

Erie County, Pennsylvania

**ERIE COUNTY
COMMUNITY HEALTH
IMPROVEMENT PLAN**

2012 - 2013

ERIE COUNTY
DEPARTMENT OF HEALTH
ecdh.org



Table of Contents

| | |
|---|----|
| Table of Contents..... | 1 |
| Community Partners and Stakeholders..... | 3 |
| Introduction..... | 4 |
| Vision..... | 4 |
| Community Health Status Assessment..... | 5 |
| Demographics..... | 5 |
| Maternal, Infant, and Child Health..... | 6 |
| Mortality..... | 7 |
| Cancer..... | 7 |
| Injury..... | 8 |
| Childhood Injury..... | 8 |
| Infectious Diseases..... | 9 |
| Chronic Disease Prevalence..... | 10 |
| Preventive Health Services..... | 10 |
| Health Risk Behaviors..... | 11 |
| Mental and Behavioral Health..... | 11 |
| Health-Related Quality of Life..... | 12 |
| Health Care Access..... | 12 |
| Health Care Providers..... | 13 |
| Community Themes and Strengths Assessment..... | 13 |
| Forces of Change Assessment..... | 14 |
| Local Public Health System Assessment..... | 15 |
| Strategic Issue Identification..... | 16 |
| Community Health Improvement Plan..... | 19 |
| Strategic Issue: Lifestyle Behavior Change..... | 19 |

| | |
|--------------------------------------|----|
| Tobacco Use..... | 19 |
| Physical Activity | 20 |
| Nutrition | 21 |
| Strategic Issue: Mental Health | 21 |
| Suicide..... | 21 |
| Appendix A: Tobacco Use..... | 23 |
| Appendix B: Physical Activity | 30 |
| Appendix C: Nutrition | 34 |
| Appendix D: Suicide..... | 39 |

Community Partners and Stakeholders

Adagio Health (Erie County)
American Cancer Society
American Diabetes Association
American Heart Association
Asbury Woods Nature Center
Baldwin Brothers Realty
Booker T. Washington Center
Boy Scouts of America
Chronic Disease Prevention Program
City of Erie Police Department
City of Erie School District
Coalition Pathways
Community Health Net
Community-At-Large Members
Coroner
Corry Chamber of Commerce
Corry Memorial Hospital
Corry Police Department
County of Erie, Mental Health and Mental Retardation
Divine Connections
Erie Children's Advocacy Center
Erie City Council
Erie Community Foundation
Erie County Board of Health
Erie County Cancer Task Force
Erie County Care Management
Erie County Department of Health
Erie County Diabetes Association
Erie County District Attorney Office
Erie County Medical Society
Erie Gay News (LGBT population)
Erie Housing Authority
Erie Mental Health Association
Erie Reader
Erie Regional Chamber and Growth Partnership
Erie Yesterday
Eriez Magnetics
Fairview Township
Gannon University
Gannondale School for Girls
Gaudenzia
General Electric Transportation Health Initiative
Girard Borough
Girl Scouts of America
Goodell Gardens
Great Lakes Institute of Technology
Greater Erie Community Action Committee (GECAC)
Harborcreek Supervisor
Health America Insurance (Coventry Healthcare)
Highmark Blue Cross Blue Shield
John F. Kennedy Center
Junior League of Erie
Lake Erie College of Osteopathic Medicine (LECOM)
LECOM School of Pharmacy
Lilly Broadcasting
Martin Luther King Center
Mercyhurst Civic Institute
Mercyhurst University
Millcreek Community Hospital
Millcreek Police Department
Mission Empower
Mothers Against Teen Violence
Multicultural Community Resource Center
NAMI of Erie County (National Alliance on Mental Illness)
Northeast Chamber of Commerce
Northwest Pennsylvania Area Health Education Center
Northwest Savings Bank
Northwest Tri-County Intermediate Unit 5
NWPAC Tobacco Control Program
Office of Children and Youth
Office of the Pennsylvania Attorney General
Ophelia Project
Perseus House
Regional Cancer Center
Safe & Healthy Communities
Saint Benedict Adult Education Program
Saint Vincent Health System
Second Harvest Food Bank
Sisters of St. Joseph Neighborhood Network
Stairways Behavioral Health
Trinity Center
Union Township
United Healthcare
United Way of Erie County
UPMC Hamot
UPMC Insurance
Veteran's Affairs Medical Center
VisitErie
Waterford Township
Whole Foods Cooperative
Women's Care Center

Introduction

In order to more effectively address the health needs of Erie County residents, community partners and stakeholders joined to form a collaborative committee. The Erie County Department of Health was identified as the lead agency and the Mobilizing for Action through Planning and Partnerships (MAPP) model was selected as the community health improvement planning model (Figure 1).

Figure 1. MAPP Planning Process



The MAPP process relies on four assessments to provide the information needed to develop strategic issues, goals, strategies, and action plans for the community. These assessments are: 1) Community Health Status Assessment, which provides quantitative and qualitative data about the health needs of residents, 2) Community Themes and Strengths Assessment, which helps to identify issues and topics of interest to the community, 3) Forces of Change Assessment, which identifies current or future issues that may affect the community or public health system, and 4) Local Public Health System Assessment, which identifies organizations that contribute to the public’s health.

Vision

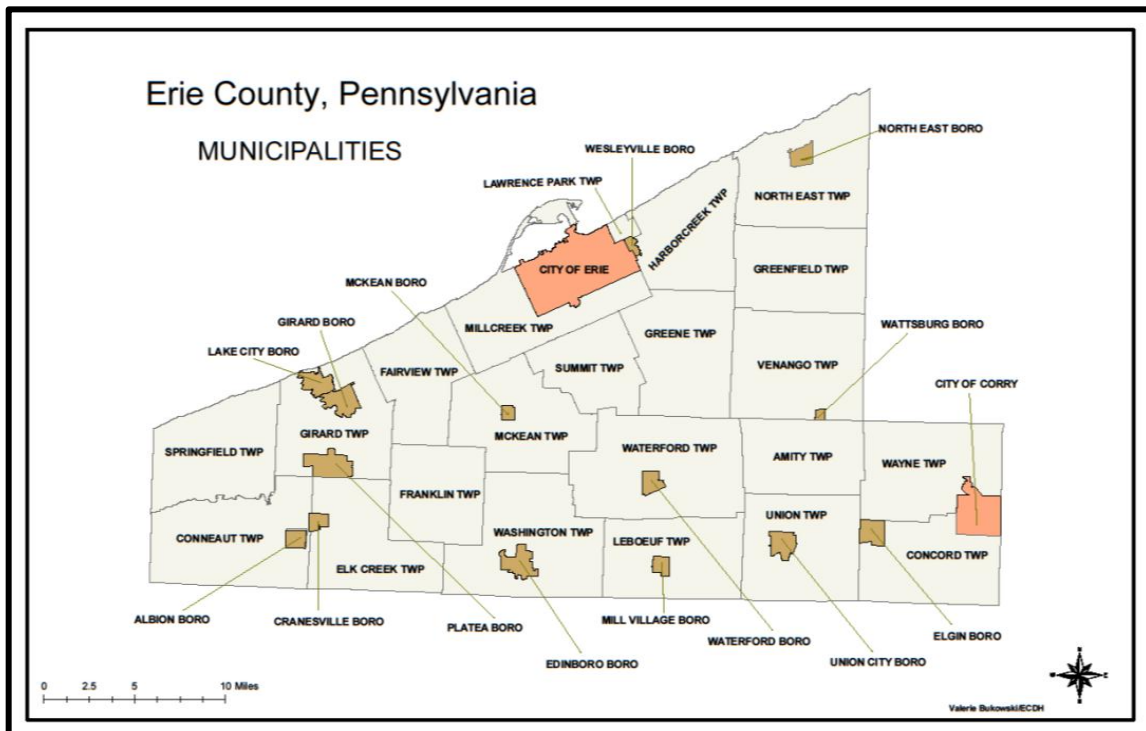
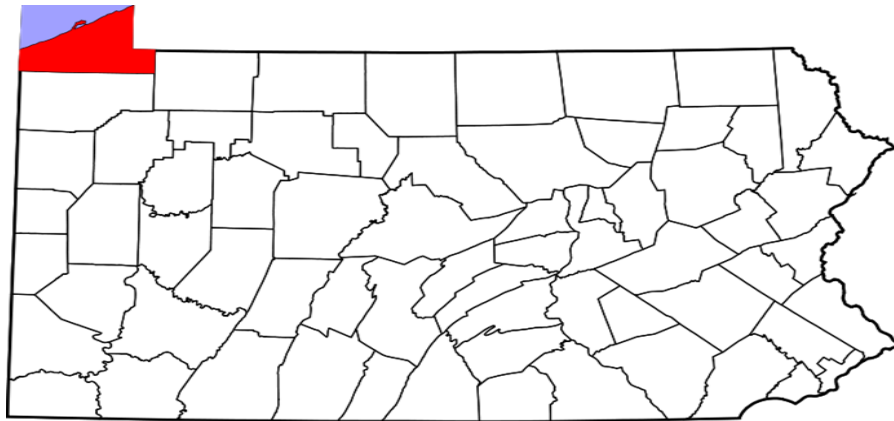
Wellness in mind, body, and spirit.

Community Health Status Assessment

Demographics

Erie County is located in northwestern Pennsylvania on the south shore of Lake Erie and covers 802 square miles of land and 756 square miles of water (Figure 2). The 2010 U.S. Census reported a total population of 280,566 with 80.0% urban, 20.0% rural, 50.8% female, 49.2% male, 22.7% under age 18, 35.4% aged 18 to 44, 27.3% aged 45 to 64, 14.6% aged 65 and above, 88.2% White, 7.2% Black, and 3.4% Hispanic (of any race). Approximately 36.3% (101,786 individuals) resided in the City of Erie. The median age was 38.6 years.

Figure 2. Erie County, Pennsylvania Maps



In 2010, 9.4% of the civilian labor workforce aged 16 and above were unemployed. Of all residents, 17.4% lived below the poverty level, 23.7% were eligible for Medical Assistance, 19.5% participated in the Supplemental Nutrition Assistance Program (SNAP), and 9.6% had no health insurance coverage. Of all residents living below the poverty level, 14.4% were White, 44.7% were Black, 31.6% were Hispanic, and 24.7% were under age 18. Of all residents aged 25 and above, 9.8% had less than a high school diploma (9.0% White, 18.3% Black, and 30.6% Hispanic) while 23.4% had a bachelor's degree or higher (23.9% White, 13.7% Black, and 14.1% Hispanic).

Erie County is the leading refugee resettlement county in Pennsylvania. From October 1, 2010 to September 30, 2011, 790 (26.1%) of the 3,026 newly arrived Pennsylvania refugees settled in Erie County while from October 1, 2011 to March 31, 2012, 377 (29.0%) of the 1,299 newly arrived Pennsylvania refugees settled in Erie County.

Maternal, Infant, and Child Health

During the period 2008 to 2010, there were 9,891 births in Erie County for a crude birth rate of 11.8 births per 1,000 population. Of these births, 77.3% occurred to women aged 20-34, 11.3% occurred to women aged 15-19, and 49.5% were to unmarried mothers. The general fertility rate was 58.0 births per 1,000 females aged 15-44.

From 2008-2010, 8.9% (8.3% for PA) of Erie County live births were classified as low birth weight (7.6% White, 16.2% Black, and 9.8% Hispanic), 74.8% (70.9% for PA) were to mothers who received first trimester prenatal care (78.1% White, 60.1% Black, and 66.3% Hispanic), and 72.7% (83.5% for PA) were to mothers who did not smoke during their pregnancy (72.4% White, 70.7% Black, and 76.1% Hispanic). From 2008-2010, the infant mortality rate in Erie County was 9.2 (7.3 for PA) deaths per 1,000 live births (7.1 White and 25.4 Black).

Mortality

Table 1 lists the leading causes of death for Erie County residents from 2008 to 2010.

