



**Department
of Health**

New York State Prevention Agenda: Collaborating to become the Healthiest State

**Sylvia Pirani, Director, Office of Public Health Practice
Presentation to the Ohio Public Health Partnership and
the Center for Health Affairs**

March 2, 2018

Prevention Agenda 2013-2018

- Goal is improved health status of New Yorkers and reduction in health disparities through increased emphasis on prevention.
- Call to action to broad range of stakeholders to collaborate at the community level to assess local health status and needs; identify local health priorities; and plan, implement and evaluate strategies for local health improvement.
- Incorporated into NYS Health Care Reform Efforts

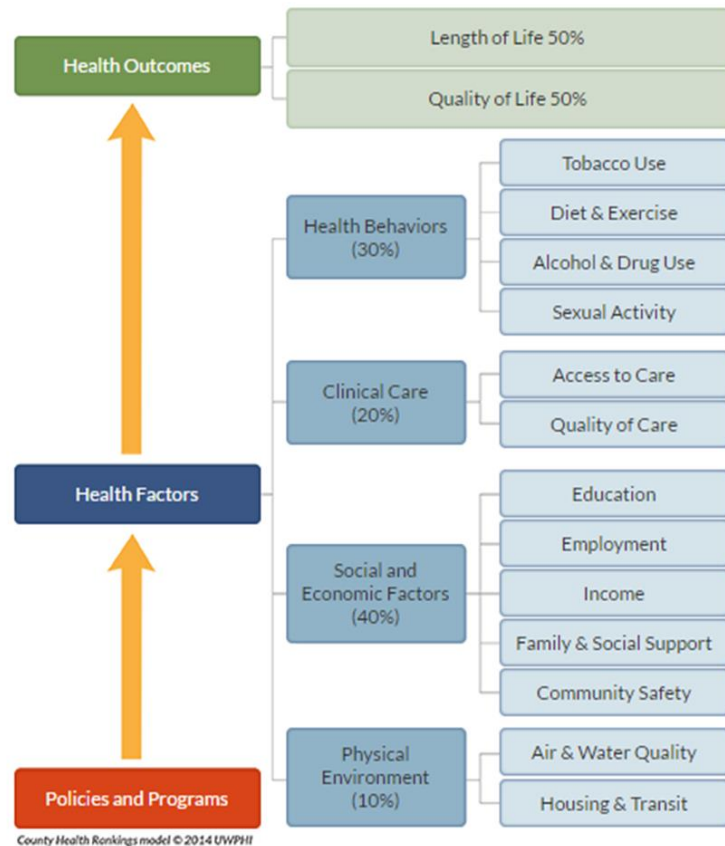
Ad Hoc Committee to Lead the Prevention Agenda

Collaborative effort led by committee appointed by the NYS Public Health and Health Planning Council, including leaders from Healthcare, Business, Academia, CBOs, Local Health Departments, and other State Agencies.

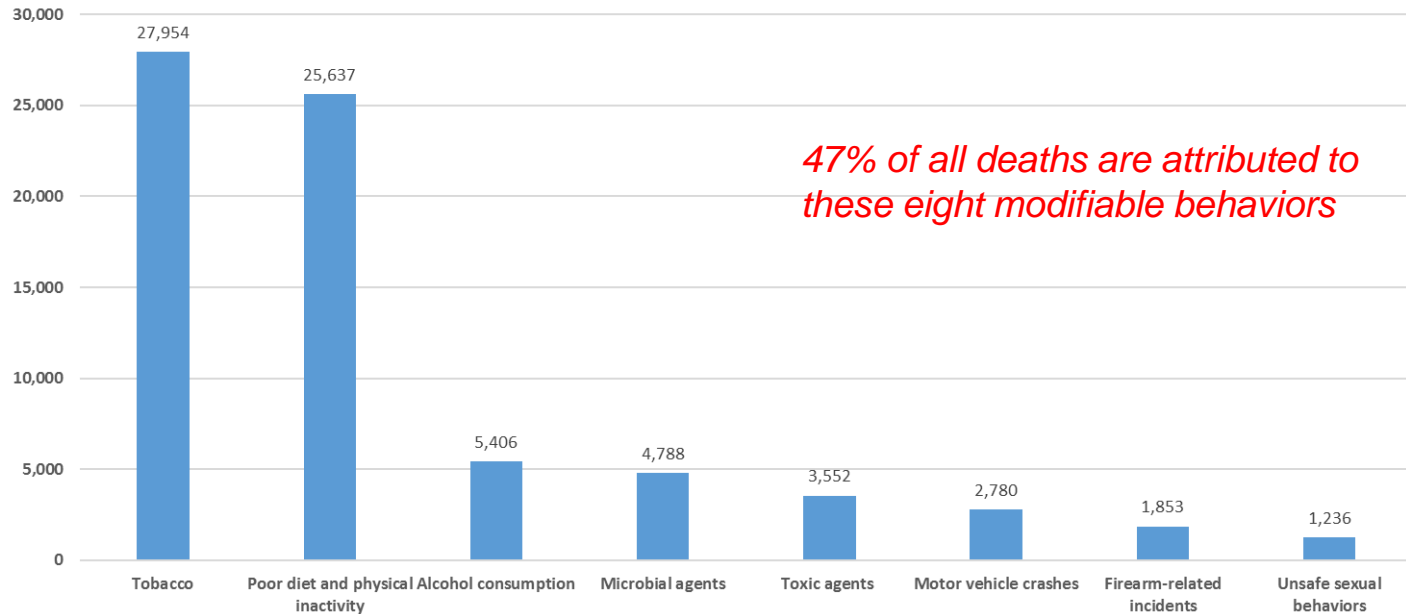
Final Priorities based on active participation from members of committee and stakeholder feedback.



