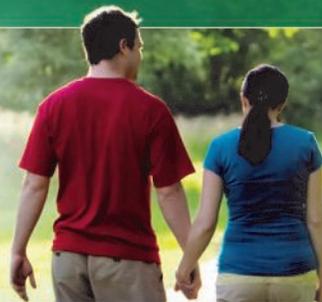




North Country Healthy Heart Network

Serving Clinton, Essex, Franklin and Hamilton Counties



Winter 2011

Volume 2, Issue 1



The Heart Network offices are located at 126 Kiwassa Road in Saranac Lake. Look for our new sign out front!

Upcoming events

May 4th. *Health Disparities in Tobacco Use and Successes in Tobacco Cessation* conference call
Contact:
www.nysmokefree.com

May 26th. *Putting the Pieces Together: Community Strategies to Reduce Obesity* conference.
Contact: pruhm@medserv.net

June 29. *Mental Health and Tobacco Use* conference call.
Contact:
www.nysmokefree.com

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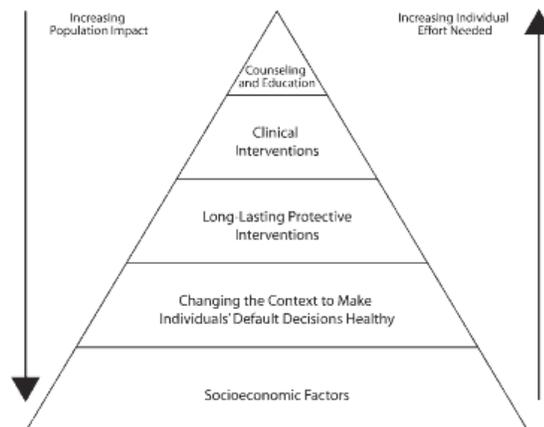
Message from the Executive Director

Franklin County's high adult smoking rate is disturbing. The latest figures from the Expanded Behavioral Risk Factor Survey (July 2008-2009) inform us that the smoking rate in NYS is 18%, while Franklin County's rate is 30%. Smoking in Franklin County has decreased slightly from 33% in 2000, however it is not a significant change, especially when we consider the strong environmental measures the State has enacted in the past decade: Clean Indoor Air Act of 2003; increased excise tax on cigarettes and other tobacco products; and the statewide media campaign graphically depicting tobacco's toll on the body while promoting the NYS Smokers' Quitline. I am confident that if these measures were not in place, the number of adult smokers in Franklin County would have continued to increase.

Why such a modest decline? What it comes down to is that our health is strongly affected by social and economic factors. People with lower incomes and less education are more likely to smoke, eat unhealthy foods and be less active during the day; all avoidable behaviors which lead to disease, early death, and medical expense.

Health Impact Pyramid

"Socioeconomic factors" occupy the bottom rung of the 5-tier "Health Impact Pyramid" presented by Thomas Freiden, MD, MPH in, "A Framework for Public Health Action: The Health Impact Pyramid," (American Journal of Public Health, April 2010, Vol. 100, No. 4). This article details the hierarchy of public health interventions according to their relative impacts. The bottom tiers of the pyramid are measures that reach the broadest segments of the population and require less individual commitment. Initiatives to improve economic opportunities, expand educational options and reduce school dropout rates, require our support. Not only do they have the potential for increasing income and hope for a better future, in time, they can improve health and decrease unnecessary medical expenses. The maximum impact for sustaining public health can best be achieved by implementing these measures and others at each level of the pyramid. (See page two of this newsletter for a description of how Tier 2 strategies, "Changing the Context to Make Individual's Default Decisions Healthy," can improve public health while decreasing healthcare costs.)



To read more about the *Health Impact Pyramid* visit the 'News and Updates' section of our website, www.heartnetwork.org.



