

**Tompkins County Combined CHA-CHIP-CSP  
2017 Update**

Completed by: Ted Schiele  
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Priority	2017 Progress to Date	Implementation Partner (Please select from the dropdown)	Partner Role(s)	Strengths	Challenges? How will they be addressed?	Focus Area	Goal	Objectives	Disparities	Interventions/ Strategies/Activities	Family of Measures
Prevent Chronic Diseases	Identified interventions: (1) Promote enrollment in Excellus Blue4U program for those covered by eligible plans. (2) Promote selection of a primary care provider (PCP) and annual wellness visits to that PCP.	Health Insurance Plans	The Consortium covers all but 1 municipal employers in Tom-pkins County, and a total of 28 municipalities in Tom-pkins and contiguous counties. Worksite size ranges from fewer than 10 to more than 700.	The Consortium operates solely for the benefit of its member municipalities and promotes a culture of preventive health care for the well-being of its members.	Every workplace has its own culture and environment, so interventions must be broadly applicable and selected to elicit the greatest benefit for the highest utilizers of plan benefits, while remaining relevant and inviting to all covered members. Addressing through careful review of claims data.	Reduce Obesity in Children and Adults	<b>Goal 1.4: Expand the role of public and private employers in obesity prevention.</b>	<b>Objective 1.4.1:</b> Increase the percentage of small to medium worksites that offer a comprehensive worksite wellness program for all employees and that is fully accessible to people with disabilities	Rural populations, small employers, nursing moms	<b>Identify evidence-based, best, promising, or established workplace interventions to manage chronic disease at member municipalities (employers) of the Greater Tom-pkins County Municipal Health Insurance Consortium (Consortium) through the Owing Your Own Health (OYOH) Committee. [Revised]</b>	Specific interventions that have been identified
	Identified channels: (1) a quarterly newsletter to all covered employees is ongoing. (2) Consortium website is being overhauled by an OYOH subcommittee. (3) Explainer videos are planned for deployment on the new website to facilitate success of the interventions. (4) The Consortium Board has authorized hiring a Wellness Coordinator.	Health Insurance Plans	The OYOH Committee markets/ promotes full utilization of plan benefits, wellness and prevention strategies, and establishing a culture of wellness at member workplaces.	OYOH committee members includes community health services organizations that are not municipal employees, but do have a strong understanding and grasp of health care utilization and worksite wellness implementation.	Budgetary constraints, diverse population, not all plans have the same benefits so must target carefully. Addressing by hiring a Wellness Coordinator.						Specific promotional channels employed for messaging within the member employers
	2 more than previous year	Other (please describe partner and role(s) in column D)	Wide range of municipal governments	Diverse committee membership	Attracting members who are able to attend monthly meetings						# of employer representatives attending OYOH Committee meetings
	OMIT MEASURE				Redundant; measure for # of employers with worksite wellness initiative covers this during early phase of initiatives.						# employers whose employees are involved in a worksite wellness initiative
	Don't have numbers for this as of now.	Other (please describe partner and role(s) in column D)	Wide range of municipal governments	Identificaton of a wellness champ or committee chair is a first step to commitment and establishes a site contact.	Convincing employers of the value, especially when there are very few employees. When a Wellness Coordinator for the Consortium is hired, outreach to employers will become more focused.						# of employers who have identified an employee wellness champion or wellness committee chair
	Not addressed this year. Keeping it in the plan, though.	Other (please describe partner and role(s) in column D)	Wide range of municipal governments	Vital for gender equity and family support. Important message to employees. Supports value of breast feeding in development and promotes norm changes. A relatively simple initiative with which to launch a wellness program. It's the law.	Time and attention in the midst of other issues. Otherwise, should be minimal and restricted only to providing adequate education to the Board.						Draft & submit a resolution to the Consortium Board of Directors that encourages employers to follow practices aligned with NYS Labor Law to support breastfeeding at work.

