

Counties for Kids

Resources

The National Collaborative for Infants & Toddlers

THE ABCs OF PRENATAL-TO-THREE FOR COUNTY OFFICIALS

The daily decisions that counties make not only shape community conditions but often set a trajectory for success for their youngest residents. When infants are born healthy into safe and nurturing environments with parents who are well-supported, a whole community can benefit from improved social, economic and health outcomes. County officials play a key role in helping young children to grow, learn and thrive – and to prioritize and promote the programs and policies necessary to support healthy development. If your county is just starting out or looking to expand upon existing efforts, this resource, “The ABCs of Prenatal-to-Three,” offers policymakers a range of ideas for prioritizing investments that set young children on a path to success. While there is no set process for advancing a prenatal-to-three agenda, the National Association of Counties Research Foundation (NACoRF) has learned from counties across the nation about some of the ways that no matter where you are in your journey, NACoRF can support you by providing relevant information and connecting you to best practices and local leaders who have made meaningful strides.


QUESTIONS FOR COUNTY LEADERS TO CONSIDER

- **Is there strong leadership for infants and toddlers in your county?** One way county boards can demonstrate bipartisan community support for their youngest residents is through a public statement of support.
- **Does your county have an active early childhood stakeholder group?** Connecting to or convening a diverse stakeholder team can build broad-based community support and cultivate champions for young children. Counties may establish a new or identify an existing group that is committed to shared vision and developing a strategic plan of action for children from prenatal to age three. To further support their cross-sector stakeholder group, counties may explore opportunities for establishing a dedicated early childhood system coordinator to strategically drive initiatives in the community.
- **Does your county have a vision for improving outcomes for children that includes infants and toddlers?** Oftentimes, planning for school readiness begins at preschool or even earlier. County leaders can work with the early childhood stakeholder group to develop a shared vision and help to support the full continuum of a child's development by facilitating the integration of prenatal-to-three stakeholders and priorities within broader conversations around school readiness.

Prenatal-to-Three County Leader Toolkit



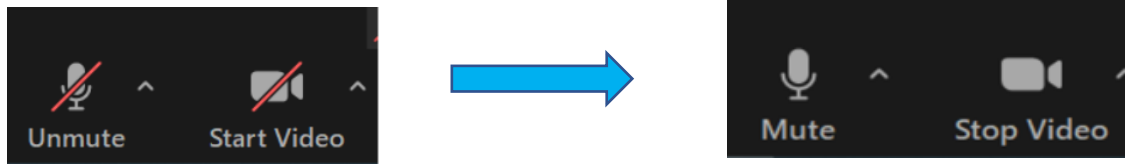
Counties Getting Started: A Prenatal-to-Three Guidebook



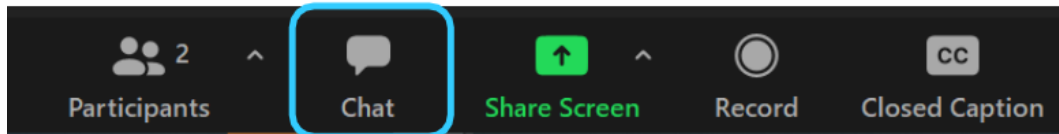
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Instructions

