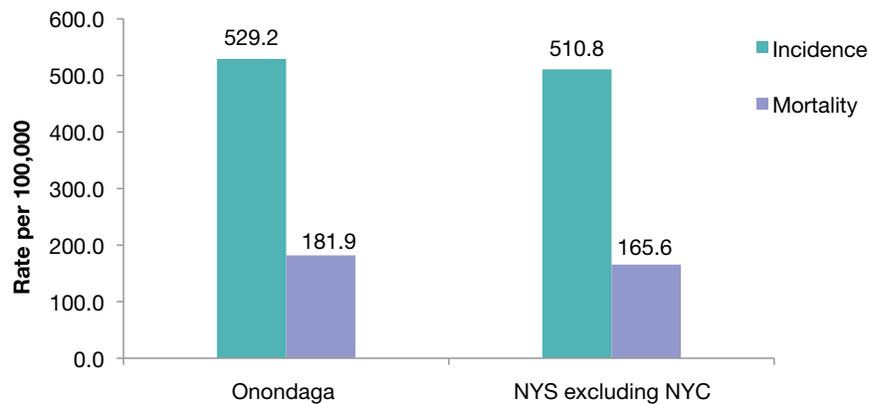
*Fewer than 10 events in the numerator, therefore the rate is unstable



Cancer

Cancer is the leading cause of death in Onondaga County and accounts for almost one in four deaths to County residents.⁷ Compared to NYS excluding NYC, Onondaga County has a higher rate of incidence and mortality for all types of cancer (Figure 22). Within Onondaga County, the incidence rate appears to be decreasing over time while the mortality rate has remained the same over the last few years.

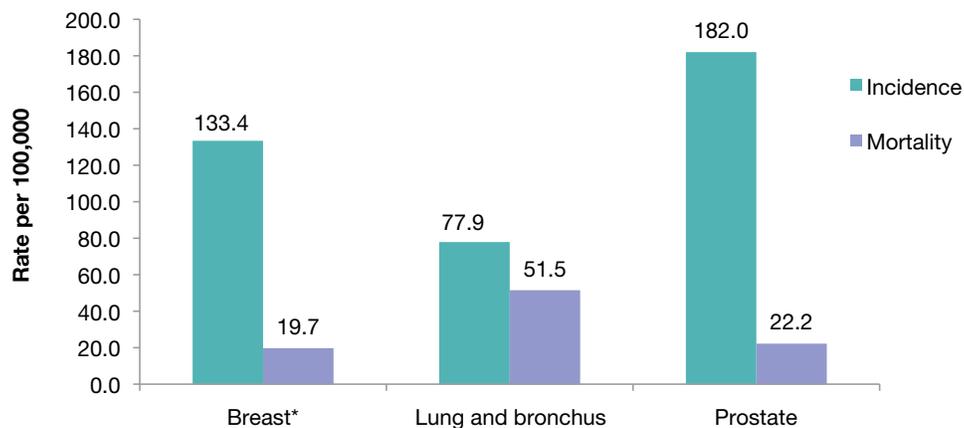
Figure 22. Age-adjusted incidence and mortality rates for all types of cancer, Onondaga County and NYS excluding NYC, 2010-2012



Source: NYSDOH County Health Assessment Indicators, https://www.health.ny.gov/statistics/chac/chai/docs/can_31.htm

Figure 23 shows the incidence and mortality rates for three of common types of cancer. Of the three types, breast, lung and bronchus, and prostate cancers, the incidence rate is highest for prostate cancer while the mortality rate is highest for lung and bronchus cancer.

Figure 23. Incidence and mortality of breast, lung and bronchus, and prostate cancers, Onondaga County, 2010-2012



Source: NYSDOH County Health Assessment Indicators, https://www.health.ny.gov/statistics/chac/chai/docs/can_31.htm

*Only includes female cases of breast cancer

⁷ Leading Causes of Death by County, New York State, 2014. https://www.health.ny.gov/statistics/leadingcauses_death/deaths_by_county.htm



Screening rates in Onondaga County for breast, cervical, and colorectal cancer are shown in Table 8. Onondaga County has screening rates higher than NYS excluding NYC for all three cancer types. However, Onondaga County's screening rate for colorectal cancer does not meet the Prevention Agenda objective of 80.0%.

