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TRANSCRIPT

Dr. Boufford All right, I think we'll get started. My name's Jo Boufford, and I'm Chair of the Public Health Committee of the State Public Health and Health Planning Council. I'm delighted to welcome all of you to this meeting of the Ad Hoc Committee to support the prevention agenda. I think most of our participants are virtual, so this is going to be a challenge to have an interactive meeting. I hope everybody will. Use the yellow raise your hand thing or speak up so that we can be sure to hear from you. I'm going to read out the official activities here just to remind council members, staff and audience that this meeting is subject to the Open Meetings Law, is being broadcast over the internet. The address for the webcast are the Department of Health's website and the on-demand webcast will be available no later than seven days after today, and for thirty days, and then the department will keep a copy for four months. Because it's synchronized captioning, we're asking people not to talk over each other. Because we're so virtual, every time you speak if you tell your name and your affiliation, especially if you're a council member or DOH staff. The mics are hot mics when they are on, so please be sure and guard the on-off button in the way that you wish it to be sitting. I wanted to just give a quick overview of today's meeting. We're going to have some opening remarks from myself. Dr. Whalen, we're delighted to welcome Michelle Davis, who has met with the Public Health Committee, but not met with this committee as yet, and she can introduce herself. We're going have introductions of all of you who are here asking you to give us your name and your institutional affiliation, because part of this Ad Hoc Committee meeting is who's at the table and who's bringing their information to us. Please, if you don't have your name typed on your screen, please do so while we're getting ready. We're going to have a terrific briefing from our colleagues in the Health Department, Dr. Whalen and her team, on the prevention agenda. We'll wrap up with some next steps discussion. That's kind of the plan for today.

Dr. Boufford Let me start by inviting Dr. Davis to take the microphone and introduce herself.

Dr. Davis Good morning, everyone. I'm very pleased to be here today to participate in this ad hoc meeting regarding the prevention agenda, which is so important. Once again, my name is Michelle Davis. I currently serve as a Deputy Commissioner for the Office of Public Health at the State Health Department. I began that position in April of this year. I was a longtime employee of the federal government. I'm working for CDC as well as in the Office of the Secretary, and I left that position in February to join New York State again in April. I look forward to meeting all of you in person. Nice to meet you virtually today, but I do look forward to meeting everyone in person very soon. Thank you.

Dr. Boufford Thanks very much.

Dr. Boufford Dr. Whalen, who's our point person from the Department on the Prevention Agenda, and you may want to introduce your team, Liza, and then we'll come back for the little bit of background. Thanks.

Dr. Whalen Good morning. I'm very happy to be here virtually with everybody this morning. My name is Liza Whalen. I'm the Medical Director for the Office of Public Health

for New York State Department of Health. I'm happy you all got the chance to meet Michelle. I am really happy to present this update this morning on the prevention agenda. As most of you know, the agenda has been released. We're very involved in the planning and rolling out of this and really are looking forward to a lot of positive health changes that this can help affect throughout New York State. I want to take a minute to introduce you to another new person who is Mark. Waldenmaier, who is not new to the department, but is new in his current role, which is the Director of Office of Local Health Services. Because you haven't met Mark, I want to give him an opportunity to introduce himself and just tell us a little bit about himself. We can come back and talk about the rest of the team that's on the call too.

Mr. Waldenmaier Good morning, everyone. As Dr. Whalen said, my name is Mark. Waldenmaier. I'm the new Director for the Office of Local Health Services. I have actually been at least somewhat involved in the prevention agenda on and off through the years. I was part of a local health department back in 2011, 2012, so actually was part of the prevention efforts at the local health department level. I did serve in the New York State Department of Health as a regional representative working across the seventeen counties of the Capital District region, as well as most of my time with the Department of Health has been in the Office of Health Emergency Preparedness, so a lot of work with emergency plans across state agencies, working in the Emergency Operations Center with many other state agencies and working to develop state level emergency plan, which is where hopefully I'll be able to bring those skill sets to work across agencies and work with other collaborators and organizations with the prevention agenda and the rest of my team. I did want to then pass it off to some of our key team members who are on today, starting with Zahra Alaali.

Ms. Alaali Good morning, everyone. Can you hear me?

Ms. Alaali Good morning, everyone. I'm Zahra Alaali, a research scientist at the Office of Local Health Services and the Prevention Agenda Coordinator. Probably you know me all. I will pass it to Gina Gillooley here.

Ms. Gillooley Thanks.

Ms. Gillooley Hello, everyone. I'm Gina. I'm a Program Manager in the Office of Local Health Services, a part of the prevention agenda team, focusing on education promotion and the provision of technical assistance. We plan to be pretty busy this upcoming year. Nice to see you all and I'm going to pass it on to Bella.

Ms. Mazzetti Hello, everyone. My name is Bella Mazzetti. I am the Health Education Program Coordinator for the Office of Local Health Services, helping with the education, technical assistance and communications of the prevention agenda.

Mr. Khan Hi, everybody. My name is Salman Khan. I just recently rejoined the prevention agenda team as an evaluation specialist. Still in my second week here, but it's nice to meet you all. Pass it on to Alex.

Mr. Morrison Hi, everyone. My name is Alexander Morrison. I'm a Public Health Fellow for the Office of Local Health Services, and I help support the prevention agenda efforts. I will pass it on to Katherine Carnell.

Ms. Alaali Oh, Kate's microphone is not working, but she works with us as a Senior Health Program Coordinator, and she joined us, I think, three months ago. I will pass it to Chris Davis.

Mr. Davis Good morning, everyone. Chris Davis, Population Health Data Manager in the Office of Science do a lot of work with helping to design the prevention agenda and the many different data dashboards that our local partners use to track progress. I think in the Office of Science we also have Steph on the call.

Ms. Mack Good morning, everyone. Steph Mack, Assistant Director for Center for Population Health Science in the Office of Science and involved in the prevention agenda for a very long time. Happy to be here.

Dr. Whalen I just also want to introduce Erin Knoerl who's on. She's the associate director for the Division of Public Health Infrastructure. Do you want to say hi quickly, Erin?

Ms. Knoerl Sure. Thanks.

Ms. Knoerl Hi, everyone. Erin Knoerl, Associate Director of the Division of Public Health Infrastructure. The Office of Local Health Services is one of the units under that division.

Dr. Whalen I think that's everybody on our team.

Dr. Boufford Liza, before you start I wanted to I want to be sure I want to give a little bit of history to the Ad Hoc Committee, because we have some new members this time and other folks that aren't as aware and then we'll have introductions of our other ad the folks here in New York and other folks online that are members of the Ad Hoc Committee that aren't t the state health department, but congratulations on getting such a great team together this is terrific news.

Dr. Eisenstein Good morning, everybody. Larry Eisenstein, Catholic Health and former Commissioner in Nassau County. Dr. Whalen and your team, in fifteen years as Commissioner, I never heard the term Office of Local Health Services. Maybe I missed it somehow, but I just heard it like ten times, and I have no idea what the Office of Local health services is. How that different from regional offices, because that's always who I viewed as the local, and what's the mission and goal? I just want to know what this is.

Dr. Boufford I think it used to be Public Health Services.

Dr. Boufford Liza, do you want to explain?

Dr. Whalen So, you know, I'm going to defer. Who wants to explain that from our perspective?

Mr. Waldenmaier Yes, great question, Larry.