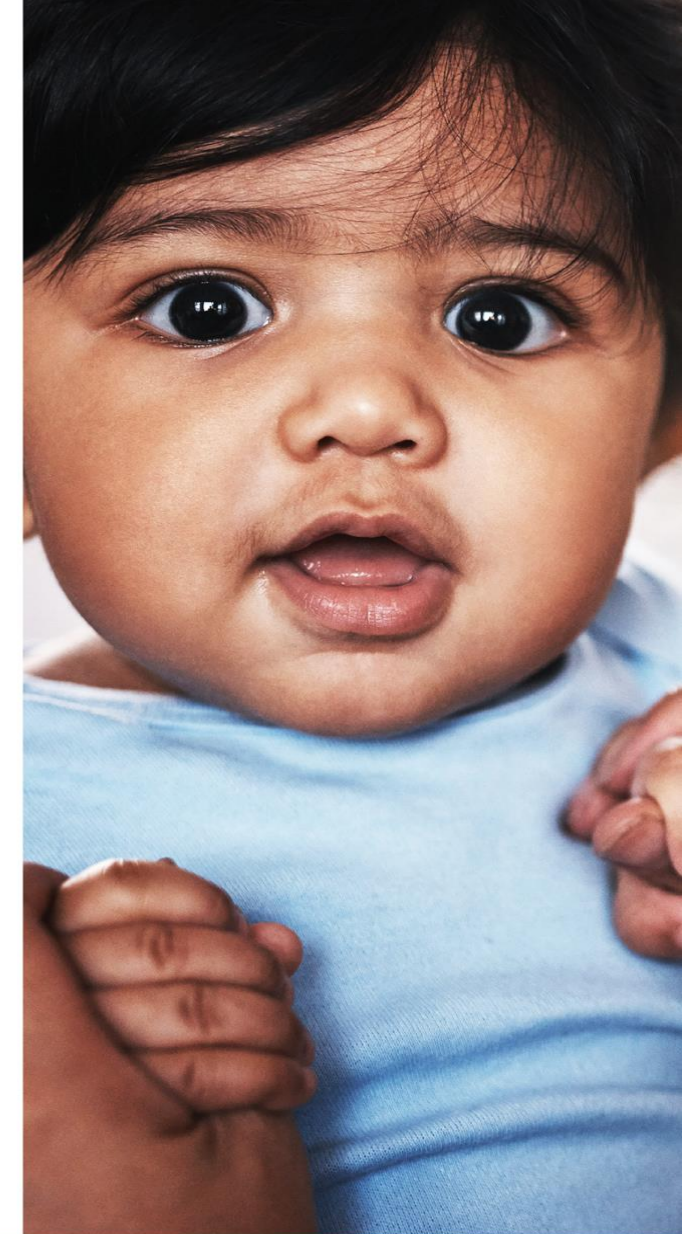
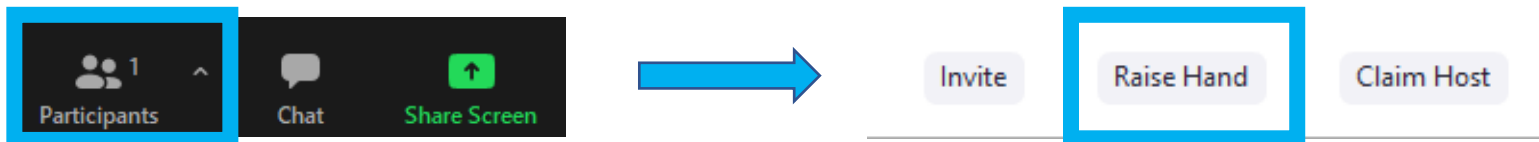
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Agenda

Rural PN-3 Peer Learning Network: Creating Public-Private Partnerships with Local Foundations on Prenatal-to-Three

- Welcome
- County Speaker – Essex County, N.Y.
- Questions & Interactive Discussion
- Conclusion



