



**ULSTER COUNTY
COMMUNITY HEALTH
IMPROVEMENT PLAN
(CHIP)
2014-2017**



Michael P. Hein, County Executive
Carol Smith, MD, MPH, Commissioner of Health and Mental Health

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Participating Organizations

The following organizations participated in the development of Ulster County's Community Health Improvement Plan:

Capital District Physician's Health Plan (CDPHP)
Center for Creative Education (CCE)
Community Heart Health Coalition of Ulster County (CHHCUC)
Cornell Cooperative Extension of Ulster County (CCEUC)
Ellenville Regional Hospital (ERH)
Family of Woodstock (FOW)
Health Alliance of Hudson Valley (HAHV)
Hudson River Health Care (HRHC)
Institute for Family Health (IFH)
Planned Parenthood Mid-Hudson Valley (PPMHV)
Safety Council of the Hudson Valley (SCHV)
State University of New York, New Paltz (SUNY NP)
Tobacco Free Action Coalition of Ulster County (TFAC)
Tri-County Cessation Center (TCCC)
Ulster Board of Cooperative Educational Services (Ulster BOCES)
Ulster County Department of the Environment (UCDOE)
Ulster County Department of Health and Mental Health (UCDOH/MH)
Ulster County Department of Social Services (UCDSS)
Ulster County Office of the Aging (UCOFA)
Ulster Prevention Council (UPC)
United Way of Ulster County (UWUC)

Vision

With the release of New York State Department of Health's (NYSDOH) 2013-17 Prevention Agenda, it is clear that state and community leaders and public health professionals recognize that the upwardly spiraling chronic disease trend in New York and the nation, coupled with the enormous additional healthcare costs associated with treating those diseases, is no longer sustainable.

Here in Ulster County, the elected and community leaders have fully embraced an integrated prevention strategy. In 2009, Ulster County shifted to a Charter form of government and elected its first County Executive. One of the very first initiatives announced by the new County Executive was an ambitious goal to make Ulster the healthiest county in New York State. The staff of the Ulster County Department of Health, who were charged with coordinating efforts toward reaching the County Executive's goal, immediately recognized that attaining success would require a complete engagement and mobilization of all sectors of the community and of all of the preventative health resources in the community.

Fortunately, Ulster County has already established strong and effective community coalitions and evidence based practices organized and operating around the key focus areas outlined in NYSDOH's Prevention Agenda 2013-17. The most notable exist in the areas of chronic disease prevention and mental health promotion and substance abuse prevention. Building on its existing strengths, and with the benefit of strong and committed leadership, Ulster County is well positioned to create and implement this Community Health Improvement Plan (CHIP) that will deliver measurable results for all of the residents of Ulster County, regardless of their current health or socioeconomic status.

In 2009, Ulster County Executive Michael P. Hein issued a challenge to all Ulster County residents business, non-profit, faith-based sectors and others, to help make Ulster the healthiest county in New York State. To meet this challenge, the County Executive streamlined and reorganized the Ulster County Department of Health (UCDOH) in order to effectuate a major shift toward preventative health. This process required a greatly enhanced community outreach and engagement effort and in 2010 a community-wide health summit was held, which led to the identification of 12 priority health indicators, the creation of a priority health indicator "Report Card," and the formation of four Partners in Public Health Councils (PiPH): Healthy Youth, Healthy Women, Healthy Seniors and Healthy Places. Since that time, the Councils have been working to address and improve their chosen health indicators. The Councils are now prepared to integrate that work into the new Community Health Improvement Plan (CHIP). At the same time, the UCDOH took several steps to improve community outreach and education with the creation of the Healthy Ulster County Network and website, and an enhanced new and traditional media outreach effort designed to enlist community support for the new prevention agenda. This outreach effort also provides residents with practical information and easy-to-implement action steps to prevent disease and improve the health and well-being of their families and neighborhoods.