Mr. Waldenmaier Office of Local Health Services was previously named the Office of Public Health Practice, so Shane Robertson, Laura Santilli, Sylvia Pirani were all the previous directors, all predecessors of my own role. We have changed up somewhat, but our key focuses are still the Article 6 program. The article with the different public health services that are reimbursed as part of state aid, as well as prevention agenda. We also work closely with NYSACHO, as many of the other DOH programs do, so we really are

just a continuation of that. According to some of my senior staff who have been with the office for the longest, actually even the Office of Public Health Practice a way long time ago was originally called the Office of Local Health Services so a little bit back to the origins. Key projects for our office is things that the local health departments, especially have worked with over the years which is Article 6 and the prevention agenda, and we do work closely with the regional offices, NYSACHO, and working directly with the LHDs with those projects. Hopefully, that helped.

Dr. Eisenstein Yes, thank you.

Dr. Whalen Thank you.

Dr. Whalen Thank you.

Dr. Whalen I do want to also quickly mention, as former Commissioner for Albany County, and Larry and I worked together for a long time as commissioners of the respective counties that we served the public health infrastructure grant has also got infrastructure built in that really facilitates work communication and collaboration with the local health departments. They're so central to the mission of the prevention agenda and to all the work that we do at State DOH.

Dr. Boufford That's great, Larry. Thank you so much. That's how we have our veterans on the Public Health Committee. This is terrific.

Dr. Boufford I always like to give a little bit of history before we get started, then we'll finish introducing those that have not yet been introduced. First of all, the State Public Health and Health Planning Council has the statutory responsibility for oversight of the prevention agenda. This is kind of an official role that we're playing here. The Public Health Committee has taken the lead on that on behalf of the council, but it is under the auspices of the council. It is the State Health Improvement Plan, the SHIP, so-called, and we call it the prevention agenda. That's the statutory obligation there. The Ad Hoc Committee was created as a sort of instrument of the public health, of the council and especially with the corps being members of the Public Health Committee during one of the early cycles of the prevention agenda when the state was submitting its request to be accredited by the voluntary accreditation group, National Voluntary Accreditation Group, as the Public Advisory Committee, each of those applications needed to have that. This entity has had an official role since very early cycles. Its membership is state level. I'm going to emphasize that, because there are occasionally welcome local groups. State level non-profits, professional associations, advocacy groups, sister agencies who serve in this role of the Public Advisory Committee. The membership is renewed every cycle, and the membership is always open. If you are interested in representing a state-level organization in one of these categories, please be in touch with Liza or Mike, and we will be happy to add you to future meetings. The idea of the role of the Ad Hoc Committee is twofold. I want to emphasize the two points. One, as I mentioned, is advising feedback to the PHHPC and the shaping of the prevention agenda. This group has met, I see, three, four times over the last fourteen to eighteen months with open sessions, panels, different stakeholders involved as the new cycle of the Prevention Agenda was being created. The last meeting of this committee was in February. That has resulted in the current prevention agenda, which was officially approved by the PHHPC in September of 2024, about a year ago. The other key role, which we hope will be part of certainly the next couple of meetings is the idea that as statewide organizations, each of the members, we're hoping that you will use your constituency and your members to spread the word about the prevention agenda and

what it is statewide, and especially focus on engaging your local colleagues, representatives in some cases, with the local level groups that are being convened by the local health departments and hospitals in their partnerships. The ideal is local health department and hospital partnerships. To be sure that there are multiple stakeholders from the local communities, often county levels, sometimes multi-county sometimes around the table. It's a two-fold role. One is the advisory role in shaping which is sort of completed in September, and then this role that's beginning to unfold with this new cycle of the prevention agenda of an interactive role for you helping get the word out, briefings, etc., and telling us what more you need to make your constituents and your members very knowledgeable about the prevention agenda and actively involved. As was mentioned, since the approval in September, Liza and her staff have been staffing up, obviously reorganizing to develop the infrastructure to implement the prevention agenda, which you're going to hear about shortly in the next while. The Public Health Committee met in June and was briefed on the plans. The Public Health Committee is going to be informed by what goes on in these Ad Hoc meetings, but also overseeing directly on behalf of the council, the prevention agenda development. It also is working with Dr. Whalen on two other elements that she'll talk about later linked to the prevention agenda. One is the interagency council, which is going to be bringing in other agencies in the work and the work on community benefit, which is being moved forward as a potential support and investment in the prevention agenda. The Public Health Committee will be looking at those three things. This group will be informed about all of them, but the goal is to really focus on the prevention agenda. The formal release of the prevention agenda by the Governor's Office and the Commissioner was on July 17th. This is the first meeting of the Ad Hoc Committee on this new cycle, and it is largely going to be very in-depth and rich briefings on the various parts of the Prevention Agenda and those that you've met that are working on it. Liza is going to manage that briefing and maybe stop briefly for questions of sort of clarification, et cetera, and then we'll have a discussion period when the briefing is over. I just say that because it's going to be a bit extended, but I think it's better to get it all under our belts before we open up for discussion.

Dr. Boufford With that said as a background, I want to ask the folks here in New York to introduce themselves. And then Liza, I'm going to ask you to call on our virtual members that are not Health Department employees to introduce themselves.

Dr. Boufford Let me start with Dr. Thomas.

Dr. Thomas Good morning. I'm Hugh Thomas, a member of the council. I'm actually sitting in today to learn more about the 2025 to 2030 prevention agenda. Dr. Boufford has let me sit in. I'm not actually on the Ad Hoc Committee, but I'm happy to be here.

Dr. Boufford No permission necessary.

Dr. Thomas I spent a long time involved with the local HSA in Monroe County and fifteen years and ultimately Chaired it. It's a topic that's of interest to me. Thank you.

Dr. Eisenstein Dr. Larry Eisenstein from Catholic Health and council member.

Dr. Watkins Kevin Watkins, council member and member of the Ad Hoc Committee.

Dr. Soffell Good morning. Denise Soffel. I am a member of the Public Health Committee and a consumer representative to the PHHPC.

Ms. Farrell I'm Lindsay Farrell. I'm a member of the council. I'm the President and CEO of Open-Door Family Medical Center, an FQHC in the Hudson Valley.

Dr. Boufford Sorry, just a minute. I want Colleen and Mike to introduce themselves. Without them, nothing happens.

Ms. Leonard Good morning, Colleen Leonard from the New York State Department of Health, the Executive Secretary to the Public Health and Health Planning Council. Thank you for joining us.

Mr. Stelluti Good morning. Mike Stelluti, Department of Health, Center for Planning and Licensure.

Dr. Boufford Okay, and one member who is not a council member and not an employee of the State Department, Lloyd Bishop, one of our long-standing colleagues.

Mr. Bishop Yes, former state employee many years ago. I'm Lloyd Bishop, Senior Vice President for Community Health at the Greater New York Hospital Association.

Dr. Boufford I turn it over to you for maybe starting with the Public Health Committee members that I see on screen.

Dr. Whalen Sure, I can call as I see them.

Dr. Whalen Glenn Liebman.

Mr. Liebman Good morning. My name is Glenn Liebman. I'm the CEO of the Mental Health Association in New York State. We're a statewide collaborative with twenty-six affiliates in fifty-two counties. For this meeting, I think what's also relevant is I'm Chair of the Behavioral Health Advisory Council, sort of the OMH/OASAS version of the PHHPC. I'm glad to be here. Thank you.

Dr. Whalen Thank you.

Dr. Whalen Meryl Roeder.