County Speakers



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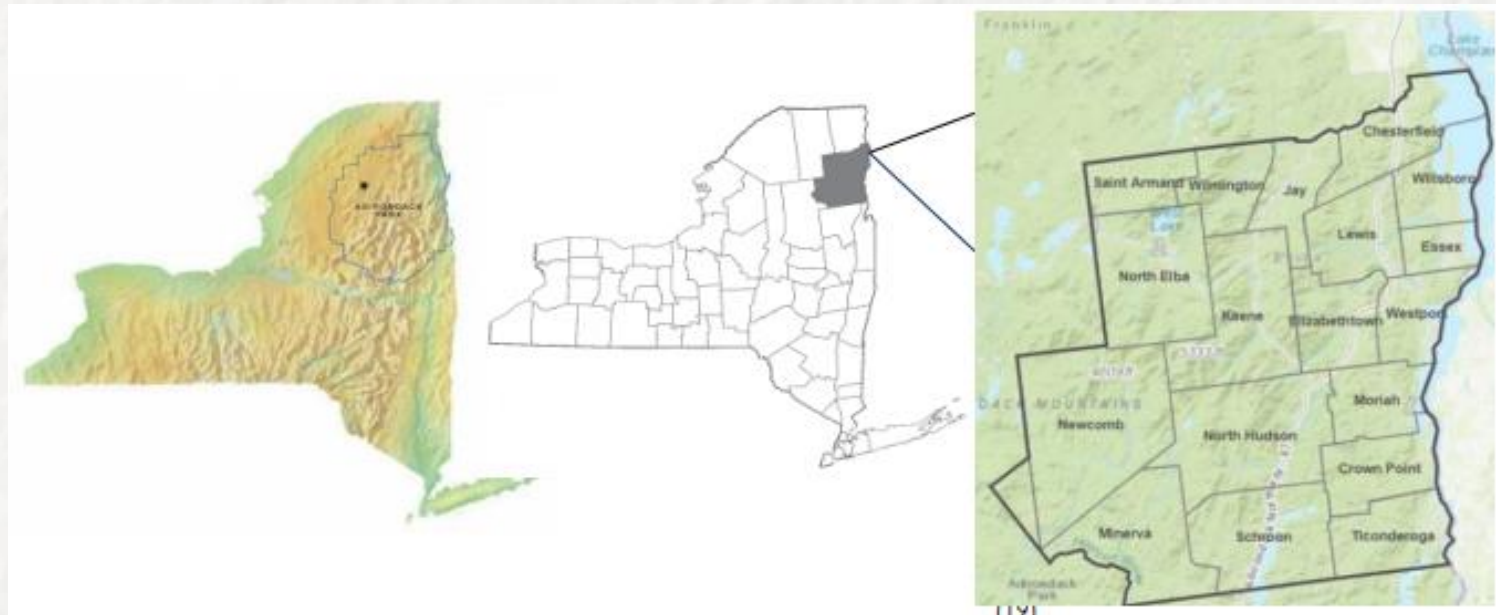
Counties For Kids: Creating Public-Private Partnerships With Local Foundations On Prenatal-3



Essex County Demographics

Essex County is the only county in the state situated entirely within the Adirondack Park – 6.1 million acres of public and privately owned land, corresponding with the border of the Adirondack Mountains. The park use is regulated by the Adirondack Park Agency, “ensuring the preservation of more than 10,000 lakes, 30,000 miles of rivers and streams, and a wide variety of habitats, including wetlands and old-growth forests”.

County Snapshot Geography (4, 19, 63) Essex County is the 2nd largest county in New York State geographically, and the 3rd least densely populated. The county includes 18 Towns and two (2) Villages. Transportation has been named as a major barrier to services.





Essex County Demographics continued

The population has declined about 5% since the last census in 2010, with approximately 37,300 residents calling Essex County home. Of that, 23% are 65 years or older, 27% are disabled, and 10% are veterans.

The median income is about \$55,300, with unemployment averaging 3.2%, and 9% living below the poverty line.

Essex County's analysis of specific health indicators that may contribute to disparate health outcomes of subpopulations in Essex County. Sub-populations examined here are:

Women, Infants and Children

A major barrier continues to be transportation as we are the second largest county in NYS with 21 people per square mile.



Health Indicators



Pregnancies and Births (5)

Indicators related to pregnancies and births are generally trending poorly and are worse than NYS comparison or do not meet the NYS Benchmark.

INDICATORS	Essex County Trend	Essex County Previous	Essex County Current
Unintended Pregnancies of Births %	▲	31.7	33.7
Unintended Pregnancies of Births Medicaid to Non-Medicaid* ratio	▼	1.82	1.10
Births within 24 months of previous birth %	▲	19.5	23.4

Essex County compared to NYS Benchmark	NYS Benchmark
●	23.8
●	1.54
●	17.0

Early prenatal care %	▼	73.3	71.4
Preterm Births %	▼	8.2	7.9
Premature Births Medicaid to Non-Medicaid ratio	▲	1.23	1.28
Births to women 35+ %	▲	14.4	15.6
Newborn Drug-related hospitalizations rate/10K	▲	101.6	106.1

Essex County compared to Upstate NYS	Upstate NYS
●	77.0
●	10.2
●	1.00
●	20.2
●	140.8

Breastfeeding (5)

The percent of women reporting breastfeeding in the delivery hospital has decreased though remains better than the NYS Benchmark.

