A New Era of Prevention



Ulster County Department of Health

Michael P. Hein, County Executive

Dr. Carol Smith, UC Commissioner of Health and Mental Health





"My goal is to make Ulster the Healthiest County in New York"

County Executive Mike Hein

A Culture of Health

A community where policy-makers, civic leaders, educators, employers, and residents work together to make the health of their entire community a priority.



County Health Rankings 33 Criteria in 4 Categories:

- Socio-Economic 40%
- Individual Behaviors 30%
- Clinical Care 20%
- Physical Environment 10%

UC is now 29/62 New release in March Focus on targeted improvements

NYS Prevention Agenda 2014-17

Ulster County Focus Areas:

- Chronic Disease Prevention
- Promote Mental Health/Reduce Suicide Rates
- Emphasis on community-wide health + disparities

County Executive's Goal

Let's make Ulster the Healthiest County in NYS

Medicaid Redesign/DSRIP

- Emphasis on population with worse health outcomes
- 5% of total pop. that consumes over 50% of total healthcare costs
- NYS Medicaid cost = \$56 Billion > UC share = \$36 Million

Goal > Reduce costs/improve outcomes by:

- Creating an integrated system of care (primary, preventative, follow-up)
- Reducing hospital readmissions
- Collaboration and leveraging resources

County Health Ranking Measures

Measures 33 Different Factors under 4 Broad Categories

Health Behaviors (30%)

- Tobacco Use
- Diet and Exercise
- Alcohol and Drug Use
- Sexual Activity

Clinical Care (20%)

- Access to Care
- Quality of Care

Social and Economic Factors (40%)

- Education
- Employment
- Income
- Family and Social Support
- Community Safety

Physical Environment (10%)

- Air and Water Quality
- Housing and Transportation

The annual Rankings provide a revealing snapshot of how health is influenced by where we live, learn, work and play. They provide a starting point for change in communities.

Where We Stand vs. 62 Counties in NYS

Ranked #1

<< 2014 Ulster County Ranked #29

The Healthiest – Livingston County

The Un-Healthiest Bronx County Ranked #62

<< 2010 Ulster Ranked # 33

Where We Need to Improve vs. NYS and Livingston County (#1)

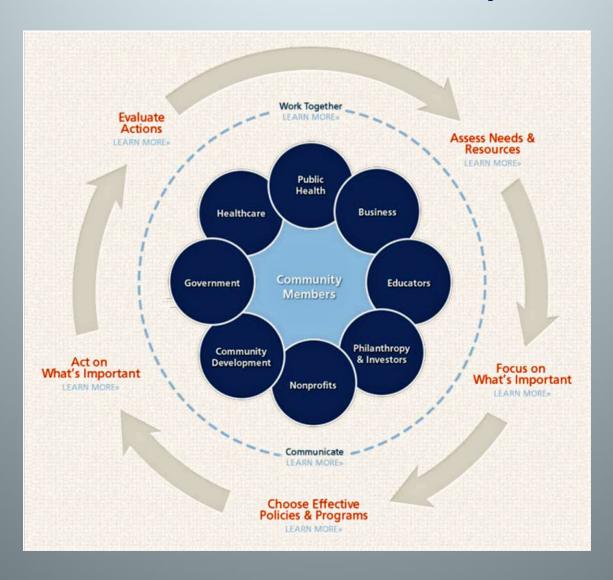
NYS

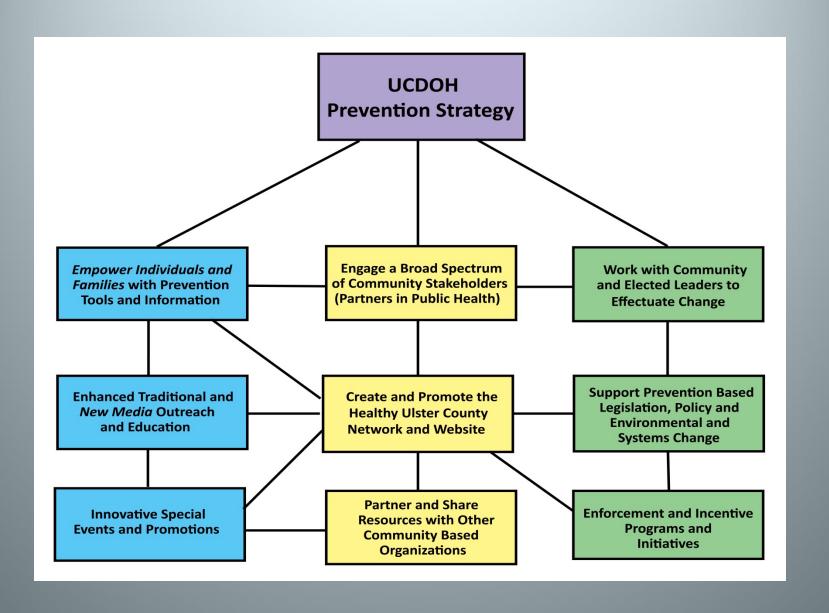
- Premature Death
- Poor Physical Health Days
- Poor Mental Health Days
- Adult Smoking
- Excessive Drinking
- Preventable Hospital Stays
- Unemployment
- Injury Deaths