Dr. Rotter Hi. I'm Merrill Rotter. I'm a Psychiatrist for the New York City Office of Mental Health, Medical Director for the Office of Prevention and Health Initiatives, and Senior Executive Advisor to the Commissioner. Good to be back.

Dr. Whalen Thank you.

Dr. Whalen Jeanette Fuente.

Ms. Fuente Good morning, everyone. Jeanette Fuente. I'm a Vice President of Educational Program and Events for the Northeast Business Group on Health, which is a national health coalition that advocates for affordable, high-quality healthcare.

Dr. Boufford Let me just interrupt briefly. Happily, Colleen has given me a list of the Public Health Committee members and council members that are online, if I just may interrupt and introduce them.

Dr. Boufford Next, Anderson Torres, who is my Vice Chair.

Dr. Torres Good morning. Good morning all and happy Hispanic Heritage Month. I'm also Vice Chair of the Committee of Public Health and President and CEO of RAIN Total Care. Thank you.

Dr. Boufford Okay, great.

Dr. Boufford Patsy Yang.

Dr. Yang Hi. Patsy Yang, a member of the council and the committee, currently with health and hospitals, formerly of health departments in New York City and Westchester.

Dr. Boufford Nilda Soto.

Dr. Soto Good morning. Nilda Soto, council member.

Dr. Boufford Stanford Perry.

Dr. Boufford Mr. Perry.

Mr. Perry Good morning. Stanford Perry. I'm a member of the committee and the council, and I'm the CEO of AHRC, Nassau, and Long Island.

Dr. Boufford Okay.

Dr. Boufford Dr. Ortiz.

Dr. Ortiz Good morning. I'm Dr. Ortiz. I am a member of PHHPC, this committee, Chair of the New York State Department of Health, Health Equity Council, and Dean of Nursing and Health Sciences at Binghamton.

Dr. Boufford Thank you.

Dr. Boufford Now back to you, Liza. Sorry for the other introductions. I know you've got the hardest job because people bounce around when they show up on screen.

Ms. Alaali Liza, before we go forward, Meredith Batterson is one of our team members and we didn't introduce her. So, Meredith, the mic is yours.

Ms. Patterson Thanks.

Ms. Patterson Meredith Patterson, she, her, hers. I'm the Regional Office Liaison for the Public Health Infrastructure Grant within the Division of Public Health Infrastructure.

Dr. Whalen Thank you, Meredith, and I apologize for not seeing you on the screen before. We have a couple of colleagues from the Office of Mental Health here.

Dr. Whalen The first needs no introduction, Laura Santilli, but I'll ask you to introduce yourself anyways.

Ms. Santilli Good morning. Yes, Laura Santilli. I feel like I'm home again, right? Like these are all my people, so. But after leaving the Department of Health, I did join the Office of Mental Health. I'm their Director of Operations here in the Office the Chief Medical Officer and the Office for Prevention and Health Initiatives is under the profile. They know how much I bring that prevention lens to the work. That they're doing over here and they're doing great work. So happy to be here. Thanks, everybody.

Dr. Whalen Thank you so much.

Dr. Whalen I'll pass it to Dr. Audrey Erazo-Trivino.

Dr. Erazo-Trivino Good morning, everyone. Yes, Laura we are happy to have you at OMH, but glad to see you amongst your colleagues again. I'm the Associate Commissioner for the Office of Prevention and Health Initiatives at OMH. It's a relatively new office. I work closely with Dr. Meryl Rotter and Laura in the implementation of the office. We are tiny but mighty and really happy to be here. Thank you.

Dr. Whalen Thank you.

Dr. Whalen I see we have representation from NYSACHO, New York State Association of County Health Officials, Molly Fleming.

Ms. Fleming Hi, everyone. I'm Molly Fleming, Associate Program Director of Workforce Development at NYSACHO. We work with the local health departments and have been providing some support to them related to the prevention agenda. Happy to be here today.

Dr. Whalen Thank you so much.

Dr. Whalen Barbara Bennett.

Ms. Bennett Hi. I'm Barbara Bennett. I'm with New York State OASAS in the Division of Prevention and also my associate Commissioner, Pat Zuber-Wilson is here today.

Ms. Zuber-Wilson Hi, everyone. I'm Pat Zuber-Wilson, associate commissioner here at the Office of Addiction Services and Supports. In addition to working with our prevention team, I've also recently been asked to help with community relations, community programming, and monitoring what's happening with the federal government. it's a pleasure to be with everyone and see folks again.

Dr. Whalen Thank you so much for being here.

Dr. Whalen Lynda Battaglia.

Ms. Battaglia Good morning. Lynda Battaglia. I'm the Director of Mental Health and Community Services for Genesee County and an officer for the conference of local mental hygiene directors. I was part of the Ad Hoc Committee for the prevention agenda.

Dr. Whalen Thank you so much.

Dr. Whalen I see another DOH staff member here who is also a prior local health department commissioner, Dr. Patricia Rupert.

Dr. Rupert Yes.

Dr. Rupert Good morning, everyone. I am the former of Rockland County Health Commissioner and now the Medical Director for CEH and member of the Ad Hoc Committee. Thank you all. Nice to see you.

Dr. Boufford Tell us what CEH is, sorry.

Dr. Whalen Center for Environmental Health.

Dr. Boufford Perfect. Thank you.

Dr. Whalen I have Beth's iPhone.

Ms. Finkel Hi. It's Beth Finkel from AARP and thank you for including me. Cheers to you all. Thank you for being here. I'm going to have to jump off shortly. I'm so sorry, but I have a conference I'm presenting at in Albany. Sorry.

Dr. Whalen Stanford Perry.

Mr. Perry Yes, I previously introduced myself as a member of the council.

Dr. Whalen I'm sorry. If I'd seen your face, I would have remembered your introduction, I apologize.

Mr. Perry Not a problem.

Dr. Whalen Who has not been introduced yet?

Mr. Lawrence Harvey Lawrence, a member of the council and Ad Hoc Committee. Good morning, everyone.

Dr. Whalen Good morning.

Ms. Wynter Damali Wynter, Assistant Commissioner, New York State Department of Agriculture and Markets. A lot of kind of related prevention agenda and all of that. We have a lot of activity on this end when it comes to food as medicine works and those conversations. It's good when people start thinking about the source of food and nutrition at the start and that is agriculture.

Dr. Whalen Thank you.

Ms. Phillips Good morning. I'm Kristen Phillips, Director of Community Health Policy with HANYS, the Healthcare Association of New York State and a member of this Ad Hoc Committee. Nice to see you. Nice to see you too. Thank you.

Dr. Whalen I apologize. Who else am I leaving out?

Ms. Logan Good morning. It's Jeanine Logan. I'm a member of the Ad Hoc Committee and Vice President Communications and Population Health for the Suburban Hospital Alliance and the Long Island Health Collaborative. I direct that and provide support to the

two counties on Long Island and the hospitals in developing the prevention agenda, technical support and interpretation.

Mr. Moore Jeff Moore, Medical Society for the State of New York and a member of the Ad Hoc Community.

Ms. Mongeon Good morning, everyone. I'm Marie Mongeon with the Community Healthcare Association of New York State, a member of the Ad Hoc Committee and happy to be here.

Ms. Preston Hello, everybody. Kathy Preston from the New York Health Plan Association, member of the Ad Hoc Committee.

Mr. Makey Hello. My name is Adanech Makey. Apologies for being off camera. I'm sick today, but I'm representing Skyler Center for Analysis and Advocacy.