Framework for Assessing what Influences Health



Estimated Number of Deaths Due to Modifiable Factors NY State, 2015



Source: Estimates were extrapolated using the results published in:
“Actual Causes of Death in the United States, 2000”, JAMA, March 2004, 291[10] and NYS 2015 death data

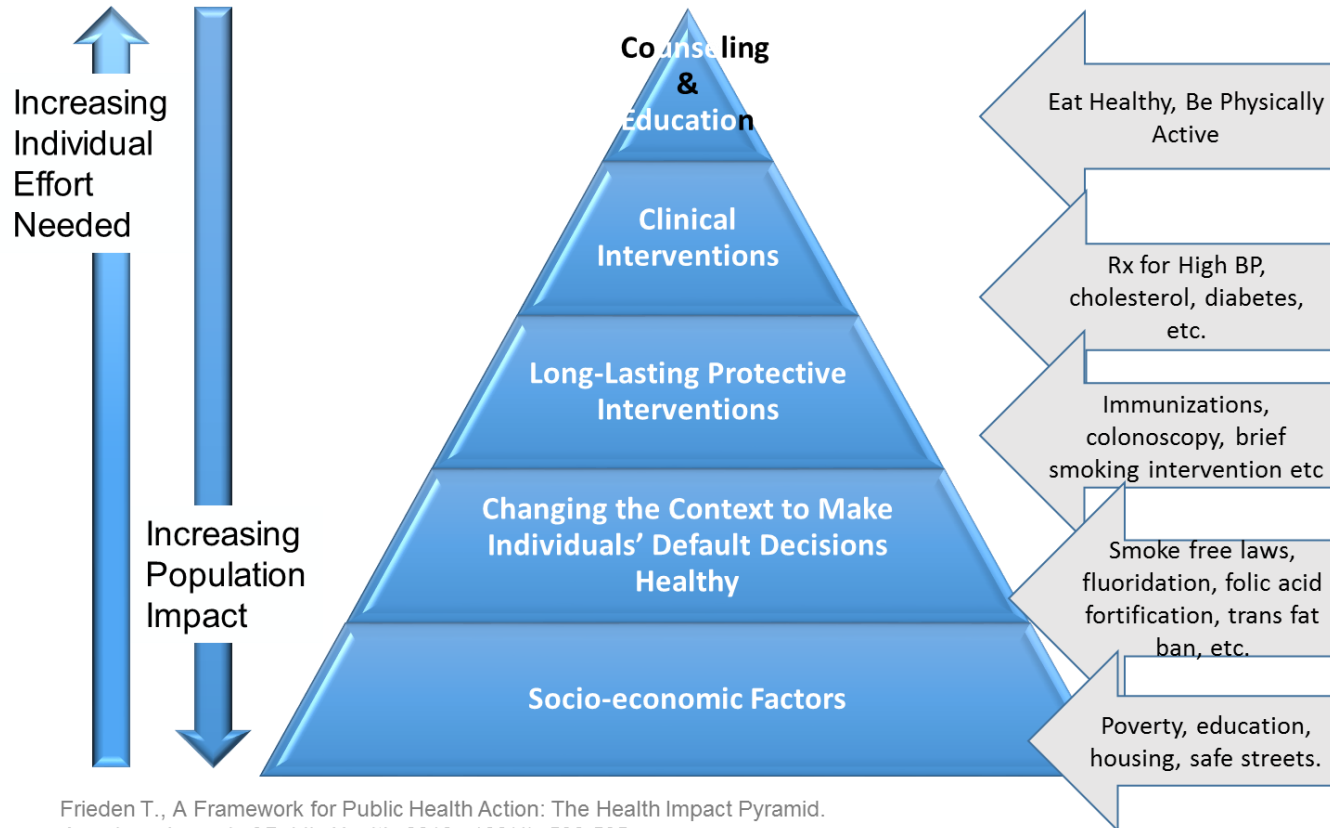
Five Prevention Agenda Priorities

1. Prevent chronic diseases
2. Promote a healthy and safe environment
3. Promote healthy women, infants and children
4. Promote mental health and prevent substance abuse
5. Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases and healthcare associated infections

For Each Priority Area:

- Focus Areas
 - Goals
 - Measurable Objectives
 - Interventions
 - By Sector
 - By Health Impact Pyramid

Health Impact Pyramid: Framework for Improving Health

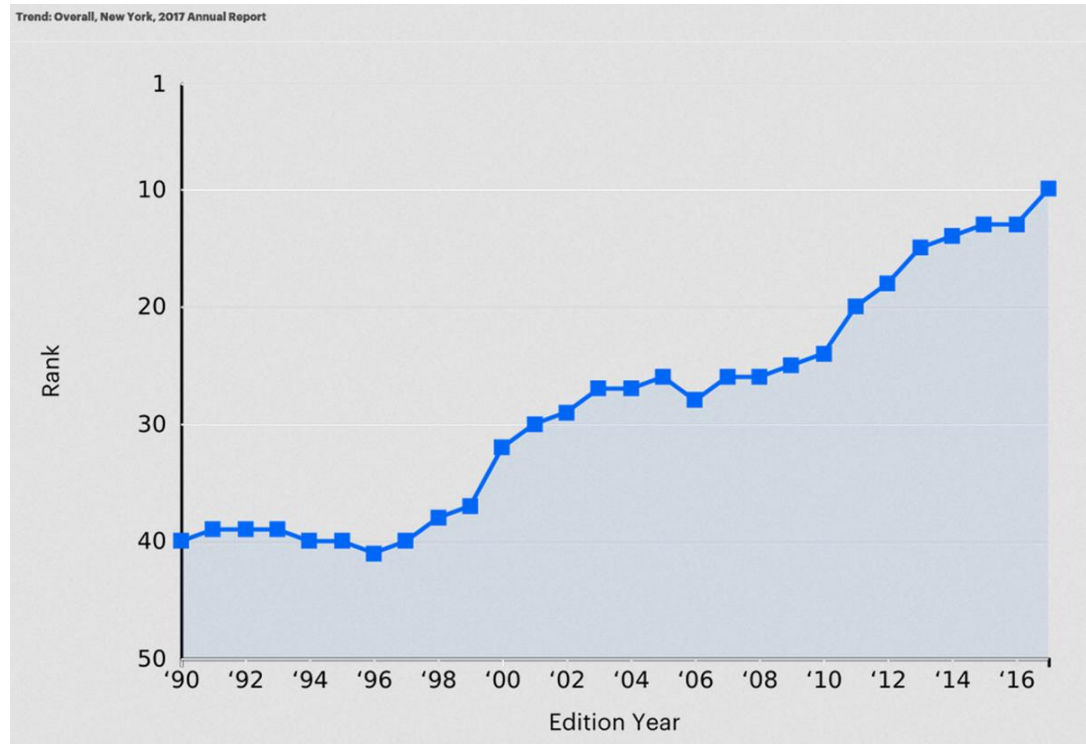


Prevention Agenda tied to Local Community Health Improvement Process

Local community health improvement process in NYS informed by:

- Public Health Law that requires local health departments to conduct Community Health Assessments and Community Health Improvement Plans and hospitals to complete Community Service Plans
- National accreditation of state and local public health agencies
- ACA requirement for non profit hospitals to conduct community health needs assessment
- Goals for proactive collaboration to improve health

New York State Overall Ranking, America's Health Rankings



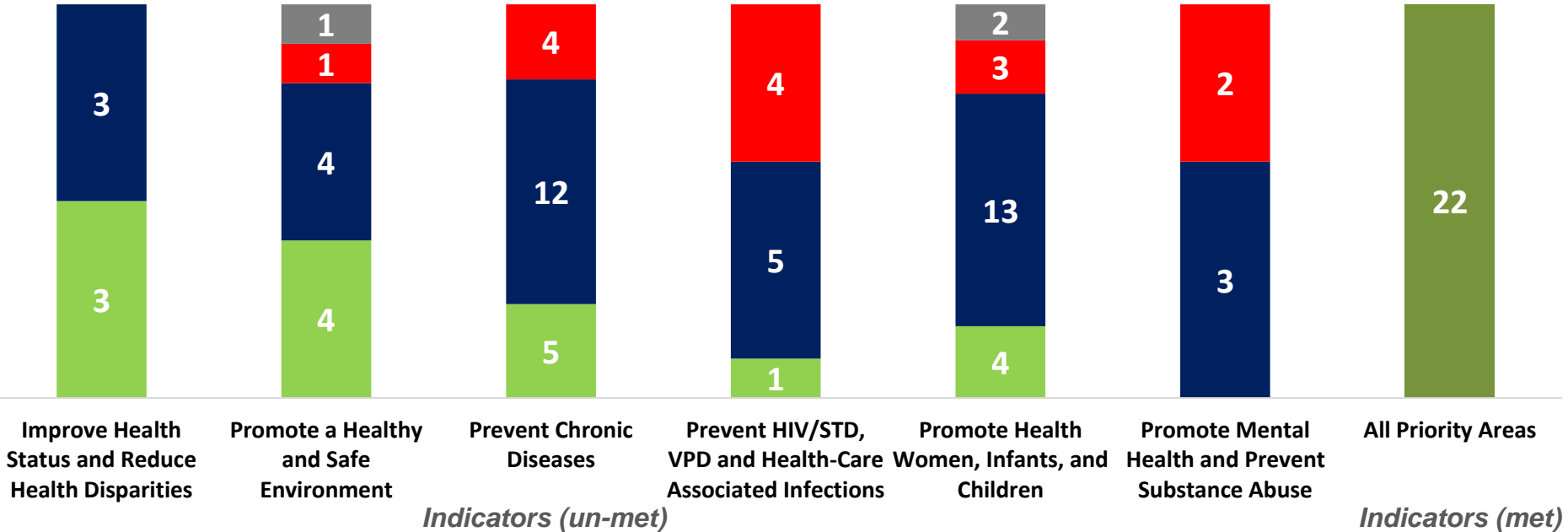
**NYS 2017
Rank = #10**

Data Source: America's Health Rankings

Prevention Agenda Dashboard measures progress on 96 statewide outcome indicators, including reductions in health disparities

Overall progress on 96 Prevention Agenda Indicators with details on unmet indicators

Improved Unchanged Worsened No Data Met



The Governor's Vision

- Advance a Health Across All Policies approach to incorporate health considerations into policies, programs and initiatives led by non-health agencies.
- Consider how all of our policies, programs and initiatives support us achieving the Governor's goal of becoming an age friendly state.
- Long term goal is to embed Health in all Policies and considerations for Healthy Aging into all aspects of our government work.

Health Across All Policies: A multi-sectoral approach to improving health



The New York Academy of Medicine,
developed for the International
Society for Urban Health. 2016.

Eight Domains of Age-friendly Communities



Outdoor space & buildings



Transportation



Communication & information



Housing



Respect & social inclusion



Social participation



Civic participation & employment



Community support & health services

World Health Organization, 2007

www.AgeFriendlyNYC.org



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Timeline for Updating the Prevention Agenda for 2019 - 2024

February-April 2018

- Assess health status and demographic changes, progress on Prevention Agenda objectives and key challenges, progress on local action
- Ad Hoc Committee members host meetings to obtain feedback
- Individuals/organizations encouraged to complete survey to provide feedback

May – September, 2018

- Ad Hoc Committee will meet to finalize focus areas and goals based on stakeholder feedback
- Committees will develop priority specific action plans
- Already established committees will be used where possible*
- organizations/individuals encouraged to participate in priority specific efforts*

October-December 2018

- Ad Hoc Committee with review and finalize Prevention Agenda 2019-2024 with the PHHPC
- NYS will use updated Prevention Agenda to launch next cycle of local planning



Local Community Health Improvement

Phases of Community Health Improvement Planning in NYS

Pre-Prevention Agenda

- Local health departments completed community health assessments (CHAs) and municipal public health service plans as per Article 6 of PH Law.
- Non profit hospitals completed community service plans (CSPs) as per Article 28 of PH Law. Plans were retrospective descriptions of actions taken to support community health.

Prevention Agenda 2008 - 2012

- 10 Priorities including access to care
- LHDs asked to conduct a CHA and to collaborate with hospitals to identify shared local priorities aligned with Prevention Agenda for action to be described in hospital CSPs.
- CSPs became prospective plans.
- Development and implementation of community health improvement efforts challenging.

Prevention Agenda 2013-2018

- 5 priorities focused on prevention
- LHDs asked to collaborate with hospitals and other partners on development of CHA and CHIPs.
- Hospitals asked to reflect collaborative CHA/CHP efforts in their CSP.
- NYSDOH provided feedback to both hospitals and LHDs and requiring annual updates
- Aligned guidance with PHAB and ACA requirements.

