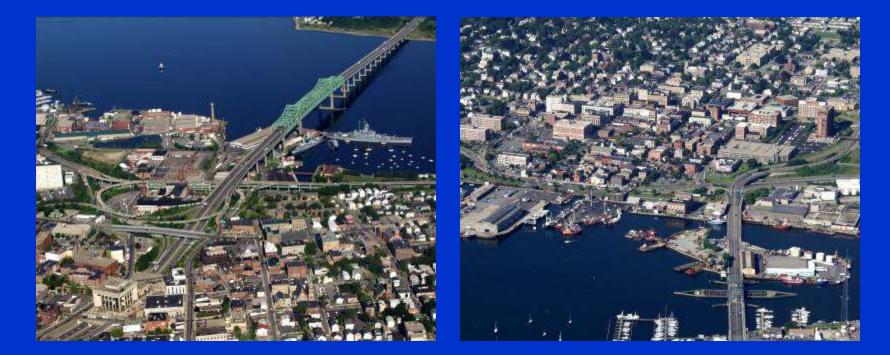
The Health Status of the Southcoast ... and how to improve it



Leadership South Coast April 12, 2017 March 29, 2017

Bristol County ranks second unhealthiest statewide

Deborah Allard Herald News Staff Reporter

A new report reveals a sick Bristol County, Massachusetts, in comparison to the rest of the state, in categories spanning everything from poor health to premature death.

Bristol County ranked near the bottom, at No. 13 of the 14 counties in Massachusetts in the 8th annual County Health Rankings & Roadmaps report, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

In Bristol County, about 17 percent of the population smokes and another 28 percent is obese, as compared to the state averages of 14 percent and 24 percent.

Poor or fair health was reported by 16 percent of the county population last year, compared to 14 percent in Massachusetts.

Mental health days, 4.5, were reported more frequently in a 30-day period than poor physical health days, at 4.3.

About 6,400 life years were lost in Bristol County over a three-year period to premature death before the age of 75, compared to 5,200 in the state.

The report concluded that drug overdose deaths nationally and locally have fueled the increase in premature deaths among 15 to 44 year olds.

From 2014 to 2015, 85 percent of the increase in premature deaths can be attributed to a swift increase in deaths among these younger populations.

In fact, the drug overdose epidemic is the leading cause of death among 25 to 44 year olds. Drug deaths are also accelerating among 15 to 24

BY THE NUMBERS

Bristol County, Mass.

Premature death (in years lost): 6,400 Poor or fair health: 16 percent Poor physical health days: 4.3 Poor mental health days: 4.5 Adult smoking: 17 percent Adult obesity: 28 percent Physical inactivity: 25 percent Excessive drinking: 18 percent Sexually transmitted infections: 244.6

year olds, but nearly three times as many people in the younger age group die by homicide, suicide, or in motor vehicle crashes.

Only Hampden County, in western Massachusetts with the county seat of Springfield, fared worse.

Just over the border into Rhode Island, Newport County, which includes Tiverton, ranked No. 3 for its health in the state. Bristol County, Rhode Newport County, R.I.

Premature death (in years lost): 4,900 Poor or fair health: 12 percent Poor physical health days: 3.5 Poor mental health days: 3.9 Adult smoking: 13 percent Adult obesity: 23 percent Physical inactivity: 17 percent Excessive drinking: 22 percent Sexually transmitted infections: 191.8

Island, made up of Bristol, Warren, and Barrington, ranked No. 1 for healthiest of the five counties.

Bristol County, Rhode Island, ranked lower in most scores, except in excessive drinking, which amounted to 19 percent of its population, compared to 17 percent of the population in Bristol County, Massachusetts. Newport County, Rhode Island scored even higher at 22 percent. Bristol County, Massachusetts, ranked closest to Providence County in Rhode Island when it comes to the health of those communities.

"The County Health Rankings show us that where people live plays a key role in how long and how well they live," said Dr. Risa Lavizzo-Mourey, RWIF president and CEO. "The rankings allow local leaders to clearly see and prioritize the challenges they face - whether it's rising premature death rates or the growing drug overdose epidemic - so they can bring community leaders and residents together to find solutions."