Table 1. Erie County Leading Causes of Death, 2008-2010

| Erie County and Pennsylvania, 2008-2010 | | | | | | | | | | | |
|---|--------|-------|--------|-------|--------|-------|--------|-------|--------|---------|-------|
| Cause of Death | Total | | Male | | Female | | White | | Black | | PA |
| | Deaths | Rate | Deaths | Rate | Deaths | Rate | Deaths | Rate | Deaths | Rate | Rate |
| All Causes of Death | 8,062 | 791.6 | 3,786 | 930.3 | 4,276 | 687.3 | 7,648 | 770.2 | 386 | 1,042.1 | 779.6 |
| Heart Disease | 2,107 | 199.9 | 1,014 | 250.4 | 1,093 | 163.7 | 2,005 | 192.4 | 93 | 271.9 | 195.3 |
| Cancer (Malignant Neoplasms) | 1,861 | 189.1 | 940 | 226.2 | 921 | 164.2 | 1,769 | 185.4 | 88 | 240.0 | 183.8 |
| Chronic Lower Respiratory Diseases | 455 | 44.4 | 215 | 54.1 | 240 | 38.8 | 447 | 44.5 | 8 | n/a | 39.9 |
| Stroke (Cerebrovascular Diseases) | 429 | 40.4 | 155 | 39.0 | 274 | 40.9 | 400 | 37.8 | 28 | 92.1 | 40.1 |
| Accidents (Unintentional Injuries) | 317 | 35.0 | 199 | 48.8 | 118 | 23.4 | 310 | 37.7 | 7 | n/a | 40.4 |
| Alzheimer's Disease | 261 | 23.1 | 67 | 17.4 | 194 | 26.0 | 256 | 22.7 | 4 | n/a | 20.6 |
| Diabetes Mellitus | 240 | 24.3 | 125 | 30.7 | 115 | 19.0 | 219 | 22.6 | 20 | 56.7 | 20.4 |
| Nephritis, Nephrotic Syndrome, & Nephrosis | 227 | 21.5 | 95 | 23.9 | 132 | 20.4 | 213 | 20.6 | 14 | n/a | 18.6 |
| Influenza & Pneumonia | 160 | 17.5 | 81 | 20.1 | 113 | 15.6 | 187 | 17.0 | 7 | n/a | 14.6 |
| Suicide (Intentional Self-Harm) | 110 | 12.7 | 91 | 21.7 | 19 | n/a | 104 | 13.2 | 5 | n/a | 11.9 |
| Septicemia | 107 | 10.6 | 41 | 9.8 | 66 | 11.2 | 101 | 10.3 | 5 | n/a | 13.9 |
| Chronic Liver Disease & Cirrhosis | 79 | 8.1 | 45 | 9.9 | 34 | 6.6 | 77 | 8.1 | 2 | n/a | 7.7 |
| Essential Hypertension & Hypertensive Renal Disease | 63 | 6.1 | 25 | 5.9 | 38 | 5.7 | 57 | 5.7 | 6 | n/a | 6.1 |
| Parkinson's Disease | 58 | 5.5 | 31 | 8.0 | 27 | 3.9 | 58 | 5.6 | 0 | n/a | 7.1 |
| In situ, Benign, & Uncertain Neoplasms | 52 | 5.3 | 33 | 8.2 | 19 | n/a | 50 | 5.2 | 2 | n/a | 5.1 |

Notes: Age-adjusted rates are per 100,000 population, 2008-2010; n/a = Not available

Cancer

A total of 1,861 Erie County residents died from cancers (primary malignant neoplasms) during the period 2008 to 2010, for a corresponding age-adjusted death rate of 189.1 deaths per 100,000 population (183.8 for PA). The death rate was 226.2 for males and 164.2 for females. During 2008-2010, Erie County's five leading cancer mortality sites were: (1) bronchus and lung (27.4% of all deaths), (2) colon and rectum (8.5%), (3) female breast (7.7%), (4) pancreas (6.0%), and (5) prostate (5.7%).

There were a total of 4,602 new cancer cases (primary invasive cancers and in situ urinary bladder cancers) diagnosed among Erie County residents during 2007-2009, for a corresponding age-adjusted cancer incidence rate of 483.9 cases per 100,000 population (507.7 for PA). The incidence rate was 543.2 for males and 449.8 for females. During 2007-2009, Erie County's five leading cancer incidence sites were: (1) female breast (14.5% of all diagnoses), (2) bronchus and lung (14.2%), (3) prostate (13.7%), (4) colon and rectum (9.4%), and (5) urinary bladder (4.5%).

Injury

From 2005 to 2009, there were a total of 745 deaths due to injury among all Erie County residents for a crude rate of 50.9 deaths per 100,000 population (58.8 for PA). Of the total injury deaths, 71.5% were unintentional (accidents) injury deaths, 22.6% were suicides, 4.0% were homicides, 1.9% were undetermined, and 68.2% occurred to males. Seniors (those aged 65 and above) had both the highest number of deaths (230) and highest death rate (114.3 deaths per 100,000 population) among reported age group categories. The leading causes of injury death among Erie County residents were poisonings (178 deaths), motor vehicle traffic accidents (137), unintentional falls (129), and firearm-related events (94). Overall, 121 (68.0%) of the 178 poisoning deaths were accidental drug poisonings, and 80 (85.1%) of the 94 firearm-related events were suicides.

In 2009, there were a total of 2,630 hospitalizations due to injury in Erie County for a crude rate of 849.3 hospitalizations per 100,000 population (1,020.4 for PA). Of the total injury hospitalizations, 81.7% were due to accidents, 11.1% were due to self-inflicted injuries, 3.4% were due to assault injuries, and 3.8% were undetermined. Seniors had both the highest number of hospitalizations (1,195) and the highest hospitalization rate (2,919) among reported age group categories. The three leading causes of injury hospitalization in Erie County were unintentional falls (1,185), poisonings (379), and motor vehicle traffic accidents (129). Most unintentional fall hospitalizations (71.9%) occurred in seniors. Overall, 61.7% of poisoning hospitalizations were due to self-inflicted poisonings.

Childhood Injury

From 2000 to 2009, there were a total of 59 deaths due to injury among Erie County children (14 years of age and younger). Of the 59 total injury deaths, 81.4% were unintentional (accidents), 10.2% were homicides, 6.8% were suicides, and 1.7% undetermined. Motor vehicle traffic accidents, drownings, and suffocations were the three leading causes of childhood injury deaths.

From 2000 to 2009, there were a total of 1,239 hospitalizations due to injury among Erie County children aged 0 to 14 with an age-specific injury hospitalization rate of 228.6 per 100,000 (292.6 for PA). Overall, 86.6% hospitalizations were due to accidents, 6.5% were due to self-inflicted injuries, 4.0% were due to assault injuries, and 2.8% were undetermined. Of the 81 self-inflicted injuries, 79 occurred in children aged 10 to 14 years with 42 (53.2%) of these due to self-inflicted poisonings. From 2000 to 2009, the leading causes of childhood injury hospitalization in Erie County were falls, motor vehicle traffic accidents, and poisonings.

Infectious Diseases

Select reportable and communicable diseases for Erie County, Pennsylvania, and the U.S. (2010) are listed in Table 2.

Table 2. Erie County Infectious Diseases, 2010

| Reportable and Communicable Diseases Erie County, PA, & U.S., 2010 | | | | | | |
|---|-------------|-------|--------------|-------|---------------|-------|
| | Erie County | | Pennsylvania | | United States | |
| | Cases | Rate* | Cases | Rate* | Cases | Rate* |
| AIDS [^] | 14 | 5.0 | 621 | 4.9 | n/a | |
| ARBOVIRAL DISEASES, DOMESTIC | | | | | | |
| WEST NILE ENCEPHALITIS (NEUROINVASIVE) [^] | 0 | 0 | 19 | 0.1 | 629 | 0.2 |
| WEST NILE FEVER (NON-NEUROINVASIVE) [^] | 0 | 0 | 9 | 0.1 | 392 | 0.1 |
| CAMPYLOBACTERIOSIS [^] | 25 | 8.9 | 1,751 | 13.8 | n/a | |
| CHLAMYDIA [^] | 1,152 | 411.0 | 47,518 | 374.1 | 1,307,893 | 426.0 |
| CRYPTOSPORIDIOSIS [^] | 1 | 0.4 | 490 | 3.9 | 8,944 | 2.9 |
| CYCLOSPORIASIS [^] | 0 | 0 | 0 | 0.0 | 179 | 0.1 |
| ESCHERICHIA COLI, SHIGA TOXIN PRODUCING (STEC) [^] | 0 | 0 | 161 | 1.3 | 5,476 | 1.8 |
| ENCEPHALITIS, OTHER | 2 | 0.7 | 2 | | n/a | |
| GIARDIASIS [^] | 20 | 7.1 | 789 | 6.2 | 19,811 | 6.5 |
| GONORRHEA [^] | 170 | 60.7 | 12,883 | 101.4 | 309,341 | 100.8 |
| GUILLAIN BARRE ^{^^} | 2 | 0.7 | 54 | 0.4 | n/a | |
| HAEMOPHILUS INFLUENZA, INVASIVE, ALL AGES [^] | 5 | 1.8 | 227 | 1.8 | 3,151 | 1.0 |
| HEPATITIS A [^] | 2 | 0.7 | 54 | 0.4 | 1,670 | 0.5 |
| HEPATITIS B, ACUTE [^] | 2 | 0.7 | 74 | 0.6 | 3,374 | 1.1 |
| HEPATITIS B, CHRONIC [^] | 15 | 5.4 | 1,470 | 11.6 | n/a | |
| HEPATITIS C, ACUTE [^] | 7 | 2.5 | 26 | 0.2 | 849 | 0.3 |
| HEPATITIS C, PAST OR PRESENT [^] | 218 | 77.8 | 9,342 | 73.5 | n/a | |
| HISTOPLASMOSIS | 0 | 0 | n/a | | n/a | |
| HIV (non-AIDS) | 9 | 3.2 | 1,017 | 8.0 | n/a | |
| HIV and AIDS | 23 | 8.2 | 1,638 | 12.9 | 35,741 | 11.6 |
| INFLUENZA ^{^^} | 30 | — | n/a | | n/a | |
| LEGIONELLOSIS [^] | 7 | 2.5 | 324 | 2.6 | 3,346 | 1.1 |
| LISTERIOSIS [^] | 0 | 0 | 46 | 0.4 | 821 | 0.3 |
| LYME DISEASE [^] | 55 | 19.6 | 3,810 | 30.0 | 30,158 | 9.8 |
| MEASLES [^] | 0 | 0 | 2 | 0.0 | 63 | 0.0 |
| MENINGITIS, MENINGOCOCCAL DISEASE/N. MENINGITIDIS [^] | 0 | 0 | 26 | 0.2 | 833 | 0.3 |
| MENINGITIS, OTHER BACTERIAL | 1 | 0.4 | 153 | 1.2 | n/a | |
| MENINGITIS, VIRAL/ASEPTIC [^] | 6 | 2.1 | 494 | 3.9 | n/a | |
| MUMPS [^] | 0 | 0 | 69 | 0.5 | 2,612 | 0.9 |
| PERTUSSIS (WHOOPING COUGH) [^] | 8 | 2.9 | 980 | 7.8 | 27,550 | 9.1 |
| RESPIRATORY SYNCYTIAL VIRUS [^] | 188 | — | n/a | | n/a | |
| RUBELLA (GERMAN MEASLES) [^] | 0 | 0 | 0 | 0 | 5 | 0.0 |
| SALMONELLOSIS [^] | 84 | 30.0 | 1,902 | 15.1 | 54,424 | 17.9 |
| SHIGELLOSIS [^] | 0 | 0 | 777 | 0.7 | 14,786 | 4.9 |
| STAPHYLOCOCCUS AUREUS, VANCOMYCIN RESISTANT [^] | 0 | 0 | n/a | | n/a | |
| STREPTOCOCCAL DISEASE, INVASIVE, GROUP A [^] | 6 | 2.1 | 333 | 2.6 | 5,279 | 1.7 |
| STREPTOCOCCUS PNEUMONIAE, INVASIVE [^] | 12 | 4.3 | 542 | 4.3 | 16,569 | 5.4 |
| STREPTOCOCCUS PNEUMONIAE, INVASIVE, DRUG RESISTANT | 9 | 3.2 | n/a | | n/a | |
| STREPTOCOCCUS PNEUMONIAE, INVASIVE, NONREISTANT | 3 | 0.0 | n/a | | n/a | |
| SYPHILIS, PRIMARY and SECONDARY [^] | 4 | 1.4 | 369 | 2.9 | 13,774 | 4.5 |
| SYPHILIS, EARLY LATENT [^] | 2 | 0.7 | 355 | 2.8 | n/a | |
| SYPHILIS, LATE and LATE LATENT | 1 | 0.4 | 259 | 2.1 | n/a | |
| SYPHILIS, CONGENITAL [^] | 0 | 0 | 3 | 0.0 | 377 | 0.1 |
| SYPHILIS, UNKNOWN LATENT | 0 | 0 | 21 | 0.2 | n/a | |
| TOXIC-SHOCK SYNDROME, STREPTOCOCCAL [^] | 0 | 0 | 6 | 0.0 | 142 | |
| TOXIC-SHOCK SYNDROME, STAPHYLOCOCCAL OR UNSPECIFIED [^] | 0 | 0 | 5 | 0.0 | 82 | |
| TOXOPLASMOSIS | 1 | 0.4 | 46 | 0.4 | n/a | |
| TUBERCULOSIS DISEASE [^] | 5 | 1.8 | 238 | 1.9 | 11,182 | 3.7 |
| TUBERCULOSIS INFECTION | 333 | 118.8 | n/a | | n/a | |
| VARICELLA ZOSTER (CHICKENPOX) [^] | 16 | 5.7 | 1,149 | 9.1 | 15,427 | 5.1 |
| YERSINIA [^] | 1 | 0.4 | 14 | 0.1 | n/a | |