Dr. Boufford Anyone else that has introduced themselves?

Ms. Clarke Yep, Amy Lynn Clarke. We were talking about the regional offices earlier. I'm here representing the Western Regional Office, which is the seventeen counties surrounding the greater Rochester and Buffalo area.

Ms. Geiler I'll follow Amy. I'm Cheryl Geiler. I'm a Program Manager here in the Central New York Regional Office in Syracuse, covering the fourteen counties in Central New York. Thank you.

Dr. Boufford Dr. Heslin, I've not known you to be shy. You want to introduce yourself?

Dr. Heslin I was just staffed today, so I figured I wouldn't be introduced, but I'm Gene Heslin. I'm the first Deputy Commissioner and Chief Medical Officer. Dr. Whalen and I are sharing a wall so we can hear each other talking through the wall today.

Dr. Boufford All right, anyone else that hasn't introduced themselves?

Dr. Boufford This is great. I mean, there's an extended, did I see somebody pop on? No. This is an extended time as we beyond this slot, but I think probably the most important part of this meeting is people realizing which organizations are represented here as partners really in this next stage of promulgating and spreading and implementing their prevention agenda importantly.

Dr. Boufford Liza, let me turn it over to you for the briefing that is the terrific briefing you planned. Thanks.

Dr. Whalen Thanks so much.

Dr. Whalen We have a presentation for you that I'm going to ask Zahara to start, and then I will be chiming in through the presentation, going over the framework of the prevention agenda, implementation, and any new other new things we have to share with you.

Ms. Alaali Oh, sorry, and I'm muted now.

Ms. Alaali All right, so for today's agenda, we are going over or basically provide an overview of the prevention agenda. This includes background information, some history, and an overview of the new framework for 2025-2030. Our team will go over the implementation and monitoring of the prevention agenda new cycle. Last, we will provide some updates on the Prevention Agenda Dashboard development. You have a copy of the slides attached to the meeting invite. Here's some of the acronyms and terms I might use. I'm trying my best not to use any of them. But in case if I use anything, here's your reference slide. As Dr. Boufford and Dr. Whalen mentioned, the prevention agenda has been released on July 17 after more than two years of diligent work. But before we dig deeper and talk about the new cycle as a refresher, I will cover some background information about the prevention and the different cycles. The prevention agenda is the New York State Health Improvement Plan, or the SHIP. It is a six-year plan that aimed to improve overall population health and reduce disparities with a strong focus on prevention. Basically, the plan sets priorities for our public health system, establishes goals, and provides a list of interventions to address the identified priorities. The plan was developed through a collaborative process. Many of you have participated in meetings over two years' time span. A cross-disciplinary team was engaged to develop a shared vision for the prevention agenda and inform the selection of the priorities and also creating the action plans. In general, this plan is implemented via different mechanisms. We will cover these mechanisms later. In general, local health departments and hospitals are the leads for implementing the prevention agenda. In New York State, local healthcare departments and hospitals are required to conduct assessment and submit community health and movement plans in alignment with the prevention agenda. One thing worth noting here also that the State Health Improvement Plan or the prevention agenda is one of the requirement for achieving accreditation. And as you know, New York State Department of Health is receiving accreditation. We are working on the accreditation actually, at the moment. The State Health Improvement Plan is one of the required documents for that.

Ms. Alaali Here's a quick glance at the history of the prevention agenda. The first cycle started in 2008. I will be really quick covering this if anyone interested in the more details, there is a prevention agenda website. In general, the prevention agenda started in 2018. Back then, we had ten priorities. Priorities here are equivalent to domain and the new framework. The priorities also included access to quality health care. New York State was ranked number 28 healthiest state in the nation. In the first cycle, local health departments and hospitals were asked to work together on the assessment and implementation plans. However, because of the huge number of priorities, this collaborative work deemed challenging for both hospitals and local health department. In the second cycle, which started in 2013 and ended in 2018, the priorities were limited to five, with a focus on prevention. New York State was the 15th healthiest state in the nation. Local health departments and hospitals strongly urged to work on a joint assessment and implementation plans. During the second cycle, New York State Department of Health provided feedback on the submitted plans, and until that moment, we continue to provide feedback on all the submitted plants. We also required an annual report to monitor their progress toward their objectives and interventions. For the third cycle, which started in 2019 and ended in 2024, we continued with the same five priorities, identified in the second cycle. New York State was ranked 23rd healthiest state in the nation. The third cycle incorporated health across all and age friendly New York to address social determinants of health and to support the state's commitment to making New York State the first age friendly state. However, one of the main challenges during the third cycle was COVID. COVID pandemic happened, and hospitals and local health departments' priorities were drastically altered by the pandemic. This led us to the 2025-2030, which is the fourth cycle of the prevention agenda. At the top here, you can see the new vision of the

Prevention Agenda. The new vision statement shifts the focus from being the healthiest state in the nation to achieve health equity. The framework is built around four foundations that focus on health equity, prevention across lifespan, with a special attention to older adults. The third foundation is a cross-sector collaboration, and the last one is local collaboration building. In general, the framework of the 2025-2030 prevention agenda outlines twenty-four key priorities to address health conditions, behaviors, and systematic issues such as poverty, education, housing, and access to quality healthcare. Some of those priorities existed in the previous cycle and some of them are new. These twenty-four identified priorities were grouped into five domains based on the Healthy People 2030 Social Determinants of Health. Domain number one is economic stability. Number two, social and community context. Number three, neighborhood and health environment. Number four is in healthcare access and equality. The last one is education access and quality.

Ms. Alaali This slide basically provides a summary of the prevention agenda action plan. So, remember each priority has an action plan. There is a different component for each action plan, and I will provide an example for one of the priority areas in the action plan. Collectively, again, we have five domains focused on the social determinant of health, twenty-four statewide priorities. Each priority has an overarching goal. There is a total of 84 measurable objectives. Half of which focus on general population, while the other half are inclusive of population that experience disparities. There is also 84 indicators to track progress on those objectives. Finally, we provided a list of evidence informed interventions to maximize the impact.

Ms. Alaali Let's review an example of one of the prevention agenda action plans now. So, this is domain one, economic stability. Each domain has an overarching aspirational goal. So, at the top, you will see the goal for the domain, which is here state that all people in New York have the financial security and support needed to thrive. Each domain includes a list of priorities. Each priority has an action plan.

Ms. Alaali In this example, we will focus on poverty as a priority area. Action plans has different components, including a narrative, a priority goal, a list of objectives. We aim to accomplish by 2030 indicators to measure objective progress. And at the end, we provide a list interventions.

Ms. Alaali In the next few slides, we will take a closer look at the poverty action plan. Here's a screenshot of what the action plan narrative for the poverty looks like. At the top, as you can see, the priority goal, which states identify, promote, and implement programs that address poverty. This is the priority goal. The narrative or text here portion describes what is poverty and why it is important and why do we address it. This screenshot provides an example of the objectives we aim to accomplish by 2030 for poverty. The two listed objectives at the top, UC 1.0 and 1.1, both aim to and focuses on reducing the number of people living in poverty. Objective 1. 0 focus on general population, which includes individuals and families living below the threshold. Objective 1.1 focuses on closing disparities gaps for adult age 65 and up. The indicator to track progress is the percentage of people living in poverty and data sources American Community Survey, ACS. You can see here this is how all the objectives looks like. It is really easy to see with the population of focus and the baseline, the target, and what is the baseline year, and all the targets should be accomplished by 2030.