Spotlight

Investing in Prevention

EVERY YEAR IN OUR STATE preventable chronic diseases such as heart disease, type-2 diabetes, and cancer rob New Yorkers of their health and quality of life, and for tens of thousands, their lives. Our tendency is to focus only on the disease, but it is our underlying behaviors, along with socioeconomic factors (see page 1), that actually impact our health. Experts widely agree that the 3 biggest behavioral factors influencing our health are physical activity, nutrition, and whether or not we smoke. These behaviors are the direct cause of most chronic disease in the United States.

In the past 30 years, the health of New Yorkers and all Americans has undergone a dramatic change. While tobacco use has declined significantly, 20 percent of adults continue to smoke and 24,100 kids become regular smokers each year. Obesity rates have doubled for adults and tripled for children, reaching an epidemic proportion which leads researchers to believe that today's youth will be the first generation to have shorter life spans than their parents.

Tobacco Use and Obesity: A Heavy Burden

Chronic disease devastates the lives of individuals and families, but we too often forget the enormous financial burden chronic disease exacts on our state and the country as a whole, and subsequently, all of us as taxpayers. The costs are staggering.

Tobacco-related health care costs are astronomical in New York, amounting to \$8.2 billion annually, with 66 percent of these expenditures covered by the state Medicaid program. The resulting tax burden for New Yorkers equals \$889 per household. According to a report issued by State Comptroller Thomas Dinapoli, medical expenditures directly related to obesity cost New York State \$7.6 billion in 2008 alone, the second highest rate of spending in the country. What is more, 81 percent of these costs are publicly-funded through Medicaid and Medicare – a tax burden equal to about \$771 per household.

Tobacco use, physical inactivity and poor nutrition are a \$15.8 billion dollar problem in New York State. This is especially troubling considering this year's \$10 billion dollar budget deficit. These preventable behaviors are clearly putting an enormous strain on State resources and taxpayers. So what can we do?

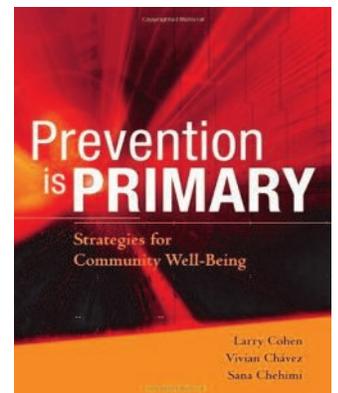
Prevention Pays

Believe it or not there is hope. Community-based disease prevention strategies aimed at improving physical activity and nutrition and preventing smoking and other tobacco use are one of the most promising tools we have to address this crisis, and they are a sustainable investment in the future health and economic well-being of our State. Many of these strategies, such as creating more bike and pedestrian-friendly infrastructure, and making nutritious foods more affordable and accessible can also have direct economic benefits for New York communities.

Investing in prevention can yield big returns. A recent report from the Trust for America's Health estimates that investing \$10 per New Yorker (cost = \$192 million) in community-based prevention strategies would create a net savings of \$1.4 billion after 5 years – a 7:1 return on investment.

This work is already underway across our state. Coalitions comprised of public health officials, community-based organizations, and citizen advocates are working every day to employ strategies that make it easier for individuals to make healthy lifestyle choices. The Heart Network is one of these organizations. We administer 3 programs funded through the NYS DOH, and we recognize the need to spend every tax dollar where it will do the most good. Considering the economic challenges we face, it is prudent that we only invest in initiatives that address multiple problems and provide multiple benefits. Investing in community-based disease prevention strategies does just that, and we should continue to support and expand these critical initiatives.

To read the full version of this article visit the RAN News section of our website



Further Reading - *Prevention is Primary* by Larry Cohen, Vivian Chavez and Sana Chehimi



Increasing the number of healthcare providers in Clinton, Essex, Franklin and Hamilton Counties that consistently talk to their patients about their tobacco use.

Pharmacotherapy for Tobacco Use and Dependence

In January, over one hundred people were trained on how to effectively use FDA approved medications to treat tobacco dependence. The North Country Tobacco Cessation Center and CVPH Medical Center co-sponsored the two trainings; one was held in Malone and the other in Plattsburgh, NY. The presenter, Nicole Lodise, PharmD., is an Assistant Professor at Albany College of Pharmacy and counsels patients and employees on how to stop smoking/chewing tobacco at Albany Medical Center. Lodise's presentation on pharmacotherapy was infused with practical tips and anecdotes from her own practice. If you would like more information on this topic or are interested in receiving a copy of Lodise's slide presentation, please call 891-5855.