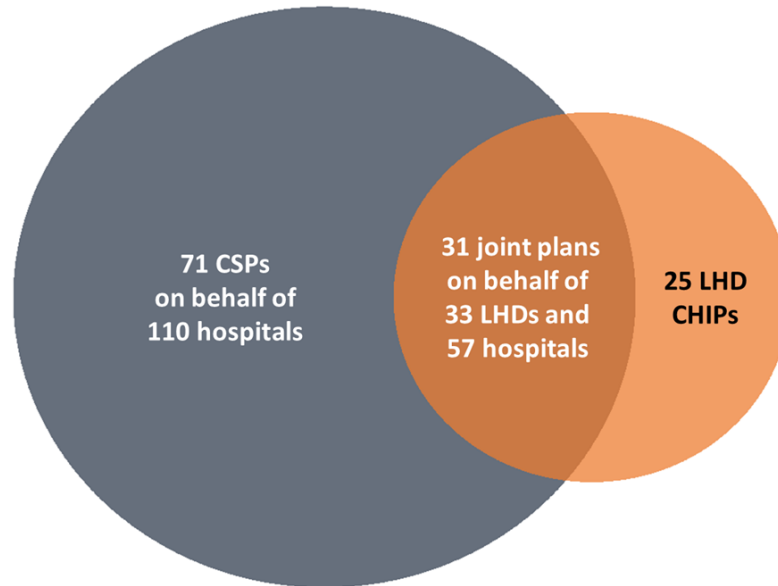
Promoting Collaboration in Planning Guidance

2016-2018 NYS DOH Guidance:

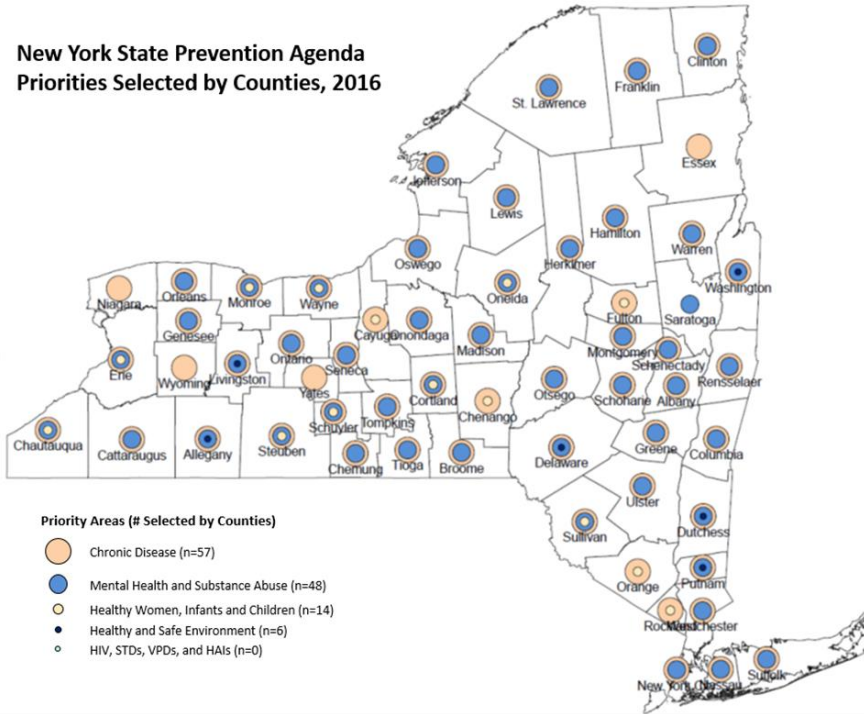
- Work with partners to identify common public health priorities
- Consider developing a single plan that serves as both the LHD's community health improvement plan (CHIP) and the hospital's community service plan (CSP)
- Describe process for how community was engaged to identify and select at least two "collaborative" health priorities aligned with the Prevention Agenda
- Outline how LHDs and hospitals are working with partners to address shared priorities, ensuring that at least one priority addresses a disparity