Ms. Alaali This is how the list of interventions looks like. Each action plan provides a list of evidence-based interventions. These interventions were identified based on civil criteria,

whether they have a strong evidence base, whether they are feasible to be implemented, and how well they are aligned with the state and national initiatives. We also highlighted feature interventions. You can see here at the top we have two featured interventions. These are interventions that have both a high evidence rating and a strong linkage to our tracking indicator. Some interventions overlap across multiple domains and priorities, and many apply across different organization level. To make it easier to navigate through those interventions, we created a legend with icons that show both the domain, each intervention addresses. You can see them here on the bottom left box. We have icons and legends that show both the domain, each intervention addresses, and the organizational level where they can be implemented.

Ms. Alaali So for example, if you look at the first intervention listed here, we have a legend for a local health department, a legend for hospital, which is H here, and O which is other organizations. Other organizations include CBOs or community-based organizations, school-based organization, et cetera. Finally, it is important to note that the intervention listed in the prevention agenda are neither exhaustive nor mandatory. Communities are encouraged to select from the listed intervention or adopt other and evidence-based strategies that best fit their local needs and resources. The action plan also, or each action plan, also includes a list of potential partners that could help lead implementation efforts. So here, for example, for poverty, you can see leading partners include state agencies and other partners, state agencies such as New York State Office of Children and Family Services, and New York State Office from Disability Assistant, among others. We provided such lists. We also provided resources for implementation where I am. It could help local health departments and hospitals put plans into action.

Dr. Whalen Thank you so much for the start of that presentation. I know there was a lot of information covered there, but I just want to recap that this iteration of the prevention agenda is so, I believe, well organized in terms of how we present the information.

Dr. Whalen Looking at the overarching social determinants of health framework, we frame the importance of each of the social determinates of health. Align them with these objective and indicator indicators. What are we going to measure when we work on these things? What are the interventions? Come up with a menu of evidence-based interventions that local health departments, hospitals, community-based organizations, and other partners can work together to create collective impact in their areas that they serve and then providing resources. I think this is a really user-friendly way for our partners to be able to look at how they're implementing these strategies and choosing what works for them in the communities they serve. I'm going to talk a little bit about how the implementation will roll out.

Dr. Whalen If you could go to the next slide, please.

Dr. Whalen There's four basic tenets of this, so community health improvement. We know that the local health departments and the hospital partners are all busy at work doing their community health assessments and community health improvement plans for the local health departments and community service plans. They create these plans based on the framework of the prevention agenda which they then provide back to us. Another component of this is certificate of need applications. This is for received by this by us here at State DOH. Healthcare facility, construction projects, all need to have applications such as hospitals, nursing homes, D&T centers, midwifery birth centers, ambulatory surgery centers, and Article 28, 36, and 40, and 7, they all need to apply for certificate of needs. We request information on how their proposed project will address prevention agenda

priority and objectives as part of this review. The third component is hospitals community benefit spending, which is money that nonprofit hospitals receive, tax exemptions for in exchange for reinvesting these funds into community benefits. There are many different ways that this funding can be channeled by the hospitals, including financial assistance for patients, subsidized care for under-insured populations. We're really interested in how hospitals are working to support the work of the prevention agenda. I'll talk a little bit more about that in subsequent slides. Finally, inter-agency collaboration. So much of this work, actually all of this work really involves collaboration, both with state agencies, with local health departments, hospitals, and important community-based organizations across the state. Cross-sector collaboration is fundamental to the work of the prevention agenda. A reminder for all of us here, the prevention agenda is not a funded project. It is important to look at where existing funding can support the work of the prevention agenda and aligning partnerships across the state, so that we have that collective impact strategy where the work of many will be more than the work of one particular agency or partner.

Dr. Whalen Next slide, please.

Dr. Whalen I talked about the community health improvement plannings. This includes the community assessment, the community improvement plans, which are domains of the local health departments and the community service plans, which are the domains of the hospitals. The gold standard here is really that the hospitals work with their local health departments and submit one assessment within the same county or in the same region. We really endeavor to have this collaborative model and have communicated this often to both our local health department and our hospitals. Practically speaking, sometimes it requires a little bit of effort. We know that there are five counties in New York that do not have hospitals in them. Sometimes these are done. I know when I was at Albany County, we did it with surrounding counties to work together. In some counties, some of our larger, more urban counties, we have a lot of hospitals. It is difficult to kind of get everybody on the same board. We still are really moving forward with this as the gold standard. Community benefit. Again, this is a hospital funding that we want to reflect prevention agenda efforts. We're very interested in how we can affect increased investments in community health improvement and community building categories and align and increase investments in these evidence-based strategies related to the prevention agenda.

Dr. Whalen Next slide, please.

Dr. Whalen This slide is a little bit busy, but it shows you how you know, our hospitals and local health departments are asked to review the prevention agenda and align with what its contents. We are asking our partners to select at least three priorities from the prevention agenda list, of course, they can pick as many as they want. At least one of these should address the social determinative health. Two objectives should be utilizing a SMARTIE framework. Again, I'm sure all of you are familiar with the acronym of SMART Goals Specific, Measurable, Achievable, Relevant, and Time Bound. The IE component adds two additional elements, which are inclusion, actively involving individuals and communities affected by the goals and planning and decision-making processes, and equity, addressing systemic injustices and ensure that the goals promote fairness and equal opportunities for all partners. We're asking them to utilize evidence-based interventions for each priority.

Dr. Whalen Next slide, please.

Dr. Whalen Again, if you go through examples on the priority selection, you can look here under the five domains, which are the social determinants of health, which are represented

on the left-hand side and the priorities. In this example, choice would be to choose poverty, depression, and preventive services for chronic diseases. Go into the prevention agenda, look at those menus of options and begin to plan with partners on how to create initiatives around the prevention agenda.

Dr. Whalen Next slide, please.

Dr. Whalen This slide references a timeline and submission timeline, which we are in the midst of now. We have released the prevention agenda and are asking our local partners at the local health departments to submit their community health assessments to us by the end of this year, and then the community health improvement plans by June 2026. The hospitals, they are all on different fiscal years. We're looking at getting their information according to their fiscal years, the community health needs assessment, which is the equivalent of the community health assessment, and then the community, the CSP, the community services plan that they will submit to us within that timeframe as well.

Dr. Whalen Next slide, please.

Dr. Whalen This is an example of a certificate of need review of what is submitted to us at the department. In terms of how hospitals or health care facilities will give us information on how the work that they will be doing within the facility that is planned to support the priorities of the prevention agenda.

Dr. Whalen Next, please.

Dr. Whalen The hospital's community benefit spending. This is aligned with New York State Public Health Law. There has been new legislation introduced this year that the hospitals are going to be mandated to report to the New York State Department of Health the completed copy of their most recent form 990. Information that is used to complete this. This is the first iteration of this new legislation that will enable us to see how this money is being spent across the state. The charge of the department, starting by October 1st, 2026, is to compile and publish the community benefit report and to deliver a report to the Governor, legislative leaders and relevant legislative committees on how hospitals are spending this money. That is still being finalized in terms of how this is going to be implemented here within the department and there'll be more news on that as we work with our Office of General Affairs and others on how this legislation will be implemented.

Dr. Whalen Next slide, please.