Process

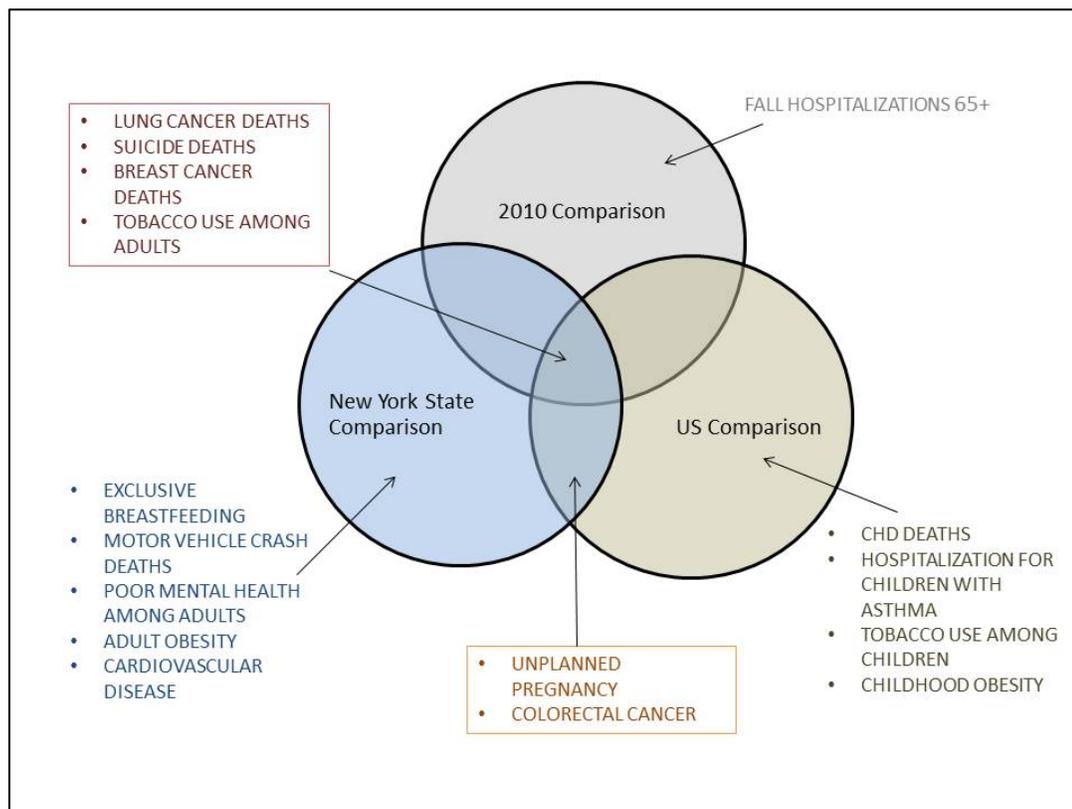
In 2013, the Ulster County Department of Health and Mental Health (UCDOH/MH) implemented a collaborative process which included the State University of New York in New Paltz' Center for Research, Regional Engagement and Outreach (CRREO), Ulster County hospitals, health care providers, and service providers to measure the current health status of this county. This process resulted in the creation of a Community Health Assessment (CHA) for Ulster County. The CHA provides a perspective of Ulster County's current health environment contextualizing the current condition with the health environment of the county in 2010, the current health of New York State overall, and of the United States.

This snapshot utilized existing quantitative measures drawn from numerous sources including vital statistics, hospitalization data, behavioral risk surveys and locally generated research. In addition, the Ulster County CHA contains qualitative data from focus groups that drew from the expertise of a diverse collection of stakeholders. The health data generated through this process serves to assist Ulster County in the development of this Community Health Improvement Plan (CHIP) which identifies specific initiatives for the county over the next few years. Localized data specific to these initiatives will be collected routinely to better guide the county on improving select health outcomes.



The Ulster County CHA explored thirty-nine health indicators. Using the most recent data available at the time for Ulster County, each indicator was assessed in regards to improvements or lack of improvements within the County in the last four years, as well as comparisons to New York State and United States averages. This process identified 16 “red flag” indicators for which the County could consider as potential indicators to watch over the next four years (Figure 1).

Figure 1. Diagram of Red Flag* Indicators



* Red Flag denotes worsening condition compared with Ulster County 2010 data, current New York Averages and/or current United States averages.

These indicators were presented to a group of diverse stakeholders (listed under Participating Organizations) who were guided in an interactive focus group where participants scored each indicator using the Hanlon Method¹ recommended by the National Association of County and City Health Officials (NACCHO). This method considers three elements: 1) Size: addressing the total proportion of population impacted; 2) Seriousness: addressing how urgent the problem and its impact on the community; and 3) the effectiveness of known interventions. Each indicator is scored from 0-10 for each element. The elements are separately weighed using the following mathematical formula:

$$[\text{Size} + (2)(\text{Seriousness})] \times \text{Effectiveness} = \text{Priority Area}$$

1. National Association of County and City Health Officials. 1996. Assessment Protocol for Excellence in Public Health: Appendix E.

Priority Areas

This collective process, which incorporated both qualitative and quantitative approaches, resulted in a ranking of “red flag” indicators as shown below on Table 1. This allowed the group to identify the key areas of focus for the next four years based on indicators which ranked highest. As a result of this process, the prevention agenda areas of **Chronic Disease**, and **Mental Health/Substance Abuse** were identified as priority areas. Specifically, *childhood and adult tobacco use, childhood obesity, and suicide attempts and deaths* were identified.

Table 1. Ranking of “Red Flag” Indicators based on Hanlon Method

Health Indicator	Size Rating	Seriousness Rating	Effectiveness Rating	TOTAL SCORE
Tobacco Use Among Children	8	9	9	234
Childhood Obesity	8	9	9	234
Tobacco Use Among Adults	8	9	8	200
Suicide	2	9	9	180
Cardiovascular Disease	6	8	8	176
Adult Obesity	8	9	7	175
Poor Mental Health (Adults)	7	8	7	150
Exclusive Breastfeeding	9	6	7	147
Asthma Hospitalizations (Child)	2	8	8	144
Unplanned Pregnancy	2	8	8	144
Coronary Heart Disease Deaths	3	7	8	136
Breast Cancer Deaths	1	7	8	120
Motor Vehicle Crash Deaths	1	8	7	119
Fall Hospitalizations 65+	5	7	6	114
Lung Cancer Deaths	2	7	7	112
Colorectal Cancer	2	5	9	108