Table 8. Cancer screening rates, Onondaga County and NYS excluding NYC, 2013-2014

Indicator	Onondaga County	NYS excluding NYC
Women aged 50-74 years who received breast cancer screening*	87.9%	80.5%
Women aged 21-65 years who received cervical cancer screening	87.4%	83.8%
Women aged 21-65 years with annual household income <\$25,000 who received cervical cancer screening	87.2%	75.5%
Adults aged 50-75 years who received colorectal cancer screening	75.3%	70.0%
Adults aged 50-75 years with annual household income <\$25,000 who received colorectal cancer screening	69.1% [†]	60.0%

Source: Expanded BRFSS, 2013-2014

* The Onondaga County rate of breast cancer screening among women 50-74 years with an annual household income <\$25,000 was suppressed due to small sample size

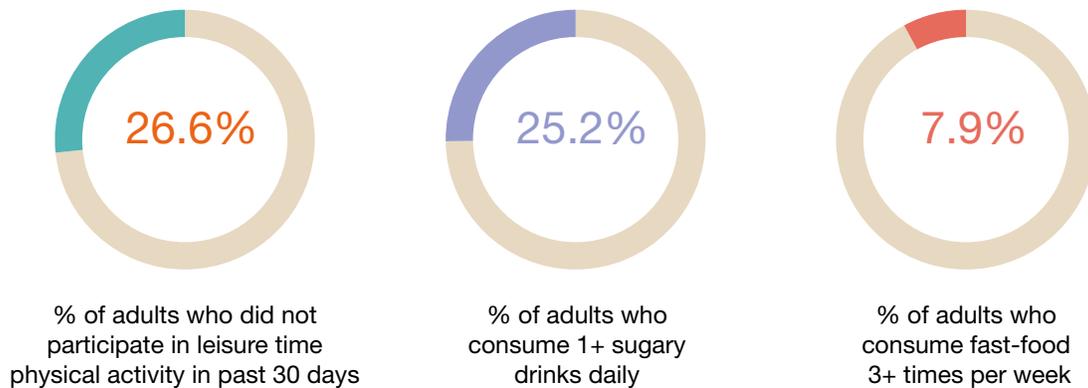
† Rate is unreliable due to large standard error

Health Behaviors

Health behaviors are significant drivers of health outcomes including both length and quality of life. Health behaviors that directly impact chronic disease outcomes include physical activity, nutrition, and smoking. Physical activity and nutrition behaviors for Onondaga County residents are presented in Figure 24. Among adults in Onondaga County, 26.6% reported that they did not participate in leisure time physical activity in the past 30 days. This is similar to the rate of 26.2% in NYS excluding NYC. Compared to adults in NYS excluding NYC, Onondaga County adults were slightly more likely to report consuming one or more sugary drink daily (Onondaga County: 25.2%; NYS excluding NYC: 24.7%) and fast food three or more times per week (Onondaga County: 7.9%; NYS excluding NYC: 6.8%).



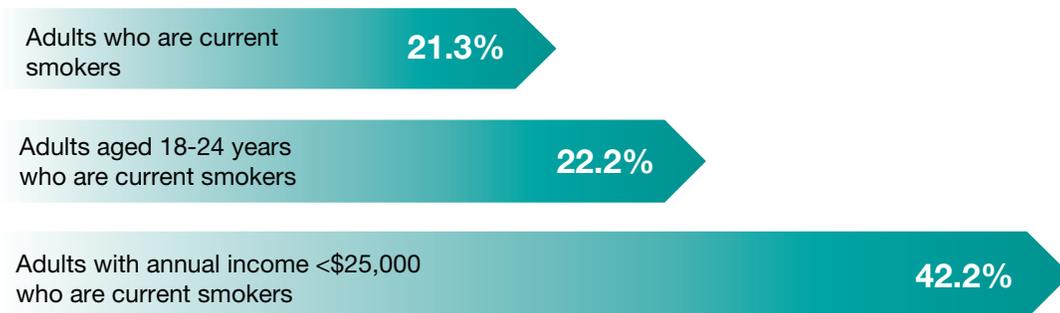
Figure 24. Physical activity and nutrition behaviors, Onondaga County, 2013-2014