Dr. Whalen Finally, as we started out with, interagency collaboration is going to be very important. With this iteration of the prevention agenda, we are happy to say that we are going to be working on an interagency task force. We are currently working with our partners at the Office of Health Equity and Human Rights using an existing task force that they have gathered together who represent agencies and partners across the state to discuss the strategies related to the prevention agenda. We really want to use this group to elevate what's going on across the country, sharing it, or across the state. Sharing promising practices and sharing these projects as they're being rolled out, I find is, is very interesting to counties, to hear what other counties are doing for the hospital partners as well, so that we can augment and replicate these projects across the state, both within the structure of the prevention agenda and even beyond that. It's going to be important for us to map these initiative, to augment and present on model projects and case studies, participate in policy implementation and provide agency updates. They're going to be

creating kind of a compendium of what's going on across the state and really looking at how we are partnering with state agencies and others on a leadership level to implement strategies related to the prevention agenda. I mean, looking at how this cycle is different. A lot of the metrics that we are working on do not necessarily fall within what people consider the domain typically of health. We know our partners and state agencies, for example, State Ed, Office of Mental Health, OASAS, others, bringing their work together under the umbrella of what we're trying to do with the prevention agenda is going to be essential for us addressing the social determinants of health within the framework of this cycle, the prevention agenda.

Dr. Whalen I think, is that my last slide?

Dr. Whalen No wonder I forgot it. It's such a busy one. This is inter-agency collaboration. I apologize. It's a very busy slide. It really shows you how we're looking at important partners across the state. Utilization of an implementation matrix helps that. You can see in the dark purple are the social determinants of health and then priorities within that are addressed in white. This is a list of some of the organizations that are working on this. I think this is helpful in assisting our partners with pointing them in the direction of the agencies that they should be working with locally and on a state level to help augment the work that their partners are doing and to incorporate that into the work of the local health departments and the hospitals going.

Ms. Alaali Yeah, just to add to that, Dr. Whalen, so back in March, we sent a survey. The Ad Hoc Committee members actually received that survey too. We were soliciting interest and participating in the implementation of prevention agenda from state and regional organizations. Basically, the matrix has the domains and the priority at the top and then the list of the organization to the left. This is work and our progress, this is not comprehensive, and definitely we will have more and more participants. If you are interested in participating in the implementation of the prevention agenda, and I think you are, that's why you are in this meeting, please send us which priority area you would love to, or you would like to participate in, and we will add your and name to this matrix. Again, this is work in the progress. It's not comprehensive. Hopefully, by the second or third year of the implementation, we will have more and more participants.

Ms. Alaali Moving to the monitoring and evaluation. As you know, this is the action plan, and this work is for six years. Our progress to where the prevention agenda objectives will be monitored via different mechanisms also. One of them is we use measurable objectives. We have indicators to track the progress over the next six years, so we have the Prevention Agenda Dashboard, which will be used as one of the mechanisms to see if we have made any progress toward our targets in the next six years. Our colleague from Office of Science here, Chris Davis, will provide more information about the dashboard. The second mechanism is the department will continue to review and evaluate the submitted community health assessments, community health improvement plans and community surface plans from local health departments and hospitals. Our team normally review each plan and identify whether the organization has collaborated, submitted joint plan, or they collaborated on the assessment, and they submitted separate plans for our community health improvement. Local health departments and hospitals also are required to provide annual updates. We call them progress reports. The annual updates cover different topics. Basically, we want to see progress in the implementation of the interventions they have selected and the progress they have made toward the achievement of the selected objectives. In addition to the required annual reporting, local health departments and hospitals are encouraged to work with their partners to extend

monitoring and evaluation activities as feasible and appropriate. Again, we have the Prevention Agenda Dashboard, we have Dashboard also provides more information there, but also we encourage our partners to develop their own monitoring and evaluation activities beyond what we provide here.

Dr. Boufford I think because of time, we'll need to hit these next ones at sort of a high level. We have the slides, and we may need to come back and send out other information or have some kind of follow-up informal discussion. Thanks.

Ms. Alaali I'll hand it to this cover by Meredith Patterson. I will hand it Meredith Patterson to go over the local health department, health equity, RFA.

Ms. Patterson Thanks.

Ms. Patterson I'm going to share a little bit more about our local health department health equity RFA technical assistance opportunity.

Ms. Patterson Next slide.

Ms. Patterson Just at a really high level, this opportunity is funded by the Public Health Infrastructure Grant, which is a historic investment in public health infrastructure. This RFA is intended to bring a contractor on board to provide technical assistance and capacity building support to local health departments, hospitals, and community-based partners as they implement this iteration of the prevention agenda. This contractor will receive up to $400,000 with work intended to be performed through November 2026, which is year four of the five-year Public Health Infrastructure Grant.

Ms. Patterson Next slide.

Ms. Patterson More specifically, the goal of this RFA is to advance health equity by addressing the social determinants of health and strengthening partnerships between local health departments, hospitals, and community-based organizations by providing technical assistance and capacity building, progress tracking, and tools to support statewide best practices when it comes to this iteration of the prevention agenda.

Ms. Patterson Next slide.

Ms. Patterson I won't read this word for word in the interest of time, but this shows the scope of work of the RFA. This contractor will really be focusing on building partnerships and creating opportunities for different entities involved in prevention agenda work to work together and share best practices. This contract will be performing a wide variety of activities to support the successful implementation of this iteration of the prevention agenda.

Ms. Patterson Next slide.

Ms. Patterson Just to give you a brief sense of timeline, work on this opportunity started in the Winter. This RFA was developed from February to June by a team of staff from across the Office of Public Health. We also used feedback from local health departments and the New York State Association of County Health Officials or NYSACHO to develop this opportunity. This application was recently opened and closed in the Summer. Awardee was selected and we're just currently waiting on final approval from HRI to be able to

extend the opportunity to that entity and announce that officially. This timeline should be slightly updated from what you're seeing on the slide, but we anticipate this work to start in the next couple of weeks and certainly look forward to providing updates on that work soon.

Mr. Davis Thank you, everyone.

Mr. Davis Just the last few couple of slides. It's just a very quick update on what we've been doing for the new dashboard. We just kind of wanted to give you a very high-level view of that we can go through this pretty quickly.

Mr. Davis Next slide, please.

Mr. Davis Although, the prevention agenda was officially announced in July, of course we were working in the background while we were waiting for such an approval. The very first step we had was data collection of 92 tracking indicators. I just want to draw your attention to that Number 92. As in an earlier slide, you saw 84 tracking indicators, we have eight extra ones that we're carrying over from the last prevention agenda cycle, which were some really important health topics such as premature death and some disparity data there. Preventable hospitalizations, as well as disparity data, and some access to health care indicators. We collected state-level, county-level data stratified by socioeconomic status. We have a lot of sub-county data from over twenty different data sources and programs. This is public data, DOH program-specific data, and data from outside of the department. So as this data came in, we did very careful checking of the data submissions and had a lot of back and forth with programs to get the data in the format that we needed.

Mr. Davis Next slide, please.

Mr. Davis Once we had everything, our next step was to process, analyze and format all of the data, check it for quality, make sure that it was all consistent and formatted so that we could bring it into our development software. I just want to draw your attention to a few improvements that we did make this cycle, including having more sub-county indicators, as well as new regional groupings to provide more comparisons and more information. We are currently kind of in the last part of step three here, which is our dashboard testing. We use a software called Tableau to create those nice filters and visualizations that you see when you visit the dashboard. We are just wrapping up testing all the functionality from our own development team. We asked all of the data owners to check the data, as well as program staff here in the department.

