



Department of Health

Make New York the Healthiest State

New York State Prevention Agenda



June 17, 2016

Sylvia Pirani, MPH, MS Director, Office of Public Health Practice

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

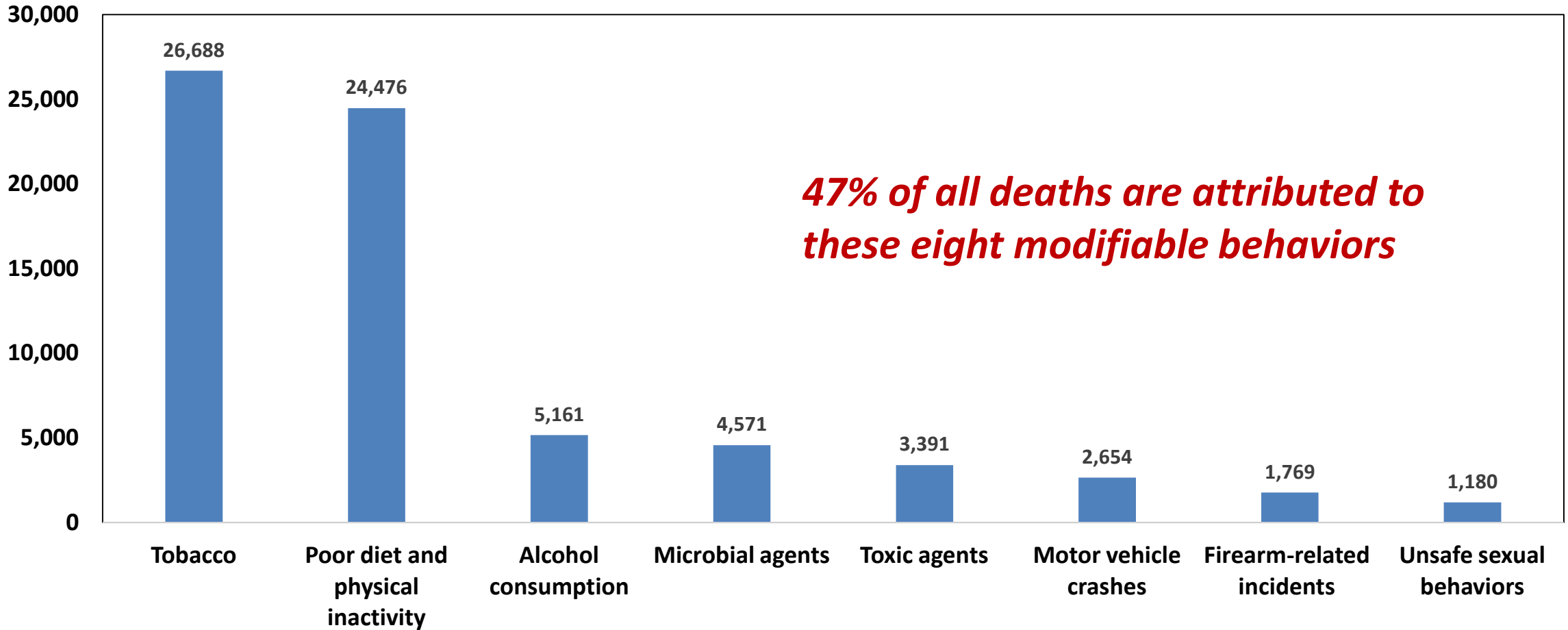
Prevention Agenda 2013-2018: Ad Hoc Leadership Group