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	Meeting attendance has been in the 12-15 range	Community-based organizations	Representatives coordinate and attend meetings	Sincere interest of attendees	All volunteer leadership makes it difficult to consistently plan ahead. Limited means of promoting meetings beyond the nonprofit sector makes it difficult to grow participants.				Small employers with limited resources to initiate a wellness program	<b>Utilize the Tompkins County Worksite Wellness Coalition to promote worksite-based activities for health promotion and chronic disease prevention. [Revised]</b>	# of attendees at meetings
	Outside speakers at 4 of 5 meetings in 2017	Community-based organizations	Coordinate and attend meetings	Good presenters builds awareness and improves meeting attendance	Volunteer leadership has limited time to solicit speakers.						# of outside speakers presenting at meetings
	Few	Community-based organizations	Representatives attend meetings		Not a reliable measure as this information is only related during meeting attendee introductions and voluntary sharing.						# of employers who report to the coalition that they have established outreach or conducted wellness activities
	City of Ithaca: (2016) 18 curb ramps; 7100 linear ft sidewalk replaced. (2017) 15 curb ramps; 5400 linear ft sidewalk replaced.   Bike Boulevard: (2017) extended 6 blocks.   Participation in Safe Walks to School: bike safety and bike rodeo (Youth Bureau); Crosswalks painted and pedestrian push buttons installed at intersections in downtown business district.   Testing bike sensors at traffic lights (2017).   (2017-2019) Traffic Calming Program \$50K/yr, most through public requests.   (2018) Complete streets policy for the City of Ithaca.	City government	City of Ithaca Engineering Dept is responsible for planning and implementing street/ sidewalk repairs, traffic calming measures, etc.	Sidewalk program implemented in Jan 2014 has been very successful in taking burden off individual property owners to replace and maintain sidewalks. The City now has a plan for sidewalk improvement and during 2016-2018 there was significant progress made in the identified Sidewalk Improvement Districts.	Funding: Public/ political controversy over bike lanes/ rights-of-way, and car traffic/ street parking.		<b>Goal 1.1: Create community environments that promote and support healthy food and beverage choices and physical activity.</b>	<b>Objective 1.1.3:</b> Increase the number of municipalities that are implementing complete street components. (Action Plan)	equitable implementation of policies, focus on low SES and rural areas to ensure connectivity, individuals without cars/personal vehicles	<b>Establish complete street components within our municipalities, including complete street policies that incorporate universal design. (DASH NY) [NEW]</b>	# of sidewalk/street improvements that are implemented (bike lanes, traffic calming, intersection repair, # of bike/pedestrian trips compared to total trips)
	(5/2017) Streets Alive! Cayuga St.; (9/2017) Streets Alive! Southside.   (4/2017) NYSERDA grant awarded.   (10/25/2017) Traffic Calming Open House at Southside Community Center.   (11/14/2017) Launched advisory council for Blueprint for Better Bicycling.   (3/2018) Statistically significant survey of bicycling use.	Community-based organizations	"Bike Walk Tompkins" advocates for biking and walking in our community. The organization builds awareness and educates the public about bike/ pedestrian safety. BWT organizes community events to engage the public and solicit feedback.	Normalizing different modes of transportation; encouraging multi-generational community building, gets people out in the streets; improvements to the environment, reducing risk of injury and death; building awareness	Need for a culture shift to recognize importance of multi-modal, not just focused on cars; funding to ensure long-term planning; education, public/ political will						Public feedback: perceived safety, comfort, quality of life, suggestions, identify intersections that are most difficult to cross as pedestrian. Statistically significant survey of pedestrians/bikers.