Source: Expanded BRFSS, 2013-2014

The prevalence of cigarette smoking in Onondaga County is 21.3%, higher than the prevalence of 18.0% in NYS excluding NYC. Within Onondaga County, the prevalence of cigarette smoking is higher among young adults (aged 18-24 years) and adults with an annual income less than \$25,000 (Figure 25).

Figure 25. Disparities in cigarette smoking, Onondaga County, 2013-2014



Source: Expanded BRFSS, 2013-2014
 *Rate is unreliable due to large standard error

Prevent Chronic Disease Summary

Obesity is a significant concern in Onondaga County as the rates for both children and adults fail to meet the Prevention Agenda objectives. Also of concern is the County’s diabetes rate and disparities in diabetes based upon race and ethnicity. Health behaviors like physical activity and nutrition contribute to high rates of both obesity and diabetes, and should be monitored in the future to identify trends. Finally, while the County is doing better than NYS excluding NYC in screening for many types of cancer, the County’s cancer incidence and mortality rates continue to exceed NYS excluding NYC rates.



Prevention Agenda Priorities

The two Prevention Agenda priority areas to be addressed in Onondaga County are 1) **Promote Mental Health and Prevent Substance Abuse**, and 2) **Prevent Chronic Disease**. These priorities were reaffirmed by the community, as well as by health and public health professionals following a thorough data review and community engagement process over the course of a year.

Although the priorities themselves remain the same, the focus has shifted slightly for this Community Health Assessment and Community Health Improvement Plan (CHA/CHIP) cycle. Within the area of Mental Health and Substance Abuse, the previous focus was on reducing the rate of drug-related newborn hospital discharges. Since that time, Onondaga County has continued to see an alarming increase in opioid abuse. The interventions proposed in the current CHIP are focused on addressing the broader issue of drug abuse in the community, with the goal of reducing opioid-related overdose deaths.

Within Chronic Disease, the previous CHIP focused on community based efforts to improve nutrition. The current CHIP is focused more specifically on reducing obesity in children and adults by implementing policies to improve access to healthy foods in the workplace and to children in the Syracuse City School District. The CHIP also includes interventions to enhance chronic disease self-management programs and improve linkages with primary care.

Health disparities are evident throughout the indicator data, and are noted in both priority areas. However, the disparity to be addressed specifically with these interventions is the higher rate of obesity in adults earning less than \$25,000 per year, and the higher rate of obesity among children attending school in the SCSD.



Crouse Health Chemical Dependency Treatment Services

Addressing the Onondaga County Community Health Improvement Plan Prevention Agenda Priority Area: Promote mental health and prevent substance abuse

The Central New York Care Collaborative (CNYCC), the Performing Provider System (PPS) covering a six-county area including Onondaga, submitted the results of a Community Needs Assessment (CNA) in November of 2014. The report highlighted that the heroin and opioid epidemic is putting a significant burden on an already strained substance abuse services system and contributes to unnecessary ED visits and inpatient hospitalizations. The 2017 Onondaga County Local Services Plan also highlights the heroin and opioid epidemic in Onondaga County. Crouse Chemical Dependency Treatment Services provides treatment to those with all substance use disorders and works collaboratively with a number of community-based organizations, including the Onondaga County Health Department, on prevention programs to prevent substance abuse.