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

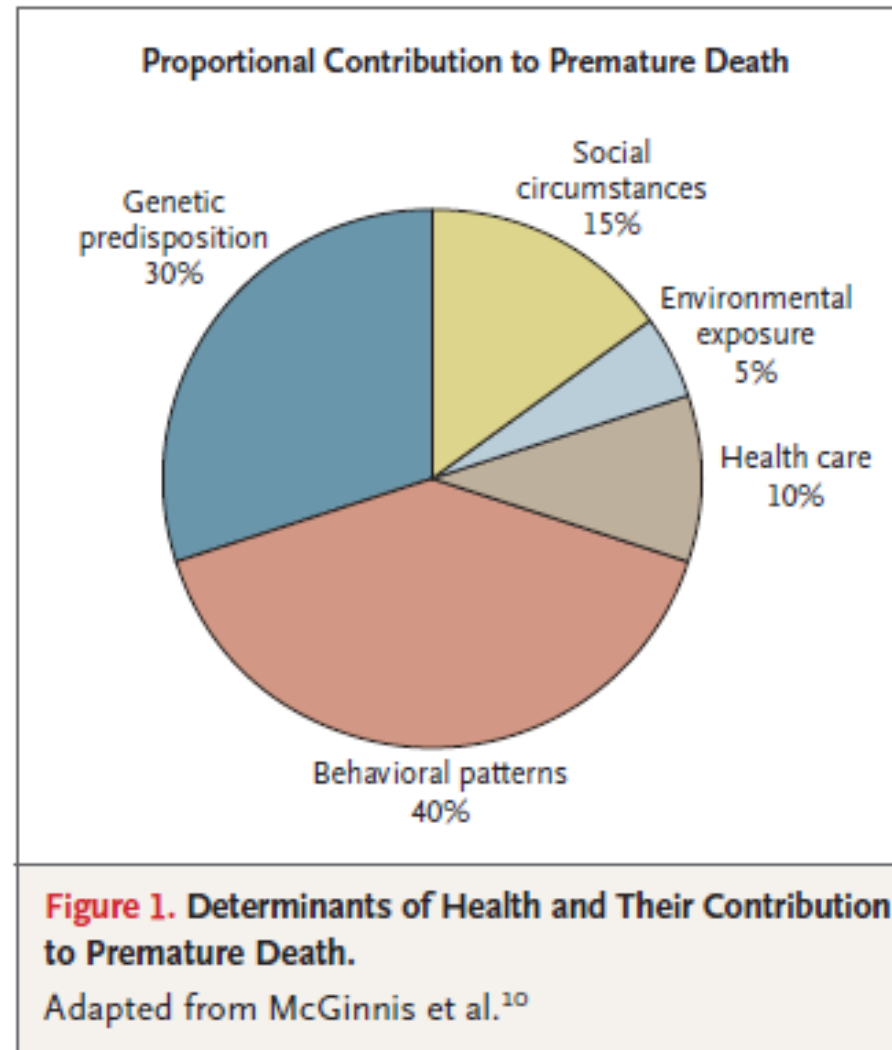


Estimated Number of Deaths Due to Modifiable Behaviors NY State, 2013



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?