2016 – 2018 Community Health Improvement Plans Received

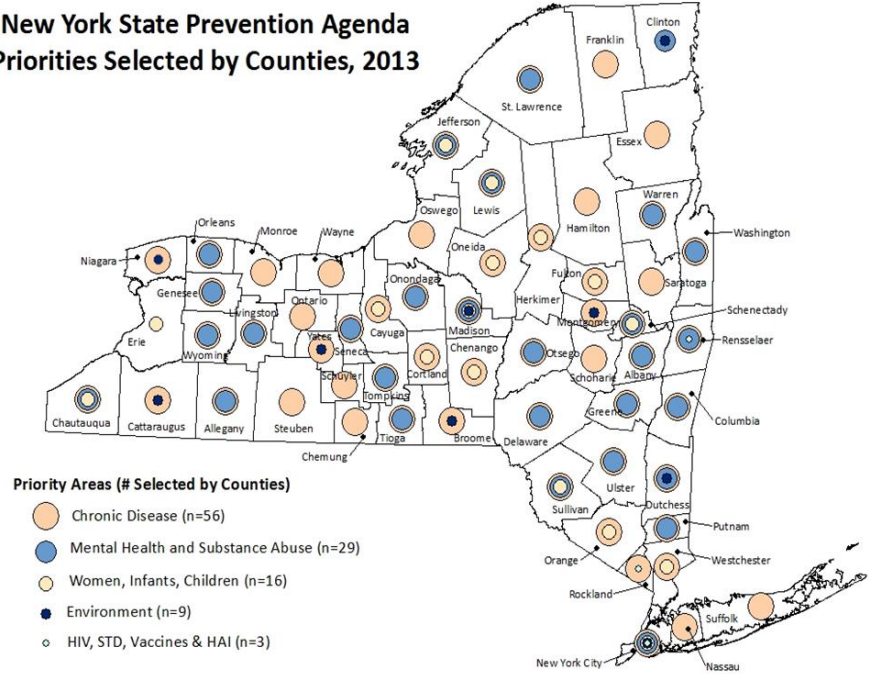
127 plans by 58 LHDs and 167 Hospitals



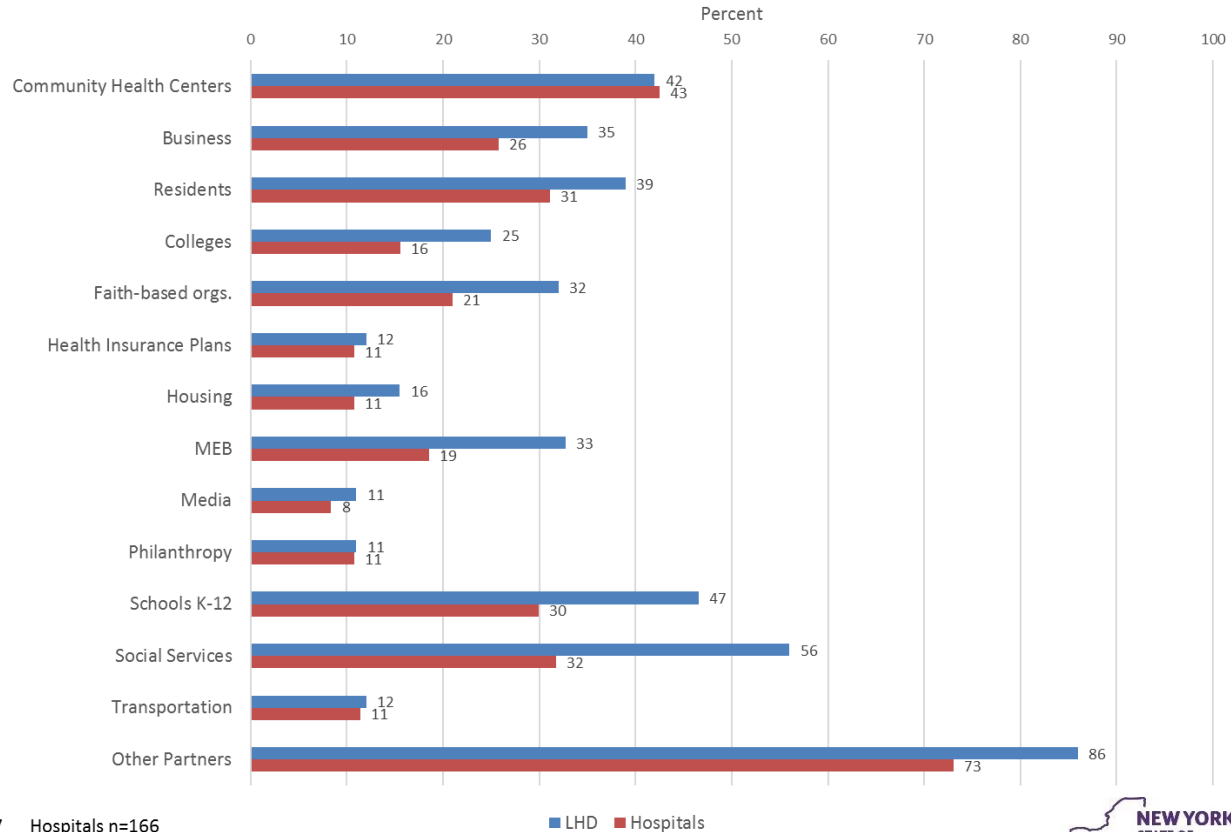
New York State Prevention Agenda Priorities Selected by Counties, 2016