As the only hospital-based treatment service, Crouse CDTS in 2016 logged 215,383 patient visits. This is an increase from 2015, when there were 190,000 visits. The payer mix for all CDTS programs in 2016 was 72% Medicaid, 8% Medicare, 10% self-pay, 2% Medicare HMO and 6% commercial payers.

According to the Onondaga County Health Department, the county has a significant and growing opioid addiction epidemic. Drug use has increased the incidence of NAS (Neonatal Abstinence Syndrome) in newborns. Crouse CDTS has experienced a significant increase in pregnant women seeking opioid treatment services. In 2015, 40% of women seeking services were pregnant; in 2016 it increased to 52%. As the New York State DOH-designated Regional Perinatal Center for Neonatal Intensive Care services, Crouse cares for those NAS newborns in its Baker Neonatal Intensive Care Unit. In 2015, Crouse cared for 70 NAS infants at a financial loss per case of over \$12,000. In 2016, that number increased to 82 NAS infants.

Crouse CDTS staff is actively engaged in local and state policy, educational and community awareness initiatives and groups including:

- Syracuse Community Treatment Court (and other surrounding jurisdiction treatment courts)
- NYS Department of Corrections and Community Supervision (parole)
- US Department of Probation (federal probation)
- Onondaga County Department of Probation
- Onondaga County Department of Social Services – Economic Security
- Onondaga County Department of Health
- Conifer Park – substance abuse treatment agency
- Children’s Consortium
- Onondaga County Healthy Start
- Catholic Charities: The Lullaby League, Hope Connections
- March of Dimes
- Upstate Prenatal Centering Program



- ACR Health – primarily focused on HIV services, but also some substance abuse harm reduction
- Vera House – refuge from domestic violence
- Syracuse Behavioral Health
- Access -VR– Adult Career and Continuing Education Services-Vocational Rehabilitation
- CNY Services – substance use disorder services
- Onondaga Case Management
- Brownell Center – mental health treatment agency
- Hutchings Psychiatric Center
- Syracuse Community Health Center – FQHC
- Tully Hill – residential SUD provider
- Recovery Counseling
- Prevention Network.

Crouse CDTS clinical staff members are noted experts in the field of addiction treatment and are routinely invited to participate in programs focused on the issues of substance abuse and the community-wide opioid epidemic. In 2016, CDTS experts took part in more than 20 community forums, educational opportunities, round tables and clinical skill workshops to expand awareness on substance abuse treatment and prevention.

Crouse CDTS Services

Commonwealth Place (CWP) is home to an inpatient rehabilitation program that opened in December 1989. The program is licensed for 40 beds and treatment is gender specific to best meet the individual needs of women and men.

CDTS' centralized intake department and all remaining services are provided at 410 South Crouse Avenue, two blocks north from Crouse. Individuals seeking services other than medication-assisted treatment can easily access those services through "Same Day Access" which provides on-demand treatment services for individuals ready for treatment without the wait for an intake appointment.

Within the outpatient rehabilitation program gender specific programming is offered as well as a specialized program for individuals with a primary SUD diagnosis with co-occurring conditions such as traumatic brain injury, developmental delays or mild mental retardation. Programming is available throughout the day and early evening and on weekends to meet the needs of the community.

Through a grant funded partnership with Syracuse Community Treatment Court (SCTC) a program was developed in 2014, specifically for women offenders who are identified by the SCTC. In addition to traditional SUD treatment, women can participate in "Beyond Trauma" an evidence-based curriculum to address current and past trauma and "Celebrating Families" also an evidence-based curriculum geared to work with the entire family.

Patients have access to a vocational counselor and work on employability skills. Additionally, through partnerships throughout the Crouse Health network and the community, Crouse offers



classes on topics such as childbirth and parenting; nutritional programming; preventing sexually transmitted and communicable diseases; and family planning education.

The opioid treatment program (OTP) offers medication-assisted treatment with methadone, suboxone and vivitrol. The OTP multi-disciplinary treatment team is comprised of over 30 staff members including physicians, nurse practitioners, registered nurses, bachelors and masters prepared counselors, treatment aides, and support staff. A manager, clinical supervisor and charge counselor, working closely with the director of CDTS, lead the team.



