



Prevention Agenda 2013: A Blueprint for Community Action to Improve Health in New York State

March 28, 2013

Featured Speakers

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- Chair of the Public Health Committee of the Public Health and Health Planning Council
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Disclosure Statements

The planners and presenters do not have any financial arrangements or affiliations with any commercial entities whose products, research or services may be discussed in this activity.

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Nursing Contact Hours, CME and CHES credits are available.

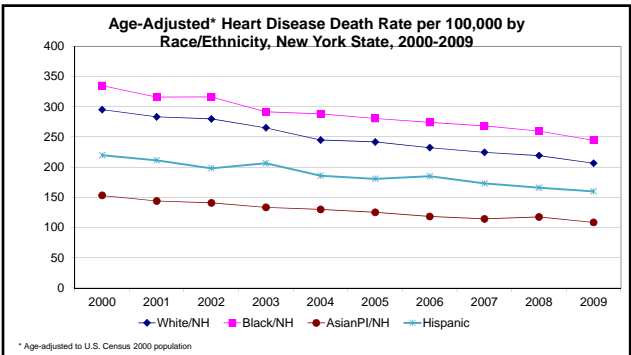
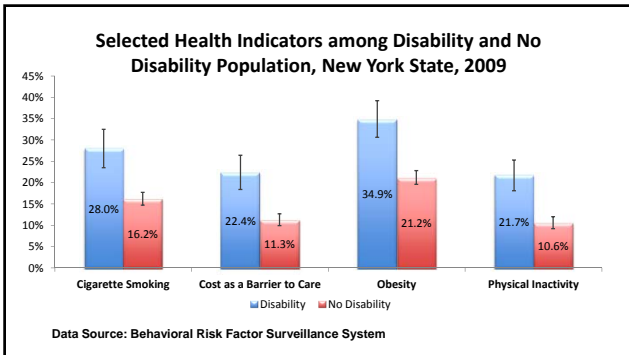
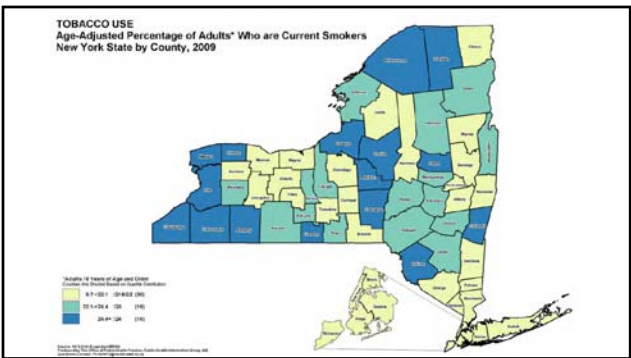
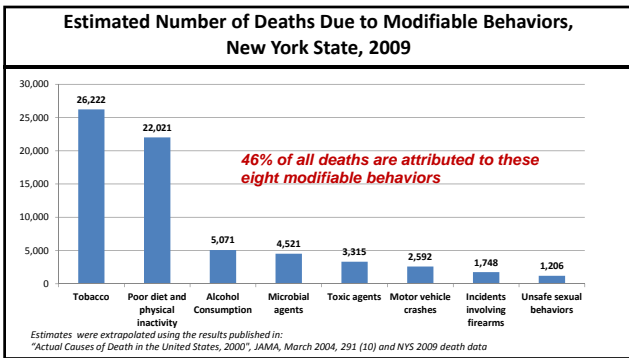
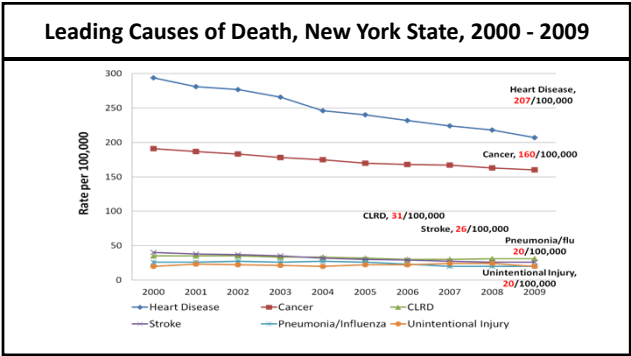
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Urgent Health Issues and Disparities in NYS