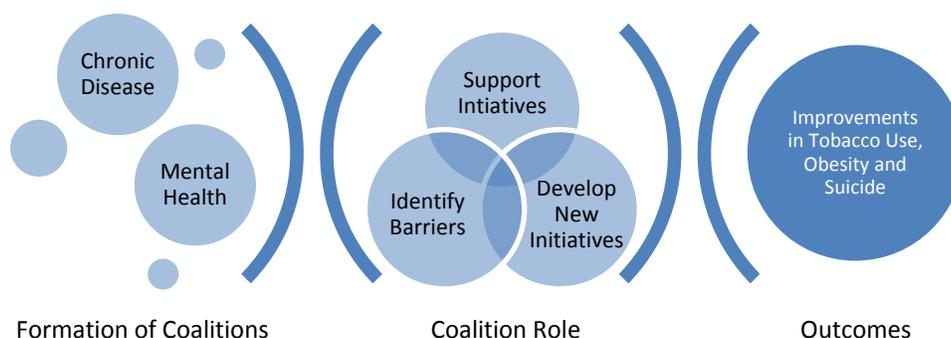
The next stage in developing this CHIP was to create an action plan that sought to meet the goals of improved **Chronic Disease**, and **Mental Health/Substance Abuse**, by focusing on moving the dial in the right direction for the specific objectives related to tobacco use, obesity and suicide.

Participating stakeholders were asked to consider for each goal and objective the following:

- Which of the goals, objectives and recommended interventions align with your organization's/sector's mission, goals, resources and capacity?
- Which of the goals, objectives, and interventions is your organization/sector already engaged in that might be enhanced by this process?
- Are there chronic disease prevention goals and/or interventions that you are engaged in that are not listed or recommended in the NYS guidance documents?
- Where are the synergies, in terms of which community partners would be best suited to work together, over time in a smaller group setting, to pursue a specific set of objectives and interventions?

This process resulted in the development of a number of planned initiatives that organizations committed to implementing to respond to improving outcomes within our two priority areas. In addition, this process identified that a key direction for Ulster County, to move toward meeting its CHIP goals, is through the development and support of a coalition for each goal that will serve to pull together key stakeholders who will collaborate to: *1) support local initiatives within the goal; 2) assist in identifying and responding to barriers to implementation; and 3) identify and track new initiatives* (Figure 2). These three areas form the structure of our implementation plan.

Figure 2. Chronic Disease and Mental Health Coalitions



RECOMMENDED INTERVENTIONS: CHRONIC DISEASE PREVENTION

Adult Tobacco Use	Youth Tobacco Use	Youth Obesity
<ul style="list-style-type: none"> • Increasing the unit price of tobacco products. • Mass-reach health communication interventions, such as television and radio broadcasts, print media (e.g., newspaper), out-of-home placements (e.g., billboards, movie theaters), and digital media. • Mobile phone-based cessation interventions. • Quitline interventions. • Reducing out-of-pocket costs for evidence-based cessation treatments. • Smoke-free policies that prohibit smoking in indoor spaces and designated public areas. <p>Source: www.thecommunityguide.org</p>	<ul style="list-style-type: none"> • Educational programs for youth, families, school personnel, healthcare providers, law enforcement officials and community leaders. • Media campaigns and counter-marketing. • School and afterschool program activities. • Local community coalitions. • Enforcement of tobacco control policies. • Youth-focused cessation programs. <p>Source: www.cdc.gov/HealthyYouth</p>	<ul style="list-style-type: none"> • School-based nutrition and physical activity interventions. • Work with schools and preschools to implement TV and media reduction curricula. • Develop, implement, and enforce school policies to create schools that are advertising-free for high calorie, low nutrient foods. • Increase the proportion of health care providers who screen for childhood overweight and obesity and who discuss the health risks associated with overweight and obesity with families in sensitive, culturally-appropriate language. <p>Source: www.health.ny.gov/prevention/obesity</p>

RECOMMENDED INTERVENTIONS: MENTAL HEALTH PROMOTION

Suicide Prevention
<ul style="list-style-type: none"> * School-based curriculum programs designed to increase coping skills and decrease hopelessness * School-based screening programs * Increase access to psychological interventions and counseling * Suicide prevention training for mental healthcare providers, psychologists, counselors, and social workers * Programs to increase the safe storage of firearms and medications * Community education * Extensive outreach provided through health clinics, social services programs, schools, and community gatherings and events <p>Source: www.sprc.org</p>

Implementation

Chronic Disease Prevention: Tobacco Use and Obesity

PRIORITY AREA: CHRONIC DISEASE PREVENTION
GOAL: Ulster County will implement interventions and policies that improve chronic disease outcomes among its residents through a focus on tobacco use among children and adults as well as obesity among children.

1. CHRONIC DISEASE PREVENTION OBJECTIVES		
SHORT TERM	Source	Frequency
1.1.a. Quarterly coalition meetings of stakeholders	Attendance Sheets	Quarterly
1.1.b. Identification of barriers to intervention/policy change implementation	Coalition Minutes, Focus Groups	Quarterly
1.1.c. Implementation of a minimum of 2 interventions/policy changes annually	Coalition Minutes, Focus Groups	Annually
LONG TERM (achieve a 5% reduction over 4 years)		
1.2.a By 2017, decrease the percentage of adults who report current smoking cigarettes 22.7% to 21.6%	BRFSS * Expanded Report: July 2008-June 2009	Annually
1.3.a By 2017, decrease the percentage of youth who report ever smoked cigarettes from 20.3% to 19.3%	BRFSS * Expanded Report: July 2008-June 2009, UPC local survey 2010	Annually
1.4.a By December 2017, decrease the percentage of school-age children who are obese from an average of 20.5% to 19.5%	Local BMI ** survey 2011	Single Measure

*Behavioral Risk Factor Surveillance System ** Body Mass Index

OBJECTIVE 1.1: Chronic Disease Prevention Coalition				
Activity	Midterm Date	Completion Date	Lead Organization	Evaluation Measures
1.1.a Engagement of a diverse group of stakeholders including health care, community based organizations, schools government, and media in quarterly meetings.	6/2014; 6/2015; 6/2016; 6/2017	12/2014; 12/2015; 12/2016; 12/2017	UCDOH/MH	Invitation list, attendance sheets from first and second quarterly meetings
1.1.b Identification of barriers to current interventions or policy related to tobacco use and obesity	6/2014; 6/2015; 6/2016; 6/2017	12/2014; 12/2015; 12/2016; 12/2017	UCDOH/MH	Meeting minutes, focus groups with stakeholders.