Livingston County

- Length of Life
- Poor Physical Health Days
- Poor Mental Health Days
- Adult Smoking
- Excessive Drinking
- Sexually Transmitted Infections
- Uninsured
- Preventable Hospital Stays
- Unemployment
- Children in Single Parent Households
- Violent Crime
- Severe Housing Problems

Model for Community Action





Government Can't Do it Alone: It Takes a Community

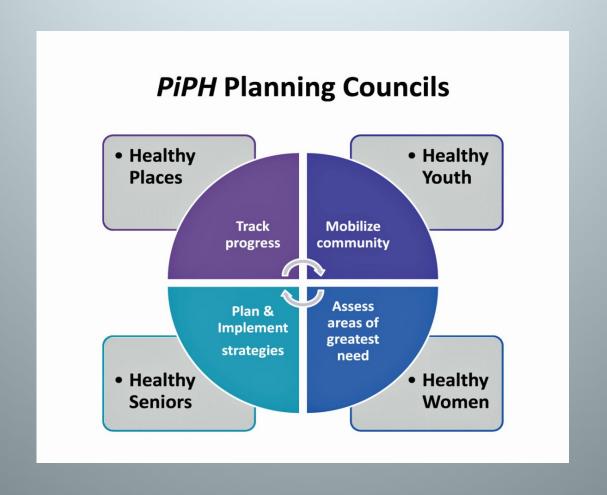


Healthy Ulster: A Public Health Approach

Building bridges to improve the health of Ulster County



Prepared by the Ulster County Department of Health, June 2010



A Strategy for Success

NYC Reverses the Childhood Obesity Trend with a Comprehensive Approach

The Comprehensive Elements of Success:

- Articulating a vision for success and strong leadership "at the top"
- Exceeding Federal guidelines for nutrition and physical activity in the schools (1/2 of a child's waking hours are spent in school)
- Writing in healthy nutrition guidelines into contracts for food and beverage vendors who do business on city property, including sports arenas
- A direct-to-the-public media and advertising campaign around sugary beverages and healthy eating
- (Proposed legislation on the size of sugary beverage containers)

New York State Embraces a New Prevention Agenda

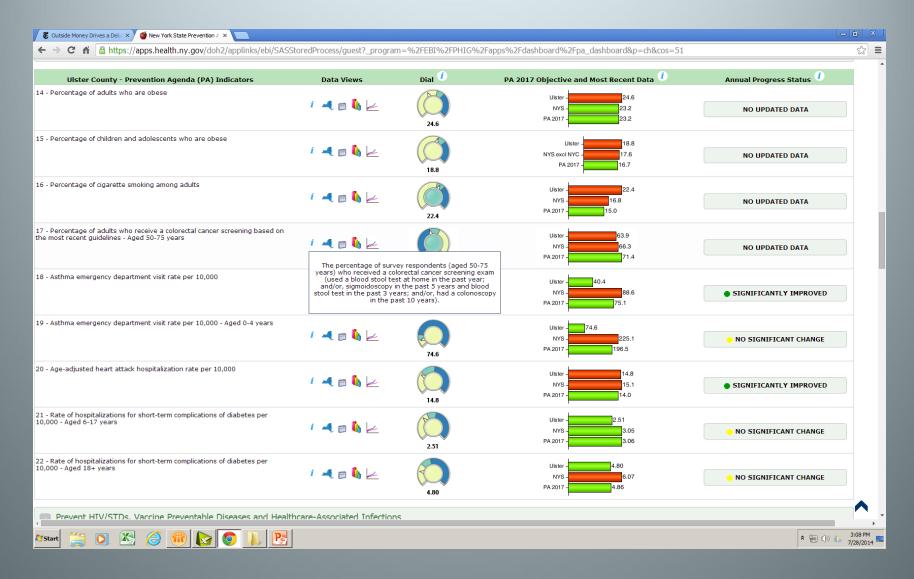
- Community Health Assessment
- Community Health Improvement Plan

"In keeping with the NYS Health Improvement Plan, the Prevention Agenda 2013-17, NYSDOH is asking local health departments and hospitals to collaborate with each other and community partners on the development of these documents. Collaboration is an essential element for improving population health in communities and the State as a whole."

A Call to Action

"It is a call to action to local health departments, health care providers, health plans, schools, employers, government agencies, non-profits and businesses to collaborate at the community level to identify health priorities and implement a strategy for improvement."