INDICATORS	Essex County Trend	Essex County Previous	Essex County Current
Breastfed in delivery hospital %	▼	75.0	65.3
Breastfed in delivery Hospital Medicaid to Non-Medicaid** ratio	▲	.86	.87

Essex County compared to NYS Benchmark	NYS Benchmark
●	48.1
●	.66

WIC Indicators (18)

Several WIC indicators – first trimester prenatal enrollment, breastfeeding initiation and exclusively breastfeeding demonstrate a poor trend and fare worse than NYS as a comparison.

INDICATORS	Essex County Trend	Essex County Previous	Essex County Current	Essex County compared to NYS	NYS
Prenatal enrollment in the first trimester %	■	51.2	51.1	●	37.2
High maternal weight gain %	▼	41.4	37.3	●	35.2
Breastfeeding initiation %	▼	79.6	77.3	●	83.4
Exclusively breastfed at 6 months %	▼	17.7	6.3	●	9.6

Children and Adolescents

Household/Family

Household and family indicators demonstrate poor trends and are faring worse than the NYS comparison for reports of child abuse/maltreatment and children in foster care.

INDICATORS	Essex County Trend	Essex County Previous	Essex County Current	Essex County compared to NYS	NYS
Single Parent Households % ⁽⁶³⁾	▼	13.2	7.9	●	8.9
Report of Child Abuse/Maltreatment rate/1K ⁽²⁸⁾	▲	18.6	19.3	●	17.1
Children in Foster Care rate/1K ⁽²⁸⁾	▲	4	5	●	3.0

Healthcare

The percent of children with health insurance is closer to the NYS Benchmark than ever before.

Well child visits generally trend poorly and fare worse than the NYS comparison or benchmark. Childhood immunization rates have increased, though do not yet reach NYS Benchmarks.

INDICATORS (42, 48)	Essex County Trend	Essex County Previous	Essex County Current	Essex County compared to NYS Benchmark	NYS Benchmark
Children with Health Insurance %	▲	95.8	96.9	●	100
Well Child Visits (0-15 months) %	▼	92.2	88.5	●	91.3
Well Child Visits (ages 3-6) %	▼	86.2	82.6	●	91.3

Health Indicators that Influence Decisions.

Dental Health (5)

Dental health indicators demonstrate a poor trend and close or worse when compared to NYSDOH.

INDICATORS	Essex County Trend	Essex County Previous	Essex County Current	Essex County Compared to Upstate NYS	Upstate NYS
One dental visit within the year, Medicaid Enrollees ages 2-20 %	▼	58.7	47.9	●	48.0
Dental Caries (decay) Outpatient Visits (ages 3-5) rate/10K	▲	85.5	221.3	●	119.7

Injuries

The rate of Emergency Department (ED) visits for injuries in young children is trending higher and is above the NYS benchmark. Work-related ED visits in adolescents are lower than previously reported; however, they remain above the NYS benchmark.

INDICATORS (5)	Essex County Trend	Essex County Previous	Essex County Current	Essex County compared to NYS Benchmark	NYS Benchmark
ED Visits for Falls (ages 1-4) rate/10K	▲	392.6	569.3	●	429.1
ED Occupational Visits (ages 15-19) rate/10K	▼	101.7	82.1	●	33.0

Obesity (5, 54)

The percent of children who are obese in Essex County continues to climb. All indicators demonstrate a negative trend and are above the NYS benchmark or current upstate NY comparison.

INDICATORS	Essex County Trend	Essex County Previous	Essex County Current	Essex County compared to NYS Benchmark	NYS Benchmark
Public School Children Obese %	▲	19.2	21.4	●	16.7

	Essex County Trend	Essex County Previous	Essex County Current	Essex County compared to Upstate NYS	Upstate NYS
Elementary Students Obese %	▲	17.7	18.7	●	16.0
Middle/High School Students Obese %	▲	18.9	26.8	●	18.8

Teen Pregnancy (5)

Although the abortion rate for teens in Essex County is lower than previous years and is below the current upstate NY comparison, teen pregnancy and birth rates are both worse than the NYS comparison.