Schroeder *NEJM* 2007

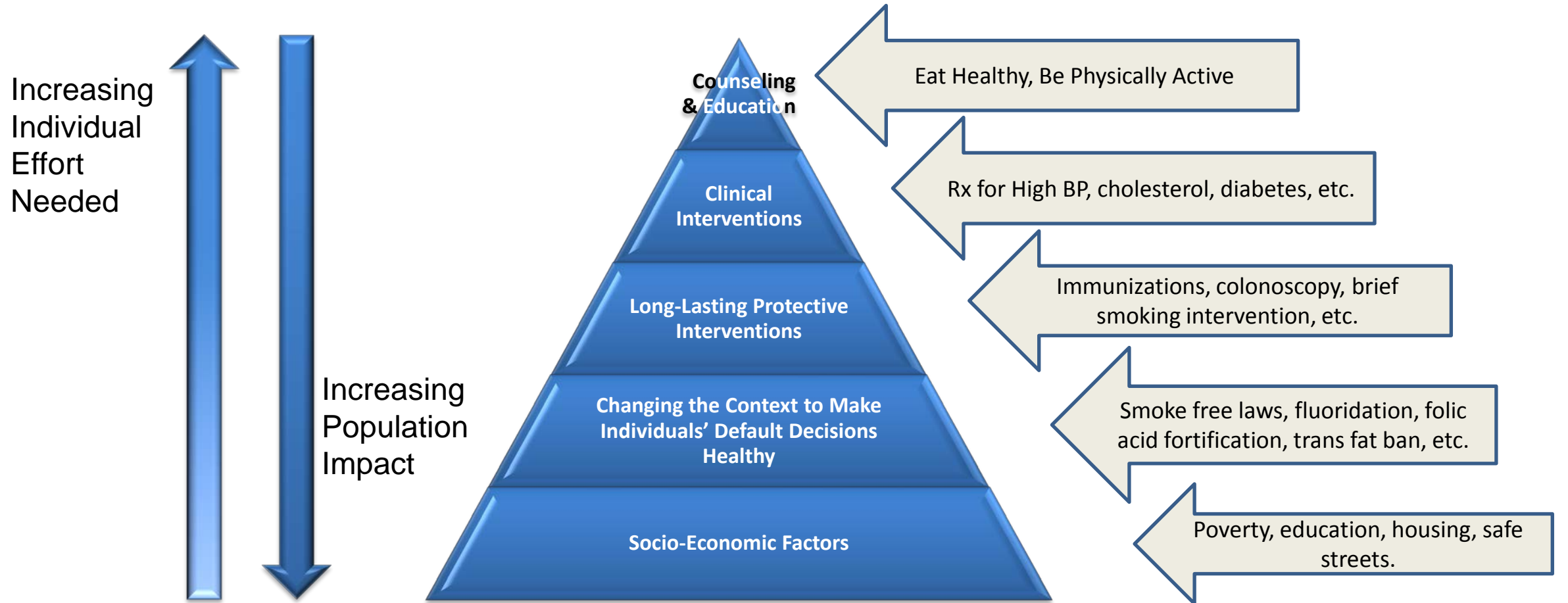
Five Prevention Agenda Priorities

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

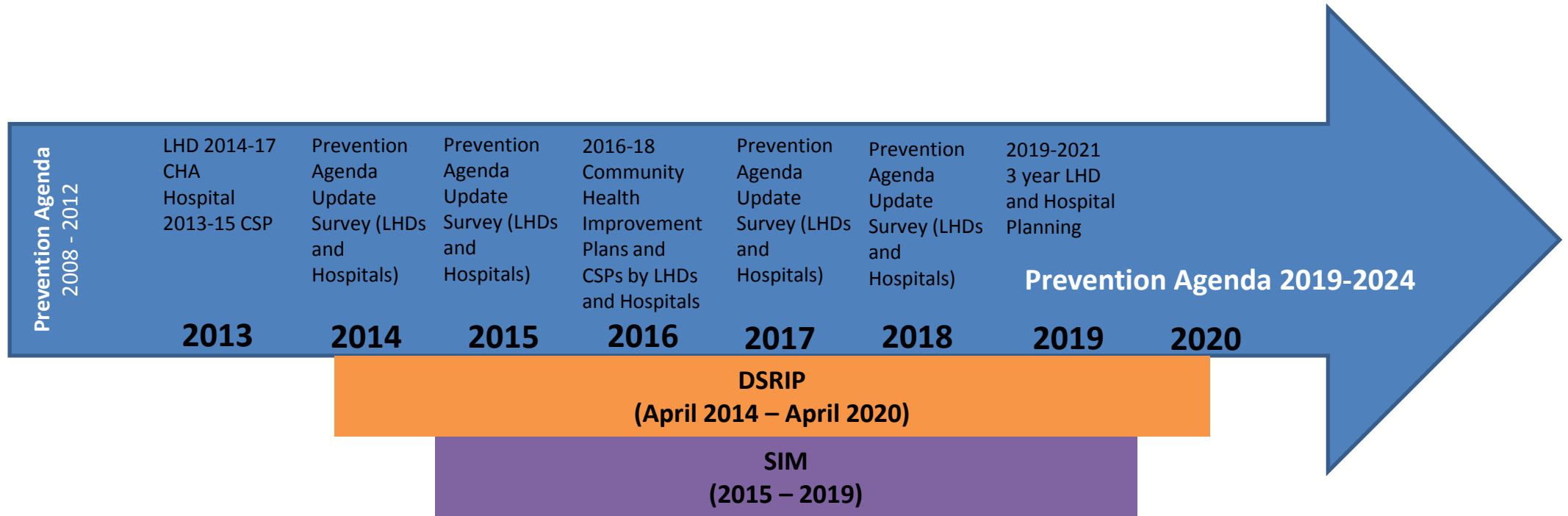
Health Impact Pyramid Framework for Improving Health



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)