New York State Prevention Agenda Priorities Selected by Counties, 2013



Prevent Chronic Diseases: Partners Engaged, December 2016



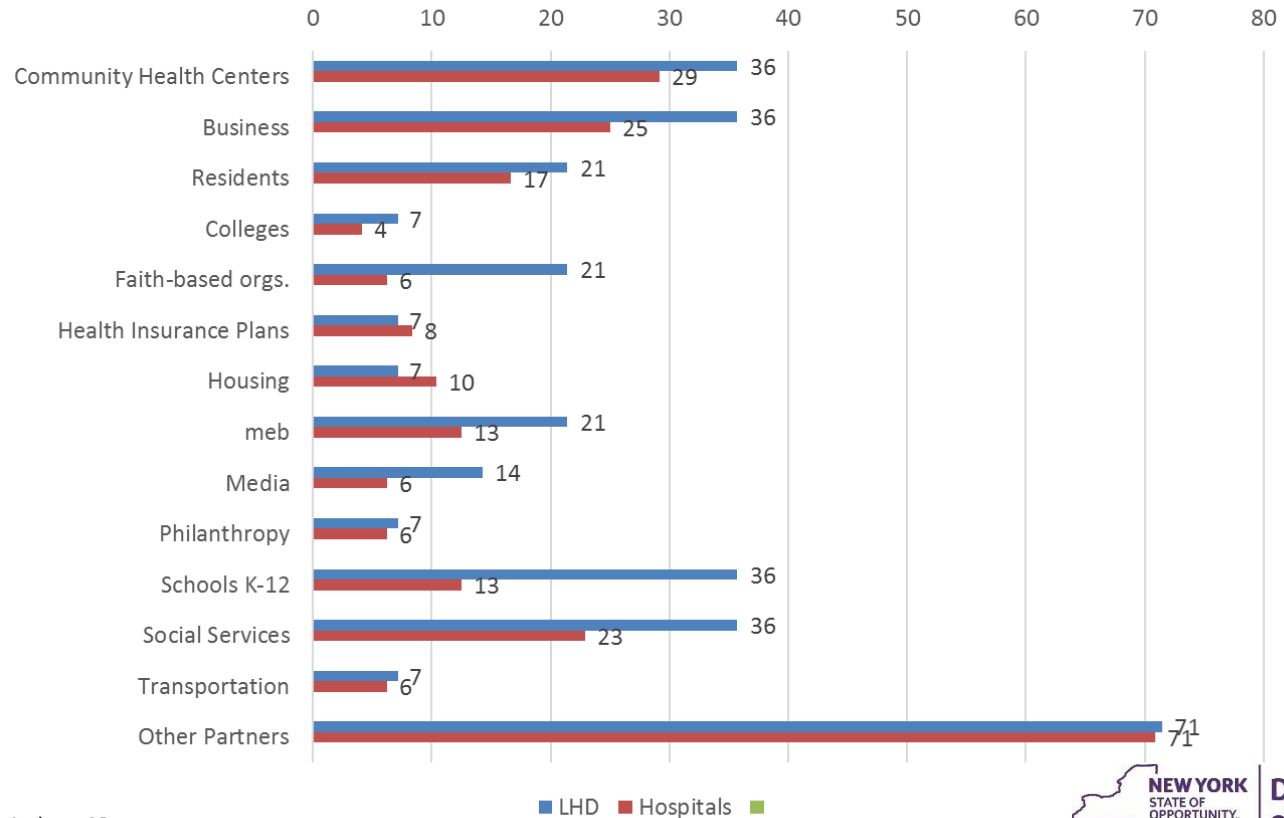
TOTALS: LHD n=57 Hospitals n=166

NOTE: Organizations often indicated working in more than one priority area



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Promote Healthy Women, Infants and Children: Partners Engaged, December 2016