NYS Prevention Agenda Dashboard



NYS Prevention Agenda Where UC Fares Worse than NYS Average

- Rate of hospitalizations due to falls (65+)
- Rate of occupational injuries per 10K (15-19)
- % of pop w/ low access to supermarket
- % of obese adults
- % of obese children and adolescents
- % of adult smokers
- % of adults colorectal screening (50-75)
- Maternal mortality rates per 100K births

NYS Prevention Agenda Where UC Fares Worse than NYS Average

- % of child well child visits (0-15 mo.)
- % of well child visits (3-6)
- % of well child visits (12-21)
- % of children w/ health insurance
- % of 3rd graders w/ untreated tooth decay
- % of unintended pregnancies
- Poor mental health days (>14 per mo.)
- Age adjusted suicide rate per 100K

The 5 Prevention Agenda Priorities are:

- 1. Prevent Chronic Diseases (focus on obesity)
- 2. Promote a Healthy and Safe Environment
- 3. Promote Healthy Women, Infants and Children
- 4. Promote Mental Health and Substance Abuse Prevention
- 5. Prevent HIV,STDs, Vaccine Preventable Diseases and Healthcare Associated Infections

Reduce Youth Obesity

- Conduct a new BMI study to compare with the 2011 study
- Implement the NAP SACC Program (health eating, reduced media time and increased physical activity) in child care centers in progress
- Foster adoption of UC Health Snack Guidelines in progress
- Engage private sector to help educate constituents in progress
- Work with school media departments on childhood obesity prevention
- Work with local schools, parents, chefs on Healthy School Lunch contest/guide - completed
- Encourage municipal leaders to display My Plate in public food venues
- Increase utilization of Farmer's Market vouchers by WIC participants
- Work w/KHS to promote healthier eating/physical activity via the new
 Scholar Academy and Parent Resource Center
- Improve rail trails system, including access in progress
- Work with schools to improve nutrition, physical activity and wellness policies in progress

Reduce Youth Smoking

- Provide point –of-sale education materials to community leaders in progress
- Disseminate TFAC survey 77% support for restricting sales around schools in
- Paid media and PR on the impact of marketing on youth in progress
- Increase the % of youth who live in tobacco-free homes
- Educate local officials on the impact of tobacco marketing on youth in progress
- Testify at public hearings about the impact of retail tobacco marketing
- Implement "We've Seen Enough Tobacco Marketing" campaign with media, schools, and community organizations
- Work with elected officials to advance a local law to license tobacco retailers and restrict tobacco sales and marketing in school zones – in progress

Delivery System Reform Incentive Payment Program (DSRIP)

DSRIP is a waiver program, negotiated by Governor Cuomo and the Federal government that, will allow the NYS to reinvest \$8 billion in federal savings generated by Medicaid Redesign Team (MRT) reforms. It is a multi-partner, pay-for -performance, 5-year action plan designed to save and transform the state's health care system, bend the Medicaid cost curve, and assure access to quality care.

- For just the chronic diseases related to overweight and obesity conditions, NYS spends an additional \$11.8 BILLION in annual healthcare costs (12x the NYS deficit). Total NYS Medicaid = \$56B
- 5% of the population (primarily Medicaid recipients) account for over 50% of these costs.

How DSRIP Connects to the UC Community Health Improvement Plan (CHIP)

There are four Domains in DSRIP that represent groupings of project milestones and associated metrics. The four Domains are:

<u>Domain 1</u> – Project progress milestones – measurement on completion of project plan (main goal to reduce preventable hospital readmissions by 25%)

<u>Domain 2</u> – System transformation milestones – measurement of system transformation (integrated system of care)

<u>Domain 3</u> – Clinical improvement milestones – disease focused clinical improvements

<u>Domain 4</u> – Population-wide strategy implementation milestones – Prevention Agenda improvements << CHIP COMPONENT

The Dimensions of the Obesity Crisis

- Obesity and overweight conditions are currently the second leading cause of preventable death in the United States.
- Prevention is the best and least expensive medicine. There are enormous, additional public and private healthcare costs associated with preventable diseases.
- Health care to treat obesity-related illnesses and conditions cost the United States an estimated \$150 billion, per year - and New York State more than \$11.8 billion, per year
- Over the last several decades childhood obesity in the US has tripled, placing 12.5 million of our children at risk of developing chronic disease conditions associated with overweight and obesity.

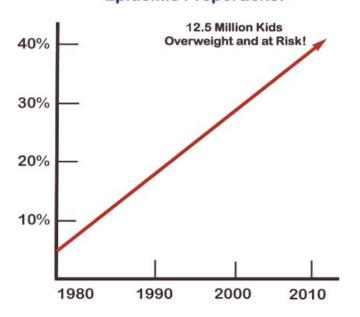
You Have the Power to Stop Childhood Obesity







Childhood Obesity Reaches Epidemic Proportions!



Protect Your Family with Small Steps that Can Make a Big Difference

- Reduce high-calorie, high-fat foods and beverages.
- 2. Serve more whole grains, fresh fruits and vegetables.
- Reduce computer, TV and video screen time.
- 4. Serve (or order) smaller portion sizes.
- Make sure everyone gets at least 60 minutes of physical activity every day.

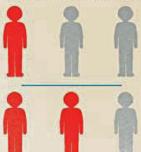
For more information, call the Ulster County Department of Health at 845.340.3160 or by email at: HealthEd@co.Ulster.NY.us

OBESITY: COMPLEX BUT CONQUERABLE

THE UNITED STATES FACES AN ALARMING OBESITY PROBLEM. WE ARE QUICK TO BLAME INDIVIDUALS FOR EATING TOO MUCH OR EXERCISING TOO LITTLE, BUT IN TRUTH, THE CAUSES ARE MORE COMPLEX AND INVOLVE MANY FACTORS.