Tobacco Use among Adults and Youth

Lead Partners: HealthAlliance of Hudson Valley's (HAHV)/Tobacco Free Action Coalition of Ulster County (TFAC)

The coalition goals are to inform community leaders and the public about the dangers and social costs of tobacco and change the historic acceptability of tobacco; engage local stakeholders to address tobacco industry advertising; and encourage the adoption of effective tobacco-free policies for indoor and outdoor environments in order to eliminate exposure to secondhand smoke and the negative influence tobacco use has on children.

Lead Partner: Tri County Cessation Center (TCCC): Tri-County Cessation Center (TCCC) covers Ulster, Dutchess, and Sullivan Counties and it is grant funded by the New York State Department of Health Tobacco Control Program. The center works with healthcare organizations to promote the adoption of evidence-based written tobacco treatment policies.

Policy Change: Local Tobacco Retail Licensing

According to the Surgeon General's report *Preventing Tobacco Use Among Youth and Young Adults*, communities that allow the sale of cigarettes and other tobacco products near schools have higher rates of youth tobacco use than do communities that have tobacco-free zones around schools. Ulster County Department of Health and Mental Health (UCDOH/MH) will partner with TFAC to reduce youth exposure to tobacco products and tobacco around the schools that they attend. UCDOH/MH and TFAC will inform and educate Board of Health and Community Service Board members, local elected officials, community leaders, educators, parents and the public at large on the need to adopt a local law that requires that retailers within Ulster County to obtain a county license, in addition to a NYS license, to sell tobacco products. The proposed local law would prohibit any new licenses from being granted within a designated distance of a public or private school and increase the minimum age to purchase tobacco products from 18 to 21 throughout Ulster County. Retailers who hold existing licenses would be grandfathered in; however, licenses would be retired upon closure or sale of the business.

Policy Change: Enhanced ATUPA Enforcement, Awareness and Education

Ulster County Department of Health and Mental Health is responsible for local enforcement of the New York State Adolescent Tobacco Use Prevention Act (ATUPA). Along with regular enforcement activities, UCDOH/MH and TFAC will conduct an annual ATUPA Awareness advertising campaign to communicate and remind retailers, parents and the general public of the following: 1) the sale of tobacco products to persons under 18 years of age is illegal; 2) retail clerks are required to check the identification of all persons wishing to purchase tobacco products to verify that they meet the minimum age requirements; 3) all tobacco products must be kept behind the counter in locked containers; and 4) parents and other adults have an important role to play by making sure that adolescents do not have access to identification and/or tobacco products that are not their own.

Community Education: Awareness Campaigns on the Negative Effects of Tobacco Marketing to Youth

The tobacco industry spends billions of dollars on tobacco marketing in stores, and according to the US Surgeon General, tobacco marketing in stores is a leading cause of youth smoking. Even brief exposure to tobacco advertising and product displays influences kids' intentions to smoke. UCDOH/MH in partnership with TFAC will work to engage media, schools, community organizations and youth in promotion of the "We've Seen Enough Tobacco Marketing!" campaign, a statewide initiative to mobilize youth across the state to protest tobacco marketing and raise awareness of its impact on teen smoking.

OBJECTIVE 1.2: Reduce Adult Smoking				
Activity	Midterm Date	Completion Date	Lead Organization	Evaluation Measures
1.2.a Intervention: Provide point-of-sale (POS) educational campaign materials to influential community members that have an impact on disparate populations.	6/2015	12/2017	TFAC	TFAC report that at least 4 influential community members support POS initiative.
1.2.b Policy: Testify at public hearings about the benefit of tobacco-free outdoor policies.	6/2015	12/2017	TFAC	TFAC report of a minimum of one hearing presentation.
1.2.c Policy: GIS mapping of all existing tobacco retailers located within walking distance at schools located in Ulster County.	6/2015	12/2017	TFAC	Completed map of retailers.
1.2.d Policy: Disseminate TFAC survey, which indicated that over 77% of all county residents support restricting the sale of tobacco products in and around schools.	6/2015	12/2017	TFAC	Dissemination of survey in a minimum of two local media outlets.
1.2.e Intervention: Increase the percent of adult smokers who live in households where smoking is prohibited.	6/2015	12/2017	TFAC	Tenant Survey, Landlord Survey
1.2.f Policy: At least one major employer will adopt a tobacco-free outdoor air policy including work site grounds, parking lots and proximity to building entryways.	6/2015	12/2017	TFAC	Meeting minutes, focus groups with TFAC staff.
1.2.g Intervention: Annual ATUPA Awareness advertising campaign.	6/2015	12/2017	UCDOH/MH, TFAC	Implementation of a minimum of two promotional campaigns.
1.2.h Intervention: Free annual ATUPA Awareness training workshops for tobacco retailers and staff as part of a proposed tobacco retail licensing law in Ulster County.	6/2015	12/2017	UCDOH/MH, TFAC	Completed training by no less than 50% of retailers.