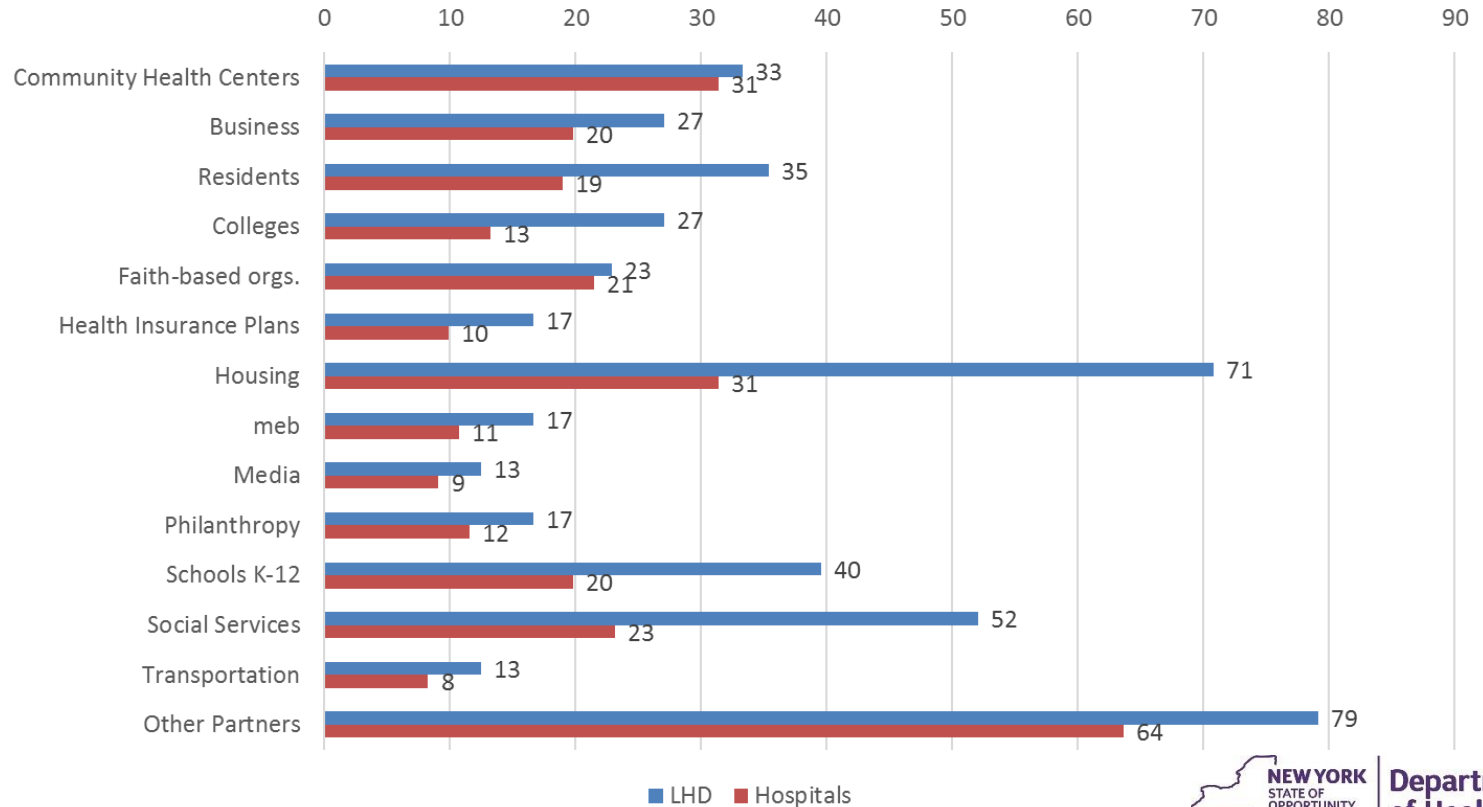


LHD n=14 Hospitals n=48

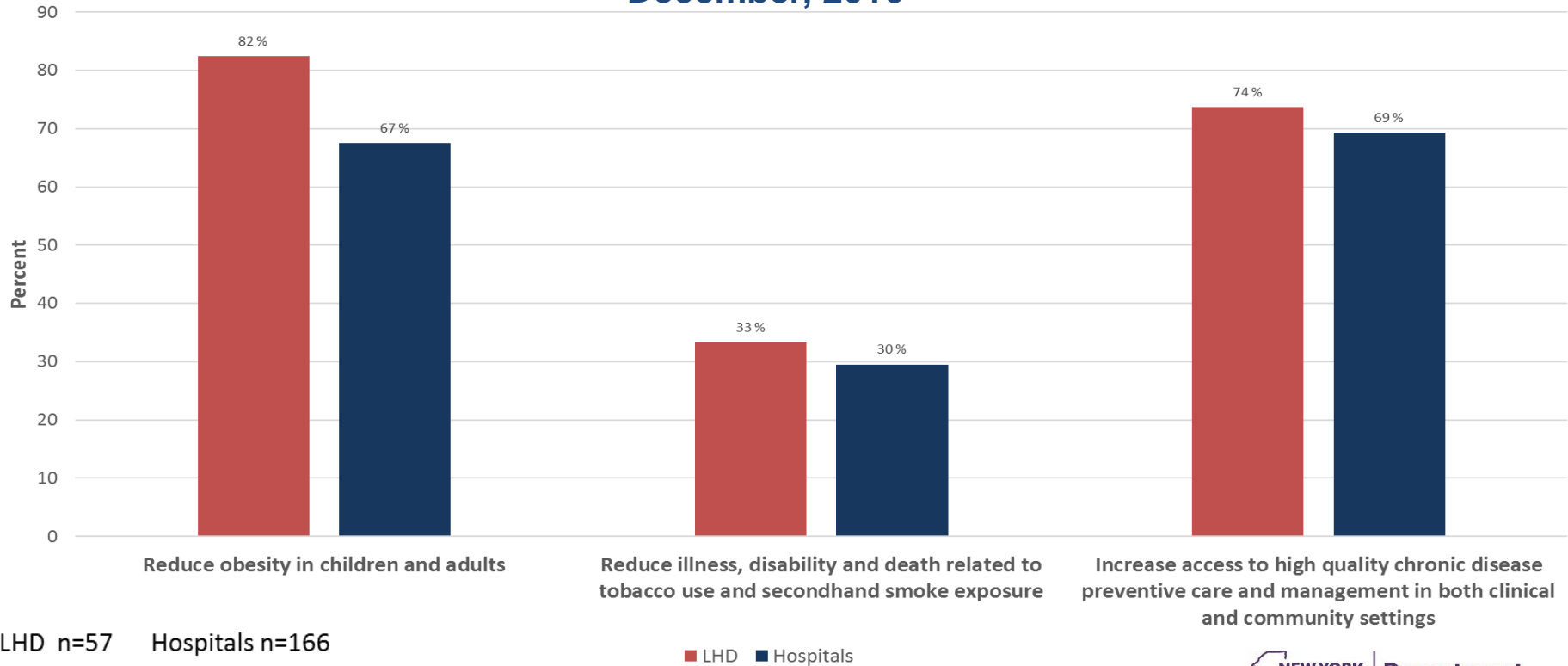


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Promote Mental Health Prevent Substance Abuse: Partners Engaged, December 2016

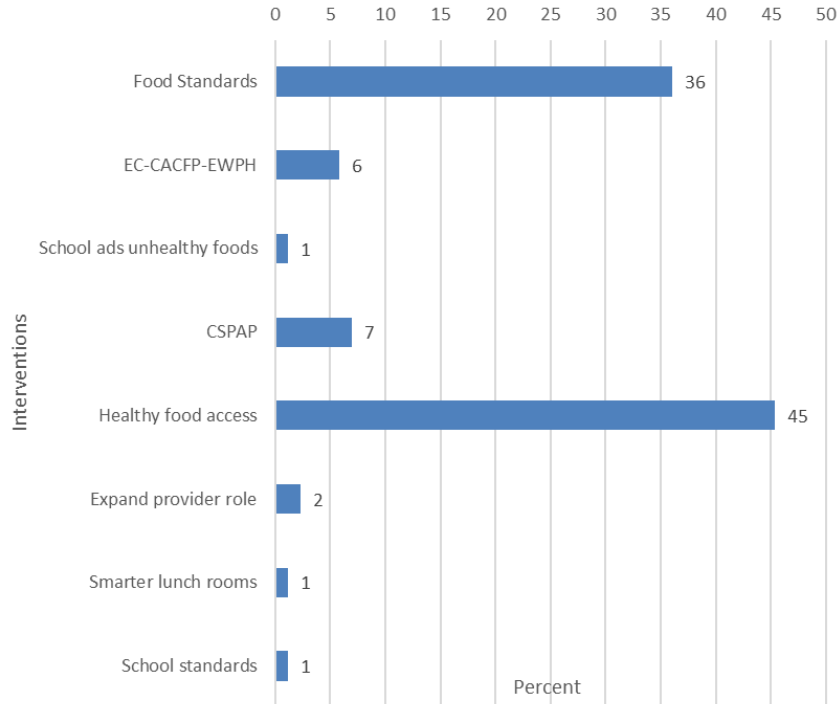


Preventing Chronic Disease Focus Areas Among Local Health Departments and Hospitals December, 2016



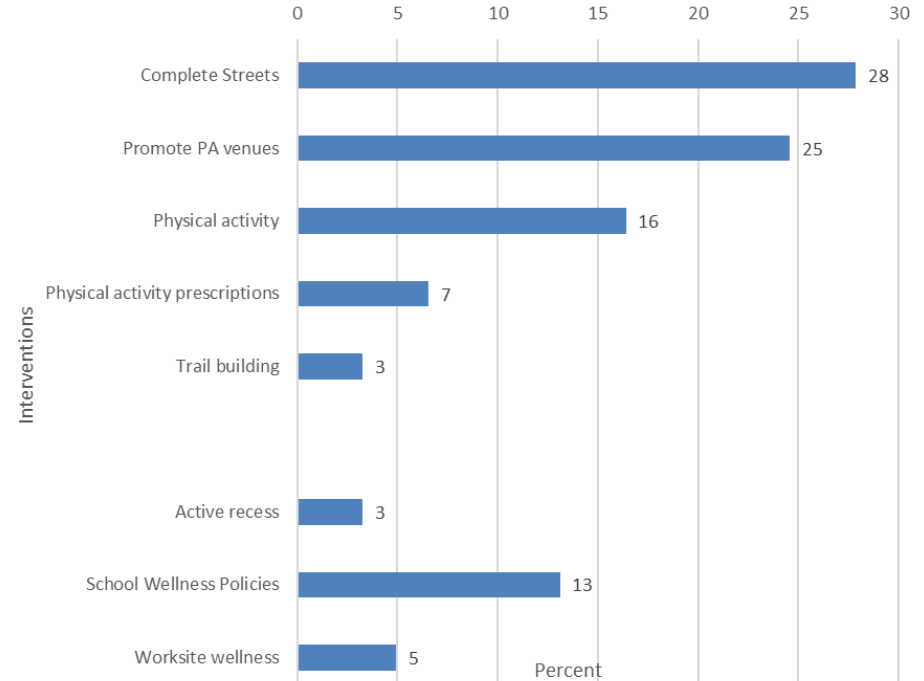
NOTE: Organizations often indicated working in more than one focus area in each of their chosen priority areas