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

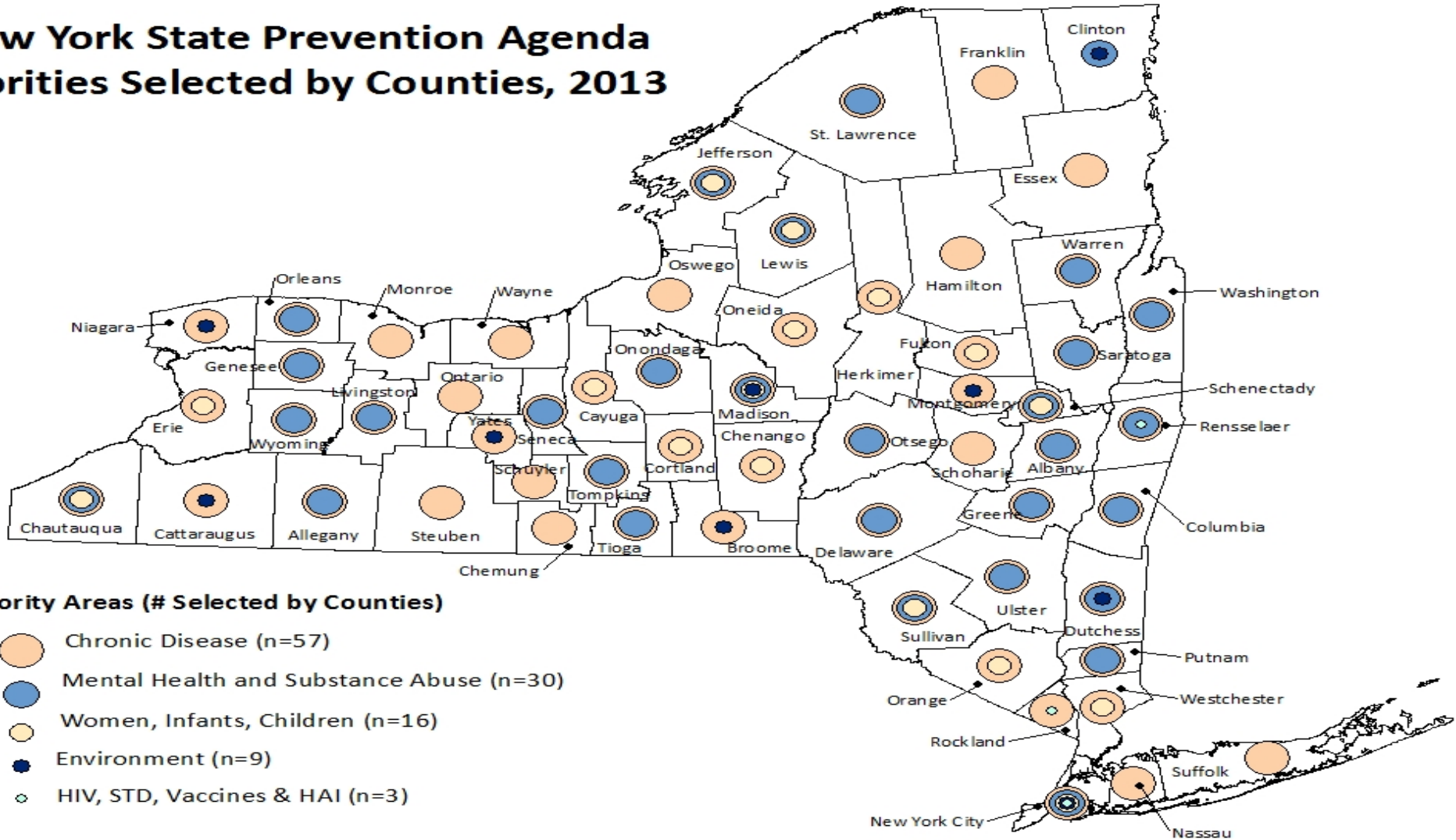
Asks Hospitals to:

- 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

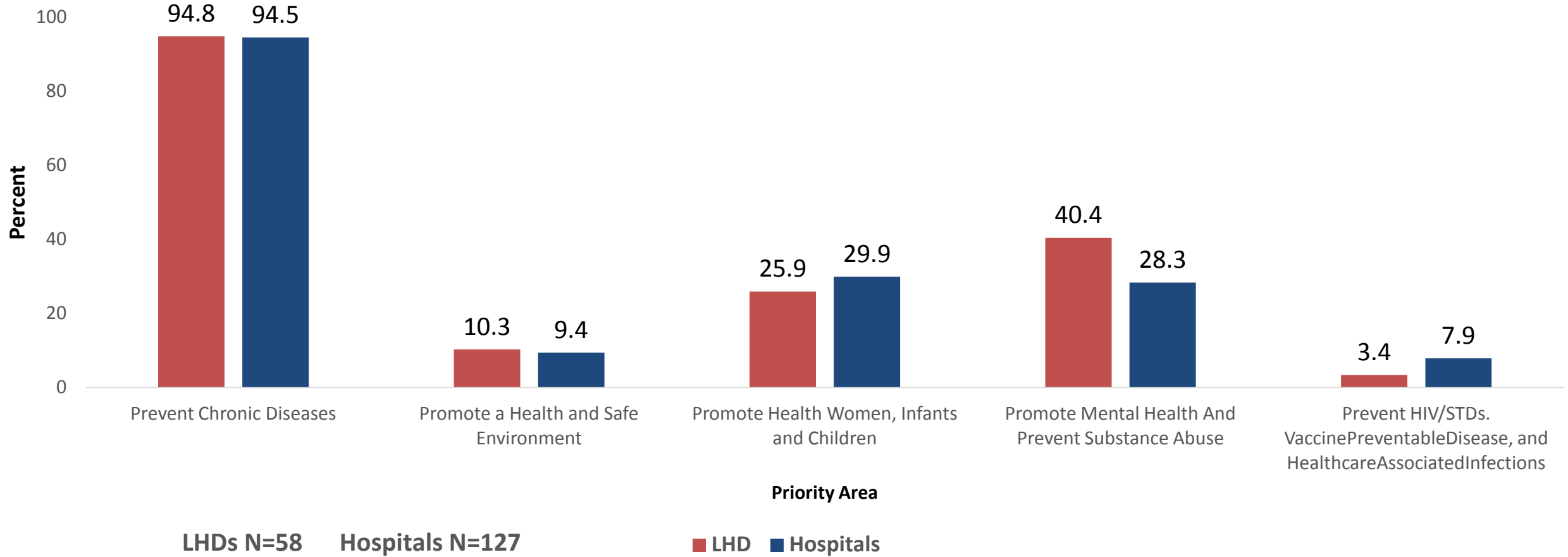
Goal is increased investments in the community health improvement and community building categories of community benefit, and in evidence-based interventions described in the Prevention Agenda.