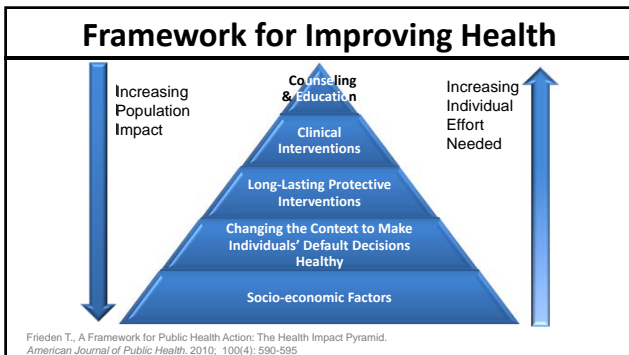
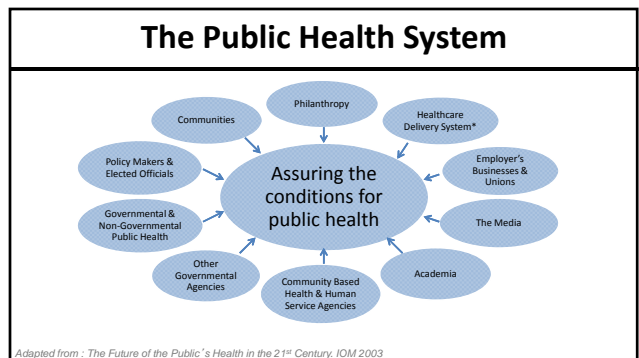
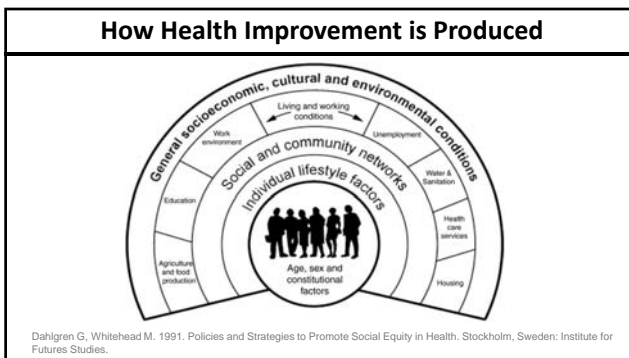


Lessons Learned: Prevention Agenda 2008-12

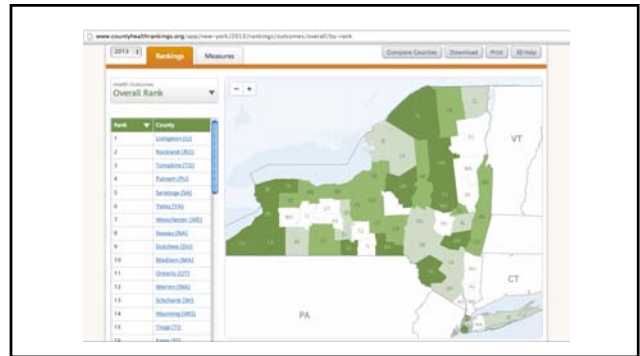
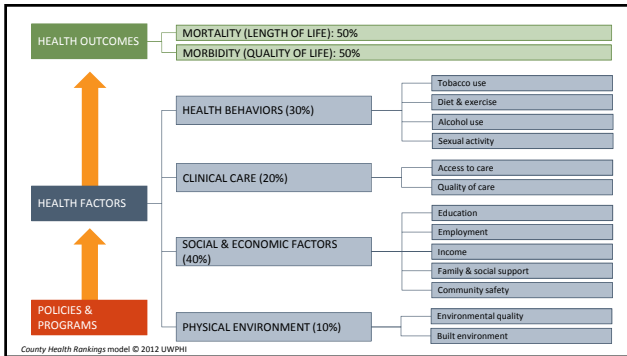
- Number of Priorities
- Participation at state and local levels
- Implementing evidence based interventions
- Technical Assistance Needs

Prevention Agenda 2013-2017: Ad Hoc Leadership Group

- Six members of Public Health Committee and other leaders from Healthcare, Business, Academia, Community-based & Local Health Departments.