To view the report and full rankings, visit www. countyhealthrankings.org.

EMAIL DEBORAH ALLARD AT DALLARD@HERALDNEWS.COM.

100

South Coast Health Status

High rates of:

- tobacco and substance use
- blood pressure and cholesterol
- heart disease and heart attack
- obesity and diabetes
- lung and throat cancer
- asthma ED admissions
- firearm death rates
- STD incidence and HIV mortality
- teen pregnancy & smoking during pregnancy
 But, slightly lower rates of breast cancer!

Percent of Mothers Smoking During Pregnancy Southeast Region: 2009

	<u>%</u>	<u>Smokers</u>	<u>Births</u>
Massachusetts Southeast Region	6.3% 10.0%*	4,579 1,296	72,835 12,995
Highest Wareham Fall River Taunton New Bedford		30 197 90 190	215 1,155 692 1,282

In 2015, 26.9% of Fall River adults and 25% New Bedford adults smoked cigarettes, 60% higher than the statewide rate of 15.5%

Statistically different from State (p ≤.05) Red (*) = Statistically worse; Green (**) = Statistically better Source: MDPH, Health Information, Statistics, Research & Evaluation Bureau, Research & Epidemiology Program

Teen Birth Rate Largest Communities, Southeast Massachusetts: 2012

Indicator	MA Total	Brockton	Fall River	New Bedford	Southeast
Teen birth rate (2012) (births to women ages 15-19 per 1000 women ages 15-19)	14.0	31.3	36.3	42.5	23.1* * 2009

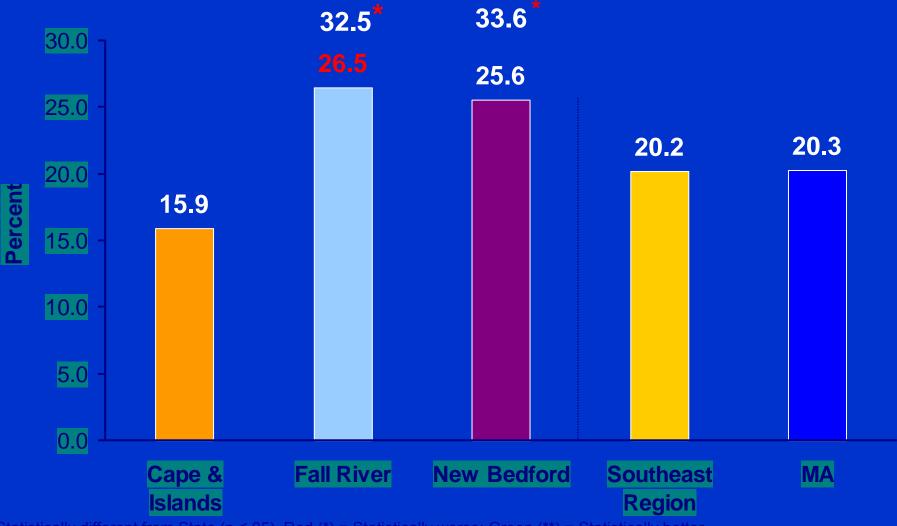
Better Outcome (significantly different from state



Vorse Outcome (significantly different from state)

Source: MDPH, Health Information, Statistics, Research & Evaluation Bureau, Research & Epidemiology Program

Adults who are Obese Southeast Cities and Massachusetts: 2006 & 2014^{*}



Statistically different from State (p ≤.05) Red (*) = Statistically worse; Green (**) = Statistically better

Obesity: BMI greater than or equal to 30

Source: MDPH, Health Information, Statistics, Research and Evaluation Bureau, Massachusetts Behavioral Risk Factor Surveillance System (BRFSS), Health Survey Program

South Coast also has other challenges

- Low levels of education
- High unemployment
- High numbers of homeless
- High adults & children in poverty



- High stress related to economic status
- High rates of immigration and related language and cultural barriers



It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and physical environment conspire against such change."