INDICATORS	Essex County Trend	Essex County Previous	Essex County Current	Essex County compared to Upstate NYS	Upstate NY
Pregnancy (ages 15-19) rate/1K females	■	27.0	26.8	●	22.3
Births (ages 15-19)/ rate 1K females	▲	19.4	20.5	●	13.2
Abortions (ages 15-19) rate/1K births	▼	420.3	333.3	●	652.3



How do you create a campaign that anyone will invest in?

What does the data say? Is this a problem and if so what evidenced based approaches can change the outcomes ?



Health Promotion Program Planning Checklist

Per the ECHD Health Promotion Planning Policy & Procedure, all staff developing health promotion program activities shall use this checklist to ensure that critical factors in project design are considered during the planning process. The checklist includes the topics to be considered, a description and additional resources to aid planning. This completed checklist is to be saved on Prevent Shared by program staff along with the other program planning files for future reference.

Project Name: _____ Program: _____
 Lead Staff Member Name: _____ Email: _____ Date Completed: _____

Topics	Yes	No	N/A
Issue Identification: <i>The issue being addressed aligns with and supports local, agency, state, national and/or funding priorities.</i>			
Community priorities should inform issue identification and support decision making. Priorities may be driven by existing community health improvement planning efforts, the ECHD strategic plan, community input, funding/grants, and political will. The performance management/quality improvement cycle can also result in issue identification. Resources include, but are not limited to: Community Health Assessment , Community Health Improvement & Service Plan , ECHD Strategic Plan , ECHD Annual Report, and other department or program specific reports.			
Primary Population <i>The program addresses populations at a higher risk for poorer health outcomes in order to positively impact health inequities.</i>			
The primary population for health promotions programs should be clearly defined so that interventions can be designed and tailored for those individuals and populations at highest risk/need. Data from the Community Health Assessment, Healthy ADK , or the NYSDOH Prevention Agenda Dashboard should inform population selection when designing interventions. Information regarding the primary population may also be gathered through community input. (See Community Engagement below.) The target population's stage of readiness should also be considered.			
Health Equity and Health Literacy <i>The program considers inclusion of health equity and health literacy factors for specific populations.</i>			
Not everyone has the same opportunities to be healthy. We see differences in health based on age, income level, neighborhood, race, sexual orientation, and other factors. Health inequities are differences in health status and death rates that are unfair or unjust. ¹ These differences are sustained over time and are beyond the control of individuals ² . Resources are available to assist program staff to incorporate Health Equity and Health Literacy considerations into program development, implementation and evaluation plans.			
Community Factors that Impact Health <i>The program considers community factors that encourage or discourage health.</i>			
Factors that positively or adversely influence health include social determinants of health, existing policies, the physical and built environment, and accessibility of programs and resources (including program location, cost and transportation). Health Impact Assessment (HIA) is a tool used to ensure that health is considered in all policies, projects, plans or key decisions within our community.			



How do you create a campaign that anyone will invest in?

What does the data say?

Is this a problem?? and if so what evidenced based approaches can change the outcomes ?

Attachment A



Topics	Yes	No	N/A
<p>Evidence Based/Promising Practices <i>The program includes the use of evidence-based strategies and/or promising practices.</i></p> <p>Refer to page 2 of the ECHD Health Promotion Planning Policy & Procedure for resources that review/recommend evidence-based and/or promising practices. Whenever possible, an evidence-based or promising practice should be utilized to address an identified health problem.</p>			
<p>Community Engagement <i>The target population was engaged in the design and development of the program.</i></p> <p>Engaging the community helps create buy-in and ownership of health promotion programming and provides critical information for successful design and implementation. The planning team should document methods for community engagement, including strategies for marketing and communications, and how results shaped program development.</p>			
<p>Collaboration with Partners and Stakeholders <i>Program implementation strategies include collaboration with, or consideration of, partners and stakeholders.</i></p> <p>Program planners should check with their supervisor to identify existing community partnerships that could be leveraged during the planning process. These collaborations should be utilized to gather feedback on program design and implementation. This feedback should be taken into consideration in the planning efforts and then communicated back to the group to demonstrate the community-informed changes.</p>			
<p>Evaluation <i>The promotion program includes plans for evaluation and continuous improvement.</i></p> <p>Program planners should collaborate with stakeholders to determine key process, impact and outcome performance indicators prior to determining program goals and objectives. Methods for data collection, analysis and reporting processes should also be considered in this process. The <i>CDC Framework for Program Evaluation</i> may assist planners to establish evaluation measures for the program. The ECHD Performance Management Policy & Procedure and Quality Improvement Plan are available to assist program planners with PM/QI considerations.</p>			
<p>Other ECHD Programs <i>The program does not contradict other programming efforts within ECHD.</i></p> <p>From time to time, a proposed strategy or incentive for one program may contradict strategies or messages in another program. ECHD staff should remain vigilant when planning programs to avoid contradicting the messages or strategies set forth in another program area.</p>			