Prevent Chronic Diseases- Nutrition Interventions



n=86

Prevent Chronic Diseases- Physical Activity & Wellness Interventions (%)



n=61



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Overall Notable Strengths and Challenges

Common strengths

- Concise executive summaries that can be used to communicate efforts
- Robust community health assessments with current data, comparisons with standards
- Included clear rationale for prioritization
- Collaboration with many partners and citizens in planning and implementation
- Working to promote health equity in at least one Priority Area

Common challenges

- Although a strength of many plans, a rationale for prioritization was not always clear
- About 15% of plans were not explicitly using evidence based interventions for two priorities
- Insufficient information on strategies to address disparities
- Lack of process for monitoring interventions
- Lack of description on process for sustaining improvement efforts

Moving Forward

- Continue to “encourage” collaboration
- Focus attention on action plans by providing template and annual review.
- Support localities by being specific about evidence based interventions and ways to measure progress.

NYS Prevention Agenda: Collaborating to become the Healthiest State

Sue Ellen Wagner, VP, Community Health

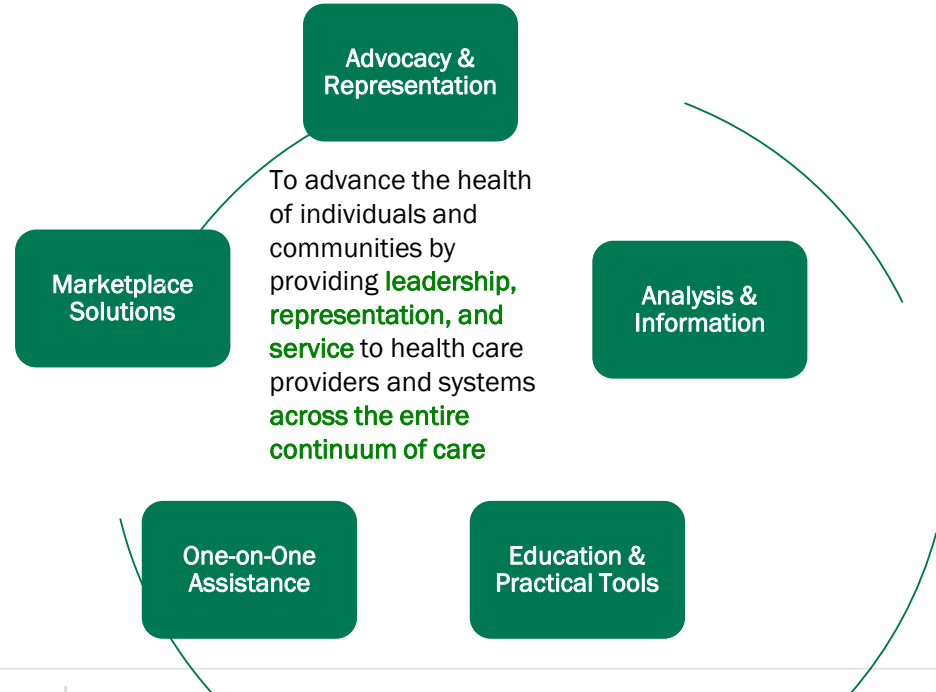
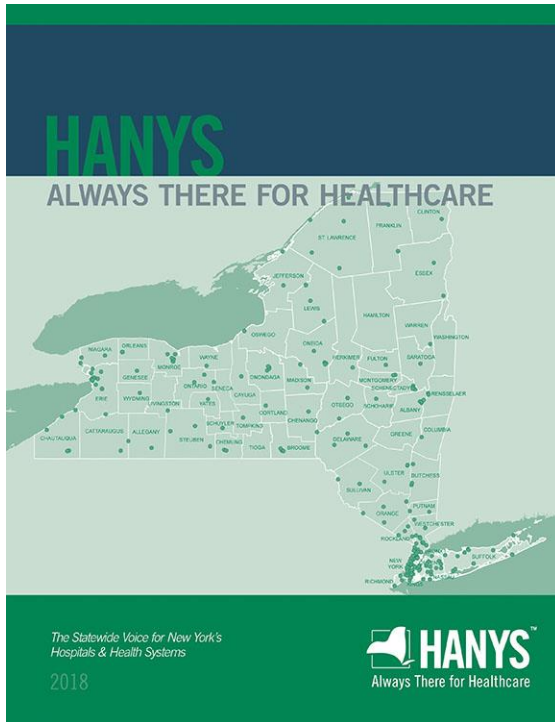
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Healthcare Association of New York State (HANYs)

Statewide Hospital and Continuing Care Association



Role of HANYS in the NYS Prevention Agenda

- Dedicated and experienced staff for community health policy
- Leader
- Convener
- Educator



HANYS as a Leader

- Original member of the state Public Health and Health Planning Council's Ad Hoc Prevention Committee - 2008
 - Contribute comments to the process
- Engage hospitals and health systems
- Gather member intelligence on wellness and prevention
- HANYS' Community Health Improvement Award

HANYS as a Convener

- Utilize member Community Health Task Force
- Collaborating with state DOH and New York State Association County Health Officials
- Co-Collaborator of grants – county health rankings, etc.
 - Partner with counties and state DOH

HANYS as an Educator

- Numerous webinars since 2008
 - Identify goals and objectives of Prevention Agenda
 - Share best practices
 - Share data sources
- Co-sponsored a state conference in 2016
 - Share best practices
 - Networking
- HTNYS Conference – Academy of Medicine Speaker
 - Trustee involvement

Keys to New York State's Successes

- Relationships and partnerships on state and local levels
- Leadership at state and local levels
- Consistent messaging to counties and hospitals
- Working around obstacles including timeframes for the hospital CHNA and Schedule H requirements
- DOH feedback to hospitals and counties on their community work
- Sharing best practices
- Providing hospitals and counties with data sources
- Prevention Agenda Dashboard - data