SUNY Plattsburgh Center for Student Health & Psychological Services recently participated in a "Effective Use for Tobacco Dependence" workshop

Electronic Cigarettes (e-cigarettes)

With pending legislation to ban electronic cigarettes in NY and numerous local inquiries on this topic we thought it would be helpful to address it here.

What are they? E-cigarettes are battery-operated devices designed to look like a cigarette, pipe, cigar or other household item. E-cigarettes contain flavored solutions which combine nicotine with various other chemicals. When a consumer puffs on the e-cigarette, the nicotine and chemicals turn into a vapor which is then inhaled. E-cigarette makers claim this vapor is safer than cigarettes, doesn't produce second hand effects and can help people quit smoking.

FDA Response According to FDA press releases, the agency has concerns about the safety of e-cigarettes. To date, clinical studies have not been conducted and submitted to the FDA for review, as a result the FDA does not know what people are inhaling. A preliminary analysis has found various carcinogens and toxins present in the cartridges. The analysis also revealed inconsistencies between advertised levels of nicotine and the actual amount in the cartridge, indicating a lack of corporate quality control. Other concerns were the potential of e-cigarette marketing; design; flavor; and lack of health warnings on youth usage and nicotine addiction rates.

What should be recommended to patients? The bottom line is that there still is no scientific evidence that e-cigarettes are a safe substitute for traditional cigarettes or an effective smoking cessation tool. Until more is known about the potential risks, the appropriate response is 'no' to electronic cigarettes. If patients are looking for help to stop smoking using a "cigarette-like" device; the nicotine inhaler, an FDA approved product for smoking cessation is available. There are also several other FDA-approved smoking cessation aids for consumers to choose from. Almost all are covered by Medicaid.

For more information: go to the FDA website <http://www.fda.gov/NewsEvents/PublicHealthFocus/ucm172906.htm>

To Get Involved with NCTCC contact us at 518-897-5980 or on the web at heartnetwork.org



providing community health advocates with tools, training and technical assistance to achieve policy and built environment changes that support physical activity and healthy eating.

RAN Building Regional Advocacy Network

Rural Action Now is excited to announce the creation of a new regional advocacy network - The Alliance for Healthy Rural Communities! The Alliance will connect advocates in Franklin, Essex and Hamilton counties who wish to improve the health of their community through sustainable policy and environmental change that supports physical activity and healthy eating. Alliance partners and members will have access to a database of online resources and case studies of current initiatives in the region which will help them identify strategies that benefit their own communities. Members will also receive regular updates on federal, state, and local policy and advocacy opportunities related to physical activity and healthy eating. Interested in joining the Alliance? Want to learn more? Keep your eyes open for a new section of the RAN website (coming soon) dedicated to the Alliance for Healthy Rural Communities!

Coalition Forms in Saranac Lake to Improve Accessibility

Rural Action Now has worked for the past several months with a number of community-based organizations and advocates to form **Access Saranac Lake**, a coalition whose mission is to improve the accessibility of public spaces, businesses, and other destinations in the Village of Saranac Lake through advocacy, education and public and private outreach. RAN is providing assistance with strategic planning, advocacy and public outreach to the coalition's Public Infrastructure committee – which aims to identify accessibility improvements needed in the Village and educate local officials about policy and environmental changes that support improve accessibility for people with disabilities. RAN staff are certified to use an accessibility assessment tool developed by the New York State Inclusive Recreation Resource Center at SUNY Cortland (NYS-IRRC) that helps identify barriers in public places where people with disabilities can be physically-active, such as sidewalks, parks, playgrounds, and other recreation facilities.