Crouse Health Programs

Addressing the Onondaga County Health Department, Community Health Improvement Plan, Prevention Agenda Priority Area: Prevent Chronic Diseases

As stated in its mission, Crouse Health promotes community health, for no cost and available to all by providing:

- Spirit of Women health education programs and initiatives
- Heart health screenings for underinsured and uninsured
- Mammogram information ladies' nights
- Prostate cancer screenings
- Health fairs for local employers, government agencies, refugee and senior groups
- Infant loss support group; ostomy support group; breast cancer survivor support group; stroke support group
- Programs on perinatal mood disorders including depression
- Baby Beginnings program to reduce the risk of child abuse/improve parenting skills
- Visit to Hospital-Land community service program for first-graders
- National programming to educate consumers and clinicians on cardiovascular disease-states as they relate to women through the Heart Caring program
- Annually participation in an inner-city free health screening fair promoted to underinsured and uninsured individuals
- Sponsorship of Syracuse's annual Juneteenth Health Pavilion
- Sponsorship for and members of Partnership for Patients, a public-private partnership to improve the quality, safety and affordability of healthcare for all Americans.
- CHOICES Program provides high school students with a year-long "inside look" at clinical departments within the hospital including monthly tours and speakers.
- Community Education Seminars made by physicians and other clinicians, offered approximately eight times a year on a variety topics
- Dedicated MRSA Unit with specially trained clinicians
- Emergency Medical Service clinical trainings on topics such as stroke care and sepsis
- Donated Family and Friends CPR and First Aid Training for persons unable to pay
- Health Care Proxy Card Program distribution by mail and at events
- Crouse Hospital medical library is open to the community and staff serve as Health Literacy Network for CNY members
- Student Mentoring Program for hundreds of healthcare students each year

In 2017, Crouse will join the Tobacco 21 project with the aim of raising the sale age for tobacco products to 21 to improve public health.



Priority Area: Promote mental health and prevent substance abuse

Focus Area: Prevent substance abuse and other MEB disorders

Goal 1: Prevent underage drinking, nonmedical use of prescription drugs by youth, and excessive alcohol consumption by adults					
Objectives	Activity	Process Measures	Partner Role	Partner Resources	By When
Reduce opioid-related overdose deaths by 15% from 91 to 77, through interventions focused on prevention, crisis/intervention and treatment.	Increase education to providers in the areas of: early identification of substance abuse in patients and pain management, addiction and prescribing practices	Number of providers receiving education on pain management, addiction, prescribing practices, and early ID of substance abuse	Provide education to inpatients' providers on patient pain management	Crouse staff, educational materials	Dec. 2018
			Increase data sharing on patients' pain management within Crouse Health Network	IT, use of Health-Connections	Dec. 2018
				CDTS staff, community collaborative	Dec. 2019
Implement community-based educational campaign to increase awareness of the opioid abuse problem and available services and how to access them		Number of unique visits to newly developed community education website; number of residents reached by educational campaign; number of community agencies using campaign materials	Promote website at all public substance abuse educational programs; promote website on Crouse Hospital website; educational materials available to all residents placed at Crouse; distribute materials at all agency meetings attended by Crouse staff	Staff, educational materials, crouse.org	July 2017



Priority Area: Promote mental health and prevent substance abuse

Focus Area: Prevent substance abuse and other MEB disorders

Goal 1: Prevent underage drinking, nonmedical use of prescription drugs by youth, and excessive alcohol consumption by adults

