

CDPC Meeting Notes
January 29, 2015, 2 pm – 4 pm
Ulster County Dept. of Health and Mental Health
Golden Hill Office Building 239 Golden Hill Lane Kingston, NY 12401

Welcome and Introductions- 26 Participants attended and provided their names and affiliations.

Prevention in Ulster County and New York State: The Big Picture- Presented by Vincent Martello

- Reviewed the following topics:
- The County Executive's Goal of making Ulster County the healthiest County in NYS.
- Robert Wood Johnson Foundation (RWJF) concept of A Culture of Health.
- Overview of NYS DOH Prevention Agenda: Specifically Ulster County's Community Health Improvement Plan and some selected priorities of chronic disease prevention of overweight and obesity in children. http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/
- The percentage of children and adolescents who are obese in Ulster County according to 2010-2012 data is 18.8%. The goal is to achieve a lower percentage of 16.7 by 2017. This information is taken from the New York State Prevention Agenda Dashboard - County Level: Ulster County https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest?_program=%2FEBI%2FHIG%2Fapps%2Fdashboard%2Fpa_dashboard&p=ch&cos=51
- RWJF-County Health Rankings – Ulster County went from 33 in 2009 to 29 in 2014 out of 62 counties. <http://www.countyhealthrankings.org/app/#!/newyork/2014/rankings/ulster/county/outcomes/overall/snapshot>
- Medicaid Re-design/DSRIP: The DSRIP program will promote community-level collaborations and focus on system reform, specifically a goal to achieve a 25 percent reduction in avoidable hospital use over five years. Safety net providers will be required to collaborate to implement innovative projects focusing on system transformation, clinical improvement and population health improvement. All DSRIP funds will be based on performance linked to achievement of project milestones. http://www.health.ny.gov/health_care/medicaid/redesign/
- The primary mission of the Chronic Disease Prevention Council (CDPC) is to "connect the dots" between the multitude of organizations, sectors, programs and communities, in Ulster County, that are working to promote wellness and prevent illness. By building on existing strengths, leveraging resources and identifying potential synergies and funding sources, the CDPC will enhance and improve health outcomes for all residents by creating an integrated system of chronic disease prevention, parallel to the DSRIP Project (Medicaid redesign) goals of creating an integrated system for the management and treatment of chronic disease conditions for the Medicaid population. The CDPC is designed to be broad enough to be inclusive of all stakeholders, new ideas and innovative approaches, while also being focused enough to achieve tangible and measurable results.

Ulster County CDPC Survey Results-Presented by Kristen Wilson

- The first draft of the inventory was made available to all in attendance. The group reviewed results of the survey that began in November called the Chronic Disease Prevention Council Inventory, which is a collection of current activities happening in Ulster County to prevent chronic disease.
- Sixty people responded so far, and we will continuously update the inventory.
- This inventory will help to inform us in our future strategic planning. In the future, we will add a column to the table for opportunities for addition or expansion of existing activities.
- Partners can continue to help contribute in three ways:
 - 1) Add activities in the word document using track changes, and email it back to Kristen Wilson at: kew67@cornell.edu
 - 2) Send her an email with activities that should be included.
 - 3) Encourage your colleagues to fill out the 2nd round of the survey at this link: <https://www.surveymonkey.com/s/CDPCsurveyround2>
- Discussion about why people didn't take the survey –one reason maybe the concept of Chronic Disease was not associated with provider's work. Possibly some associated it with being really sick rather than with their work –i.e. community gardens, bike paths, etc.
- To organize the survey information that was collected, a framework called, *What Works for Health*, created by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute on the County Health Rankings and Roadmaps website was used. What Works for Health provides communities with information to help select and implement evidence-informed policies, programs, and system changes that will improve the variety of factors we know affect health.
- The local survey results were categorized into topics from RWJK what works for Health Policies and Programs.
- The group reviewed the RWJF chart: components that make-up health that illustrates a variety of factors that we know affects health such as our health behaviors, clinical care, social and economic factors and our physical environment.
 - For example, 30% of our health is determined by our health behaviors
 - In the Diet category: Only 3 interventions are scientifically supported, which shows that we don't know a lot about what works for diet.
 - 20% of clinical care drives the outcomes of your health
 - 40% of Social and economic factors can determines your health. These may be a secondary focus that this group wants to work on.
- Caren Fairweather of MISN recommended that the group review the Food Dessert Report from CREEO linked here: https://www.newpaltz.edu/crreo/crreo_hunger.pdf
 - She noted that MISN did surveys with medical eligible women
 - The results showed things like some women lack resources for cooking

Physical Activity Break: Gentle Yoga Stretch – lead by Shawn Harrison of Mueita Yoga in Kingston

Group Discussion: What do these survey results mean?

- The following themes came up and brainstorming took place:
- What are the barriers to eating healthy?
 - Food buddy could be helpful
 - Kitchen lacking
- Comm. Actions Farmers Market- Need to use social media more to tell people where to get free/cheap food
- Cooking classes, making foods
- McDonalds has lost lots of money because people are finding convenient, fast options
- Working 2 jobs – life partners have crazy hours. Time, money, storage, cooking.
- Let people know what their options might be, take lessons from tobacco companies, “Big Food”- manufactured to be appealing and addicting.
- Advocate in schools for better/healthier option.
- Shandaken Community Gardens – Established a garden at Phoenicia Elementary School. One challenge that came up is that some School boards have regulations that eliminate the option of serving the garden food.
- Programming should be researched for children that don’t get good nutrition on days that school is out. Check options and location of Diane Reeder’s outreaches which may be run out of the Everett Hodge center.
- Opportunity to promote CACFP funding – Explore who has it and are there others who should access it.
- Topic: Nutrition and Diet: What activities in this area do we need to see more of in Ulster County?
- Why is it that people make poor food choices?
 - -Food buddy
 - -Kitchen Access
- Better dissemination of info about where to buy healthy food <-Possibly use Social media to tell people
- Cooking class, making food
- Info about other markets for fast healthy food
- Making it easy despite time obstacles/ resource, kitchen obstacles
- Info about food advertising and manufacturing (advocacy) for addiction
- School food lunch is not healthy or appetizing (advocacy to schools)
- Incorporate gardening into school lunches (eliminate regular barriers)
- Brought garden/nutrition education to WIC office (better locations for eating education) one-stop shopping remove silos
- Snow day food/meals available for children (delivered)
- Remove bureaucratic obstacles to food pantry availability
- CACFP programming expansion?

CDPC Next Step: A follow-up meeting will take place in two months on a date to be determined.

Chronic Disease Prevention Council (CDPC) Meeting

Communications: We are going to put things out in multiple fashions (i.e. direct email, LinkedIn, Facebook, listserv, Constant Contact, etc.) Some people noted that the Constant contact may be going to the spam box.

Homework: First 45 people who refer a friend or colleague to take the survey will win a yumbox. <http://www.yumboxlunch.com/>

In Attendance:

1. Kate Sheehan-Lopez
2. Kim Butwell
3. Melinda Herzog
4. Michael Malloy
5. Rachel Robinson
6. Rebecca Dean
7. Shayna Russo
8. Stacy Kraft
9. Susan Koppenhaver
10. Tami Herendeen
11. Allison Solian
12. Cameron Williams
13. Caren Fairweather
14. Carol Smith MD
15. Catherine Canzian
16. David Gilmour
17. Debra Lundgren
18. Diane Mueller
19. Diane Moore
20. Ellen Reinhard
21. Hope Nemiroff
22. Jennifer Patterson
23. Jessica Robie
24. Kathleen Nolan
25. Katrina Kouhout
26. Shawn Harrison