THE WEIGHT OF THE NATION

1 OUT OF 3 CHILDREN ARE OVERWEIGHT OR OBESE.



2 OUT OF 3 ADULTS ARE OVERWEIGHT OR OBESE. \$190.2 BILLION

ESTIMATED ANNUAL COST OF OBESITY-RELATED ILLNESS.



OF ANNUAL MEDICAL SPENDING IS ON OBESITY-RELATED ILLNESS.

\$4.3 BILLION IN ANNUAL LOSSES TO **BUSINESSES BECAUSE** OF OBESITY-RELATED JOB ABSENTEEISM.



3% OF ADULTS THAT HAVE TYPE 2 DIABETES ARE UNDIAGNOSED.

8%

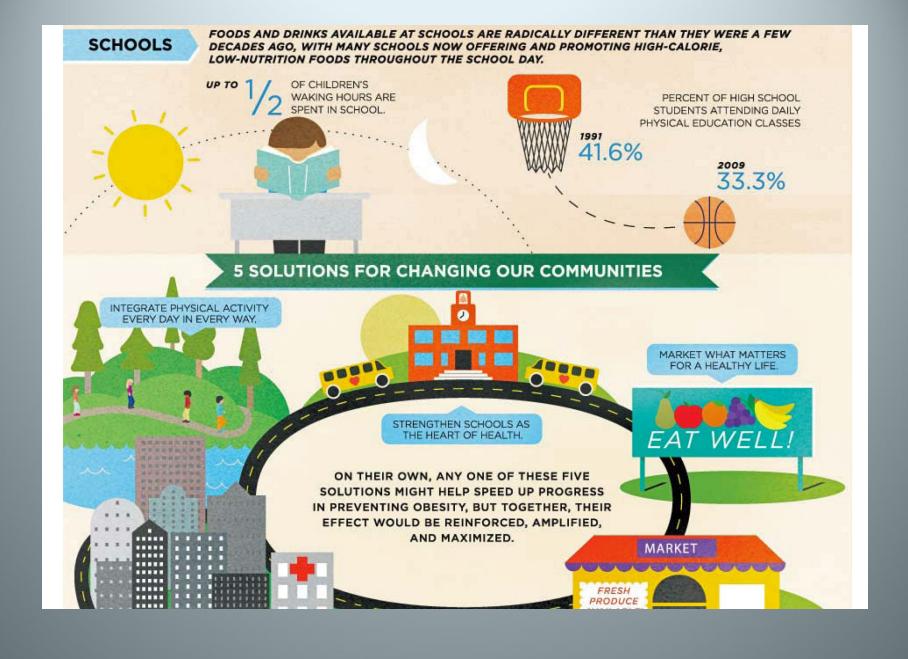
OF ADULTS HAVE TYPE 2 DIABETES.



TYPE 2 DIABETES HIGH BLOOD PRESSURE SLEEP APNEA DEPRESSION







Ulster County 2011 BMI Study Percent of Elementary Students Overweight/Obese

1st Graders = 32%

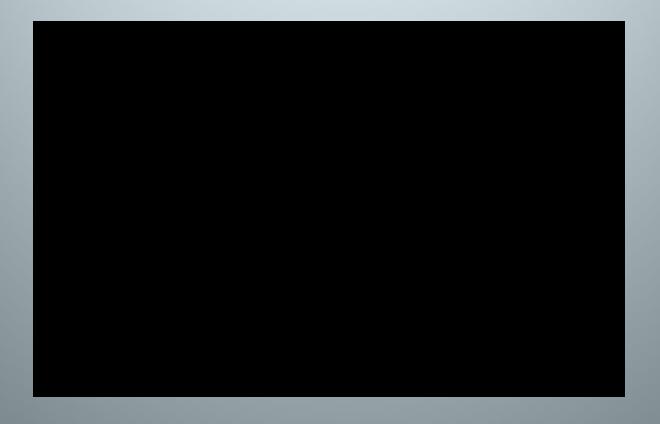
3rd Graders = 35%

5th Graders = 40%

7th Graders = 42%

Add in adolescents from other available data = 60 + %

You Have the Power to Prevent Childhood Obesity TV Campaign





iChoose to order less. Weigh less.

My kids count on me to make good choices. And now they count on me to order less at fast food restaurants. Meals under 600 calories keep me energized and feeling great, so I can be there for them. Look at calorie postings before you choose.

www.Health.NY.gov/iChoose600 www.Facebook.com/iChoose600







Healthy Snack Food Guidelines

Developed by the Healthy Kingston for Kids Partnership and endorsed by the Ulster County Department of Health



Partners

The Community Heart Health Coalition of Ulster County

Ulster County Department of Health

Rose Women's Care Service

Cornell Cooperative Extension of Ulster County:

Healthy Kingston for Kids

Creating Healthy Places

The following nutrient standards are adapted from the Choose Sensibly Guidelines created by The New York School Nutrition Association. After school programs and school districts in Ulster County are encouraged to adopt these guidelines.