https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/docs/letter_community_planning_guidance_2016_18.pdf

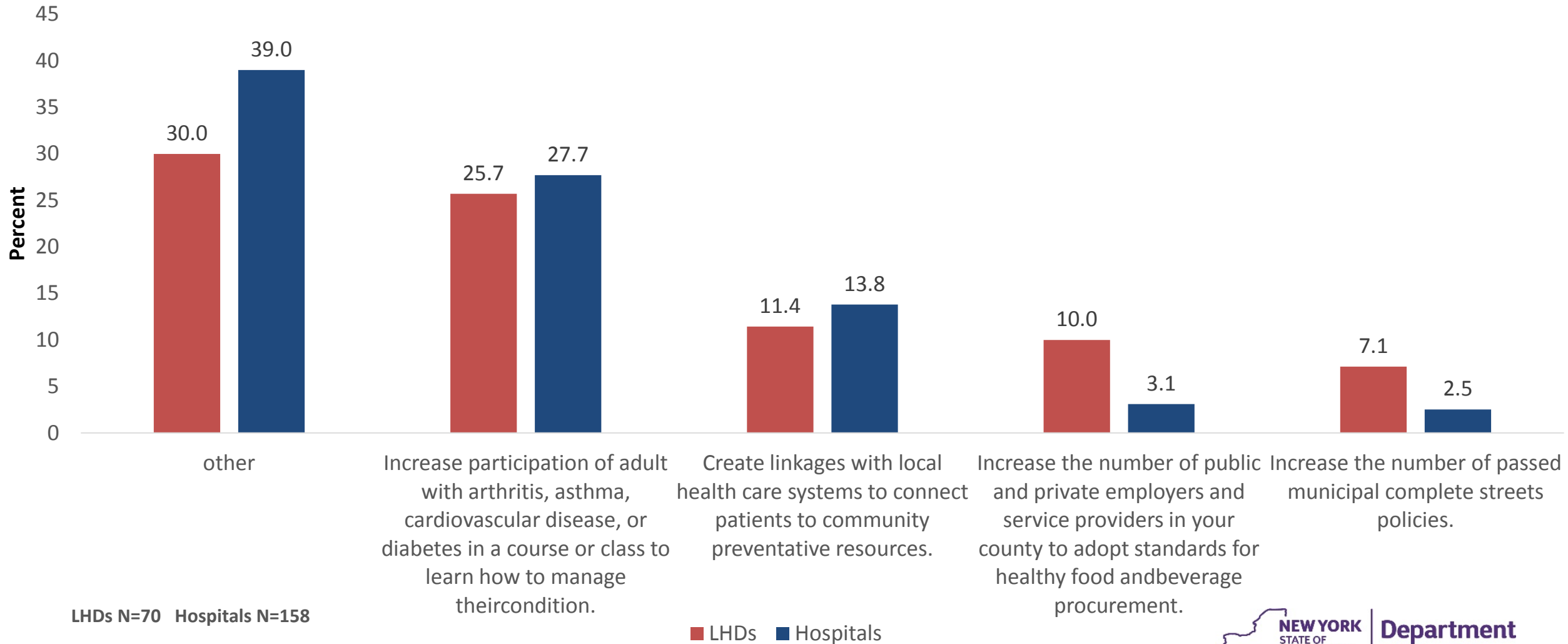
New York State Prevention Agenda Priorities Selected by Counties, 2013