OBJECTIVE 1.3: Reduce Youth Smoking				
Activity	Midterm Date	Completion Date	Lead Organization	Evaluation Measures
1.3.a Intervention: Hand out point-of-sale (POS) educational campaign materials. Make presentations to educate community youth and school groups such as youth organizations, faith-based youth groups about POS.	6/2015	12/2017	TFAC	Educate and activate at least 3 Youth-focused organizations to publicly support POS initiative.
1.3.b Intervention: Utilize earned media at least once per month including: press events, print and broadcast stories, etc. with focus on the prevalence and impact retail tobacco marketing has on youth. Utilize Social Media to promote POS Education.	6/2015	12/2017	TFAC/ UCDOH/MH	Qualitative TFAC report of dissemination efforts.
1.3.c Intervention: Increase the percent of youth who live in households where smoking is prohibited.	6/2015	12/2017	TFAC	Tenant Survey, Landlord Survey
1.3.d Policy: Educate and communicate with elected officials about the impact of retail tobacco product marketing on youth	6/2015	12/2017	TFAC	TFAC report of a minimum of six meetings with elected officials.
1.3.e Policy: Testify at public hearings, as needed, about the impact of retail tobacco product marketing on youth.	6/2015	12/2017	TFAC	TFAC report of a minimum of one hearing presentation.
1.3.f Intervention: Implement local "We've Seen Enough Tobacco Marketing!" campaign partnering with media, schools, and community organizations.	6/2015	12/2017	UCDOH/MH/ TFAC	Completed development and implementation of a minimum of two promotional advertisements.
1.3.g Policy: Work with elected officials to advance a local law requiring county licensing of tobacco retailers, in addition to existing NYS licensing requirements prohibiting any new license being issued to an applicant located within a designated distance of a school and raise the minimum age to purchase tobacco products, from age 18 to age 21.	6/2015	12/2017	UCDOH/MH	Law accepted by County Executive or accepted with revisions.

Youth Obesity

Strengthening policies and standards for nutrition and physical activity in school, early childcare and community, youth oriented settings is a critical component of Ulster County's strategy for reducing childhood obesity. A Body Mass Index (BMI) study conducted in 2011 in 41 out of 43 elementary schools in Ulster County indicated an obesity rate of 18%; a rate that is higher than the national average and one that increased as students progressed from first through seventh grade. In addition to forming and supporting a county-wide Chronic Disease Prevention Council, UCDOH/MH will also closely monitor NYS childhood obesity data, collected from Ulster County schools, to identify trends.

Chronic Disease Prevention Council- The proposed UC Chronic Disease Prevention Council will continue the work begun by UCDOH's Partners in Public Health Councils. Membership in the coalition will be expanded to include a broader and more diverse array of community stakeholders and organizations, many of whom are already doing important work in the area chronic disease prevention. Work will begin by identifying existing practices, programs and organizational capacities and move on to connecting community partners who have an interest in working together to pursue one or more objectives and activities outlined in the NYS Prevention Agenda and specifically, UCDOH/MH's Community Health Improvement Plan.

Food Policy Council- Through the formation of an Ulster County Food Systems Council a group of stakeholders will make policy recommendations and work to address food system challenges. The group will help to identify and propose innovative solutions for improvement to our local food systems, spur local economic development, and create food systems that will be environmentally sustainable and socially just.

Partners and Snapshot of the Current Obesity Prevention Infrastructure:

UCDOH Women, Infants and Children (WIC) Program -

Nutrition Assessments: Are performed by CPA (Certified Professional Authority) twice a year on children to assess certain health indicators.

Community Resources: Information is provided to WIC participants for any community services available that a participant may need.

CPA: Reviews growth charts, eating habits and lifestyle issues with care providers, and using participant centered counseling techniques, work to help care providers develop goals that they are interested in to make healthy lifestyle changes for themselves and their families.

Nutrition Education: Participants are scheduled every 3 months for nutrition education appointments that include participation in facilitated group discussions around nutrition concerns and interests of participants. Goals that participants set are reviewed and assistance reaching goals is offered.

Farmers Market: WIC participants are able to participate in NYS Farmers Market. Families receive \$24 a season in Farmers Market vouchers.

Breastfeeding: Is considered the preferred way to feed your baby with a major benefit being the prevention of childhood obesity. To that end our local agency has breast feeding support services.

Cornell Cooperative Extension of Ulster County (CCEUC) has a mission to improve the lives of New Yorkers through educational partnerships that put scholarship and local knowledge to work. The following are a few highlighted programs.

Eat Smart New York (ESNY) and the Expanded Food and Nutrition Education Program (EFNEP) teaches participants – in a series of six to eight lessons – how to stretch their food dollars while eating healthy and tasty meals. Food safety, portion control and reducing salt and sugar intake are also covered as well as meal planning and budgeting. Participants “graduate” the program after six or more lessons, which are taught at area community centers or at the participant’s home. Graduates receive a certificate of completion. The program is research-based and participants experience behavior changes in regard to healthy eating and healthy living. Many participants also lose weight on the program, which reduces health care costs. Since the program has a research component, participant confidentiality is strictly protected.