Snacks should make a positive contribution to children's diets and health. Ideally, there should be an emphasis on serving fruit and vegetables as the primary snacks and water as the primary beverage. Because vending machines play a significant role in the after school snack environment the guidelines have been drawn from a model that offers a dynamic vending list from which purchasing departments can select snacks that meet guidelines. The Choose Sensibly vending list is maintained and updated regularly by the New York School Nutrition Association. A copy of the vending list can be accessed online here: http://www.nyschoolnutrition.org/choose-sensibly

BASIC GUIDELINES

To be considered a healthy snack choice, a snack should contain:

- 7 grams or less of fat*
- 2 grams or less of saturated fat *
- 0 grams of trans fat
- 15 grams or less of sugar
- 250 milligrams or less of sodium
- No artificial sweeteners

Vending snacks should contain one serving per package



*Nuts and seed snacks are excluded from this limitation

(Continued on next page)









10 Good Reasons to Avoid Sugar-Sweetened Beverages

- Sugar-sweetened beverages, which include soda, sports drinks, fruit drinks and tea drinks, add calories to your diet without providing nutrients or even making you full. Don't drink your calories!
- **2.** Americans now consume 200-300 more calories each day than we did 30 years ago; more than half of those excess calories come from sugar-sweetened drinks.
- 3. The empty calories in these drinks can lead to weight gain, diabetes and other chronic diseases.
- **4.** Teenagers who drink sugary beverages get an average of 360 calories from them each day. That adds up to 130,000 calories per child over the course of a year.
- **5.** A kid's risk of becoming obese increases by 60% for every sugary drink consumed per day.
- **6.** Women who drink one sugar-sweetened beverage each day have almost twice the risk of diabetes
- **7.** A single 20-ounce soda contains about 16 teaspoons of sugar. Could you imagine adding that much sugar to your coffee?
- 8. A typical adult has to walk briskly for 46 minutes to burn the calories in a 20-ounce soda.
- 9. A typical 10-year old has to bike vigorously for 30 minutes to burn the calories in a 12-ounce soda.
- 10. Obesity related illnesses cost New York State taxpayers nearly \$8 BILLION in additional medical costs each year, adding an average of \$770 to every household's tax bill.