County Health Rankings



Goals: Prevention Agenda 2013-17

1. Improve the health status of all New Yorkers and close health disparities.
2. Advance a “Health in All Policies” approach that addresses the broader determinants of health
3. Strengthen public health infrastructure

Goals: Prevention Agenda 2013-17

4. Create and strengthen sustainable public-private and multi-sector partnerships
5. Further strengthen and promote the case for investment in prevention and public health

The Federal, State & Local Context

- Health Care Reform: National and State
- Align and prioritize ongoing New York State Department of Health programming
- Align with New York’s Hospital Community Service Plans
- Align with Local Health Department Community Health Assessments & Improvement Plans

CHAs & CSPs

- Local (County) Health Department Community Health Assessment (CHA) & Community Health Improvement Plan
 - Due November 15, 2013; covers years 2014-2017
- Hospital Community Service Plans (CSPs)
 - Due November 15, 2013, covers years 2013-15
- Plans need to choose two Prevention Agenda priorities and at least one needs to address a disparity

| Five Prevention Agenda Priorities |
|--|
| <ol style="list-style-type: none"> 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: |
|---|
| <ul style="list-style-type: none"> • Focus Areas <ul style="list-style-type: none"> • Goals <ul style="list-style-type: none"> • Measurable Objectives • Interventions <ul style="list-style-type: none"> • By Sector • By Health Impact Pyramid |

| Selecting Interventions |
|---|
| <ul style="list-style-type: none"> • Identified evidence based, promising and next policies, programs, and practices for action • Assessed potential to address health disparities, ability to measure success, potential reach, and potential for broad partner support and collaboration. • Finalized by committees • Selection serves as starting point. |

| Prevent Chronic Diseases |
|--|
| <ul style="list-style-type: none"> • Reduce Obesity in Children and Adults • Reduce illness, disability and death related to tobacco use and secondhand smoke • Increase access to high quality chronic disease preventive care and management in clinical and community settings |

| Focus Area 1: Reduce obesity in children and adults |
|---|
| <ul style="list-style-type: none"> • Goal: Create community environments that promote and support healthy food and beverage choices and physical activity. • Objective: <p>By December 31, 2017, reduce the percentage of adults ages 18 years and older who are obese:</p> <ul style="list-style-type: none"> • By 5% from 24.5% (2011) to 23.2% among all adults. • By 5% from 26.8% (2011) to 25.4% among adults with an annual household income of < \$25,000. • By 10% from 34.9% (2011) to 31.4% among adults with disabilities. |

| Intervention Examples | |
|--|---|
| Health Impact Pyramid Levels | <i>Focus Area: Reduce obesity in children and adults.</i> |
| 1. Counseling and Education | Ensure public and private health insurance coverage of, access to and incentives for breastfeeding education, lactation counseling and support. |
| 2. Clinical Interventions | Increase capacity of primary care and other providers to implement screening, prevention and treatment measures for obesity in children and adults through quality improvement and other training methods, plus reimbursement and payment incentives. |
| 3. Long-Lasting Protective Interventions | Develop community partnerships to increase comprehensive worksite wellness programs among small- to medium-sized employers. |

Intervention Examples

| Health Impact Pyramid Levels | Focus Area: Reduce obesity in children and adults. |
|---|--|
| 4. Changing the Context to Make Individuals' Decisions Healthy | <ul style="list-style-type: none"> Define/innovate business models that support increased use of healthy, locally grown/developed/ minimally processed foods. Adopt policies and implement practices to increase access to affordable healthy foods for individuals living in group homes or adult homes for people with disabilities. |
| 5. Socio-economic Factors | <ul style="list-style-type: none"> Develop and implement community-led, place-based interventions targeted to address the social determinants of health in high-priority vulnerable communities. Reduce educational disparities by race, ethnicity, and income that underlie disparities in obesity risk factors, obesity, and obesity-related diseases. |

Interventions by Sector

| Sector | Distribution of Interventions by Sector |
|--|---|
| Healthcare Delivery System | <ul style="list-style-type: none"> Adopt hospital policies to support use of healthy, locally grown foods in cafeteria and patient meals. Adopt healthy meal and beverage standards for meals sold and served in hospitals. |
| Employers, Businesses, and Unions | <ul style="list-style-type: none"> Partner with regional economic development councils for messaging on obesity prevention, including promoting access to healthy foods and increasing opportunities for physical activity. Site businesses with access to transit, walking and bicycling facilities, and develop workplace incentives to encourage active commuting. |
| Media | <ul style="list-style-type: none"> Use public service announcements to promote healthy eating, physical activity and breastfeeding. |