Objectives	Activity	Process Measures	Partner Role	Partner Resources	By When		
Reduce opioid-related overdose deaths by 15% from 91 to 77, through interventions focused on prevention, crisis/intervention and treatment. (cont.)	Enhance instruction on pain management and opioid prescribing in medical school curriculum	Number of medical students receiving prescriber education aligned with CDC recommendations	Provide prescriber education to all Upstate Medical University students who attend programs at Crouse CDTS	Crouse staff	July 2017		
	Implement standardized prescription drug monitoring program in local Emergency Departments (EDs)	A policy is developed and implemented in local EDs regarding patient education on correct pain medication usage as part of the discharge plan	Implement policy in collaboration with St. Joseph's Hospital Health Center and Upstate University Hospital to educate patients on correct use of pain medication	ED staff, public education materials	Sept. 2017		
					Continue Crouse ED policy to complete medical screening on patients displaying symptoms of potential substance abuse	ED staff, CDTS staff, ISTOP	Dec. 2018
					Continue hospital policy for pain management in the ED - if patient meets identified criteria and has not seen a provider one dose of pain medication is prescribed	ED staff, Crouse EMR	Dec. 2018
					Ensure proper discharge for patients treated for substance use disorder	Standard protocols developed for care transitions, including patients with Substance Use Disorder (SUD)	Continue and enhance Crouse Hospital Intervention Service, consultations at the patient's bedside with a Substance Abuse counselor when attending physician has suspicions of SUD
			Develop an inter-hospital collaboration for inpatient assessment for substance abuse for Medicaid patients	CNYCC, CDTS staff, hospital collaborative activities	Dec. 2018		



Priority Area: Promote mental health and prevent substance abuse

Focus Area: Prevent substance abuse and other MEB disorders

Goal 1: Prevent underage drinking, nonmedical use of prescription drugs by youth, and excessive alcohol consumption by adults					
Objectives	Activity	Process Measures	Partner Role	Partner Resources	By When
Reduce opioid-related overdose deaths by 15% from 91 to 77, through interventions focused on prevention, crisis/intervention and treatment. (cont.)	Safeguard prescription opioids against diversion	Number of individuals participating in prescription drug take-back events	Patient education provided to hospital inpatients and outpatients including patients in the methadone treatment program	Staff, brochures, website	Dec. 2017
	Increase referrals for patients with substance abuse disorders	Number of patients participating in patient navigator programs	Work with CNY Care Collaborative peer support program and Crouse Health Network to expand patient navigator program	Staff, Health-eConnections	Dec. 2018
		Number of adult patients screened using SBIRT in EDs	Expand use of SBIRT in expanded ED space	Dedicated space for suspected SUD patients, trained staff, education materials	Dec. 2018
		Number of referrals to substance abuse resources	Create links on hospital and providers' websites to Combat Heroin website and create links on hospital and providers' websites to the Prevention Network list of resources	Communications staff, CDTS staff, website	Dec. 2017
	Improve linkages between primary care and substance abuse treatment providers	A directory of substance abuse treatment providers is developed and distributed	Work with community collaborative to gather and disseminate comprehensive resource list	CDTS staff	Dec. 2017



Priority Area: Prevent Chronic Diseases

Focus Area 1: Reduce obesity in children and adults

Goal 1: Create community environments that support healthy food and beverage choices and physical activity

Objectives	Activity	Process Measures	Partner Role	Partner Resources	By When
By December 31, 2018, reduce the percentage of adults ages 18 years and older who are obese	Increase the number of worksites with nutrition standards for healthy food and beverage procurement	Number of worksites that develop and adopt policies to implement nutrition standards	Expand Crouse “Simply Well” nutrition, exercise and wellness program to staff, their families, and worksites in the Crouse Health Network	“Simply Well” educational materials, nutrition information, exercise classes	Dec. 2017

Goal 2: Expand the role of healthcare and health service providers and insurers in obesity prevention