Mr. Davis Next slide, please.

Mr. Davis This is coming attraction. As we wrap up all of that testing for validity and make sure everything's functioning, we will be putting it into the executive review process and targeting a public launch for early spring of 2026. That is the last of our slides.

Dr. Boufford Liza, do you have any wrap-up comments?

Dr. Whalen I just want to thank the team for the presentations. As you could see, this is a really comprehensive effort. So much work has gone into it and, you know, hundreds of people participated in work groups over months. Many of you were involved in that process and it is greatly appreciated. This is the result of a lot of work and a lot of organization. We really hope that it's going to result in some great attention to the social

determinants of health across the state and hopefully moving metrics as we move forward with this cycle.

Dr. Boufford Thanks very much. Thanks, everybody. It is a huge amount of work, as you can see, and ongoing as well, so that we'll know what's happening and be able to track it.

Dr. Boufford I want to open the floor. We don't have too much time, but I want to open up the floor for questions, sort of clarifications, things you'd like to hear a little bit more about, perhaps, so there's a full understanding. I think our next steps are really to tee up the next meeting of this group, which would be in December. I think we have a date already. We'll have a date in early December. I think we'll do it in Albany. We will cut the cord on virtual participation. Everybody will be in person. We really want to use that as a working meeting with the members of this Ad Hoc Committee, potentially in the groups that may have developed because of receiving the plans and people kind of making commitments to working in at least the domain areas so we could bring together the expertise from the department and the expertise from the Ad Hoc Committee members. We'll be seeing that up for now in terms of the presentations you've heard.

Dr. Boufford Follow up questions, Dr. Eisenstein here, and then Dr. Watkins.

Dr. Eisenstein Thank you, everybody.

Dr. Eisenstein Larry Eisenstein, council member. Liza, just one comment that I'm just bringing to the table. It certainly makes life easier to do the way you describe, and I've heard you mention before, where the counties and the hospitals submit one plan together. I may regret saying this, but I'm not sure that's what's best for the population. What I mean by that is, especially as hospital systems grow, they're over numerous different counties. Each hospital has to have its own individual plan and health equity plan for the Joint Commission. Yes, for my hospital system as an example, we have six different hospitals over two counties, but they serve very diverse populations and very different populations. I'm not sure it always makes sense that the plan for one is identical to the plan for the other, the needs of the patients in one campus. One's the safety net, one's the opposite of a safety net. I'm just putting it out there and I may regret saying this because it will create more work for me. I certainly like having one document across all of it, it streamlines the work, but I think if we're really going to make a difference, there might need to be a little flexibility in that to help serve the most vulnerable.

Dr. Whalen Thank you for your comments. I do appreciate the sentiment behind them. You know, this is not a mandate. It's a recommendation. One of the reasons why its recommendation is that the local health departments, as you know very well don't have funding for this and the hospitals in theory do, right? It is hopeful that the local health departments can serve as the expertise to help leverage some of the community benefit spending from the hospitals with providing what they feel as boots on the ground are the needs of the community. There's tremendous difference in these collaborations across the state. I think we estimate about 60% of the plans that we receive are joint plans, but a lot of them are not.

Dr. Boufford It hasn't been mandated.

Dr. Whalen I got it backwards.

Dr. Boufford No, it's okay. I think this is a really important issue you've raised. I think what we can do in the time here is flag these issues and have to get some, be sure that we have time to take them up seriously because there's a lot of debate about this, as you might imagine. Obviously, the changes in the healthcare system, which have consolidated a lot of systems, makes it difficult.

Dr. Boufford Let me ask Dr. Watkins and then Lloyd Bishop, and then I think we have a couple of names up on the screen, Liza, if you can read them. Sorry.

Dr. Watkins Good afternoon. Thank you for the great presentation that you guys have delivered to us today. One question, Dr. Whalen, I have is on Slide Number 20, where you have, and this is in line with what Dr. Eisenstein has already projected or as a question to you guys. This is the collaboration of both the hospitals and the local health departments. It looks like as you've broken this out for year one, local health department are only required to submit their Community Health Assessments, but you have the hospitals required to submit both their community health needs assessment and their community service plan. It's my understanding that the community service plans is very similar to the community health improvement plan that local health departments are supposed to submit. As we are working together in my county, our local health department and our one hospital. They are asking the local health department to move forward with this community health improvement plan, so that they'll have their community service plan as required by the state. We're going to work with them to get that community health improvement plan done within their timeframe. Although you've broken it out, it still leaves my health education team screaming and yelling while the state says we don't really have to submit it until 2026. We have the hospitals who are at the table with us. They're saying, let's get it done now. I know you tried to make this amenable to local health departments who were screaming we couldn't get it done in a timely manner. It still brings a problem to small rural communities who have to work at the tape with our local health departments.

Dr. Whalen Thank you, and I appreciate that that is a concern. You know, the hospitals are inflexible in terms of when their materials are due in because of federal requirements. We try to encourage the local health departments to collaborate to the extent possible, and the timeline doesn't always match up. That is definitely a concern. Again, as a gold standard saying if there's possibility to have these discussions in a line timelines that is the best possible scenario...From a practical perspective, the concerns you represent a very real, yet we have

Dr. Boufford I just want to mention, I think the mechanics of the process of really redesigning kind of starting with a very different approach to the prevention agenda and also the issues of clearances and others have delayed the timetable, just happened in terms of getting it going. I just want to say, honestly, I that's why we lost the alignment of cycles that had been in place before, but it is what it is. As Liza says, we'll have to figure out, and the opportunity then for the next cycle is perhaps to align and try to work out any revisions in a positive way, but it was just a mechanical issue, both with the various clearances in development and stuff that it changes. Sort of not anybody's fault. It's just following you're getting it done.

Ms. Alaali If I can add to that, so we received a few inquiries from hospitals and local health departments. We have suggested that they submit and meet the IRS requirement by the end of this year. However, they need to indicate that this is a joint planning, and the local health department in June 2026 will submit a comprehensive plan for both entities,

for the hospital and for the local help department. One, the comprehensive plan is what we are going to review from our end here at the department.

Dr. Boufford We'll obviously need some clarification of this in the follow-up to this meeting. I'm going to keep moving, Lloyd Bishop, and then we have two hands raised on the screen, Liza, if you can read the names off after that.

Mr. Bishop Just one comment on the last set of comments. Although there might not be joint plans, there's lots of joint work going on with the county health departments. We're working with our city department of health and their priorities. There's some work going out around the state. We've had some experience with Westchester County, for example, recently where that's happening. I just had a question on the RFA. I just wanted to see what the coordination there might be between that work and the work that's going on now under the waiver. There are statewide meetings going on right now with the health regional organizations. I just wanted to get a sense, and maybe we can talk about it later, but what the coordination is between those two activities, because that's a lot of meetings going on.

Dr. Boufford I think it's a good question that we need to, my guess is it hasn't, it may or may not have been totally discussed yet, Liza, I don't know, you want to comment on that briefly?

Dr. Whalen I know we've had several meetings with the Medicaid team as we kind of planned out the prevention agenda and are very interested in working with them on areas of intersection, which are many. In terms of this RFA, Meredith, I don't know if you have any specific things that have been discussed, but I definitely, if it hasn't happened, it is an important point and should be considered.

Ms. Patterson Yeah, I echo those thoughts. Thank you, Dr. Whalen.

Dr. Boufford Liza, can you read the names?