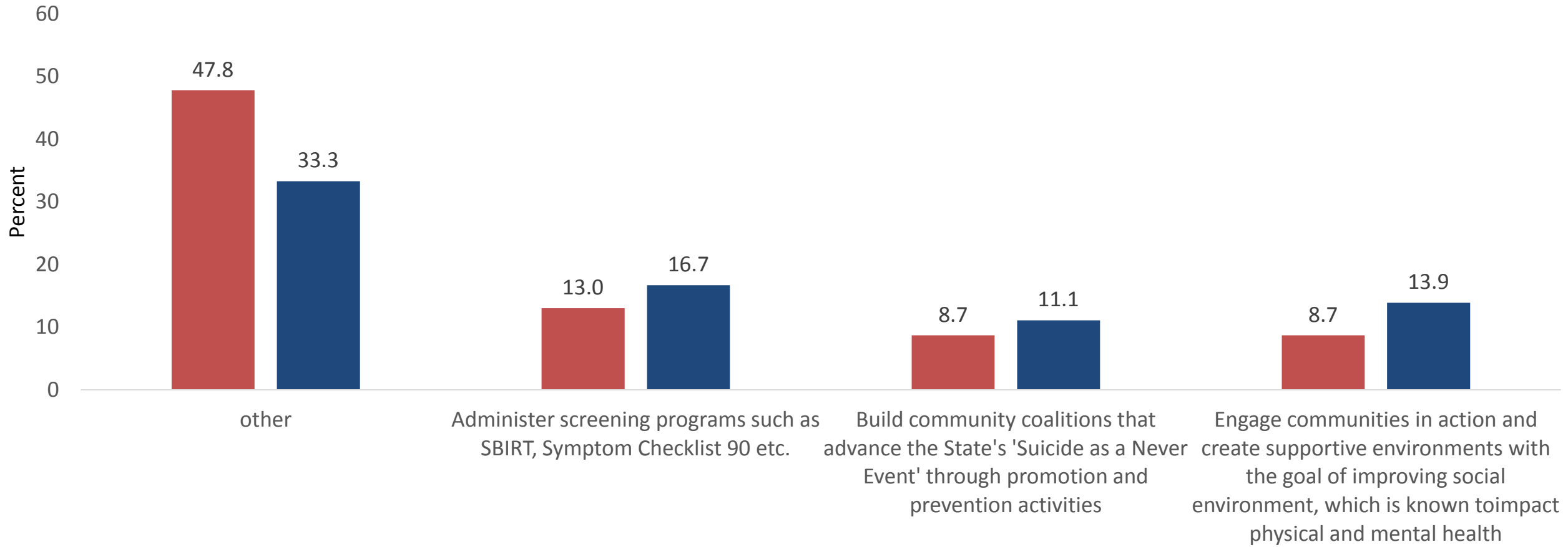
Percentage of Local Health Departments, Hospitals Reporting on at least One Intervention by Priority Area, December 2015



Chronic Disease Interventions among Local Health Departments, Hospitals, December 2015



Mental Health and Substance Abuse Interventions among Local Health Departments, Hospitals, December 2015