Objectives	Activity	Process Measures	Partner Role	Partner Resources	By When
By December 31, 2018 increase the percentage of infants exclusively breastfed in the hospital from 54.3% to 60%	Increase participation in CenteringPregnancy programs	Number of pregnant women participating in CenteringPregnancy programs	Collaborate with Crouse CDTS and Upstate OB/GYN to encourage women to enter CenteringPregnancy program for substance abusing women	CDTS staff, Upstate OB/GYN staff	Dec. 2018
	Achieve Baby-Friendly Hospital designation	Baby-friendly hospital designation achieved	Achieve all 2017 DOH mandates related to breast feeding and move toward Baby Friendly designation	Kienzle Family Maternity Center and Baker Regional NICU staff/physicians	Dec. 2017



Priority Area: Prevent Chronic Diseases

Focus Area 2: Reduce illness, disability and death related to tobacco use and secondhand smoke exposure

Goal 1: Promote tobacco use cessation, especially among low socioeconomic status (SES) populations and those with poor mental health					
Objectives	Activity	Process Measures	Partner Role	Partner Resources	By When
By December 31, 2018, decrease the age-adjusted prevalence of cigarette smoking from all households; and household income under \$25,000	Expand smoking cessation programs for hospital employees	Number of hospital employees/family members participating in smoking cessation programs	Continue and expand Quit for Life program for employees throughout the Crouse Health Network and their families	Counseling, medication recommendations, free nicotine replacement products, quit guides, online forums, help guide for family and friends	Dec. 2018
	Support smoking cessation at outpatient chemical dependency programs	Number of patients receiving smoking cessation education at outpatient chemical dependency programs	Strengthen smoking cessation and support, including limiting smoking areas, addressing triggers and decreasing stress factors for patients in outpatient chemical dependency services	Counseling, help guides, community collaboratives	Dec. 2018
	Screen all primary care patients over 18 for tobacco use – counsel tobacco users, refer to cessation programs and/or treatment	Number of primary care provider offices implementing Million Hearts Campaign smoking cessation strategies	Work with Crouse Medical Practice in implementation of Million Hearts Campaign	Crouse Health Network staff	Dec. 2018
			Work through Crouse Heart Caring program to initiate 100 Congregations for Million Hearts Campaign	Crouse staff, educational materials	Dec. 2018
			Join the Tobacco 21 Campaign to raise the sale age for tobacco products to 21 to improve public health	Crouse social media sites, patient/family educational materials	



Priority Area: Prevent Chronic Diseases

Focus Area 3: Increase access to high quality chronic disease preventive care and management in both clinical and community settings

Goal 1:					
Objectives	Activity	Process Measures	Partner Role	Partner Resources	By When
By December 31, 2018, increase the percentage of adults who have taken a course or class to learn how to manage their chronic condition from 8.7% to 10%	Improve and expand outreach to refugee community	Number of chronic disease self-management education sessions conducted in refugee communities	Provide education through Visit to Hospital Land programs and Heart Caring initiatives	Crouse staff	Dec. 2018
	Increase referrals to chronic disease self-management classes from primary care physicians	Number of evidence-based self-management program workshops conducted	Work within Crouse Health Network physician leadership to educate providers on chronic disease management including use of self-management tools	Crouse Medical Practice staff/physicians, Crouse staff	Dec. 2018
		Number of participants referred to workshops through primary care	Increase use of data with Crouse Medical Practice for chronic care management including care coordination to increase number of patients referred to chronic disease self-management classes	EMR, Crouse Health Network staff/physicians	Dec. 2018



Dissemination Plan

Crouse Health's Community Service Plan is posted on crouse.org/commplan and a notice of the plan's availability is posted on Crouse's Facebook, Twitter, Instagram and LinkedIn accounts.

Distribution of a printed version of the Community Service Plan will include:

- Mailing and emailing the report to public libraries, community organizations, local officials, business and media, hospital employees, volunteers and physicians, the board of directors and Crouse Health Foundation trustees and donors.
- Posting copies of the report in public areas of the hospital and its off-site locations.
- Copies made available at community health fairs/screenings and other educational events.
- Providing copies to prospective Pomeroy College of Nursing students and prospective employees at recruitment fairs.
- Printed copies are mailed upon request.

Crouse Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sexual orientation or gender identity.