Ulster County’s Creating Health Places to Live, Work and Play (CHP) INITIATIVE

CHP works toward creating policy, systems and environmental changes in Ulster County to increase access to healthy foods and opportunities for physical activity. Target communities include Ellenville, Kingston, Phoenicia and Saugerties, three of which have significant low socio-economic status populations. Major goals include:

- Improving parks, working to create policy change to create alternative transportation opportunities, encouraging individuals and families to walk, hike and enjoy the outdoors
- Initiating community gardens
- Encouraging and educating youth and their families, through daycare and after-school programs, about the importance of tasty, nutritious snacks
- Applauding those individuals and families in our communities who make the effort, through small changes, to enhance their own health and the well-being of their communities.

Live Well Kingston

Live Well Kingston is a coalition of organizations, businesses, and individuals who are working together to improve the environment, culture, and opportunities in Kingston, NY for residents to lead healthier lives. Building upon past partnerships aiming to reverse childhood obesity, prevent chronic disease, and provide healthy opportunities for families and children, the coalition expands our influence and strengthens the alignment in programming of organizations to improve health indicators. This coalition’s efforts include:

- Serving as a resource for education and a catalyst for decisions that foster healthy attitudes
- Acting as a catalyst for programming, policy, systems and environmental change
- Improving access to healthy, affordable, local food for children and families
- Improving access to parks for active play through environmental changes and programming
- Improving access to a safe and enjoyable walking and bicycling environment
- Creating synergies among organizations to provide healthy eating and physical activity programming for families and children using Kingston’s assets
- Creating alignment among the efforts of several organizations and groups

The Community Heart Health Coalition of Ulster County formed to promote heart disease prevention through physical activity and nutrition initiatives via policy, behavioral and environmental changes for a healthier Ulster County. Members include: HealthAlliance of the Hudson Valley, Cornell Cooperative Extension of Ulster County, Ulster County Department of Health and Mental Health, The Rose Women’s Care Service Community Resource Center, Maternal Infant Services Network, and Family of Woodstock’s Child Care Council.

Rail Trail System Improvement

A safe and accessible rail trail system plays an important role in the overall health of a community. Ulster County has made tremendous strides in improving its rail trail system with linkages to the Walkway on the Hudson and trails that are routed through all major geographic areas of the County. The next phase of this ongoing improvement process, which is being led by the County Executive, involves connecting and upgrading all of the gaps in the system, as well as creating a new trail on county owned property between Kingston and New York City’s Ashokan Reservoir. When completed, Ulster County’s rail trail system will offer all residents and visitors unprecedented access to a world class, pedestrian and bike friendly rail trail system. The County Executive also plans major promotion of this system through multiple paid and earned media channels.

Healthy Schools NY is coordinated by the Ulster County BOCES. The goals include the following:

- Increase opportunities for physical activity (PA), before, during, and after the school day, for all students in grades K-12.
- Establish school environments that support and promote healthful eating for all students in grades K-12.
- Establish the sustainability of Healthy Schools NY physical education, physical activity, and nutrition components.

UCDOH/MH will engage the Ulster County Executive’s Office to have Ulster County become a *Let’s Move County*. This will include a press launch event, completion of the Let’s Move survey and the promotion of sustainable strategies that will improve the health of all Ulster County residents:

- **Start Early, Start Smart** – encouraging and incorporate best practices for nutrition, physical activity and reduced screen time in early childcare settings
- **My Plate, Your Place** – prominently display MyPlate in all county and county funded venues where food is served
- **Smart Servings for Students** – providing healthy food in schools, local elected officials commit to increasing participation in the School Breakfast program and the National School Lunch Program
- **Model Food Service** – improving access to healthy, affordable foods, local elected officials commit to implementing healthy and sustainable food service guidelines aligned with the Dietary Guidelines for American in all municipal and county venues that serve foods
- **Active Kids at Play** –increasing physical activity, local elected officials commit to mapping local play spaces, completing a needs assessment, developing an action plan and launching a minimum of three proven policies, programs or initiatives aimed at increasing access to play

OBJECTIVE 1.4: Reduce Youth Obesity				
Activity	Midterm Date	Completion Date	Lead Organization	Evaluation Measures
1.4.a Study: Conduct a local BMI study and compare findings with 2011 study	6/2015	12/2017	UCDOH/MH; CRREO	Completion of report with no less than 90% district participation.
1.4.b Intervention: implement NAP SACC program (increasing healthy eating, reducing media time and increasing physical activity for children 2-5 years) in child care centers	6/2014	12/2014	CHHCUC	Program implemented in at least 4 new centers.
1.4.c Policy: Foster the adoption and implementation of Ulster County's Healthy Snack Food Guidelines.	6/2014	12/2014	UCDOH/MH	Guidelines implemented in at least 4 after-school programs.
1.4.d Intervention: Partnering with the Ulster County Chamber of Commerce and the Safety Council of the Hudson Valley to engage via the Chronic Disease Council and educate their constituents in mitigating obesity.	6/2014	12/2014	UCDOH/MH	UCDOH/MH report of a minimum of two meetings with one or both groups.
1.4.e Intervention: Work with local chefs and dieticians to create a Healthy School Lunch Guide (printed and online versions) for parents to refer to when putting together school lunches	12/2015	12/2016	UCDOH/MH	Completed guide disseminated to at least 80% of the local school districts.
1.4.f Intervention: Partnering with media departments at Ellenville and Kingston High Schools and the Children's Media Project to continue to produce radio, cable TV, social media campaigns, and other media promotions, based on the themes of childhood obesity and chronic disease prevention and awareness.	1/ 2015	1/2017	UCDOH/MH	Completion of at least one media campaign annually.
1.4.g Policy: Encourage local elected officials to display MyPlate in all municipal/county venues where food is consumed.	1/ 2015	1/2017	UCDOH/MH	MyPlate displays implemented at 100% of county buildings.