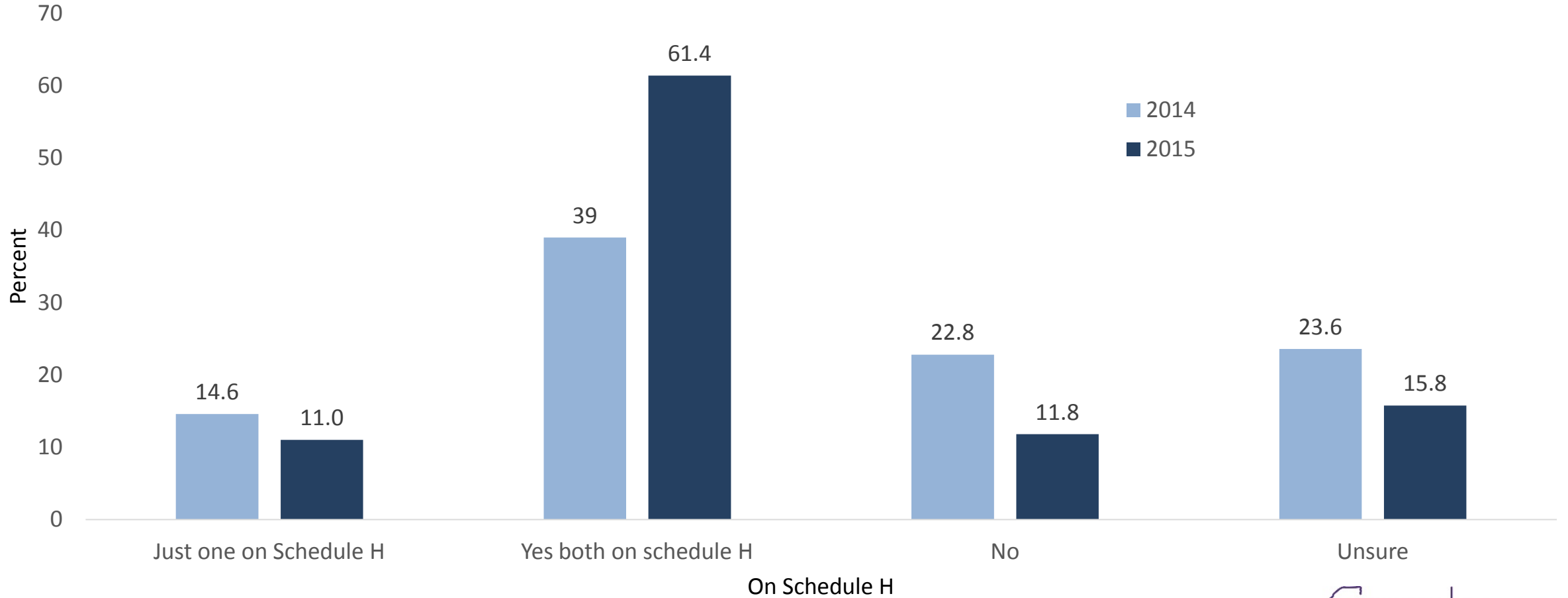


Mental Health Interventions

LHDs N=23 Hospitals N=36

■ LHDs ■ Hospitals

Are Prevention Agenda Interventions Included in Community Benefit Reporting? 2014 vs 2015



Hospital Community Benefit Investment

In 2012, community benefit accounted for 11% of NYS hospitals' total expenses, including 0.5% of expenses for community health improvement.

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

Gary J. Young, et al. Provision of Community Benefits by Tax Exempt US Hospitals. *NEJOM* 2013; 368: 1519-27.

Erik Bakken and Kerry Griffin. Community Benefit Investments by NYS Hospitals, 2012. *The New York Academy of Medicine Data Brief*, September 2015



Prevention Agenda Dashboard

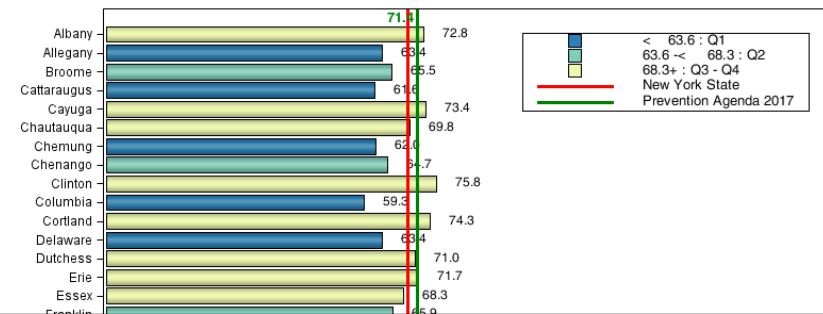


Prevent Chronic Diseases

Albany County - Prevention Agenda (PA) Indicators	Data Views	Dial <i>i</i>	PA 2017 Objective and Most Recent Data <i>i</i>	Indicator Performance <i>i</i>
14 - Percentage of adults who are obese	<i>i</i> [Map, Line, Bar]		Albany 25.7 NYS 24.9 PA 2017 23.2	NO SIGNIFICANT CHANGE
15 - Percentage of children and adolescents who are obese	<i>i</i> [Map, Line, Bar]		Albany 17.0 NYS excl NYC 17.3 PA 2017 16.7	IMPROVED#
16 - Percentage of cigarette smoking among adults	<i>i</i> [Map, Line, Bar]		Albany 16.3 NYS 15.6 PA 2017 15.0	NO SIGNIFICANT CHANGE
17 - Percentage of adults who received a colorectal cancer screening based on the most recent guidelines - Aged 50-75 years	<i>i</i> [Map, Line, Bar]		Albany 72.8 NYS 69.3 PA 2017 71.4	NO SIGNIFICANT CHANGE
18 - Asthma emergency department visit rate per 10,000 population	<i>i</i> [Map, Line, Bar]		Albany 64.1 NYS 85.7 PA 2017 75.1	SIGNIFICANTLY WORSEMED
19 - Asthma emergency department visit rate per 10,000 - Aged 0-4 years	<i>i</i> [Map, Line, Bar]		Albany 184.3 NYS 221.3 PA 2017 196.5	NO SIGNIFICANT CHANGE

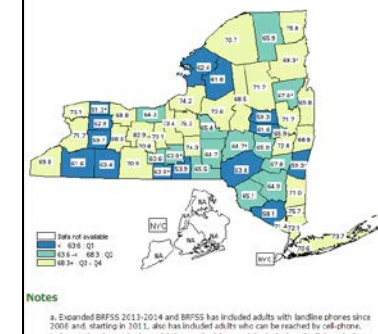
Percentage of adults who received a colorectal cancer screening based on the most recent guidelines - Aged 50-75 years, 2013-2014

Data Source: 2013-2014 NYS Expanded Behavioral Risk Factor Surveillance System data as of September 2014