	(12/2017) Summary Report High-Crash Road Segments and Intersections + Crash Factors in Tompkins County, NY 2012-2016, data analysis conducted by Ithaca-Tompkins County Transportation Council (ITCTC)	Other (please describe partner and role(s) in column D)	County Government - The Ithaca-Tompkins County Transportation Council (ITCTC) is the Metropolitan Planning Organization (MPO) for Tompkins County. The ITCTC is charged with facilitating county-wide transportation	Transportation related data analysis to provide support for continued advocacy and need for improved safety in transportation routes.	More data to prevent death and serious injury; better communication and coordination between city/county government and police to have more comprehensive data collection and reporting						Safety data: accident/collision, # ER visits, self-reported injury

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	NYSERDA grant phase II, planned for Spring 2018; Dec 2017: RFP for contractors, 9 letters of intent received; grant from ITCTC received Dec 2017 to conduct outreach/ marketing about bikeshare program targeting individuals with low-income and minorities. Contractor still needs to be awarded, but may be up to 300 bikes.	Community-based organizations	Bike Walk Tompkins is the lead agency to coordinate and implement the bike share program.	The bike share program will be the first of its kind in Ithaca. The pilot program has the potential to provide low-cost transportation to individuals who do not own a vehicle. The bike program will allow individuals to get to work, run errands, but also get physical activity and gain access to many of our beautiful natural areas that are easily accessible via bike. There is the potential for physical and mental health benefits.	Community members may not know about the program or might not think the program is for them. Misinformation about the locations of bikes and rental process. Creating an engaging and successful marketing campaign about the bike share to ensure that community members know the program is happening. Clear directions about how to utilize the bikes and why people might want to use the bikes. There is a need for ongoing education about why a bike share is important to our community. Hosting bike safety and how to ride a bike workshops may be necessary to include individuals who have never rode a bike or have not done so on city streets.				make it possible for more people to ride bikes; targeted outreach to individuals with low-income and minorities; increase daily activity; low-cost accessible pricing for using bikeshare.	<b>Implement a pilot bikeshare, "Bike for All" in the City of Ithaca. [New]</b>	# of bikes, locations
	"Tobacco-21" passed by Tompkins County Legislature in 2017, effective July 1, 2017, raising the minimum legal age to purchase tobacco products to 21.	Advocates	Support for proposed law	Reduce access to tobacco products by high school and middle school students	Restricts business activity, especially among small businesses. Address through ongoing education.	<b>Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure</b>	<b>Goal 2.1: Prevent initiation of tobacco use by New York youth and young adults, especially among low socioeconomic status (SES) populations.</b>	<b>Objective 2.1.1:</b> Decrease the prevalence of any tobacco use (cigarettes, cigars, smokeless tobacco) by high school age students	Youth; tobacco users with multiple unsuccessful quit attempts	<b>Encourage municipalities to implement policies that protect youth from tobacco marketing in the retail environment, also known as the point-of-sale (POS)</b>	Number of municipalities that reduce youth access to tobacco marketing and tobacco products, including: Limiting the number, type, and location of licensed tobacco retailers, and/or Prohibiting the use of coupons and multi-pack discounts.