Interventions by Sector

| Sector | Distribution of Interventions by Sector |
|--|---|
| Academia | <ul style="list-style-type: none"> Develop information for regional economic development councils about the benefits of locally produced, minimally processed foods. |
| Community-Based Health & Human Service Organization | <ul style="list-style-type: none"> Expand public-private partnerships to implement community-based obesity preventive services. |
| Governmental Agencies | <ul style="list-style-type: none"> Develop standards for healthy eating and physical activity for individuals in group homes and adult homes. |

Interventions by Sector

| Sector | Distribution of Interventions by Sector |
|---------------------------------------|---|
| Non-Governmental Public Health | <ul style="list-style-type: none"> Provide technical assistance to community groups and local government wishing to create or enhance parks, playgrounds and trails as physical activity opportunities for residents, including those with disabilities. |
| Policymakers Elected Officials | <ul style="list-style-type: none"> Implement measures to preserve green space equitably, especially throughout urban neighborhoods. |
| Communities | <ul style="list-style-type: none"> Mobilize advocates to increase demand for healthy environments, food choices and improved opportunities for physical activity. |
| Philanthropy | <ul style="list-style-type: none"> Provide resources to communities for obesity prevention interventions. |

The Public Health System's Role in Obesity Prevention



Promote Mental Health, Prevent Substance Abuse

- Promote Mental, Emotional, and Behavioral Health;
- Prevent Substance Abuse and Other MEB Disorders; and
- Strengthen Infrastructure Across Systems.

Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare-Associated Infections

- Vaccine-Preventable Diseases
- Human immunodeficiency virus (HIV)
- Sexually Transmitted Diseases (STDs)
- Hepatitis C Virus (HCV)
- Healthcare Associated Infections

Promote Healthy Women, Infants, and Children

- Maternal and Infant Health
- Preconception and Reproductive Health
- Child Health

Promote a Healthy and Safe Environment

- Injuries, Violence and Occupational Health;
- Air Quality;
- Water Quality; and
- Built Environment.

Measurable Objectives

- 58 objectives will be tracked annually
- 31 objectives with disparity and/or high risk populations
- Data will be available
 - by county for 43 objectives
 - by healthcare plan for 4 objectives
 - by hospital for 2 objectives

http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/indicators/2013/indicator_map.htm