*Rate per 100,000 population unless otherwise indicated; Previous year pop. used for Erie County and U.S. calculations; Current year pop. used for PA calculations

[^]Reported cases with CDC-defined case classification status

^{^^}Reported cases with PA DOH-defined case classification status

Chronic Disease Prevalence

Based on the Behavioral Risk Factor Surveillance System (BRFSS) Survey, chronic disease statistics for Erie County (2011), Pennsylvania (2010), and the U.S. (2010) are listed in Table 3.

Table 3. Chronic Disease Prevalence

| Chronic Disease Prevalence* | | | |
|--|-------------|--------------|---------------|
| Erie County, PA, & U.S. | | | |
| | Erie County | Pennsylvania | United States |
| | % | % | % |
| ARTHRITIS DIAGNOSIS (Including rheumatoid, gout, lupus, or fibromyalgia) | 30 | 31 | 26 |
| ASTHMA DIAGNOSIS | 12 | 14 | 14 |
| CANCER SURVIVORS | 12 | 10 | n/a |
| HEART ATTACK (Age 35+) | 6 | 6 | 4 |
| HEART DISEASE (Age 35+) | 7 | 6 | 4 |
| STROKE (Age 35+) | 5 | 4 | 3 |
| HIGH CHOLESTEROL | 39 | 39 | 37 |
| EVER HAD CHOLESTEROL CHECKED | 79 | 82 | 81 |
| CHOLESTEROL CHECKED IN PAST FIVE YEARS | 76 | 79 | 77 |
| CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) | 7 | n/a | 5 |
| DIABETES DIAGNOSIS | 10 | 10 | 9 |
| PRE-DIABETES DIAGNOSIS | 6 | n/a | n/a |
| HYPERTENSION DIAGNOSIS | 31 | 31 | 29 |
| TAKES HYPERTENSION MEDICATION | 79 | 80 | n/a |

*Reported values are for adults aged 18 and above unless otherwise noted
n/a indicates not available
Source: 2011 Erie County Behavioral Risk Factor Surveillance System (BRFSS) Survey; 2010 Pennsylvania and U.S. BRFSS Surveys

Preventive Health Services

Based on the BRFSS Survey, preventive health service statistics for Erie County (2011), Pennsylvania (2010), and the U.S. (2010) are listed in Table 4.

Table 4. Preventive Health Services

| Preventive Health Service Utilization* | | | |
|--|-------------|--------------|---------------|
| Erie County, PA, & U.S. | | | |
| | Erie County | Pennsylvania | United States |
| | % | % | % |
| ANNUAL MAMMOGRAM (Females Age 40+) | 67 | 58 | n/a |
| ANNUAL CLINICAL BREAST EXAM (Females Age 40+) | 67 | 62 | n/a |
| ANNUAL PAP TEST | 60 | n/a | n/a |
| SIGMOIDOSCOPY and COLONOSCOPY IN PAST FIVE YEARS (Age 50+) | 62 | n/a | n/a |
| FECAL OCCULT BLOOD TEST (FOBT) IN PAST TWO YEARS (Age 50+) | 18 | n/a | 17 |
| ANNUAL PSA BLOOD TEST (Males Age 40+) | 52 | 56 (Age 50+) | n/a |
| ANNUAL DIGITAL RECTAL EXAM (Males Age 40+) | 42 | 47 (Age 50+) | n/a |
| ANNUAL FLU SHOT (Age 65+) | 70 | n/a | 67 |
| ANNUAL FLU SHOT (Age 50+) | 60 | 56 | n/a |
| ANNUAL FLU SHOT (Age <18) | 45 | n/a | n/a |
| PNEUMONIA VACCINATION (Age 65+) | 73 | 71 | 67 |
| DENTAL VISITS | 70 | 71 | 70 |

*Reported values are for adults aged 18 and above unless otherwise noted
n/a indicates not available
Source: 2011 Erie County Behavioral Risk Factor Surveillance System (BRFSS) Survey; 2010 Pennsylvania and U.S. BRFSS Surveys

Health Risk Behaviors

Based on the BRFSS Survey, health risk behavior statistics for Erie County (2011), Pennsylvania (2010), and the U.S. (2010) are listed in Table 5. Erie County has five food deserts. Three are in the City of Erie, one is in Albion Borough (western Erie County), and one is in Edinboro Borough (southern Erie County).

Table 5. Health Risk Behaviors

| Health Risk Behaviors* Erie County, PA, & U.S. | | | |
|--|-------------|--------------|---------------|
| | Erie County | Pennsylvania | United States |
| | % | % | % |
| BINGE DRINKING | 19 | 15 | 15 |
| HEAVY DRINKING | 6 | 4 | 5 |
| CHRONIC DRINKING | 6 | 6 | n/a |
| DRINKING AND DRIVING | 4 | 3 | n/a |
| YOUTH ALCOHOL USE, EVER TRIED | 46 | 49 | n/a |
| YOUTH ALCOHOL USE, PAST-30-DAY USE | 22 | 26 | n/a |
| YOUTH BINGE DRINKING | 12 | 14 | n/a |
| YOUTH MARIJUANA, EVER TRIED | 17 | 20 | n/a |
| YOUTH MARIJUANA, PAST-30-DAY USE | 10 | 11 | n/a |
| FRUIT AND VEGETABLE CONSUMPTION (Five or more times per day) | 10 | 24 | 24 |
| NO LEISURE TIME PHYSICAL ACTIVITY | 28 | 26 | 24 |
| SEAT BELT USE | 83 | 77 | 85 |
| CURRENT CIGARETTE SMOKER | 23 | 18 | 17 |
| QUIT SMOKING ONE OR MORE DAYS IN PAST YEAR | 57 | 55 | n/a |
| SMOKELESS TOBACCO | 4 | 2 | n/a |
| YOUTH CIGARETTE USE, EVER TRIED | 26 | 26 | n/a |
| YOUTH CIGARETTE USE, PAST-30-DAY USE | 10 | 11 | n/a |
| YOUTH SMOKELESS TOBACCO USE, EVER TRIED | 13 | 12 | n/a |
| YOUTH SMOKELESS TOBACCO USE, PAST-30-DAY USE | 7 | 6 | n/a |
| OBESE (BMI ≥ 30) | 29 | 29 | 28 |
| OVERWEIGHT (BMI = 25.0-29.9) | 36 | 37 | 36 |

*Reported values are for adults aged 18 and above unless otherwise noted
n/a indicates not available
Source: 2011 Erie County Behavioral Risk Factor Surveillance System (BRFSS) Survey; 2010 Pennsylvania and U.S. BRFSS Surveys; 2009 Erie County and Pennsylvania Youth Survey

Mental and Behavioral Health

Based on the 2011 Erie County BRFSS Survey, 19% of Erie County adults aged 18 and above have ever been diagnosed with a depressive disorder, 17% have ever been diagnosed with an anxiety disorder, and 32% reported being worried about money. Based on the 2009 Erie County Pennsylvania Youth Survey (PAYS), 36% of students in grades six through twelve reported feeling depressed or sad most days in the past year (32% for PA).

Health-Related Quality of Life

Based on the 2011 Erie County BRFSS Survey, health-related quality of life statistics for Erie County (2011, 2007 where noted), Pennsylvania (2010, 2007 where noted), and the U.S. (2010) are listed in Table 6.

Table 6. Health-Related Quality of Life

| Health-Related Quality of Life* | | | |
|---|-------------|--------------|---------------|
| Erie County, PA, & U.S. | | | |
| | Erie County | Pennsylvania | United States |
| | % | % | % |
| FAIR or POOR HEALTH | 17 | 16 | 15 |
| POOR PHYSICAL HEALTH | 36 | 36 | n/a |
| POOR MENTAL HEALTH | 33 | 33 | n/a |
| ACTIVITY LIMITED 1+ DAYS IN PAST MONTH DUE TO POOR PHYSICAL/MENTAL HEALTH | 21 | n/a | 21 |
| USUAL ACTIVITY LIMITED DUE TO ARTHRITIS OR JOINT SYSTEMS | 43 | 42 | n/a |
| USE SPECIAL EQUIPMENT DUE TO HEALTH PROBLEMS | 8 | 8 | 8 |
| RARELY OR NEVER GET NEEDED EMOTIONAL SUPPORT** (2007) | 8 | 7 | n/a |
| SATISFIED or VERY SATISFIED WITH THEIR LIFE*** (2007) | 93 | 94 | n/a |

*Reported values are for adults aged 18 and above unless otherwise noted
 **2007 Erie County Behavioral Risk Factor Surveillance System (BRFSS) Survey
 n/a indicates not available
 Source: 2011 Erie County Behavioral Risk Factor Surveillance System (BRFSS) Survey; 2010 Pennsylvania and U.S. BRFSS Surveys

Health Care Access

Based on the 2011 Erie County BRFSS Survey, health care access statistics for Erie County (2011), Pennsylvania (2010), and the U.S. (2010) are listed in Table 7.

Table 7. Health Care Access

| Health Care Access* | | | |
|--|-------------|--------------|---------------|
| Erie County, PA, & U.S. | | | |
| | Erie County | Pennsylvania | United States |
| | % | % | % |
| NO HEALTH INSURANCE | 13 | 14 | 18 |
| MEDICAID RECIPIENTS | 22 | 17 | n/a |
| CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) | 6 | 7 | n/a |
| NO PERSONAL HEALTH CARE PROVIDER | 10 | 11 | n/a |
| ROUTINE CHECKUP IN PAST TWO YEARS | 86 | n/a | n/a |
| LACK OF NEEDED CARE DUE TO COST | 13 | 11 | n/a |
| LACK OF NEEDED MEDICATION DUE TO COST | 12 | n/a | n/a |

*Reported values are for adults aged 18 and above unless otherwise noted
 n/a indicates not available
 Source: 2011 Erie County Behavioral Risk Factor Surveillance System (BRFSS) Survey; 2010 Pennsylvania and U.S. BRFSS Surveys

Health Care Providers

Erie County is serviced by seven hospitals (four acute care facilities, two specialty hospitals, and a Veterans Affairs Medical Center) and a pediatric specialty facility. In 2010, 599 physicians and 142 dentists provided direct patient care in Erie County. Of the physicians, 89% accept Medicaid and 94% accept Medicare. Of the dentists, 13% accept Medicaid and 11% accept Medicare.