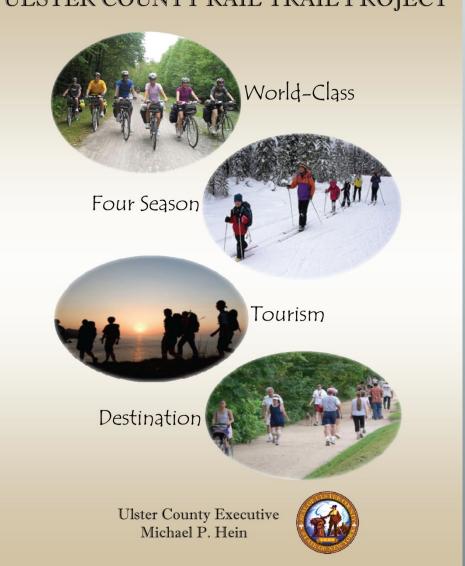


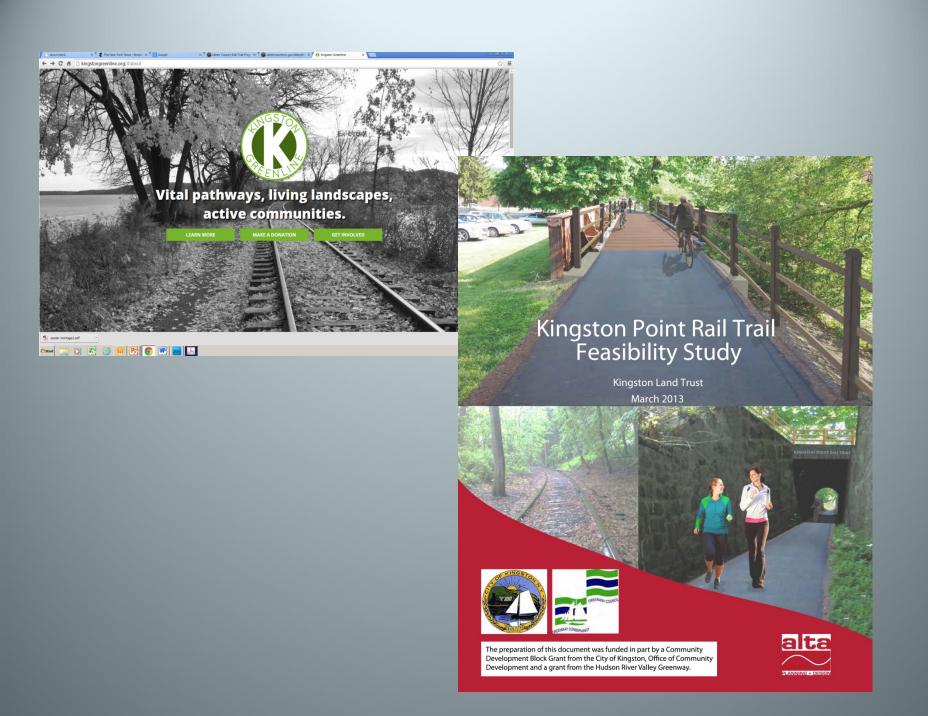
Ulster County Department of Health

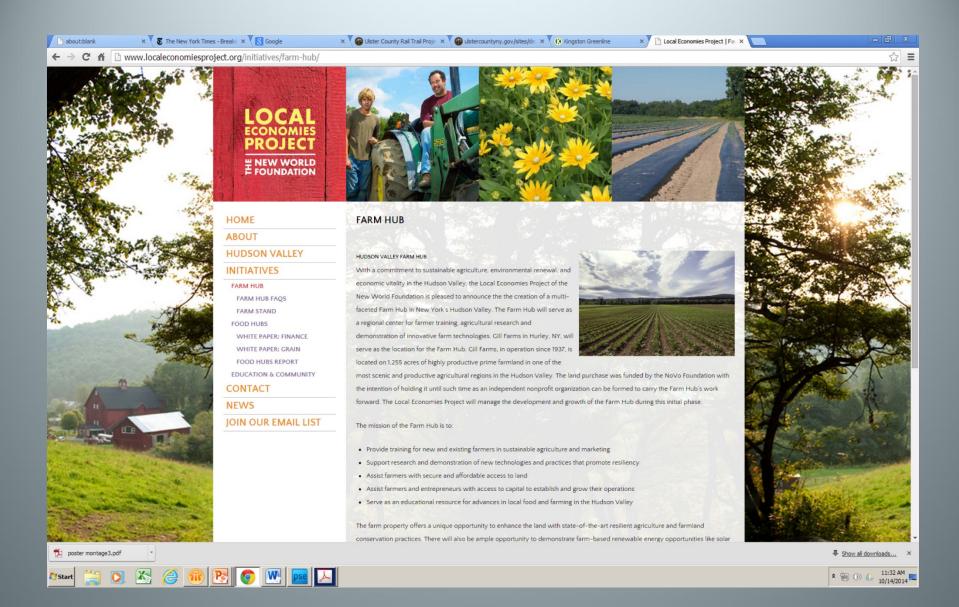


Michael P. Hein County Executive

ULSTER COUNTY RAIL TRAIL PROJECT









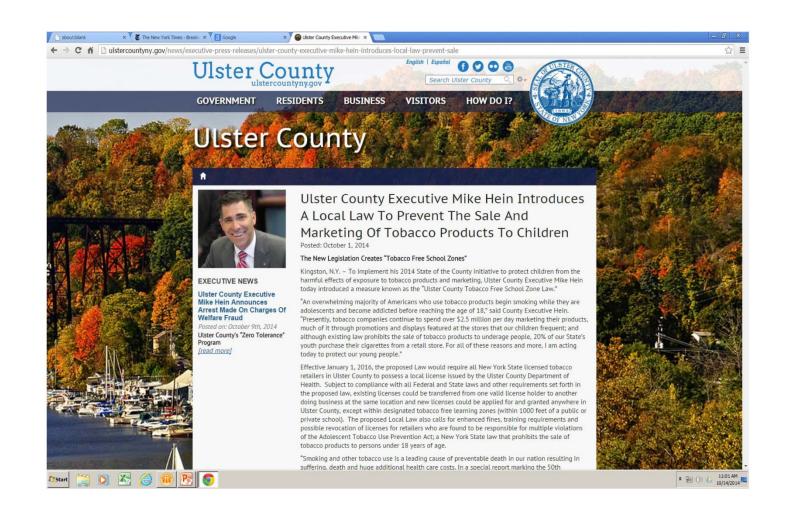
Enter to Win the Healthy School Lunch Contest

