June 17, 2016

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Make New York the Healthiest State

New York State Prevention Agenda
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 community health improvement

- Incorporated into NYS Health Care Reform Initiatives
Prevention Agenda 2013-2018: Ad Hoc Leadership Group

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

Final Priorities based on active participation from members of committee and stakeholder feedback
Estimated Number of Deaths Due to Modifiable Behaviors
NY State, 2013

<table>
<thead>
<tr>
<th>Behavioral Category</th>
<th>Estimated Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>26,688</td>
</tr>
<tr>
<td>Poor diet and physical inactivity</td>
<td>24,476</td>
</tr>
<tr>
<td>Alcohol consumption</td>
<td>5,161</td>
</tr>
<tr>
<td>Microbial agents</td>
<td>4,571</td>
</tr>
<tr>
<td>Toxic agents</td>
<td>3,391</td>
</tr>
<tr>
<td>Motor vehicle crashes</td>
<td>2,654</td>
</tr>
<tr>
<td>Firearm-related incidents</td>
<td>1,769</td>
</tr>
<tr>
<td>Unsafe sexual behaviors</td>
<td>1,180</td>
</tr>
</tbody>
</table>

47% of all deaths are attributed to these eight modifiable behaviors

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 2013 death data
What Determines Health?

Figure 1. Determinants of Health and Their Contribution to Premature Death. Adapted from McGinnis et al.10

Schroeder NEJM 2007
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

- Increasing Individual Effort Needed
- Increasing Population Impact

1. Socio-Economic Factors
2. Changing the Context to Make Individuals' Default Decisions Healthy
3. Long-Lasting Protective Interventions
4. Clinical Interventions
5. Counseling & Education

- Eat Healthy, Be Physically Active
- Rx for High BP, cholesterol, diabetes, etc.
- Immunizations, colonoscopy, brief smoking intervention, etc.
- Smoke free laws, fluoridation, folic acid fortification, trans fat ban, etc.
- Poverty, education, housing, safe streets.

Local Community Health Planning

• Informed by:
  – NYS Public Health Law requirements for Local Health Departments and Hospitals
  – Experience with Prevention Agenda 2008-12
  – Public Health Accreditation Standards
  – Affordable Care Act Community Benefit Rules

• Guidance intended to facilitate responses to these requirements and promote collaboration to identify shared goals and actions to address them.
Prevention Agenda Timeline (extended to 2018)

Prevention Agenda 2008 - 2012
- LHD 2014-17
- CHA Hospital 2013-15 CSP

Prevention Agenda Update Survey (LHDs and Hospitals)
- 2013
- 2014
- 2015
- 2016
- 2017
- 2018
- 2019
- 2020

2016-18 Community Health Improvement Plans and CSPs by LHDs and Hospitals

Prevention Agenda Update Survey (LHDs and Hospitals)

Prevention Agenda Update Survey (LHDs and Hospitals)

2019-2021 3 year LHD and Hospital Planning

Prevention Agenda 2019-2024

DSRIP (April 2014 – April 2020)

SIM (2015 – 2019)
Community Health Needs Assessment Requirements

• Describe community being assessed (county or multiple counties)
• Review existing assessments as well as other data (Dashboard, County Health Rankings, etc.) to identify health issues of concern
• Conduct and describe community engagement process used to review data and identify priorities
• Identify two Prevention Agenda priorities and at least one health disparity to be addressed with community partners
Community Health Improvement Plan
Requirements

• For each priority:
  – Describe goals, objectives, evidence-based interventions, process and outcome measures
  – List actions that each LHD and hospital will take to address priorities and resources that will be available to address need (as per IRS required implementation strategy)

• Explain how engagement of partners will be sustained and how partners will track progress

• Describe dissemination of plan to community
Community Health Improvement Plan
Requirements for Hospitals

Asks Hospitals to:

– Submit Schedule H from IRS form 990 so NYS can track investments
– Invest in Prevention Agenda implementation activities and document them in community benefit reporting to IRS
– Align NYS Medicaid Reform (“DSRIP”) work with local community health improvement efforts to support Prevention Agenda goals

Goal is increased investments in the community health improvement and community building categories of community benefit, and in evidence-based interventions described in the Prevention Agenda.

New York State Prevention Agenda
Priorities Selected by Counties, 2013

Priority Areas (# Selected by Counties)
- Chronic Disease (n=57)
- Mental Health and Substance Abuse (n=30)
- Women, Infants, Children (n=16)
- Environment (n=9)
- HIV, STD, Vaccines & HAI (n=3)
Percentage of Local Health Departments, Hospitals Reporting on at least One Intervention by Priority Area, December 2015

- Prevent Chronic Diseases: 94.8% (LHDs) 94.5% (Hospitals)
- Promote a Health and Safe Environment: 10.3% (LHDs) 9.4% (Hospitals)
- Promote Health Women, Infants and Children: 25.9% (LHDs) 29.9% (Hospitals)
- Promote Mental Health And Prevent Substance Abuse: 40.4% (LHDs) 28.3% (Hospitals)
- Prevent HIV/STDs, VaccinePreventableDisease, and HealthcareAssociatedInfections: 3.4% (LHDs) 7.9% (Hospitals)

LHDs N=58  Hospitals N=127

Priority Area

LHD  Hospitals
Increase participation of adult with arthritis, asthma, cardiovascular disease, or diabetes in a course or class to learn how to manage their condition.