CHILDHOOD OBESITY

SOLUTIONS

- 1 in 3 CHILDREN OVER WEIGHT
- 33% WATCH TV 3 HOURS
- EAT 50% VEGETABLES
- 1 MEALS 3 FAST FOOD
- 30% HEALTH COST
- PORTIONS 2 TO 5 BIGGER
- SNACK GROWN
- LESS POP WATER
- HEALTHIER CHOICES
- INCREASE PLAY 60 MINUTES

↑ INCREASED RISK OF Heart Disease, Diabetes, Stroke, Cancer

Children 8 to 18 years old spend an average of **3 Hrs. Per Day** in front of the television.



2/3 of high school kids consume soda or sports drinks 1+ times a day.

↓ NEGATIVELY IMPACTS: Learning, Sleep, Self Esteem

LIMIT THE JUNK!

Love Them Unconditionally and be Supportive!

Sit down for **HEALTHY** family meals as often as possible.

GET MOVING! 60 mins. DAILY

Keeping Kids Moving
Can Prevent Childhood Obesity

Parents and kids should eat more fruits, veggies and whole grains.

EAT BREAKFAST DAILY!

1/3 of all children and adolescents are overweight or obese.

Overweight adolescents have a **70 PERCENT** chance of becoming overweight adults.

FIT FOR THE FUTURE

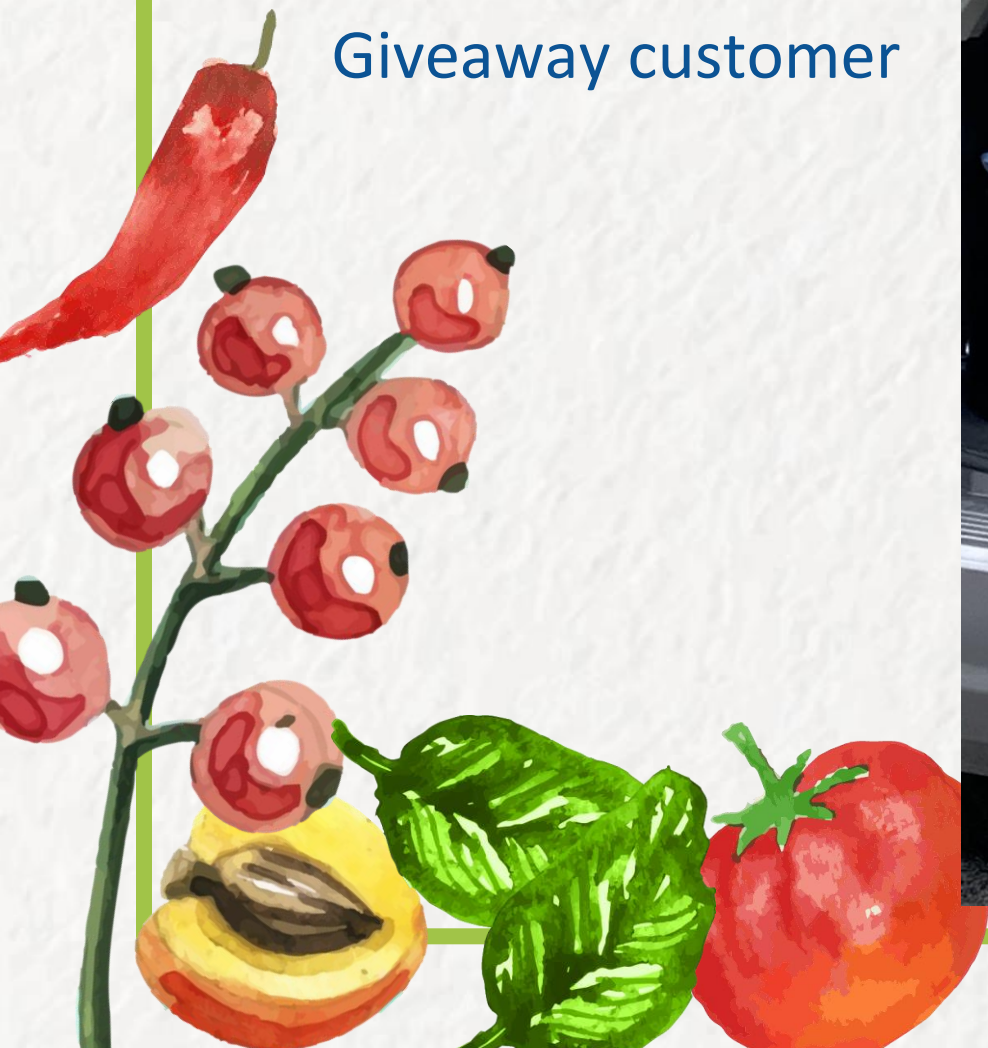
What can you do to prevent CHILDHOOD OBESITY?