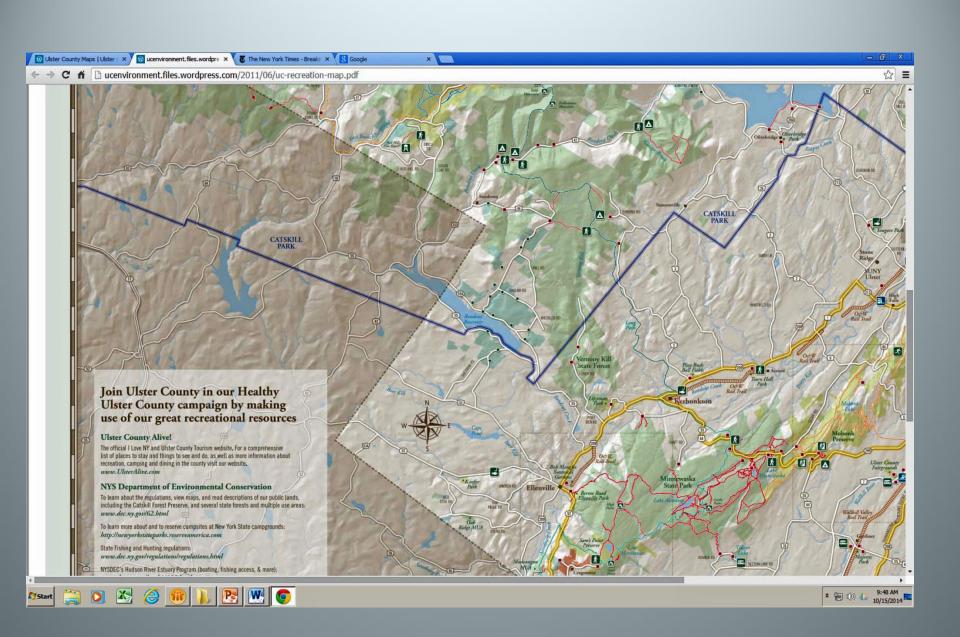


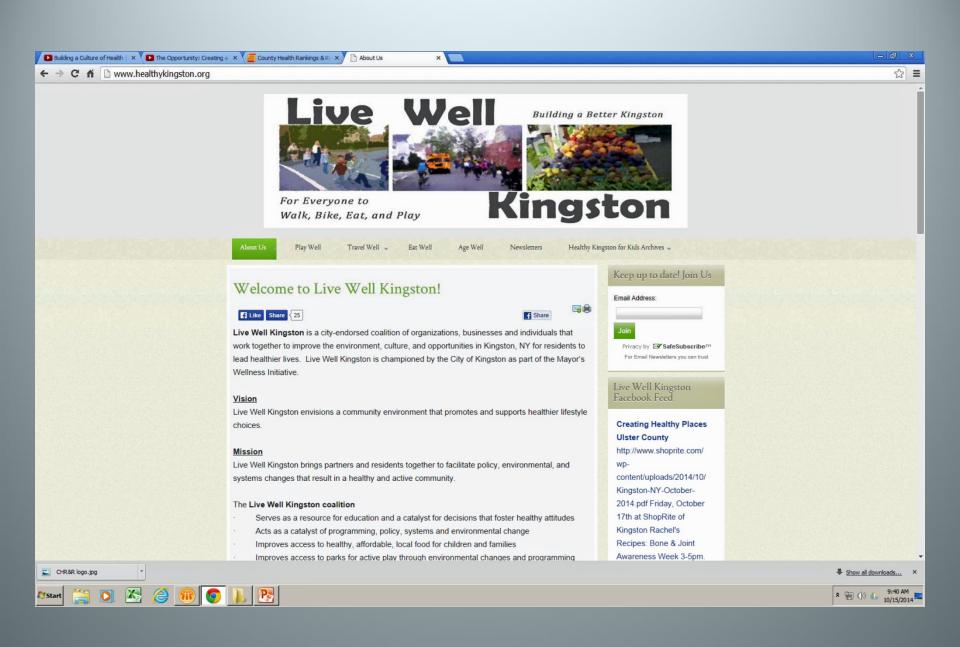
THE TAX THE RESTRICTION OF COMMENTS

Enter to Win.....
The Healthy School
Lunch Contest

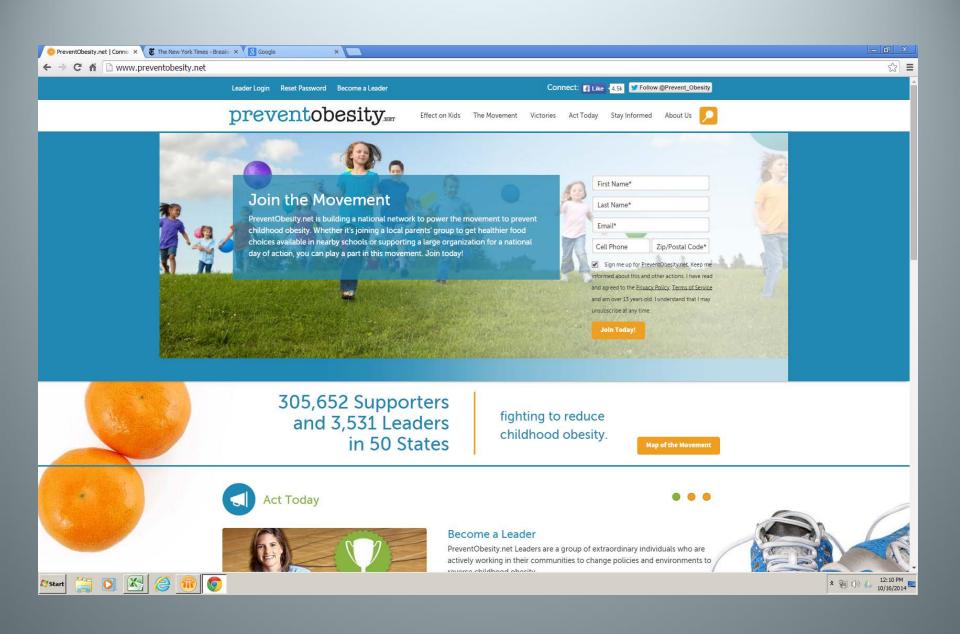












Providing FREE and HEALTHY PHYSICAL ACTIVITY for Ulster County Families.