	No current data	College	Working together to establish tobacco-free college campuses	Cigarette use in middle and high schools is declining. Cigarette use among college students appears to be declining also.	Dramatic increase in the use of electronic cigarettes and vaping products. Remedy through education and retail licensing.			<b>Objective 2.1.2:</b> Decrease the prevalence of cigarette smoking by adults ages 18-24 years			
	No progress in 2017	Other (please describe partner and role(s) in column D)	County Legislature, City Council, Town Boards	Reduce access to tobacco products within the community to support reduced initiation, quitting tobacco use, and reduced consumption.	Government overreach, resources required to implement and manage a licensing scheme that will address density and proximity, finding a champion to carry the proposal through the process. Must be presented as a preventive measure that is not intended to take products out of existing retailers.			<b>Objective 2.1.3:</b> Increase the number of municipalities that restrict tobacco marketing (including limiting the density of tobacco vendors and their proximity to schools)			

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	No tenant surveys conducted in 2017	Housing	Support from housing management	A U.S. HUD rule requiring all public housing authorities to be smoke-free was adopted 2/2017 to be implemented by 7/2018. The Ithaca Housing Authority has set 5/1/18 as their implementation date. Total 341 units.	The implementation process is a full collaboration between the IHA and TCHD, with challenges being addressed through ongoing education and interaction with the tenants and staff.		<b>Goal 2.3: Eliminate exposure to secondhand smoke.</b>	<b>Objective 2.3.2:</b> Increase the number of local housing authorities that adopt a tobacco-free policy for all housing units		<b>Promote smoke-free policies in multi-unit housing, including apartment complexes, condominiums and co-ops, especially those that house low- SES residents.</b>	# of tenant surveys conducted
	2 held in 2017	Housing	Support from housing management	The more that tenants understand the reason for smoke-free apartments, the more likely they are to comply or exert peer pressure for others to comply, and thus accelerate a norms change.	Getting tenants to attend, especially those who are smokers. Remedy: multiple meetings.						# of tenant town hall meetings held
	Facebook page established by TCHD in 2017	Housing		Incorporates tobacco-free messaging in with the full Public Health picture.	Infrequent.						At least one social media channel
	Have not obtained that data	Housing			Collecting complete and accurate data.						# of low SES units that are in a smoke-free building
	64 units in a new property for low SES seniors opened by Conifer, Aug 2017	Housing	Conifer Realty, builder, designated a new property in the Town of Ithaca as smoke-free	Conifer owns/ manages hundreds of units over multiple properties in Tompkins Co. The new property cited is the first of them to be smoke-free	Keeping up with all the new construction when it is still in the planning phase, rather than after construction starts. No remedy yet identified.						# of new construction units that are on a smoke- free property
	No employer outreach campaign conducted in 2017.			Direct targeting to employers	Funding and follow-through. A successful campaign would benefit from multiple impressions, which is costly by direct mail.			<b>Objective 2.3.2.1:</b> Increase the number of worksites with a tobacco-free property policy.		<b>Promote tobacco-free property policies at worksites</b>	# of outreach mailers to local employers
	1 (Village of Dryden)	Other (please describe partner and role(s) in column D)	Employer	Tobacco-free on all Village property, including Village Hall/ Police Department, and Village highway barn	Compliance. Address through adequate signage and ongoing education.						# of workplaces that adopted a tobacco-free policy
	No meetings with worksite wellness champions to report for 2017			Wrapping tobacco-free property into a wellness program is the best way to start the discussion.	Resources (including staff) necessary to reach out and find these champions. It is a worthy measure, but maybe beyond the scope of current programs.						# of meetings with worksite wellness coordinators or champions
	OMIT MEASURE				Redundant and too broad						At least one social media channel
	No resolutions to report for 2017			Awareness, credibility	Staffing limitations. Include in an overall campaign that reaches out to employers (eg, mailers).						# of resolutions of support from business & employer groups or associations.