EACH GROUP IN A COMMUNITY HAS A ROLE TO PLAY IN PREVENTING CHILDHOOD OBESITY. BELOW ARE SIMPLE STEPS YOU CAN TAKE TO FIGHT OBESITY THROUGH THE DIFFERENT ROLES IN YOUR COMMUNITY.



- Promote healthier food options for employees including healthy vending machine choices, cafeteria offerings and business catered events.
- Donate money to organizations helping provide healthy food options and hosting physical activities.
- Participate in and support healthy community activities such as charity walks, runs, rides and healthy food drives. Support can include volunteering, marketing, sponsoring a team or event and advising.

A happy Baby
Essentials
Giveaway customer



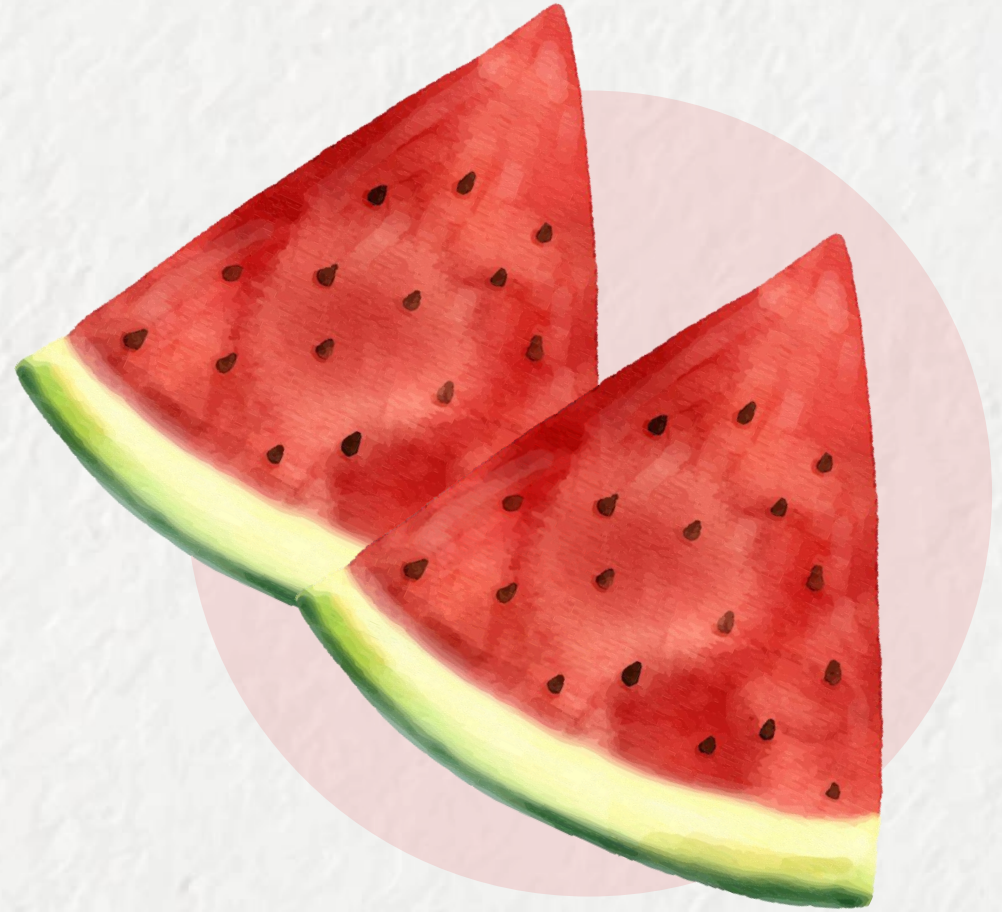
ABOUT US

The Special Supplemental Nutrition Program for Women, Infants, and Children - better known as the WIC Program - serves to safeguard the health of low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care.

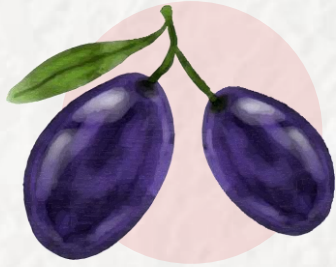


Fast WIC Facts

- The average household income of WIC families is \$17,372
- 53% of all infants born in the US are on WIC
- The average monthly food value per participant is \$55.10
- Maternal WIC participation has been shown to improve breastfeeding rates
- Recent changes in the WIC food package have helped children score higher on the Healthy Eating Index



OUR GOALS



Increase
Participation



Address Needs



Expand
Partnerships

When I was a boy, and I would see scary things in the news, my mother would say to me, “Look for the helpers. You will always find people who are helping.”

-Mr. Rogers



OPPORTUNITIES

BUSINESS AND
PERSONAL
PARTNERSHIPS



LOCAL AGENCIES



COALITIONS



LOCAL BOARDS



A HAPPY MEMBER OF WIC-
LICIOUS COOKING CLUB



Juniper Hill vegetables ready for distribution!



Paul Smith's Culinary Students Help with Fun and Food Fridays



PARTNERS

ADIRONDACK FOUNDATION

BT3

JUNIPER HILL FARM

ADIRONDACK NORTH COUNTRY ASSOCIATION

CLOUDSPLITTER FOUNDATION

ADIRONDACK HEALTH FIT 4 LIFE

LITERACY VOLUNTEERS

IRONMAN LAKE PLACID

UNITED WAY



PROJECTS