Activity	Midterm Date	Completion Date	Lead Organization	Evaluation Measures
1.4.h Activity: Increase utilization of Farmers Market vouchers by WIC participants.	6/2015	12/2017	UCDOH/MH	Monitor redemption of vouchers and increase utilization by 25%.
1.4.i Activity: Work with Kingston High School to promote healthier eating/physical activity for children and their families through the new Parent Resource Center, for the new 9 th Grade Scholar Academy.	6/2015	12/2017	UCDOH/MH	Monitor attendance and increase utilization by 20%.
1.4.j Policy: Implement healthy meeting guidelines that are aligned with the Dietary Guidelines for Americans in all municipal and county venues that serve foods.	1/ 2015	1/2017	UCDOH/MH	Commitment by 100% of county funded organizations and vendors
1.4.k Intervention: Update REConnect online mapping application for comprehensive mapping of all public parks, playgrounds and trails in the county	1/ 2015	1/2017	Ulster County Department of Environment	Mapping completed and updated to reflect all improvements
1.4.l Intervention: Improve Rail Trail system	1/ 2015	1/2017	Ulster County Executive's Office	An at least 80%, interconnected rail trail system that is readily accessible to all residents and visitors, including special needs populations.
1.4.m Intervention: Increase opportunities for physical activity (PA), before, during, and after the school day, for all students in grades K-12.	1/2014	4/2014	Ulster BOCES	Increase by at least 2 the number of school districts that conduct a baseline WellSAT of the Local School Wellness Policies and make improvements to the PE content.

Activity	Midterm Date	Completion Date	Lead Organization	Evaluation Measures
1.4.n Intervention: Increase the number of school districts that have initiated the process of assessing and developing or revising a minimum of 1 PA policy as either a separate school board approved policy or integrated into the school district's Local School Wellness Policies.	1/2014	4/2014	Ulster BOCES	Increase by at least 2 the number of school districts that have initiated the process
1.4.o Intervention: Increase the number of school districts that have initiated the process of assessing and developing or revising a minimum of 2 of the 4 required nutrition policy elements, as either a separate school board approved policy or integrated into the school district's local School Wellness Policies.	1/2014	4/2014	Ulster BOCES	Increase by at least 2 the number of school districts that have initiated the process
1.4.p Intervention: Help increase enrollment via referrals to the free Eat Smart New York (ESNY) and the Expanded Food and Nutrition Education Program (EFNEP), for low income individuals.	6/2015	12/2017	Cornell Cooperative Extension of Ulster County	Program enrollment increase by 25% for those qualified

Mental Health: Suicide Prevention

PRIORITY AREA: MENTAL HEALTH PROMOTION

GOAL: Ulster County will implement interventions and policies that improve mental health outcomes among its residents through a focus on suicide prevention.

2. SUICIDE PREVENTION OBJECTIVES

SHORT TERM	Source	Frequency
2.1.a. Quarterly coalition meetings of stakeholders	Attendance Sheets	Quarterly
2.1.b. Identification of barriers to intervention/policy change implementation	Coalition Minutes, Focus Groups	Quarterly
2.1.c. Implementation of a minimum of 2 interventions/policy changes annually	Coalition Minutes, Focus Groups	Annually
LONG TERM		
2.2. By 2017, decrease the percentage of individuals with completed suicide attempts from 11.0/100,000 to 9.9/100,000	Vital Statistics	Annually

Current Partnerships

In 2009, in response to the need to help prevent and address the public health issue of suicide in Ulster County, the Ulster County Department of Mental Health, which is now combined with the Ulster County Department of Health, formed the Ulster County Suicide Prevention Education and Awareness Committee (SPEAK). SPEAK's mission is to build competency at the community level for the prevention of death by suicide and to that end it has worked diligently to enhance suicide prevention training, public education and post-suicide interventions.

Community organizations and agencies represented on SPEAK include the Ulster County Department of Health and Mental Health, Mental Health Association of Ulster County, Parsons Child and Family Center, People Inc., Ulster County Prevention Council, Family of Woodstock and interested community members. SPEAK is in the process of recruiting new members from the Ulster County Department of Social Services and the Institute for Family Health, which is one of the area's largest community health centers serving low socioeconomic status populations.

Ulster Prevention Council's mission is to empower grassroots community groups to reduce substance abuse among youth and families in Ulster County, by providing support services to ensure that their strategies address local needs, preferences and employ programs that have been proven to work.