Create linkages with local health care systems to connect patients to community preventative resources.

Increase the number of public and private employers and service providers in your county to adopt standards for healthy food and beverage procurement.

Increase the number of passed municipal complete streets policies.

### Percent

<table>
<thead>
<tr>
<th>Category</th>
<th>LHDs N=70</th>
<th>Hospitals N=158</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>30.0</td>
<td>39.0</td>
</tr>
<tr>
<td>Increase participation of adult with arthritis, asthma, cardiovascular</td>
<td>25.7</td>
<td>27.7</td>
</tr>
<tr>
<td>disease, or diabetes in a course or class to learn how to manage their</td>
<td></td>
<td></td>
</tr>
<tr>
<td>condition.</td>
<td>11.4</td>
<td>13.8</td>
</tr>
<tr>
<td>Create linkages with local health care systems to connect patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>to community preventative resources.</td>
<td>10.0</td>
<td>3.1</td>
</tr>
<tr>
<td>Increase the number of public and private employers and service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>providers in your county to adopt standards for healthy food and</td>
<td>7.1</td>
<td>2.5</td>
</tr>
<tr>
<td>beverage procurement.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase the number of passed municipal complete streets policies.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

LHDs: Local Health Departments
Hospitals: Hospitals
Administer screening programs such as SBIRT, Symptom Checklist 90 etc.  
Build community coalitions that advance the State's 'Suicide as a Never Event' through promotion and prevention activities  
Engage communities in action and create supportive environments with the goal of improving social environment, which is known to impact physical and mental health

Mental Health Interventions

LHDs N=23  Hospitals N=36
Are Prevention Agenda Interventions Included in Community Benefit Reporting? 2014 vs 2015

- **Just one on Schedule H**
  - 2014: 14.6%
  - 2015: 11.0%

- **Yes both on Schedule H**
  - 2014: 39%
  - 2015: 61.4%

- **No**
  - 2014: 22.8%
  - 2015: 11.8%

- **Unsure**
  - 2014: 23.6%
  - 2015: 15.8%
In 2012, community benefit accounted for 11% of NYS hospitals’ total expenses, including 0.5% of expenses for community health improvement.

<table>
<thead>
<tr>
<th>Community Benefit</th>
<th>Percentage of Total Operating Expenses Nationally, 2009</th>
<th>Percentage of Total Operating Expenses NYS, 2010</th>
<th>Percentage of Total Operating Expenses NYS, 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Categories</td>
<td>7.5%</td>
<td>10.26%</td>
<td>11.04%</td>
</tr>
<tr>
<td>Charity Care</td>
<td>1.9</td>
<td>1.04</td>
<td>1.03</td>
</tr>
<tr>
<td>Unreimbursed Costs for Means Tested Government Programs</td>
<td>3.4</td>
<td>3.62</td>
<td>3.79</td>
</tr>
<tr>
<td>Subsidized Health Services</td>
<td>1.1</td>
<td>1.13</td>
<td>1.02</td>
</tr>
<tr>
<td>Community Health Improvement</td>
<td>0.4</td>
<td>0.42</td>
<td>0.53</td>
</tr>
<tr>
<td>Cash or In Kind Contributions</td>
<td>0.2</td>
<td>0.04</td>
<td>0.04</td>
</tr>
<tr>
<td>Research</td>
<td>0.1</td>
<td>0.91</td>
<td>1.11</td>
</tr>
<tr>
<td>Health Professions Education</td>
<td>0.4</td>
<td>3.09</td>
<td>3.44</td>
</tr>
</tbody>
</table>

Prevention Agenda Dashboard

### Albany County - Prevention Agenda (PA) indicators

#### Prevent Chronic Diseases

**14 - Percentage of adults who are obese**
- **Albany**: 25.7
- **NYS**: 24.9
- **PA 2017**: 23.2
- **Indicator Performance**: NO SIGNIFICANT CHANGE

**15 - Percentage of children and adolescents who are obese**
- **Albany**: 17.0
- **NYS excl NYC**: 17.3
- **FA 2017**: 16.7
- **Indicator Performance**: IMPROVED

**16 - Percentage of cigarette smoking among adults**
- **Albany**: 16.3
- **NYS**: 15.6
- **PA 2017**: 15.0
- **Indicator Performance**: NO SIGNIFICANT CHANGE

**17 - Percentage of adults who received a colorectal cancer screening based on the most recent guidelines - Aged 50-75 years**
- **Albany**: 72.8
- **NYS**: 69.3
- **PA 2017**: 71.4
- **Indicator Performance**: NO SIGNIFICANT CHANGE

**18 - Asthma emergency department visit rate per 10,000 population**
- **Albany**: 64.1
- **NYS**: 85.7
- **PA 2017**: 75.1
- **Indicator Performance**: SIGNIFICANTLY WORSENED

**19 - Asthma emergency department visit rate per 10,000 - Aged 0-4 years**
- **Albany**: 184.3
- **NYS**: 221.3
- **PA 2017**: 196.5
- **Indicator Performance**: NO SIGNIFICANT CHANGE

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Progress on Outcome Objectives

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

As of May 2016:

- 24 of the objectives were met
- 19 indicators show progress (15 with significant improvement)
- 36 not met and staying the same
- 10 not met and going in wrong direction
- Of 29 objectives tracking health disparities, making progress on 7
Thank you!

Questions about the Prevention Agenda?
Visit the Website or contact us:

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