Three geographic areas within Erie County have been designated as Medically Underserved Areas (MUA), one geographic area has been designated as a Primary Medical Care Health Professional Shortage Area, and the entire low income population of Erie County has been designated as a Dental Health Professional Shortage Population. Erie County is serviced by one Federally Qualified Health Center (FQHC) and two Rural Health Clinics/Centers. The Multi-Cultural Health Evaluation Delivery System (MHEDS) provides health services to refugees and is the designated primary care service provider in Erie for the Keystone Migrant Farmworker Program.

Community Themes and Strengths Assessment

Because Erie County consists of one large city (the City of Erie), one small city (the City of Corry), several large metropolitan suburbs, and many small rural communities, five community focus groups were held in various locations throughout the county to glean perceptual information from a representative cross-section of county residents. Overall, one large Erie County focus group and four smaller community focus groups were conducted. Invitations were sent to a diverse list of community organizations including nonprofit, religious, law enforcement, government, education, health care, social service, mental health, and advocate groups.

Two targeted focus groups were also conducted. One was for refugee, migrant worker, and immigrant interpreters and one was for African-American women.

Common themes revolved around the presence or absence of personal and community resources including: health insurance and/or the ability to pay for services and supplies, transportation to health appointments, dentists who provide service to the uninsured and underinsured, health literacy, the need for culturally and linguistically competent care and services, and the need for a unified approach to health and a central source of information and programming for health and health care services.

All groups commented on the lack of adequate financial resources to enable more services, but all recognized the lack as a universal issue related to current economic times in the area. The leadership groups expressed the desire to work together to obtain funding for programming rather than compete for scarce resources. Health and overall success were attributed to education and the ability to utilize education to earn a family sustaining wage. The targeted focus groups identified cultural and linguistic barriers. They also indicated that their respective cultural groups practice a “navigator” approach to helping each other with obtaining appropriate services. Trust of providers and the health care system was identified as a necessary component for health management. The African-American focus group commented that community leaders must be involved and engaged in the efforts.

Forces of Change Assessment

At a regularly scheduled committee meeting that preceded the prioritization process, members of the Community Health Needs Assessment (CHNA) Steering Committee were given a list of questions for consideration and then asked for their input. A facilitated discussion elicited targeted responses. The questions and corresponding responses are listed below.

Community Health Impact

- What are important characteristics of a healthy community for all who live, work, and play here?
 - Mind, body, and spirit wellness of residents
- How do you envision the local public health system in the next five years?
 - Leaner; doing more with less
 - Increased collaboration among community members
 - Focused community efforts on selected health indicators

External Forces and Issues

- What is occurring or might occur that affects the health of our community or the local public health system?
 - Forces: Trends - Patterns over time such as migrations in and out of a community
 - Factors - Discrete elements such as ethnic population, urban setting
 - Events - One-time occurrences such as passage of new legislation
 - Issues: Social, economic, political, technological, environmental, scientific, legal, ethical, and organizational factors.
 - Aging population
 - Influx of refugees
 - High poverty rate
 - Health Care Reform Act and its implications
 - Economic uncertainty (possible loss of local employers)

Challenges and Opportunities

- What specific challenges/threats/barriers or opportunities are generated by these occurrences?

Challenges

- Electronic health/medical records
- More providers may be needed (especially primary care providers)
- Dental care, especially for low income population
- Less reimbursement but more services
- Quality based (performance) payment

Opportunities

- School based health centers in schools located in neighborhoods with high risk residents
- More people will be insured
- Minimal increase of Medicaid recipients
- Women's preventive services per the Affordable Care Act

Local Public Health System Assessment

There are many organizations within Erie County that provide a wide range of services, programs, and opportunities for county residents.

Nine community organizations, including law enforcement and education, have partnered to address tobacco issues within the county. They are: Greater Erie Community Action Committee, Coalition Pathways, Community Health Net, Stairways Behavioral Health, Millcreek Township Police Department, the American Cancer Society, Harborcreek School District, Lake Erie College of Osteopathic Medicine School of Pharmacy, and the Erie County Department of Health which is also the regional program manager for the Northwest Pennsylvania Tobacco Control Program.

The Junior League of Erie offers a hands-on "Kids in the Kitchen" nutrition program and also partners with the Erie County Department of Health, the Regional Chamber and Growth Partnership, the Second Harvest Foodbank of Northwest PA, the Sisters of Saint Joseph Neighborhood Network, and other community organizations on the Access to Healthy Foods Committee.

Nutrition and physical activity are addressed by the YMCA, LifeWorks Erie, the Wellsville Program, the Penn State Cooperative Extension, the Erie County Diabetes Association, Early

Connections (an early childhood focused organization), Kid's Cafes, individual hospital health and wellness initiatives, and individual health plans and insurance providers.

Physical activity is the focus of the Erie Walks Initiative and the Let's Move Outside: Erie County Recreational Passport Initiative. Additionally, Erie County offers over six hundred recreational and nutritional opportunities which are listed under the Bundle Up! Program, the Eat Fresh! Program, the Go Fish! Program, the Go to (Sports) Camp! Program, the Golf! Program, the Join! Program, the Lace Up! Program, the Play at the Park! Program, the Play in the Water! Program, and the Roll! Program.

Over thirty community organizations, including the American Heart Association, the Erie County Diabetes Association, and the American Cancer Society, focus on prevention and treatment of heart disease, hypertension, diabetes, and cancer. Additionally, the Erie County Cancer Task Force, with members representing both health care and health prevention organizations, focuses on cancer health literacy.

Currently, there are twenty-four organizations and facilities within Erie County that address alcohol and drugs, twenty-six organizations and facilities that provide emergency and crisis intervention, sixty-nine organizations and facilities that address a variety of health concerns, twenty-six organizations that provide information and referral services, six organizations that address language and communication problems, and thirty organizations and facilities that provide mental health and mental retardation services.

As part of its community programming, the United Way of Erie County hopes to identify and implement a community health initiative aligned with the Community Health Status Assessment. The Erie Community Foundation, which offers competitive grants to community groups, has introduced Erie Vital Signs, a website that includes health statistics, as a tool for grant seekers. A School Based Health Center has opened in an inner city school, the Pathways Program for diabetes control and prevention is in progress within the Erie community, General Electric Transportation has introduced a collaborative initiative to focus on health literacy and health cost containment, and Gannon University, an urban school, focuses efforts on the inner city neighborhoods surrounding its campus.

Strategic Issue Identification

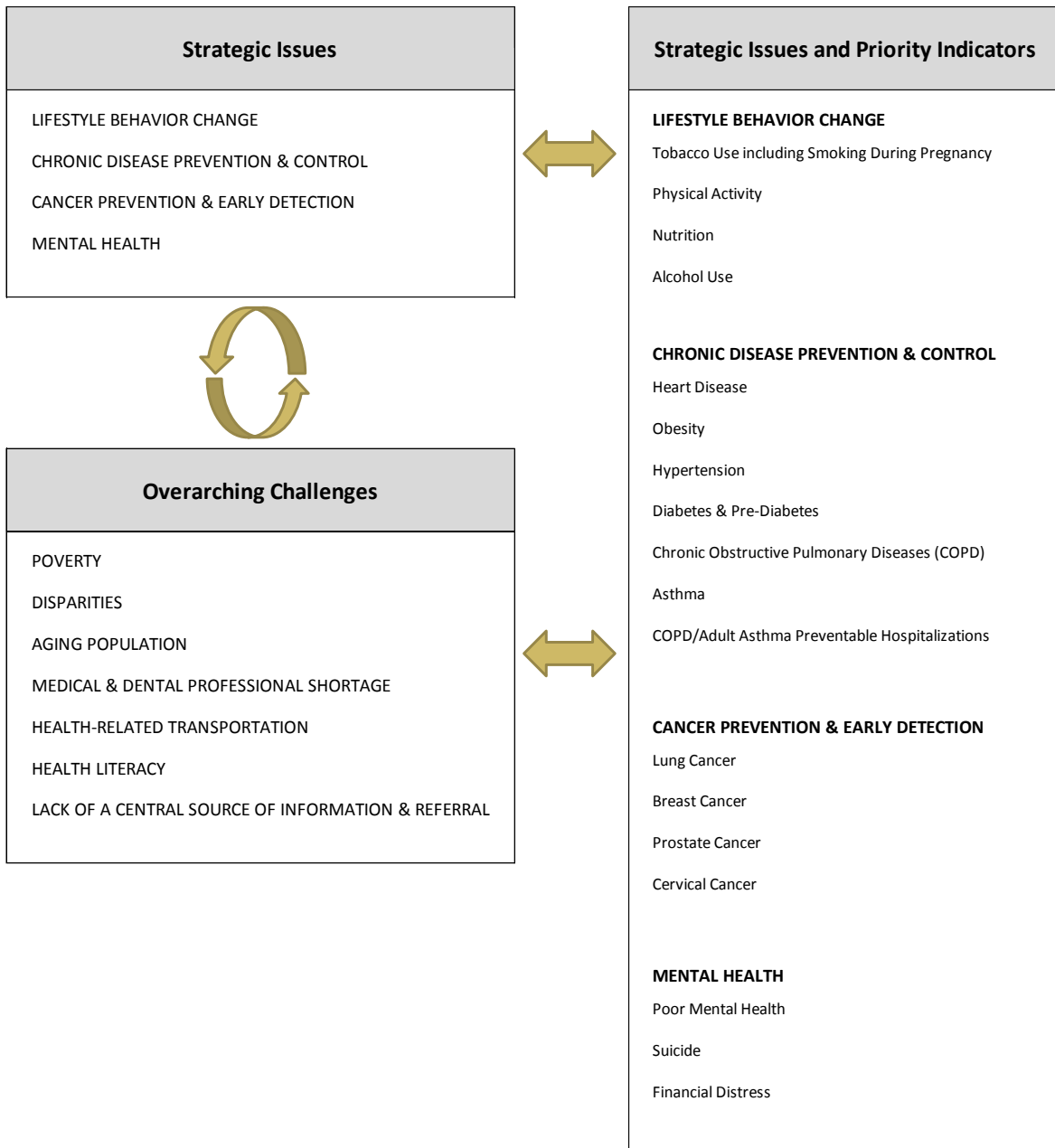
In order to identify areas of need within Erie County, a prioritization matrix of health indicators was developed using information from the Health Needs Assessment. In addition to county,

state, national, Healthy People 2020, and peer county statistics for the indicators, the matrix also included columns to identify the indicator as a CDC health status indicator, a Robert Wood Johnson Foundation health ranking indicator, an identified county focus group indicator, an indicator currently being addressed by other community organizations, and an indicator associated with disparities. Trending changes were also noted. Epidemiologists reviewed the data in the Assessment and identified over 150 indicators for consideration in the prioritization process.

Based on the information in this matrix, the Steering Committee used a problem importance worksheet to rate each indicator using a Likert scale of 1 to 10 (with 10 being highest) as to the magnitude of the problem, the seriousness of the problem, its comparison to benchmarks, the feasibility of addressing the problem, and the availability of resources. Scores for each indicator were calculated and the indicators were then ranked according to the results. The results identified thirty-six indicators to be further considered as priorities. Using the community resource list developed for the Public Health Systems Assessment, the Steering Committee identified eighteen final priority indicators.

Based on these indicators, four strategic health issues were identified for Erie County. They are lifestyle behavior change, chronic disease prevention and control, cancer prevention and early detection, and mental health. Additionally, seven overarching challenges were targeted. These are issues that impact the health of Erie County residents and should be considered in any community-based health action plan. They are poverty, disparities, the aging population, medical and dental professional shortage, health-related transportation, health literacy, and lack of a central source of information and referral. Finally, the priority health indicators were categorized within a specific strategic issue (Table 8).