Let's Move Ulster is a series of FREE events all year long! Don't miss our KICK-OFF Event on:

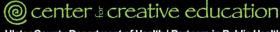
April 29th

1pm-4pm @



9W Kingston











Saugerties

Wingston





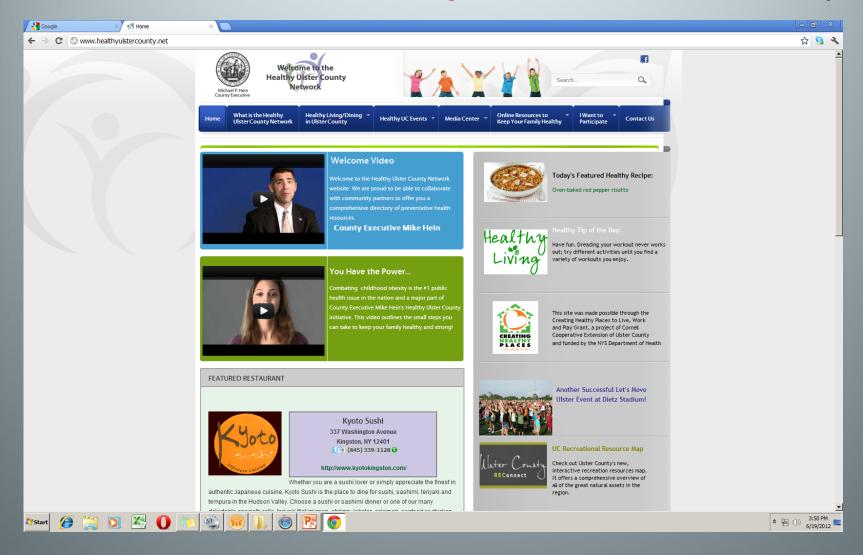






www.HeathyUlsterCounty.net

An Online Resource Center for All Things Preventative Health in Ulster County



- ✓ CDPC is not a top-down approach
- ✓ It is a <u>focused</u>, community-wide initiative that meets the challenge from multiple directions

Formula:

- Build on our Strengths and Assets +
- Identify Best Practices (local and national) +
- Explore and Develop Innovative New Ideas +
- Proactive Community Engagement +
- Potential Synergies and Funding Sources +
- Action and Measurable Results =

SUCCESS!

The UCCDPC brings together stakeholders (connect the dots), from all sectors on the community to do the following:

- Assess and inventory all of the considerable preventative health resources and assets in UC.
- To <u>identify best and promising ideas and practices</u> that can be replicated in to help move the needle on key health measures.
- To <u>identify potential synergies</u> among the various sectors and partners.
- To <u>identify potential funding sources</u> for the implementation of innovative, high-performance programs and practices.
- To work together, as a community, to achieve measurable results and help make significant strides toward achieving the County Executive's goal of making Ulster the healthiest county in NYS.

Branding for Community Engagement and Partnership

Supporter



A Community Partnership

Michael P. Hein, County Executive

Primary Goal: 2014 -2017

Meet NYS Prevention Agenda (PA 2017) % of children and adolescents who are obese

```
Ulster (current) = 18.8\%
```

NYS (excl. NYC) = 17.6%

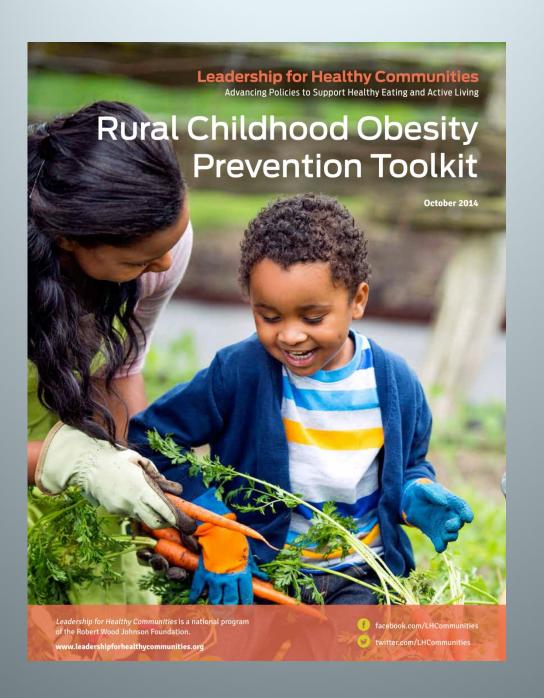
NYS Prev. Agenda = 16.7%

Secondary Goal(s): to be determined by CDPC

NEXT STEPS

Chronic Disease Prevention Council

- <u>Focus</u> on childhood obesity + 1-2 other priority health measures
- <u>Engage</u> all sectors (connect the dots)
- **Examine** existing programs and practices
- <u>Investigate</u> best practices and explore local innovations that work
- Replicate successes/strategies from the bottom up, throughout UC
- Bring partners together where appropriate and effective
- <u>Strengthen resources</u>, technical expertise and <u>identify</u> multi-partner <u>grant opportunities</u>.
- Move forward, monitor results and adjust



Focus on the Future