Institute of Medicine

Social Determinants of Health

The social determinants of health (SDH) are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.

Social Determinants of Health

Hunger	Social	Health
Access to healthy options	integration Support systems Community engagement Discrimination	coverage Provider availability Provider linguistic and cultural competency Quality of care
on	nes	engagement Discrimination





So, what can we do to change this?

Improve access to health care Educate the population Improve the environment Change laws and regulations Engage everyone in making changes











Who's working on this?

Community Health Network Areas (CHNAs):

- Greater Fall River: Partners for a Healthier Community
- Greater New Bedford: GNB Allies for Health and Wellness

VOICES for a Healthy South Coast

Mass in Motion:

- City of Fall River
- City of New Bedford



Saint Anne's

Hospita



Community Benefits Committees:

- Saint Anne's / Steward Hospital
- Southcoast Health

GroundWork South Coast





Southcoast Health

We conduct community-wide assessments





In addition to health data reports, hundreds are surveyed and interviewed every five years

HealthData South Coast





We develop plans every 5 years: 2015-2019

Plans are based on these eight strategies that affect health outcomes as outlined by the Population Health Institute and the Robert Wood Johnson Foundation



Diet & Exercise



Tobacco, Alcohol & Drugs



Infectious Disease



Community Safety



Access to Health Care

Be strong and flexible: Parental resilience Parents need friends: Social connections We all need help

sometimes: Concrete support in times

PROTECTIVE FACTORS Being a great parent is part-natural, and partlearned: Knowledge of parenting and child development Parents need to help their children to communicate

Children's social and emotional development

Family Support



Education & Employment



Environment/Infrastructure

We then address specific objectives

- Because no one presents with just one health problem, we need to address multiple problems together.
- Everything we do to accomplish these objectives is done through partnerships.
- We are known for across the state and nation for the effectiveness of our collaborations.





We collaborate to reduce the use of tobacco



•We work with state agencies and local businees

•We advocate for education and reduced access for children & adolescents

•We also provide smoking cessation treatment for current smokers



We collaborate to lower alcohol & drug use









Active efforts to eliminate youth use of alcohol
Ongoing work to take back prescription drugs
Enforcement of drug paraphernalia laws



We collaborate to reduce youth violence



















Active work with street youth and in-school youth & annual Peace By Piece gathering

We collaborate to support homeless families

















We collaborate to support walking and biking



















We collaborate for safe routes to school







Fall River educators snag \$1 million grant to fix walkways around Viveiros Elementary School

E. E. BILLI









We collaborate on the Fitness Challenge

Now the longest running public

fitness challenge in America!







Over 20,000 pounds lost!







SCHOOL FITNESS CHALLENGES





We collaborate on access to healthy food



Encouraging greater consumption of fruits & vegetables among low-income populations











We collaborate to educate about sugar



We collaborate on environmental change



Changing the environment to support healthy activity











We collaborate on worksite wellness

Southcoast Worksite Health & Wellness Collaborative

















MA SMALL BUSINESS WELLNESS TAX CREDIT

Shioban E. Torres Massachusetts Department of Public Health





TRAINING



And, we collaborate with medical care providers



Education and support for Community Health Workers

 Health promotion in medical care with the \$1.72 million Mass in Motion "1422" grant and SSTAR's \$1.6 million Health Integration Project.



Our priorities for Health Improvement

Community-wide prevention:

- Tobacco and substance abuse prevention
- Prevention of youth violence and prejudice
- Protective factors for youth development
- Improved school health and wellness
- Reduced impact of homelessness
- Ensuring secure and stable families
- Improved supply of healthy food
- Increased opportunities for fitness
- Promotion of walking, biking and bus travel
- Medical care that focuses on prevention
- Worksites that promote employee health

What do we expect from this effort?

A continuing collaborative effort involving all sectors of City government and local organizations can produce:

 \succ Lower crime, better parks, cleaner streets, improved education levels, healthier children, and more productive employees Change in the image of Fall River toward a positive self-image and a higher quality of life Evidence that health behaviors are trending in a positive direction \triangleright A positive sense that people are turning their lives around