OBJECTIVE 2.1: Suicide Prevention Coalition				
Activity	Midterm Date	Completion Date	Lead Organization	Evaluation Measures
2.1.a Engagement of a diverse group of stakeholders including health care, community based organizations, schools government, and media in quarterly meetings	6/2014	12/2014	UCDOH/MH	Invitation list, attendance sheets from first and second quarterly meeting
	6/2015	12/2015		
	6/2016	12/2016		
	6/2017	12/2017		
2.1.b Identification of barriers to current interventions or policy related to suicide prevention	6/2014	12/2014	UCDOH/MH	Meeting minutes, focus groups with stakeholders
	6/2015	12/2015		
	6/2016	12/2016		
	6/2017	12/2017		
2.1.c Implementation of two new interventions and/ or policy changes annually.	6/2014	12/2014	UCDOH/MH	Meeting minutes, focus groups with stakeholders
	6/2015	12/2015		
	6/2016	12/2016		
	6/2017	12/2017		

OBJECTIVE 2.2: Reduce Suicide				
Activity	Midterm Date	Completion Date	Lead Organization	Evaluation Measures
2.2.a Intervention: Complete smart phone application (app), targeted to the three highest at-risk populations; teens, veterans and older adults and designed to facilitate peer-to-peer intervention by providing users with easy to access early warning signs and prevention information, from nationally recognized sources, along with instant access to appropriate local and national suicide prevention and crisis hotline.	3/2014	6/2014	UCDOH/MH	App is live and track number of downloads
2.2.b Intervention: Facilitate app distribution throughout the Ulster County community via distribution through schools and colleges, youth organizations, veteran's organizations, public service announcements, a major release event by the County Executive's office, list serves, and inclusion on internal and external community web and social media sites.	6/2014	12/2014	UCDOH/MH	UCDOH/MH report of dissemination to 100% schools, 100% local colleges, at least one veterans organization and at least one social media site
2.2.c Intervention: Develop a public education campaign and ongoing online and earned media campaigns on means restriction centered on the safe and secure storage of firearms, safe disposal of unwanted prescription medications.	12/2014	12/2015	UCDOH/MH	Completion of at least 1 annual means restriction campaign, per year, throughout the 2014-17 timeframe, along with ongoing online and earned media campaigns throughout the entire period

Activity	Midterm Date	Completion Date	Lead Organization	Evaluation Measures
2.2.d Intervention: Place drop boxes for unused prescription medications in communities throughout Ulster County. These boxes will reduce the availability of prescription drugs and the possibility of suicide by prescription drug overdose.	6/2015	12/2017	UCDOH/MH	Make prescription medication drop boxes available to at least 6 additional communities in Ulster County, with a goal of having 100% of the residents of Ulster County having access to a convenient method of disposing of unused medications
2.2.e Intervention: Educate gun shop owners and gun and outdoor sports clubs on the connection between suicide and access to lethal mean, with an emphasis on the safe and secure storage of guns, including the use of gun trigger locks.	6/2015	12/2017	UCDOH/MH	Conduct at least 1 campaign, annually, to educate the public on the connection between suicide and access to lethal means, to include distribution of educational materials to gun retailers and sports clubs and to highlight the availability of free gun trigger safety locks from the Ulster County Sheriff's Department

Sustainability Plan

Reflecting the HP2020 prevention strategy, centering on establishing an evidence base for community health and education policy interventions to determine their impact and effectiveness, Ulster County seeks to maintain sustainability by forging and supporting community based coalitions focused on the two priority areas; chronic disease prevention and suicide prevention. It is the expectation that these coalitions, which will be inclusive of representatives from government, education, community-based organizations, health care, media, and public will ensure: 1) policy and intervention will be suited to the unique environment of the county; 2) policies and intervention will be afforded county-wide attention and support; and 3) policies and interventions will be empirically tracked, barriers identified in real time and outcomes clearly measured. The coalitions, which will meet at least quarterly, each year will be supported by UCDOH/MH to ensure that objectives are clear and are met. Furthermore this partnership will assist agencies in identifying and obtaining fiscal support for initiatives through grants.

As an ancillary part of these coalitions, UCDOH/MH plans to develop a systematic process for tracking health outcomes in real time. This process will not only serve to identify incremental changes over time but will also allow for more sophisticated analysis of the current health environment as well as the layering impact of numerous health and social indicators in an effort to improve prevention responses. Alignment of County Objectives with National Priorities.

ALIGNMENT WITH NATIONAL PRIORITIES

Objective	Ulster County	Healthy People 2020	National Prevention Strategy
1.1	Develop and support a chronic disease prevention community coalition	Increase the quality, availability, and effectiveness of educational and community-based programs to prevent disease and injury, improve health, and enhance quality of life.	Need for establishing an evidence base for community health and education policy interventions to determine their impact and effectiveness.
1.2 1.3	Reduce adult cigarette consumption Reduce youth cigarette consumption	Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure.	Policies to reduce tobacco use and initiation among youth and adults; adopting policies and strategies to increase use of smoking cessation services and treatments; establishing policies to reduce exposure to secondhand smoke; increase the cost of tobacco, restrict tobacco advertising, and reduce sales to minors.
1.3	Reduce youth BMI	Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.	Need to identify the most effective policy and environmental interventions. A better understanding of how to prevent unhealthy weight gain is also needed.
2.1	Develop and support a suicide prevention community coalition.	Increase the quality, availability, and effectiveness of educational and community-based programs to prevent disease and injury, improve health, and enhance quality of life.	Need for establishing an evidence base for community health and education policy interventions to determine their impact and effectiveness.
2.2	Reduce suicide	Improve mental health through prevention and by ensuring access to appropriate, quality mental health services.	Identifying special populations, such as: veterans who have experienced physical and mental trauma; people in communities with large-scale psychological trauma caused by natural disasters; older adults.