Table 8. Erie County Strategic Issues, Overarching Challenges, and Priority Indicators



Community Health Improvement Plan

The Community Health Improvement Plan (CHIP) is a blueprint for achieving improved community health. It begins with community partners and stakeholders joining in a collaborative dialogue to develop goals and strategies for the strategic issues identified in the community health needs assessment. The priority indicators and overarching challenges are used as guides. These final goals and strategies describe what the group wants to achieve and how they plan on doing it. The results are action plans that use best practice programs to provide measurable and effective interventions within the community.

Under the leadership of the Erie County Department of Health, the CHNA Steering Committee has begun to dialogue with several key community organizations. Even though final action plans for all the strategic issues have not yet been developed, several programs are in progress.

These programs focus on tobacco use, physical activity, nutrition, and suicide. The first three program areas are particularly powerful, as they directly address our first Strategic Issue, Lifestyle Behavior Change, and they have the potential to impact on two of the other Strategic Issues (Chronic Disease Prevention and Control and Cancer Prevention and Early Detection) as well as a number of other Priority Indicators, including Heart Disease, Obesity, Hypertension, Diabetes, Chronic Obstructive Pulmonary Diseases, and Lung Cancer. Plans for these programs are described below, and in further detail in the Appendices.

Strategic Issue: Lifestyle Behavior Change

Tobacco Use

The Erie County Department of Health and its community partners plan to encourage tobacco-free living through policy, systems, and environmental changes in three key areas: prevention, cessation, and smoke-free public places. Below are the specific objectives we hope to achieve by December 31, 2013:

Objective #1: Increase the number of worksites receiving education/technical assistance related to Worksite Tobacco Policy from 1 to 30.

Objective #2: 100% of tobacco retail outlets will receive an ACT 112 enforcement compliance check.

Objective #3: Increase/maintain the number of municipal ordinances/policies created to eliminate secondhand smoke/tobacco use at parks, playgrounds and other outdoor spaces from 11 to 16.

Objective #4: Increase the number of tobacco users who enroll in counseling services from the PA Free Quitline from 253 to 350.

Objective #5: Increase the number of successful fax referrals (fax referrals that result in an enrollment/completed intake) to the PA Free Quitline from 2 to 40, (with emphasis on women of child-bearing age).

These objectives are consistent with Healthy People 2020, the National Prevention Strategy, and priorities of the Pennsylvania Department of Health Tobacco Control Program. More information, including action plans and a list of community partners, is included in Appendix A.

Physical Activity

The Erie County Department of Health and its community partners plan to implement policies and environmental changes that support residents in achieving increased physical activity. Below are the specific objectives we hope to achieve by December 31, 2013:

Objective #1: Implement Safe Routes to School program in at least 2 City of Erie Schools.

Objective #2: Increase the number of bicycle friendly businesses in the City of Erie by 4.

Objective #3: Increase the number of Complete Streets strategies in City of Erie traffic planning by 1.

Objective #4: Increase the number of trail communities participating in the Let's Move Outside! Erie County Recreational Passport Program by 3.

These objectives are consistent with Healthy People 2020, the National Prevention Strategy, and priorities of the Pennsylvania Department of Health Safe and Healthy Communities Program. More information, including action plans and a list of community partners, is included in Appendix B.

Nutrition

The Erie County Department of Health and its partners plan to implement policies, programs, and environmental changes that support residents in achieving a healthy diet. Below are the specific objectives we hope to achieve by December 31, 2013:

Objective #1: Increase the number of healthy corner stores in the City of Erie Food Deserts by 2.

Objective #2: Increase the number of access points for fruits, vegetables and healthy foods in Erie County Food Deserts by 2.

Objective #3: the Healthy Food Policy Council will propose a healthy food/beverage policy to local government officials for adoption.

Objective #4: Erie County will pursue Bronze level awards for the national Let's Move! Cities, Towns and Counties program, sponsored by the National League of Cities.

These objectives are consistent with Healthy People 2020, the National Prevention Strategy, and priorities of the Pennsylvania Department of Health Safe and Healthy Communities Program. More information, including action plans and a list of community partners, is included in Appendix C.

Strategic Issue: Mental Health

Suicide

The Erie County Department of Health and its community partners plan to implement evidence-based policies and programs aimed at decreasing the number of suicide attempts and completions among children and youth. Below are the specific objectives we hope to achieve by December 31, 2013:

Objective #1: Work with a minimum of 2 school districts to provide suicide prevention education to students, using an evidence-based curriculum.

Objective #2: Work with a minimum of 2 school districts to train school district staff on an evidence-based suicide prevention program.

Objective #3: Work with a minimum of 3 colleges, universities, or technical schools to provide suicide prevention education and outreach to students and resident assistants.

Objective #4: Establish a suicide prevention task force with a minimum of 6 suicide prevention advocates and experts.

Objective #5: Increase the number of schools receiving education/technical assistance on implementing a comprehensive suicide prevention policy.

These objectives are consistent with Healthy People 2020, the National Prevention Strategy, and priorities of the Pennsylvania Department of Health Violence and Injury Prevention Program. More information, including action plans and a list of community partners, is included in Appendix D.

Appendix A: Tobacco Use

2012-2013 IMPLEMENTATION PLAN

STRATEGIC ISSUE: Lifestyle Behavior Change

PRIORITY AREA: Tobacco Use (Including Smoking During Pregnancy)

GOAL: Encourage tobacco-free living through prevention, cessation, and promotion of smoke-free public places

| PERFORMANCE MEASURES: How We Will Know We are Making a Difference | | |
|--|---|------------------|
| Short Term Indicators | Source | Frequency |
| <i>Number of worksites educated about the benefits of having a worksite tobacco policy</i> | <i>Program Records maintained by NW TCP</i> | <i>Annual</i> |
| <i>Percent of retail outlets receiving Act 112 enforcement compliance checks</i> | <i>Same as above</i> | <i>Annual</i> |
| <i>Number of municipal ordinances/policies created to eliminate secondhand smoke/tobacco use at parks, playgrounds and other outdoor space</i> | <i>Same as above</i> | <i>Annual</i> |
| <i>Number of tobacco users who enroll in counseling services from the PA Free Quitline</i> | <i>Statistical Reports provided by Quitline</i> | <i>Annual</i> |
| <i>Number of successful fax referrals (resulting in an enrollment/completed intake) to the PA Free Quitline</i> | <i>Statistical Reports provided by Quitline</i> | <i>Annual</i> |
| Long Term Indicators | Source | Frequency |
| <i>Decrease the percentage of adults aged 18 and above who smoke cigarettes from 23% to 21% by December 31, 2014.</i> | <i>BRFSS</i> | <i>Triennial</i> |
| <i>Decrease smoking during pregnancy from 27.3% to 24.3% by December 31, 2014.</i> | <i>Birth Certificates</i> | <i>Annual</i> |
| <i>Maintain the proportion of retail outlets that receive enforcement compliance checks at 100% through 2014.</i> | <i>Program records maintained by NW TCP.</i> | <i>Annual</i> |
| <i>Increase the number of tobacco users who enroll in counseling services from the PA Free Quitline from 253 to 350 by December 31, 2013.</i> | <i>Program records maintained by NW TCP.</i> | <i>Annual</i> |

ALIGNMENT WITH STATE/NATIONAL PRIORITIES

Healthy People 2020: Tobacco Use

Tobacco Use

1. TU–1 Adult tobacco use
2. TU–3 Initiation of tobacco use
3. TU–4 Smoking cessation attempts by adults
4. TU–5 Adult success in smoking cessation
5. TU–6 Smoking cessation during pregnancy

Health Systems Change

6. TU–9 Tobacco screening in health care settings
7. TU–10 Tobacco cessation counseling in health care settings

Social and Environmental Changes

8. TU–11 Exposure to secondhand smoke
9. TU–12 Indoor worksite smoking policies
10. TU–19 Enforcement of illegal sales to minors laws
11. TU–20 Evidence-based tobacco control programs

National Prevention Strategy: Tobacco Free Living

1. Support comprehensive tobacco free and other evidence-based tobacco control policies.
2. Support full implementation of the 2009 Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act)
3. Expand use of tobacco cessation services.
4. Use media to educate and encourage people to live tobacco free.

Pennsylvania: This implementation plan is consistent with the priorities of the Pennsylvania Department of Health Tobacco Control Program.

COMMUNITY PARTNERS

| | |
|--|---|
| Adagio Health (Erie County) | Highmark Insurance |
| American Diabetes Association | John F. Kennedy Center |
| American Heart Association | Lake Erie College of Osteopathic Medicine |
| Booker T. Washington Center | Martin Luther King Center |
| City of Erie Police Department | Mercyhurst University, Nursing Program |
| Community Health Net | Millcreek Community Hospital |
| Corry Police Department | Millcreek Police Department |
| Erie County Care Management | Multi-cultural Resource Center |
| Erie County District Attorney Office | Northwest Tri-County Intermediate Unit |
| Erie County Medical Society | Regional Cancer Center |
| Erie Gay News (LGBT population) | Saint Benedict Adult Education Program |
| Erie Housing Authority | Saint Vincent Health System |
| Erie Mental Health Association | Stairways Behavioral Health |
| Gannon University, Nursing Program | UPMC Hamot |
| Gaudenzia | UPMC Hamot Women’s Hospital |
| GECAC | UPMC Insurance |
| Great Lakes Institute of Technology | VA Medical Center |
| Health America Insurance (Coventry Healthcare) | |

TOBACCO USE ACTION PLANS

| OBJECTIVE #1: By December 31, 2013, increase the number of worksites receiving education/technical assistance related to Worksite Tobacco Policy from 1 to 30. | | | | |
|---|-------------------------------|---|---|----------------|
| BACKGROUND ON STRATEGY | | | | |
| Source: Centers for Disease Control and Prevention | | | | |
| Evidence Base: http://www.cdc.gov/workplacehealthpromotion/implementation/topics/tobacco-use.html | | | | |
| Policy Change (Y/N): Y | | | | |
| ACTION PLAN | | | | |
| Activity | Target Date | Lead Person/ Organization | Anticipated Product or Result | Progress Notes |
| Educate 100% of businesses with a CIAA exception about the benefits of voluntary adoption of an indoor tobacco free policy. | June 2013 | Kelly Kidd, NWPA TCP | Increased knowledge about the benefits of a tobacco free workplace. | |
| Encourage tobacco free policy adoption to businesses participating in worksite cessation, TFST, YLAP and Fax to Quit initiatives. | Ongoing through December 2013 | Kelly Kidd, NWPA TCP —Fax to Quit and worksite cessation Amanda Harkness, NWPA TCP —YLAP and TFST | Increased knowledge about the benefits of a tobacco free workplace. | |
| Provide technical assistance to worksites interested in strengthening or developing a tobacco free policy. | Ongoing through December 2013 | Kelly Kidd, NWPA TCP | Adoption of a new or strengthened tobacco free workplace policy | |
| Recognize the implementation of tobacco free policy change through earned media. | Ongoing through December 2013 | Kelly Kidd, NWPA TCP | Increased awareness of tobacco free workplace; affecting social norms | |
| Provide worksite tobacco free policy technical assistance to those identified in the needs assessment as interested in policy change. | December 2013 | Kelly Kidd, NWPA TCP | Increased knowledge about the benefits of a tobacco free workplace. | |