Indian Lake Planning to Attract Grocery Store

The Town of Indian Lake was recently awarded a planning grant from the NYS Office of Community Renewal to develop an action strategy to address community needs. Attracting a new grocery store was identified by the committee as the top priority for the town (which also includes the hamlet of Blue Mountain Lake). Rural Action Now is working with the Town's resident consultant, Nancy Berkowitz, to provide technical assistance in developing a coordinated strategy for grocery store attraction. Access to fresh and healthy food can be crucial to the health of residents, and the need for such an initiative in Indian Lake is striking – 72% of Hamilton County residents report being overweight or obese; only 23% report eating 5 servings of fresh fruits and veggies per day; and distance to the grocery store was identified in a survey as the number one barrier to eating more fruits and vegetables. Though not formally designated as such, Indian Lake is a 'food desert' – defined by the CDC as an area that lacks access to affordable fruits, vegetables, whole grains, low-fat milk, and other foods that make up the full range of a healthy diet.

To Get Involved with RAN! contact us at 518-897-5982 or on the web at heartnetwork.org

Updates

New! E-Assistance for Smokeless Tobacco Users



Smokeless tobacco use represents an important – and often overlooked – public health problem. According to the Surgeon General, people who regularly use snuff and chewing tobacco are up to 50 times more likely to get oral cancer than nonusers, and only one-half of people diagnosed with oral cancer are still alive five years later.

Most of the approximately 12 million chewers in the U.S. want to quit but there are few resources available to help them stop. MyLastDip.com was created by the Oregon Research Institute, (funded by the National Cancer Institute,) to fill this need.

MyLastDip.com offers two, free web-based programs: one for chewers ages 14-25; and the second for chewers 26 and older. Any smokeless tobacco user interested in quitting can sign up on the website, www.MyLastDip.com and be paid for participating in the program.

In addition MyLastDip.com provides free materials to health care providers for their patients. Go to: www.info.mylastdip.com for details.

Complete Streets Gaining Momentum

The national ‘Complete Streets’ movement has gained momentum across the country this winter, reaching a milestone of over 200 state, regional and local policies adopted by the end of 2010. At home in the North Country the movement has also made significant progress, with two community coalitions now working hard to advocate for Complete Streets planning, policy and implementation at the county and local levels.

The Essex County Complete Streets Coalition, of which Rural Action Now is a partner, continues to build momentum and awareness of the importance of safe and accessible streets and sidewalks. In addition to a number of developments at the town level, the Coalition has formed a committee with the County Highway Superintendent’s Association to develop policy recommendations and best practices for implementing Complete Streets on rural county and town roads.

In Franklin County, the Malone Complete Streets Partnership has formed with over a dozen partners including representatives of county government, hospitals and public health, traffic safety, and community organizations. The coalition will work to draft a comprehensive Complete Streets Plan for the community and will advocate for inclusion of Complete Streets principles in other plans and policies at the town and village level.



Recently, the Heart Network became a Bronze Partner with the National Complete Streets Coalition



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Heart Network Staff

Facilitating Community Change to Prevent Heart Disease Since 2000

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The Takeaway

- Physical activity, poor nutrition, and tobacco use are taking a drastic toll on populations across the State and country. Read our spotlight **on page 2** to find out the extent of the issue and why it's important we invest in prevention now.
- Physicians, have you been hearing more about e-cigarettes lately? Our brief article **on page 3** may help you answer some of your patients questions.
- RAN will be launching a new resource in the coming months! The Alliance for Healthy Rural Communities is free to join and will provide numerous resources for local advocates, **see page 4 for more!**
- Regional Coalitions are on a roll! Are you interested in increasing access to affordable and healthy food in Indian Lake? Would you like to improve opportunities for active transportation in Malone or Essex County? Is creating a more accessible community in Saranac Lake important to you? Be sure to check out **pages 4 and 5** for updates on local coalitions addressing all of these issues!

Farewell



On behalf of the entire NCHHN staff, we would like to extend our gratitude to Terry Lewis, Tobacco Dependence Specialist, for her untiring efforts to move the Tobacco Cessation Center forward. We wish Terry good luck as she relocates – temporarily – to the Washington, D.C. area.