	Ithaca College (5x)	College		Students are a critical --- and in some cases required --- stakeholder within these communities.	Specific student champions are often not enrolled through the full, multi-year process needed to make the full case.			<b>Objective 2.3.2.2:</b> Increase the number of colleges that have set an implementation date for a tobacco-free campus.		<b>Promote tobacco-free campus policies at local colleges and universities</b>	# meetings with student champions

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	Cornell University, Cornell Health staff (2x)	College		Employees are key stakeholders. Voices are needed from multiple sectors.	Not easy to break into fac and staff organizations from outside the campus. Also finding those willing to step forward, and have the influence to make a diff.						# meetings with faculty/ staff champions
	Ithaca College: Vice Provost for Student Life (1x); Director of Public Safety (2x). Cornell University: Campus Welfare Committee of the University Assembly (5x)	College		These individuals and organizations have codified decision making roles.	Getting through gatekeepers. Remedy: Accomplish the student and faculty/ staff steps first.						# meetings with administrators &/or institutional governing bodies such as a Faculty Council or University Assembly, or Student
	454 Medicaid patients received a visit from the health coach while in the hospital	Hospital		We are able to assist when patient, with a well-formulated discharge plan, still struggles at home, mostly due to socio-economic issues. We can utilize external relationships such as CAP and the PCP to hand the patient off to and thus provide the patient with the support they need post discharge, to prevent re-admission. * This health coach role has allowed the medical center to identify strengths and weakness in overall hospital discharging process and we are using the health coach to make process changes that will further prevent re-admissions.	Discharge planning and medication management are very complicated. This level of complexity is compounded when there are many pieces of the discharge plan that require insurance pre-authorization and need the physician to personally authorize that piece of the discharge. This adds additional physician effort, time and complexity making discharge effort onerous. Add to this, patients lacking the ability to activate their own discharge plan care and/or those having unidentified social-economic issue hampering their ability to cope once discharged.		<b>Goal 3.2: Promote use of evidence-based care to manage chronic diseases</b>	<b>Objective 3.2.8:</b> Reduce the rate of hospitalizations for short-term complications of diabetes per 10,000, aged 18+ years, by 15%, from 4.0 (2012-2014) to 3.6 (2010-2012) (SPARCS data as of Feb. 2016)		<b>In accordance with DSRIP project 2.b.iv, Care Transitions, implement the Health Coach model, to ensure patients admitted to the medical- surgical unit make contact prior to discharge, and receive a home visit post discharge, to support improved continuity of care and a reduction in avoidable hospital use.</b>	# of Medicaid patients receiving a visit from the Health Coach while in the hospital.
	84 home visits post discharge	Hospital		It is extremely valuable to perform home visits. It allows us to identify additional barriers to patient success and rectify them or call in resources to further support the discharge.	Not many patients want the home visit or "have the time" to schedule a home visit.						# of home visits received post discharge.
	Not available	Hospital									# of patients that received Health Coach services who were not readmitted within 30 days of being discharged.
	3 trained coaches (1 at TC Health Dept. (TCHD), 2 at Cayuga Center for Health Living (CCHL))	Hospital	Health Planning Council, TCHD, Cayuga Center for Healthy Living all participate in planning and coaching.	We have multiple sites and trainers. Providers are aware of the program.	Despite providers knowing about the program, we still do not get many referrals. Potential participants are discouraged from taking the course because of the fee and/or the time commitment.			<b>Objective 3.3.1:</b> Increase the percentage of adults with asthma or diabetes who have taken a course or class to learn how to manage their condition.		<b>Promote the National Diabetes Prevention Program (NDPP) by expanding class availability, and by strengthening ties and collaboration among NDPP providers</b>	# of trained Lifestyle Coaches

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	Quarterly meetings (4 meetings in 2017)	Community-based Organizations		Able to brainstorm outreach strategies to increase provider referrals and community knowledge about the program.							# of planning meetings among DPP providers
	TCHD - 1 class; CCHL - 1 class, started March 2017	Hospital		Ongoing communication between trained coaches about the number of participants and outreach.	It is difficult to get enough participants to fill up one class.						# classes offered
	No rural locations in 2017	Hospital			Recruitment for classes has not developed well, therefore no classes have been scheduled outside of the population/ geographic center. Additional funding and planning must be dedicated to building awareness and promoting provider referrals.						# of rural locations where classes are offered
	Fall 2017: Cornell University and Ithaca College health benefit fairs; CCHL/ Cayuga Med. Center employee wellness newsletter; Guthrie, City of Ithaca, TRUP										# of outreach channels and activities employed for class recruitment
	OMIT MEASURE				Replace with # of Outreach Channels measure						Establish at least one social media channel
	Working with Greater Tompkins County Municipal Health Insurance Consortium	Other (please describe partner and role(s) in column D)	Employer	Providing coverage for the DPP program has the potential to increase attendance in the program.	Access to wellness program communication channels. Remedy: develop targeted materials first so messaging is effective when the target is hit.				Offering an evidence-based program to individuals who may be part of pops that are disproportionately affected by diabetes. Targeted outreach to low-income & rural.	<b>Increase coverage for the Diabetes Prevention Program by working with self-insured employers</b>	# of worksites that promote DPP through their wellness programs or other health information outlet
	Not covered, Medicare reimbursement to start April 2018			Removes cost barrier to participating.	Changing plan benefits is a steep climb. Medicare benefit misses the target age, but will be a good model for plans to follow.						# self-insured employers with DPP as a covered benefit.