TOBACCO USE ACTION PLANS (cont'd)

| OBJECTIVE #2: By December 31, 2013, 100% of tobacco retail outlets will receive an ACT 112 enforcement compliance check. | | | | |
|--|---|------------------------------|--|----------------|
| BACKGROUND ON STRATEGY | | | | |
| Source: Centers for Disease Control and Prevention | | | | |
| Evidence Base: CDC's <i>Best Practices for Comprehensive Tobacco Control Programs—2007</i> http://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2007/BestPractices_SectionA_I.pdf | | | | |
| Policy Change (Y/N): N | | | | |
| ACTION PLAN | | | | |
| Activity | Target Date | Lead Person/ Organization | Anticipated Product or Result | Progress Notes |
| Work with enforcement agents/agencies to address barriers to conducting at least one Act 112 enforcement compliance check at each tobacco retail location. | June 2013 | Joy Henry, NWPA TCP | 100% of tobacco retail outlets in the northwest region will receive an ACT 112 enforcement compliance check. | |
| Ensure that 100% of enforcement providers and youth are trained to conduct ACT 112 enforcement compliance checks according to DTPC guidelines, using DTPC approved materials. | June 2013 | Joy Henry, NWPA TCP | 100% of enforcement providers and youth are trained to conduct ACT 112 enforcement compliance checks | |
| 100% of retailers in violation of ACT 112 will receive DTPC approved compliance education materials, once they are made available by DTPC. | Ongoing through September 2013 | Joy Henry, NWPA TCP | 100% of retailers in violation of ACT 112 will receive DTPC approved compliance education materials | |
| 100% of retailers that do not violate ACT 112 will receive a currently available DTPC letter of compliance | Ongoing through September 2013 | Joy Henry, NWPA TCP | 100% of Retailers that do not violate ACT 112 will receive a letter of compliance | |

TOBACCO USE ACTION PLANS (cont'd)

| OBJECTIVE #3: By December 31, 2013, increase the number of municipal ordinances/policies created to eliminate secondhand smoke/tobacco use at parks, playgrounds and other outdoor spaces from 11 to 16. | | | | |
|---|-------------------------------|------------------------------|---|----------------|
| BACKGROUND ON STRATEGY Source: <i>Penn State Cooperative Extension – Young Lungs at Play</i> Evidence Base: http://extension.psu.edu/healthy-lifestyles/young-lungs Policy Change (Y/N): Y | | | | |
| ACTION PLAN | | | | |
| Activity | Target Date | Lead Person/ Organization | Anticipated Product or Result | Progress Notes |
| Promote Young Lungs at Play to 100% of NWPA municipalities and school districts. | Ongoing through December 2013 | Amanda Harkness, NWPA TCP | Increased education about and elimination of exposure to secondhand smoke, social norms change. | |
| Provide technical assistance to 100% of municipalities and school districts that are interested in adopting smoke-free outdoor ordinances, policies, and resolutions. | Ongoing through December 2013 | Amanda Harkness, NWPA TCP | Increased education about and elimination of exposure to secondhand smoke, social norms change. | |
| Recognize the adoption of smoke-free outdoor ordinances, policies and resolutions through earned media, as appropriate/permitted. | Ongoing through December 2013 | Amanda Harkness, NWPA TCP | Increased awareness of harms of tobacco uses and secondhand smoke exposure, social norms change | |
| Follow-up with all Young Lungs at Play locations to provide any technical assistance, monitor progress and address any issues/concerns. | Ongoing through December 2013 | Amanda Harkness, NWPA TCP | Increased knowledge and support regarding the benefits of maintaining tobacco-free environments | |
| Identify current Young Lungs at Play 'champions' to assist with promotion efforts to new municipalities. | Ongoing through December 2013 | Amanda Harkness, NWPA TCP | Increased awareness and support among communities to establish smoke/tobacco free areas to protect the health and welfare of children and adults. | |

TOBACCO USE ACTION PLANS (cont'd)

| OBJECTIVE #4: By December 31, 2013, Increase the number of tobacco users who enroll in counseling services from the PA Free Quitline from 253 to 350. Baseline of 253 Is Jan – Dec 2011 Quitline calls for Erie. | | | | |
|---|--|--|--|----------------|
| BACKGROUND ON STRATEGY Source: Treating Tobacco Use and Dependence Evidence Base: http://www.ahrq.gov/path/tobacco.htm#Clinic Policy Change (Y/N): N | | | | |
| ACTION PLAN | | | | |
| Activity | Target Date | Lead Person/ Organization | Anticipated Product or Result | Progress Notes |
| Promote the PA Free Quitline through earned and paid media throughout the region. | June 2013 | Nicole Bolash / NWPAC TCP | Increased awareness of PA Free Quitline services | |
| Promote the PA Free Quitline through Worksite, TFST, Fax to Quit and CIAA initiatives; local worksite cessation classes; coalition trainings; and subcontractors that service patients/clients in all 13 counties. | Ongoing through December 2013 | Kelly Kidd / NWPAC TCP (worksite, CIAA, and F2Q) Amanda Harkness (TFST and coalition) | Increased awareness of PA Free Quitline services | |
| Focus promotional efforts on PADOH identified disparate populations and young adults throughout NWPAC. | Ongoing through December 2013 | All tobacco staff | Increased awareness of PA Free Quitline services in disparate populations and young adults | |

| OBJECTIVE #5: By December 31, 2013, Increase the number of successful fax referrals (fax referrals that result in an enrollment/completed intake) to the PA Free Quitline from 2 to 40 (with emphasis on women of child-bearing age). | | | | |
|---|--|------------------------------|---|----------------|
| BACKGROUND ON STRATEGY Source: Treating Tobacco Use and Dependence Evidence Base: http://www.ahrq.gov/path/tobacco.htm#Clinic Policy Change (Y/N): N | | | | |
| ACTION PLAN | | | | |
| Activity | Target Date | Lead Person/ Organization | Anticipated Product or Result | Progress Notes |
| Implement Fax to Quit initiatives as directed by PA DOH Tobacco Control Program (DTCP). | Ongoing through December 2013 | Kelly Kidd / NWPAC TCP | Increased successful fax referrals to the PA Quitline | |
| Promote awareness of the Fax to Quit initiative to healthcare providers in NWPAC. Provide technical assistance with skills related to screening and brief intervention. | Ongoing through December 2013 | Kelly Kidd / NWPAC TCP | Increased awareness of initiative and successful fax referrals to the PA Quitline | |

| | | | | |
|--|-------------------------------|---------------------------|---|--|
| Provide brief intervention education to healthcare providers as appropriate. | Ongoing through December 2013 | Kelly Kidd / NWPA TCP | Increased successful fax referrals to the PA Quitline | |
| Act as liaison between healthcare providers and DTPC to address/discuss success and concerns. | Ongoing through December 2013 | Kelly Kidd / NWPA TCP | Increased successful fax referrals to the PA Quitline | |
| Partner with the Erie County Cancer Control Task Force to address tobacco cessation/brief intervention 5 A's and 2 A's/R training in physician offices in Erie County. | Ongoing through December 2013 | Cancer Control Task Force | Increased number of partners that have knowledge of evidence-based cessation methods | |
| Provide 5 A's and 2 A's/R training and technical assistance to physician offices and clinics in Erie County. | Ongoing through December 2013 | Cancer Control Task Force | Increased number of physicians that have knowledge of, and use, evidence-based cessation methods; Increased successful fax referrals to the PA Quitline | |
| Provide cessation/ brief intervention materials and resources to physician offices and clinics in Erie County. | Ongoing through December 2013 | Cancer Control Task Force | Increased number of physicians that use evidence-based cessation methods; Increased successful fax referrals to the PA Quitline | |

Appendix B: Physical Activity

2012-2013 IMPLEMENTATION PLAN

PRIORITY AREA: Physical Activity

GOAL: Erie County will implement policies that support residents in achieving increased physical activity.

| PERFORMANCE MEASURES: How We Will Know We are Making a Difference | | |
|---|---|------------------|
| Short Term Indicators | Source | Frequency |
| <i>Number of schools that implement Safe Routes to Schools program</i> | <i>Safe and Healthy Communities Program Records</i> | <i>Annual</i> |
| <i>Number of bicycle-friendly businesses in the City of Erie</i> | <i>same</i> | <i>Annual</i> |
| <i>Number of Complete Street strategies implemented and/or number and type of infrastructure changes made</i> | <i>same</i> | <i>Annual</i> |
| <i>Number of new trail communities participating in the Let's Move Outside! Erie County Recreational Passport Program; total number of participating trail communities in Erie County</i> | <i>same</i> | <i>Annual</i> |
| Long Term Indicators | Source | Frequency |
| <i>Decrease the percentage of adults aged 18 and above who participated in NO leisure-time physical activity from 28% to 26% by December 31, 2014.</i> | <i>BRFSS</i> | <i>Triennial</i> |

ALIGNMENT WITH STATE/NATIONAL PRIORITIES

Healthy People 2020: Physical Activity

1. PA-1 No leisure-time physical activity
2. PA-2 Adult aerobic physical activity and muscle-strengthening activity
3. PA-13 Active transportation—walking
4. PA-14 Active transportation—bicycling
5. PA-15 Built environment policies

National Prevention Strategy: Active Living

1. Encourage community design and development that supports physical activity.
2. Facilitate access to safe, accessible, and affordable places for physical activity.
3. Support workplace policies and programs that increase physical activity.

Pennsylvania: This implementation plan is consistent with the priorities of the Pennsylvania Department of Safe and Healthy Communities Program.

COMMUNITY PARTNERS

Asbury Woods Nature Center
 Boy Scouts of America
 Corry Chamber of Commerce
 Erie Community Foundation
 Erie Reader
 Erie Yesterday
 Eriez Magnetics
 Fairview Township
 Girard Borough
 Girl Scouts of America

Goodell Gardens
 Harborcreek Supervisor
 Highmark
 Lilly Broadcasting
 Northeast Chamber of Commerce
 Northwest Savings Bank
 Union Township
 VisitErie
 Waterford Township

PHYSICAL ACTIVITY ACTION PLANS

| OBJECTIVE #1: By December 2013, implement Safe Routes to School program in at least 2 City of Erie Schools. | | | | |
|---|---------------|---|--|---|
| BACKGROUND ON STRATEGY | | | | |
| Source: Leadership for Healthy Communities Advancing Policies to Support Healthy Eating and Active Living: Action Strategies Toolkit – A Guide for Local and State Leaders Working to Create Healthy Communities and Prevent Childhood Obesity, Robert Wood Johnson Foundation | | | | |
| Evidence Base: <i>Recommended Strategy by US Department of Transportation, Federal Highway Administration</i> | | | | |
| Policy Change (Y/N): Yes | | | | |
| ACTION PLAN | | | | |
| Activity | Target Date | Lead Person/ Organization | Anticipated Product or Result | Progress Notes |
| Schedule meetings with City of Erie School District Administrators to discuss viability of the Safe Routes to School program in District. | June 2013 | Kim Beers/ECDH Safe and Healthy Communities Program | Schools partnering on Safe Routes to School initiative | Schools are interested, seeking approval of district wide policy. |
| Provide technical assistance to the District to develop an outreach plan to schools. | December 2013 | Kim Beers/ECDH Safe and Healthy Communities Program | Outreach plan developed for school district | |
| Partner with at least 2 schools to complete walkability audits; and participate in the Safe Routes to School program | June 2013 | Kim Beers/ECDH Safe and Healthy Communities Program | 2 schools recruited to implement the Safe Routes to School program | |
| Promote the City of Erie School District and participating schools via media; and community events. | December 2013 | Kim Beers/ECDH Safe and Healthy Communities Program | Increase awareness and support of the project | |
| Evaluate the increase in number of walking/bicycling students; and report on types of Safe Routes to School policies adopted. | December 2013 | Kim Beers/ECDH Safe and Healthy Communities Program | A measurement of the # of students walking/bicycling to school; and # of policies adopted. | |