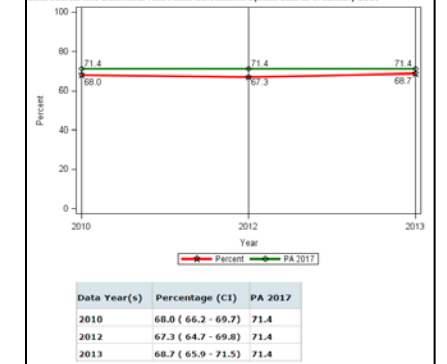
Percentage of adults who received a colorectal cancer screening based on the most recent guidelines - Aged 50-75 years, 2013-2014

Prevention Agenda 2017 Objective: 71.4
Data Source: 2013-2014 NYS Expanded Behavioral Risk Factor Surveillance System data as of September 2014



New York State - Percentage of adults who received a colorectal cancer screening based on the most recent guidelines - Aged 50-75 years

Data Source: NYS Behavioral Risk Factor Surveillance System data as of January 2015

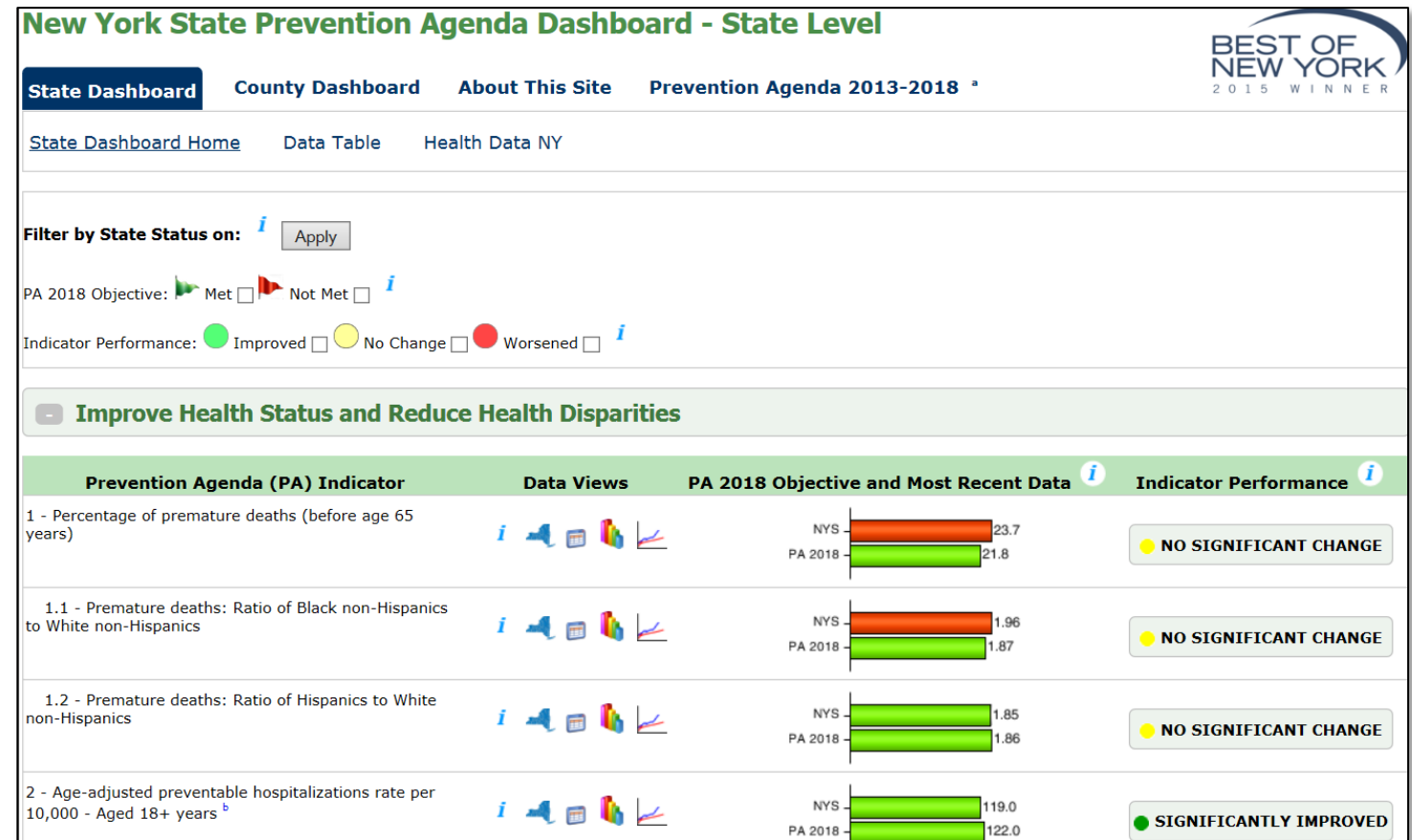


Progress on Outcome Objectives

[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:

- https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/
- Email: prevention@health.ny.gov
- Sylvia Pirani, Director, Office of Public Health Practice, 518-473-4223