- WIC SEED AND GARDEN PROGRAM
 - WIC PLAY! LEARN! FUN! INTERACTIVE WAITING AREA \$2,500
 - JUNIPER HILL 3,000 plus pickups
 - WIC FOOD AND FUN FRIDAYS \$2,000
 - WIC-LICIOUS KIDS COOKING CLUB \$3,000
- COVID FOOD AND FUN ACTIVITY PACK \$2,500
 - WELL FED VEGGIE COOLER AND STORAGE COLLABORATION \$5,000
 - WIC COVID RELIEF \$5,500



Testimonials

- I love our WIC ladies! They are seriously the best and supported me through some hard phases of breastfeeding Maddie. With their help, we made it 21 months of breastfeeding!



- I just hope you know how y'all brighten peoples lives. I've never owned a **cheese grater** before and the kids LOVE the apron and MYplate! Thank you!
- I hope you know you, I think of you like Santa Claus when you bring me these beautiful veggies!
- I want you to know how your veggies have saved me. I recently started going to AA. Every time I had that urge, I started cooking those veggies, for my family, for my friends, and soon enough, I was feeling better.

WAITING ROOM FUN





THANKS!



Does anyone have any questions?

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Discussion Questions

- How have you or your county made the case for PN-3 as a key issue in your community?
- Do you have similar efforts with private partners who are collaborating on your PN-3 strategic or policy making efforts?
- How are you leveraging private partners or local funders to help fill equity gaps and target the unique needs of families in our community? How have foundations supported your equity work?
- Have you been able to use private funding to help finance your PN-3 systems and services?
- Have you been able to leverage philanthropic dollars to increase local investments for your county's PN-3 services, collective impact or systems building efforts?
- What role have local foundations played during COVID-19?
- What is your county doing to support young children with the American Rescue Plan funds?



CONTACT US

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Thank you!



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