PHYSICAL ACTIVITY ACTION PLANS (cont'd)

| OBJECTIVE #2: By December 2013, increase the number of bicycle friendly businesses in the City of Erie by 4. | | | | |
|--|-------------|---|---|--|
| BACKGROUND ON STRATEGY Source: http://www.activelivingbydesign.org Evidence Base: Recommended as acceptable intervention strategy by Pennsylvania Department of Health Policy Change (Y/N): Yes | | | | |
| ACTION PLAN | | | | |
| Activity | Target Date | Lead Person/ Organization | Anticipated Product or Result | Progress Notes |
| Schedule meetings with 4 City of Erie businesses to discuss bicycle friendly business initiative and assess interest in becoming bicycle friendly. | June 2013 | Kim Beers/ECDH Safe and Healthy Communities Program | Increase awareness and support of the project; 4 participating businesses | |
| Provide technical assistance to encourage businesses to adopt bicycle friendly business policy, procedure or environmental change. | June 2013 | Kim Beers/ECDH Safe and Healthy Communities Program | 4 businesses recruited to implement Bicycle Friendly activities | 2 participating businesses as of 12/2012 |
| Promote participating bicycle friendly businesses via media, and Bike Erie events. | June 2013 | Kim Beers/ECDH & Bike Erie Coalition | Increase awareness and support of the project. | |
| Evaluate the increase in number of bicycling employees; or customers. | June 2013 | Kim Beers/ECDH Safe and Healthy Communities Program | A measurement of # of people bicycling as a result of active living by design strategy. | |

| OBJECTIVE #3: By December 2013, increase the number of Complete Streets strategies in City of Erie traffic planning by 1. | | | | |
|--|-------------|---|--|----------------|
| BACKGROUND ON STRATEGY Source: http://www.nplanonline.org/nplan/products/what-are-complete-streets-factsheet Evidence Base: Recommended as acceptable intervention strategy by Pennsylvania Department of Health Policy Change (Y/N): Yes | | | | |
| ACTION PLAN | | | | |
| Activity | Target Date | Lead Person/ Organization | Anticipated Product or Result | Progress Notes |
| Schedule presentations with local County MPO to provide an overview of the Complete Streets program. | June 2013 | Kim Beers/ECDH Safe and Healthy Communities Program | Increase awareness and support of the project. | |
| Schedule meetings with City and County traffic planners to provide an overview of bicycling and walking projects and assess interest in adopting Complete Streets policies. | June 2013 | Kim Beers/ECDH Safe and Healthy Communities Program | Increase awareness and support of the project. | Complete |

| | | | | |
|--|---------------|--|---|--|
| Encourage local government to adopt at least one new ordinance that mandates new streets shall be designed to enhance traffic safety for bicyclists and pedestrians. | June 2013 | Kim Beers/ECDH Safe and Healthy Communities Program | Ordinance or support of future plans to include Active Living/Complete Streets | City of Erie Traffic Engineer is considering feedback from Bicycle Erie Coalition and discussed Peach and State Street bike lane possibilities |
| Promote the strategies via media, businesses, and community advocacy groups. | June 2013 | Kim Beers/ECDH Safe and Healthy Communities Program | Increase awareness and support of the project. | |
| Evaluate the strategies selected for implementation and any infrastructure changes planned as a result. | December 2013 | Kim Beers/ECDH Safe and Healthy Communities Program | A measurement of strategies selected; and # of infrastructure changes made as a result. | |

| | | | | |
|--|------------------------------|--|---|-----------------------|
| OBJECTIVE #4: By December 31, 2013, increase the number of trail communities participating in the Let's Move Outside! Erie County Recreational Passport Program by 3 | | | | |
| BACKGROUND ON STRATEGY | | | | |
| Source: CDC | | | | |
| Evidence Base: http://www.cdc.gov/chronicdisease/resources/publications/aag/healthy_communities.htm | | | | |
| Policy Change (Y/N): Yes | | | | |
| ACTION PLAN | | | | |
| Activity | Target Date | Lead Person/ Organization | Anticipated Product or Result | Progress Notes |
| Schedule meetings with a minimum of 3 townships/boroughs to provide an overview of the project and assess interest in becoming a trail community. | June 2013 | Laura Beckes/ECDH and community partners | Increase awareness and support of the project. | |
| Provide technical assistance to townships/boroughs in mapping a walking/biking trail in their community. | June 2013 | Laura Beckes/ECDH and community partners | Map of new hiking/biking trails | |
| Promote the trails via media, township events, businesses, and schools. | Ongoing through October 2013 | Laura Beckes/ECDH and community partners | Increase awareness and support of the project. | |
| Evaluate the program via Let's Move Outside! website. | November 2013 | Laura Beckes/ECDH and community partners | A measurement of # of people who registered on the website, walked trails, and participated in the program. | |

Appendix C: Nutrition

2012-2013 IMPLEMENTATION PLAN

STRATEGIC ISSUE: Lifestyle Behavior Change

PRIORITY AREA: Nutrition

GOAL: Erie County will implement policies that support residents in achieving a healthy diet.

| PERFORMANCE MEASURES: How We Will Know We are Making a Difference | | |
|--|---|------------------|
| Short Term Indicators | Source | Frequency |
| <i>Number of healthy corner stores in the City of Erie Food Deserts</i> | <i>Safe and Healthy Communities Program Records</i> | <i>Annual</i> |
| <i>Number of access points for fruits, vegetables and healthy foods in Erie County Food Deserts</i> | <i>Same as above</i> | <i>Annual</i> |
| <i>Number of healthy food/beverage policies proposed to local government officials by Healthy Foods Policy Council; number of policies adopted</i> | <i>Same as above</i> | <i>Annual</i> |
| <i>Number of Bronze level awards received for the national Let's Move! Cities, Towns and Counties program.</i> | <i>Same as above</i> | <i>Annual</i> |
| <i>Number of venues promoting My Plate; number of Play spaces mapped</i> | <i>Same as above</i> | <i>Annual</i> |
| Long Term Indicators | Source | Frequency |
| <i>Increase the percentage of adults aged 18 and above who eat five or more servings of fruits and/or vegetables per day from 10% to 12% by December 31, 2014.</i> | <i>BRFSS</i> | <i>Triennial</i> |

ALIGNMENT WITH STATE/NATIONAL PRIORITIES

Healthy People 2020: Nutrition and Weight Status

Healthier Food Access

1. NWS-4 Retail access to foods recommended by Dietary Guidelines for Americans

Food and Nutrient Consumption

2. NWS-14 Fruit intake
3. NWS-13 Vegetable intake

National Prevention Strategy: Healthy Eating

1. Increase access to healthy and affordable foods in communities.
2. Improve nutritional quality of the food supply.
3. Help people recognize and make healthy food and beverage choices.

Pennsylvania: This implementation plan is consistent with the priorities of the Pennsylvania Department of Health Safe and Healthy Communities Program.

COMMUNITY PARTNERS

- | | |
|---|--|
| Erie City Council | Member-at-Large (Anne Schmitt, food-growing expertise) |
| Erie County Board of Health | Mercyhurst Civic Institute |
| Erie County Department of Health | Saint Vincent Health System |
| Erie Regional Chamber and Growth Partnership | Second Harvest Food Bank |
| Gannon University | Sisters of Saint Joseph Neighborhood Network |
| Junior League of Erie | Whole Foods Cooperative |
| Member-at-Large (Bill Welch, community health advocate) | |

NUTRITION ACTION PLANS

| OBJECTIVE #1: By December 2013, increase the number of healthy corner stores in the City of Erie Food Deserts by 2. | | | | |
|---|---------------|---|--|----------------|
| BACKGROUND ON STRATEGY | | | | |
| Source: CDC Recommended Community Strategies and Measurements to Prevent Obesity in the United States – July 4, 2009. www.cdc.gov/mmwr | | | | |
| Evidence Base: Communities should provide incentives to food retailers to locate in and/or offer healthier food and beverage choices in underserved areas. | | | | |
| Policy Change (Y/N): Yes – Environmental Change | | | | |
| ACTION PLAN | | | | |
| Activity | Target Date | Lead Person/ Organization | Anticipated Product or Result | Progress Notes |
| Assess local corner stores for healthy food options. | June 2013 | Kim Beers/ECDH Safe and Healthy Communities Program | # of store assessments completed | |
| Schedule meetings with at least 2 store owners to discuss healthy corner store strategies and assess interest levels. | June 2013 | Kim Beers/ECDH Safe and Healthy Communities Program | Increase awareness and encourage program participation | |
| Provide technical assistance to participating stores to encourage farm to store partnership; and WIC healthy foods participation. | June 2013 | Kim Beers/ECDH Safe and Healthy Communities Program | Increase in # of produce venues accessible; local foods provided; and/or # of stores participating and promoting WIC Healthy Foods | |
| Promote program efforts via media and community events. | December 2013 | Kim Beers/ECDH Safe and Healthy Communities Program | Increase awareness and support of the project | |
| Evaluate the increase in number of participating stores; and number of customers impacted by changes. | December 2013 | Kim Beers/ECDH Safe and Healthy Communities Program | # of participating stores and # of customers reached | |

NUTRITION ACTION PLANS (cont'd)

| OBJECTIVE #2: By December 2013, increase the number of access points for fruits, vegetables and healthy foods in Erie County Food Deserts by 2. | | | | |
|--|---------------|---|---|----------------|
| BACKGROUND ON STRATEGY | | | | |
| Source: CDC Recommended Community Strategies and Measurements to Prevent Obesity in the United States – July 4, 2009. www.cdc.gov/mmwr | | | | |
| Evidence Base: Communities should increase availability of affordable healthier food and beverage choices in public service venues | | | | |
| Policy Change (Y/N): Yes – Systems Change | | | | |
| ACTION PLAN | | | | |
| Activity | Target Date | Lead Person/ Organization | Anticipated Product or Result | Progress Notes |
| Schedule meeting with Second Harvest Food Bank to assess viability of a Food Storage Cooler Project. | June 2013 | Kim Beers | Increase awareness and encourage participation/support of program | Complete |
| Purchase food storage coolers for 13 food pantry locations in select high need census tracts and food desert areas. | June 2013 | Kim Beers | 13 coolers implemented and utilized at food pantries | Complete |
| Provide technical assistance to Second Harvest Food Bank by providing educational materials and acting as a resource to schedule various chronic disease related presentations at the sites. | June 2013 | Kim Beers | Build capacity of food pantry sites to act as access points for fresh fruits/vegs in food desert and high need census tracts. | In Progress |
| Promote the program efforts via media and community events. | June 2013 | Kim Beers/ECDH and Healthy Foods Policy Council | Increase awareness and encourage support of the program. | |
| Evaluate consumption of foods and number of actively participating sites. | December 2013 | Kim Beers/ECDH and Healthy Foods Policy Council | Increase in # of participants consuming fresh fruits/veg. in food desert areas; maintain sites | |

NUTRITION ACTION PLANS (cont'd)

| OBJECTIVE #3 By June 2013, a Healthy Food Policy Council will propose a healthy food/beverage policy to local government officials for adoption. | | | | |
|--|-------------|--|--|----------------|
| BACKGROUND ON STRATEGY | | | | |
| Source: NACCHO/PLCM Recommendation; CDC Recommended Community Strategies and Measurements to Prevent Obesity in the United States – July 4, 2009. www.cdc.gov/mmwr | | | | |
| Evidence Base: Communities Should Participate in Community Coalitions or Partnerships to Address Obesity p. 21; Communities should increase availability of affordable healthier food and beverage choices in public service venues | | | | |
| Policy Change (Y/N): Yes | | | | |
| ACTION PLAN | | | | |
| Activity | Target Date | Lead Person/ Organization | Anticipated Product or Result | Progress Notes |
| Schedule meetings with Healthy Foods Policy Council to review potential policy changes for the community. | June 2013 | Kim Beers/ECDH | Potential policies reviewed | |
| Identify at least one (1) policy pertaining to active living and healthy eating which a local community coalition shall propose to local government for review. | June 2013 | Kim Beers/ECDH and Healthy Foods Policy Council | Policy selected for proposal to local government | |
| Provide Technical Assistance to Healthy Foods Policy Council, by taking minutes, organizing meetings, and advising on strategies. | June 2013 | Kim Beers/ECDH | # of Healthy Food Policy Council meetings, minutes, and # of presentations given | |
| Promote efforts of local coalition and any local government action via media and community events. | June 2013 | Kim Beers/ECDH and Healthy Foods Policy Council | Increase awareness and support of the program efforts. | |
| Evaluate number/type of policies proposed and/or selected by local government. | June 2013 | Kim Beers/ECDH And Healthy Foods Policy Council | # of policies proposed/selected by local government | |