	No data			Some incentive if employees have a flex spending account, but still out of pocket expense.							# of employees with access to DPP as a covered benefit through their self-insured employer
	Employees can submit to flex spending accounts, there is a draft policy for partial reimbursement for Tompkins County employees, but it is not yet approved.	Health Insurance Plans		Removes cost barrier to participating. Adding as an inhouse wellness program benefit is a much straighter line than adding to a plan or FSA	Comparatively few compared with adding to a plan. Should be the first stop when a wellness program reimbursement plan is in place.						# of employers that include DPP as eligible for an in-house wellness reimbursement benefit



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	# of home visits conducted: Jan 2017-Nov 2017, initial visits: 396; revisits: 102. Goal: 400 initial visits per year as defined in workplan.	Local Health Department	CMC and TCHD: Healthy Lungs for Tompkins County (HLTC) Leadership; HNP contractor through TCHD	Positive program that the public enjoys. We have full staffing, which makes it possible to meet our goals for number of visits.	There are always more people who do not know the program exists, we are always doing outreach to build awareness about the program.				The Healthy Neighborhoods Program (HNP) conducts targeted outreach to individuals with low SES, rural areas, and to persons living in old or poorly maintained housing (including rental housing)	Increase awareness of basic asthma management steps that adults can take to lessen the daily impact of their disease. (informed by NLBI, NAEPP, ALA). [Revised]	# of Healthy Neighborhoods Program (HNP) home visits conducted.
	# of asthma visits: Jan 2017-Nov. 2017, initial visits with at least one person with asthma: 55; revisits with at least one person with asthma: 13	Local Health Department		Indoor asthma triggers are identified and products are provided that can assist with decreasing triggers, such as hypoallergenic pillow/mattress covers and unscented green cleaning products.	Residents move or are not available for the revisit.						# HNP home visits conducted with at least one person with diagnosed asthma (asthma triggers identified).
	5 partner organizations: Cayuga Medical Center, Tompkins County Health Department, Ithaca City School District, Health Planning Council, Department of Emergency Response.	Other (please describe partner and role(s) in column D)	Hospital, Community based organizations, K-12 schools. Meet monthly to discuss/plan activities related to lung health. Meet monthly to discuss/plan activities related to lung health.	Representatives from partner agencies are committed to the coalition. Building awareness about respiratory disease and local resources.	We are working on collecting accurate data related to asthma, COPD, and other chronic lung disease. We would like to do more activities related to school age children, but asthma is not a current focus of the school districts, they are more concerned about mental health. We will continue working with the Head School Nurse for Ithaca City School District and nurses in other districts.						# member organizations in Healthy Lungs for Tompkins County (HLTC, local asthma coalition).
	12 meetings, August 2016-November 2017										# of HLTC meetings held
	7 group provider offices	Providers	Medical provider offices can provide asthma information and refer patients to community resources.	Messaging efficiency	Access to gatekeepers.						# of outreach targets contacted (Primary Care Providers, worksite wellness programs, faith-based orgs, senior living centers)
	Facebook page launched in March 2017. Regular posts for HNP builds # of impressions. Newspaper ad in the fall generated calls.	Local Health Department		Social media allows us to reach more people and engage community members with local resources.	Making sure the community knows that the Facebook page exists. Promoting the coalition.						At least one social media channel to promote asthma self-management strategies and garner home visits for the Healthy Neighborhoods Program.