| Indicator | Unit | 2008-2010 | 2010-2012 | 2012-2014 | 2014-2016 | 2016-2018 | 2018-2020 | 2020-2022 | 2022-2024 | 2024-2026 | 2026-2028 | 2028-2030 |
|---|------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Improve Health Status and Reduce Health Disparities | | | | | | | | | | | | |
| 1. Percentage of premature deaths (before age 65 years) | % | 12.4 | 12.4 | 12.4 | 12.4 | 12.4 | 12.4 | 12.4 | 12.4 | 12.4 | 12.4 | 12.4 |
| 2. Ratio of Black non-Hispanic to White non-Hispanic | | 1.76 | 1.76 | 1.76 | 1.76 | 1.76 | 1.76 | 1.76 | 1.76 | 1.76 | 1.76 | 1.76 |
| 3. Ratio of Black non-Hispanic to White non-Hispanic | | 1.76 | 1.76 | 1.76 | 1.76 | 1.76 | 1.76 | 1.76 | 1.76 | 1.76 | 1.76 | 1.76 |
| 4. Age-adjusted pneumonia hospitalizations rate per 10,000 - Ages 18+ years | | 137.2 | 137.2 | 137.2 | 137.2 | 137.2 | 137.2 | 137.2 | 137.2 | 137.2 | 137.2 | 137.2 |
| 5. Ratio of Black non-Hispanic to White non-Hispanic | | 1.76 | 1.76 | 1.76 | 1.76 | 1.76 | 1.76 | 1.76 | 1.76 | 1.76 | 1.76 | 1.76 |
| 6. Percentage of adults with health insurance - Ages 18 and over | % | 87.8 | 87.8 | 87.8 | 87.8 | 87.8 | 87.8 | 87.8 | 87.8 | 87.8 | 87.8 | 87.8 |
| 7. Percentage of adults with health insurance - Ages 18+ years | % | 87.8 | 87.8 | 87.8 | 87.8 | 87.8 | 87.8 | 87.8 | 87.8 | 87.8 | 87.8 | 87.8 |
| 8. Age-adjusted percentage of adults who have a regular health care provider - Ages 18+ years | % | 80.8 | 80.8 | 80.8 | 80.8 | 80.8 | 80.8 | 80.8 | 80.8 | 80.8 | 80.8 | 80.8 |
| Promote a Healthy and Safe Environment | | | | | | | | | | | | |
| 9. Rate of non-infectious death by falls per 10,000 - Ages 18+ years | | 10.1 | 10.1 | 10.1 | 10.1 | 10.1 | 10.1 | 10.1 | 10.1 | 10.1 | 10.1 | 10.1 |
| 10. Rate of emergency department visits due to falls per 10,000 - Ages 1+ years | | 131.2 | 131.2 | 131.2 | 131.2 | 131.2 | 131.2 | 131.2 | 131.2 | 131.2 | 131.2 | 131.2 |
| 11. Age-adjusted hospitalization rate per 10,000 | | 1.46 | 1.46 | 1.46 | 1.46 | 1.46 | 1.46 | 1.46 | 1.46 | 1.46 | 1.46 | 1.46 |
| 12. Ratio of Black non-Hispanic to White non-Hispanic | | 1.76 | 1.76 | 1.76 | 1.76 | 1.76 | 1.76 | 1.76 | 1.76 | 1.76 | 1.76 | 1.76 |
| 13. Ratio of low income ZIP codes to non-low income ZIP codes | | 1.06 | 1.06 | 1.06 | 1.06 | 1.06 | 1.06 | 1.06 | 1.06 | 1.06 | 1.06 | 1.06 |
| 14. Rate of occupational injuries treated in ED per 10,000 employees - Ages 15-19 years | | 10.6 | 10.6 | 10.6 | 10.6 | 10.6 | 10.6 | 10.6 | 10.6 | 10.6 | 10.6 | 10.6 |
| 15. Percentage of construction site visits in a jurisdiction that adopted the OSHA Safety Communication | % | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| 16. Percentage of construction site visits in a jurisdiction that adopted the OSHA Safety Communication | % | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| 17. Percentage of construction site visits in a jurisdiction that adopted the OSHA Safety Communication | % | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| 18. Percentage of construction site visits in a jurisdiction that adopted the OSHA Safety Communication | % | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| 19. Percentage of construction site visits in a jurisdiction that adopted the OSHA Safety Communication | % | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Prevent Chronic Diseases | | | | | | | | | | | | |
| 20. Age-adjusted percentage of adults who are obese | % | 21.7 | 21.7 | 21.7 | 21.7 | 21.7 | 21.7 | 21.7 | 21.7 | 21.7 | 21.7 | 21.7 |

Prevention Agenda Website and County Indicators

Next Steps in Implementation

- **Community Service Plans and Community Health Assessments and Health Improvement Plans due November , 2013**
- **DOH Communication Strategy**
- **Technical Support**

Communications Plan

| Activity |
|--|
| Develop Strategic Marketing and Communications Plan |
| Develop Marketing and Communications Outreach Strategy |
| Develop Framework for Tool Kit |
| Media Spokespersons Training |
| Web content and media materials |

Technical Support

- **Contracting with statewide organization and five regional organizations to provide support to local community health coalitions**
- **3 Webinars:**
 - Coalition building and sustaining partnerships,
 - Identifying priorities based on data and selecting evidence based interventions for implementation;
 - Using a CQI approach to test and implement interventions, including establishing performance measures.
- **Local Technical Support**

For More Information on New York State's Prevention Agenda 2013-17



prevention@health.state.ny.us

Selected Resources

Community Health Assessment Improvement

Cath. Health Assc. Assessing/Addressing Community Health Needs
http://www.chausa.org/Pages/Our_Work/Community_Benefit/Assessing_and_Addresssing_Community_Health_Needs/
 NACCHO Community Health Assessment and Improvement Planning
<http://www.naccho.org/topics/infrastructure/CHAIP/index.cfm>

Selected Resources

Data Resources

NYS DOH Community Health Indicator Reports
<http://www.health.ny.gov/statistics/chac/indicators/>
 County Health Rankings
www.countyhealthrankings.org/
 Community Health Data Video Resources
<http://www.empirestatephtc.org/videos/vid-cadir.cfm>

Evaluations

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