NUTRITION ACTION PLANS

| OBJECTIVE #4: By June 2013, Erie County will pursue Bronze level awards for the national Let's Move! Cities, Towns and Counties program sponsored by the National League of Cities. | | | | |
|--|-------------|--|---|--|
| BACKGROUND ON STRATEGY | | | | |
| Source: NACCHO/PLCM Recommendation; CDC Recommended Community Strategies and Measurements to Prevent Obesity in the United States – July 4, 2009. www.cdc.gov/mmwr | | | | |
| Evidence Base: Communities Should Participate in Community Coalitions or Partnerships to Address Obesity p. 21; Communities should increase availability of affordable healthier food and beverage choices in public service venues | | | | |
| Policy Change (Y/N): Yes | | | | |
| ACTION PLAN | | | | |
| Activity | Target Date | Lead Person/ Organization | Anticipated Product or Result | Progress Notes |
| Propose and encourage enrollment of Let's Move Erie County to the County Executive | July 2012 | Kim Beers/Laura Beckes | Erie County enrolled as Let's Move County | Complete |
| Identify all food vendors and contractors for County owned or operated venues that serve food, along with the dates when their contracts can be amended or renegotiated. | Sept. 2012 | Laura Beckes/Kim Beers; Erie County government officials | Food vendors ID'd, capacity to renegotiate for availability of healthy food options for County patrons and employees | Complete; Andrea Parknow (County of Erie Wellness Coordinator) confirmed on 11.28.2012 per Kim Beers |
| Prominently display the My Plate message in County venues that serve foods | July 2013 | Laura Beckes/Kim Beers; Erie County government officials | My Plate POD Prompts, to encourage employees to make the healthier choice | In Progress; Kim Beers proposed to Andrea Parknow |
| Work with Early Childhood Centers to promote healthy eating strategies in centers/continue partnership with Maternal Child Health Task Force re: Childhood Obesity | July 2013 | Laura Beckes / ECDH; MCH Task Force | # of early childhood centers promoting healthy eating strategies; # of Maternal Child Health Task Force meetings attended | |
| Promote Erie County Let's Move! medals awarded via media and community events. | June 2013 | Laura Beckes/ECDH | Increase awareness and support of County health initiatives; # of medals awarded and level | In Progress; Awarded 3 of 5 immediately after completion of enrollment |
| Evaluate the number of County venues promoting My Plate and number of play spaces mapped, etc. | June 2013 | Laura Beckes/ECDH | # of venues promoting My Plate; and # of Play spaces mapped | Play spaces mapped via previous grant project (Kim Beers) |

Appendix D: Suicide

2012-2013 IMPLEMENTATION PLAN

STRATEGIC ISSUE: Mental Health

PRIORITY AREA: Suicide

GOAL: Implement evidence-based policies and programs aimed at decreasing the number of suicide attempts and completions among children and youth.

| PERFORMANCE MEASURES: How We Will Know We are Making a Difference | | |
|--|--|------------------|
| Short Term Indicators | Source | Frequency |
| <i>Number of school districts and students receiving suicide prevention education.</i> | <i>ECDH Injury Prev. Program Records</i> | <i>Annual</i> |
| <i>Number of school districts and teachers receiving training in suicide prevention.</i> | <i>ECDH Injury Prev. Program Records</i> | <i>Annual</i> |
| <i>Number of colleges, universities, or technical schools receiving suicide prevention education and outreach to students and resident assistants.</i> | <i>ECDH Injury Prev. Program Records</i> | <i>Annual</i> |
| <i>Number of suicide prevention advocates and experts involved in the Suicide Prevention Task Force.</i> | <i>ECDH Injury Prev. Program Records</i> | <i>Annual</i> |
| <i>Number of schools receiving education/technical assistance on implementing a comprehensive suicide prevention policy; number adopting a new or revised policy</i> | <i>ECDH Injury Prev. Program Records</i> | <i>Annual</i> |
| Long Term Indicators | Source | Frequency |
| <i>Increase the number of school districts that adopt evidence based policies and programs aimed at decreasing the number of suicide attempts and completions among children and youth from 0 to 4 by December 31, 2014.</i> | <i>ECDH Injury Prev. Program Records</i> | <i>Annual</i> |

ALIGNMENT WITH STATE/NATIONAL PRIORITIES

Healthy People 2020: Mental Health Status Improvement

1. MHMD-2: Reduce suicide attempts by adolescents.

National Prevention Strategy: Mental and Emotional Well-being

1. Promote early identification of mental health needs and access to quality services.

Pennsylvania: This implementation plan is consistent with the priorities of the Pennsylvania Department of Health Violence and Injury Prevention Program.

COMMUNITY PARTNERS

| | |
|---|--|
| Baldwin Brothers Realty | Multicultural Community Resource Center |
| Children’s Advocacy Center Erie | Northwest Tri-County Intermediate Unit 5 |
| City of Erie School District | Office of Children and Youth |
| Coalition Pathways | Office of the Erie County Coroner |
| Community Member-at-Large (Becky Ireson) | Office of the PA Attorney General |
| County of Erie, Mental Health & Mental Retardation | Ophelia Project |
| Erie County Department of Health | Perseus House |
| Erie City Council | Saint Vincent Health System |
| Gannondale School for Girls | Sisters of St. Joseph Neighborhood Network |
| Greater Erie Community Action Committee | Stairways Behavioral Health |
| Lake Erie College of Medicine - School of Pharmacy Intern | Trinity Center |
| Mercyhurst University | UPMC Hamot |
| Mission Empower | Women’s Care Center |
| Mothers Against Teen Violence | |

SUICIDE ACTION PLANS

| OBJECTIVE #1: <i>By December 31, 2013, work with a minimum of 2 school districts to provide suicide prevention education to students, using an evidence-based curriculum.</i> | | | | |
|--|---------------|---|--|----------------|
| BACKGROUND ON STRATEGY | | | | |
| Source: SAMHSA | | | | |
| Evidence Base: http://store.samhsa.gov/shin/content//SMA12-4669/SMA12-4669.pdf | | | | |
| Policy Change (Y/N): NO | | | | |
| ACTION PLAN | | | | |
| Activity | Target Date | Lead Person/ Organization | Anticipated Product or Result | Progress Notes |
| Create and send a letter with an overview of the Erie County suicide prevention program to public and private high schools/middle schools in Erie County. | December 2012 | Laura Beckes, ECDH Injury Prevention Program | Increased awareness about the suicide prevention program, including information on evidence-based curriculum | |
| Contact the IU5 to meet with guidance counselors, principals, and/or superintendents to further explain the program. | December 2012 | Laura Beckes, ECDH Injury Prevention Program | Increased awareness about the suicide prevention program | |
| Schedule and conduct education to students | December 2013 | Laura Beckes, ECDH Injury Prevention Program | Increase knowledge, attitudes, and awareness aimed at resulting in a decrease in suicide / suicide attempts | |
| Distribute pre/post surveys to students and create an aggregated report of results. | December 2013 | Laura Beckes, ECDH Injury Prevention Program | Report of knowledge and attitudes re: suicide resources, warning signs, risk factors, etc. | |

SUICIDE ACTION PLANS (cont'd)

| OBJECTIVE #2: <i>By December 31, 2013, work with a minimum of 2 school districts to train school district staff on an evidence based suicide prevention program</i> | | | | |
|---|---------------|---|--|----------------|
| BACKGROUND ON STRATEGY Source: SAMHSA Evidence Base: http://store.samhsa.gov/shin/content//SMA12-4669/SMA12-4669.pdf Policy Change (Y/N): NO | | | | |
| ACTION PLAN | | | | |
| Activity | Target Date | Lead Person/ Organization | Anticipated Product or Result | Progress Notes |
| Create and send a letter with an overview of the Erie County suicide prevention program to high schools/middle schools in Erie County. | December 2012 | Laura Beckes, ECDH Injury Prevention Program | Increased awareness about the suicide prevention program, including information on evidence-based curriculum | |
| Contact the IU5 to meet with guidance counselors, superintendents and principals to explain the program. | December 2012 | Laura Beckes/Patty Puline, ECDH Injury Prevention Program | Increased awareness about the suicide prevention program | |
| Schedule and conduct training with school district staff | December 2013 | Laura Beckes/Patty Puline, ECDH Injury Prevention Program | Increase knowledge, attitudes, awareness aimed at resulting in a decrease in suicide / suicide attempts | |
| Distribute pre/post survey to staff and create an aggregated report of results. | December 2013 | Laura Beckes, ECDH Injury Prevention Program | Report of knowledge and attitudes re: suicide resources, warning signs, risk factors, etc. | |

| OBJECTIVE #3: <i>By December 31, 2013 work with a minimum of 3 colleges, universities, or technical schools to provide suicide prevention education and outreach to students and resident assistants.</i> | | | | |
|---|---------------|--|--|----------------|
| BACKGROUND ON STRATEGY Source: SAMHSA Evidence Base: http://store.samhsa.gov/shin/content//SMA12-4669/SMA12-4669.pdf Policy Change (Y/N): NO | | | | |
| ACTION PLAN | | | | |
| Activity | Target Date | Lead Person/ Organization | Anticipated Product or Result | Progress Notes |
| Contact colleges, universities, and technical schools via phone and/or email to provide an overview of the Erie County suicide prevention program. | December 2012 | Laura Beckes/ECDH, Injury Prevention Program | Increased awareness about the suicide prevention program, including information on evidence-based curriculum | |
| Meet with colleges, universities, and technical schools to further explain the program. | December 2012 | Laura Beckes/ECDH, Injury Prevention Program | Increased support and awareness of the suicide prevention program. | |
| Schedule and conduct education to students and resident assistants | December 2013 | Laura Beckes/ECDH, Injury Prevention Program | Increase knowledge, attitudes, awareness aimed at resulting in a decrease in suicide / suicide attempts | |

| | | | | |
|--|---------------|--|--|--|
| Distribute pre/post survey to students and create and aggregated report to report results. | December 2013 | Laura Beckes/ECDH, Injury Prevention Program | Assess knowledge and attitudes regarding suicide resources and warning signs, etc. | |
|--|---------------|--|--|--|

OBJECTIVE #4: *By December 31, 2012, establish a suicide prevention task force with a minimum of 6 suicide prevention advocates and experts.*

BACKGROUND ON STRATEGY
Source: National Strategy for Suicide Prevention
Evidence Base: www.sprc.org/library/nssp.pdf
Policy Change (Y/N): NO

| ACTION PLAN | | | | |
|--|--------------------|--|---|-----------------------|
| Activity | Target Date | Lead Person/ Organization | Anticipated Product or Result | Progress Notes |
| Contact suicide prevention advocates and experts via phone, email, and meetings to invite them to become a member of the task force. | December 2013 | Patty Puline, ECDH Injury Prevention Program | Increased collaboration and support of suicide prevention efforts | |
| Schedule and conduct quarterly meetings | Ongoing | Patty Puline, ECDH Injury Prevention Program | Increased collaboration and support of suicide prevention efforts | |
| Review evidence based suicide prevention programs and make recommendations for use in Erie County | Ongoing | Task Force | Written recommendations | |
| Develop a long term strategy for reducing suicide in Erie County | Ongoing | Task Force | Decreased number of suicide attempts/suicides | |

OBJECTIVE #5: *By December 31, 2013, increase the number of schools receiving education/technical assistance on implementing a comprehensive suicide prevention policy.*

BACKGROUND ON STRATEGY
Source: National Governors Association on Best Practices
Evidence Base: <http://www.nga.org/files/live/sites/NGA/files/pdf/0504SUICIDEPREVENTION.pdf>
Policy Change (Y/N): YES

| ACTION PLAN | | | | |
|---|--------------------|--|--|-----------------------|
| Activity | Target Date | Lead Person/ Organization | Anticipated Product or Result | Progress Notes |
| Educate high schools and middle schools guidance counselors, superintendents, and/or principals about the benefits of a voluntary adoption of a suicide prevention policy | December 2013 | Laura Beckes, ECDH Injury Prevention Program | Increased knowledge of the benefits of a comprehensive suicide prevention policy | |
| Provide technical assistance to schools interested in strengthening or developing a suicide prevention policy. | December 2013 | Laura Beckes, ECDH Injury Prevention Program | Adoption of a new or strengthened suicide prevention policy in schools | |