Dr. Whalen Sure.

Dr. Whalen Pat Zuber-Wilson, I think you have your hand up from OASAS.

Ms. Zuber-Wilson Hi, everybody. Thank you so much like amazing work. You know, we've our team has been working with you guys. I know it's taken a lot and really appreciate it. I just have two comments. I think we need to work together on how to roll this out from the OASAS lens, the OMH lens, and the OPWDD lens, because we have a separate planning process. I'd like to think on a county level everybody's talking, but sometimes that doesn't happen. You've got two different processes going on at the same time trying to reach the same goal. I would ask that as we talk about this work, we talk about how we align our process with the mental hygiene agencies with the prevention agenda. I am also going to ask you to look at language. SAMHSA is one of the first agencies that are reaching out to grantees talking about language and DEI and the possible termination of funding. This has been a process that not only our agency, but our grant, our provider system has been going through for the past two weeks. They've given us about twenty-four hours. To look at language in our grant applications and notice of award and making changes so it's not DEI. I say that to you because a lot of the language I see in what has been planned could be targeted. As I said, SAMHSA is the first agency that has started this process under HHS as far as we know, but I just want to keep that on everybody's radar. Thank you.

Dr. Whalen Thanks so much for that point. It's an unfortunate point, as all of us know, but it's very important. We represent the prevention agenda is unfunded, but what we're trying to do is partner with our, work together with people that are funded. This does make it important from that perspective. That point is noted. Thank you so much.

Mr. Bishop I'm just going to interrupt and say, I know that the Health Equity Organization, that terminology is no longer actually being used, maybe for that purpose.

Dr. Whalen The Health Equity Index issue, the process.

Mr. Bishop No, the Health Equity Regional Organization is no longer called the Health Equity Regional Organizations for that reason. It's something we're thinking about as well.

Dr. Whalen We'll get a translation dictionary here for the next time. I think it's an important point.

Ms. Zuber-Wilson There's a list that they're using AI to look through anybody's grant applications or any notices of award, and they're examining every grant.

Dr. Rotter Thank you. Thanks again for a great presentation.

Dr. Rotter Just two quick areas of clarification. One is quick and one is, I think, a lie to what we said before. You know, with the planning around the social care networks, which are addressing social determinants of health explicitly, obviously for the Medicaid population. I think cross walking what we're doing here with that and how the plans overlap and may address one of the goals, the targeted goals within the prevention agenda matrix is I think worth a conversation. A lot of us are deeply into that. The second thing is clarification, the inter-agency council that you mentioned was building on the... I guess, heretofore Equity Committee. Is that sort of the newer iteration of the Health Across All Policies Planning Committee? That was, we had talked about that a couple of years ago, and I'm wondering... Is that where the Health Across All Policies is going to happen?

Dr. Whalen That's a very good question. We've had some internal discussions on that recently from information that Dr. Boufford has shared with me, because the planning for around health and all policies ostensibly occurred between 2017 and 2019 were the meetings. That seems to me to have been a much broader initiative but certainly encompassed the work of the prevention agenda within it. So, in the sense that the tenants of that group were really to kind of look at how we are working across sectors with our partners from state agencies, community-based organizations, hospitals and local health departments, that does overlap. From that end, but I don't think this is going to be as broad as the health in policies. Honestly, I'm not sure where that work currently is in terms of how that is being implemented. I think the Executive Order is still in place, but I'm not aware that that group has convened since 2019.

Dr. Boufford That's correct. I just want to clarify, for those that were not aware of it, under Governor Cuomo and Governor Hockel has alluded to it in her own Executive Orders, there was an inter-agency group set up for Health and All Policies, which was actually specifically set up to implement the prevention agenda at the time. I think, to some degree, it's quite relevant. Again, I think Dr. Whalen, we've been working on trying to use. There's been a lot of interagency pressure on agencies, the Master Plan on Aging just set up its own, which has still putted pressure on agencies to develop this, so that it does sit there. I

think it was also for Healthy Aging as well. Governor Hochul supporting the Master Plan on Aging. Again, they developed another interagency group. I think Liza is correct. It's still on the books, the meeting. The last meeting of the group was canceled. Unfortunately, the month that COVID shut everything down. It had been co-chaired by someone, a representative from the Governor's Office, the Health and Human Services Deputy Commissioner, I'm sorry, Deputy Governor or Assistant, whatever the title structure is in the health department and the Health Commissioner and the Aging, I think Department for the Aging was also involved because of the healthy aging. It's a vehicle that sits there, and I think the effort now, and we've discussed this in the Public Health Committee, is to see if the Interagency Equity Group can meet the purposes of the new prevention agenda and or to either think about how to engage with that group in a more limited way or invite other agencies that have not been part of the equity council to participate in this. It's sort of work in progress, but it's an important point that you're raising. I do want to indicate that it is still on the books, as I say, has not been unsettled, but it has not been active, lies is correct, since COVID.

Mr. Liebman Yes. Just briefly, first of all, I really want to compliment the work that you've done, especially, you know, this is something we've, frankly, been a little critical about the what's gone on in terms of social and community content, but it's great to see that you're really spread your wings in terms the recognition of quality of life issues around people with mental health issues. I compliment you for that very much, especially around the anxiety and depression piece. The one thing is, it's just a broad question. How, as a CBO, can we spread the word? Do you have any advice on what we can do to spread the word among our members? I know it's throwing it out there at the end, a very broad question, but I'm sort of like, what can we do from a CBO perspective?

Dr. Boufford It's just the right question for the next step.

Dr. Boufford Liza, why don't you have a go, and I will, and then we'll kind of wrap up here in terms of the respecting timeframe.

Dr. Whalen Well, I think that that's a really important question. We at the department have been trying to get the word out through the press, through sharing the website, through social media. All of those communication channels that are at your disposal are going to be helpful as well as working, if you're a community-based organization, your local health department will certainly know about this. You know, most of you that are with community-based organizations are working with your local health department in some way, shape, or form. To kind of follow up with them on this and to share the message through your own ways as much as possible because we really do need to kind of increased awareness of this very substantial project.

Ms. Alaali If I can add to that too, so we have our actually list of current partner and the liaison for community health improvements planning in our website. We highly encourage like you know partnership at the local level and if any CBO is interested in participating in this work they can always reach out to the Community Health Improvement Planning Liaison, where they reside or where they provide services. This is the list, and it is by county. We have a list for local health department and hospitals, and we believe CBOs are the one who's providing services at the county level. We highly encourage traditional and non-traditional partnership. I think this is how they can participate here.

Dr. Boufford Thanks, and in addition to that, I think the structure of this group with state-level organizations is to really – we will, in the next weeks and months, really try to really

work with you to answer the question that you raised, which is really the key question, is how can we make it easier both at local level but also at state level, because we're talking about some very big changes around issues like poverty, education, et cetera, and many of you as organizations representing state-level action can be very important to working at that level as well. It's state, regional, and local. We'll be getting back out to you between now and the time we have a follow-up meeting with more specificity, I think both about the resources that have been presented here, and congratulations for developing the dashboard, the website, the other issues that are coming up. I think once it's clear how the equity grant is going to the contractor is going to work with each of you, that is another resource that's coming to the table along with the significant increase in staffing. We have not had this kind of staff support from the department for a while. I think also I want to honor the notion of the OMH and OASAS having developed their own prevention strategies. I like to think some of it had to do with previous engagement with the prevention agenda as well and aligning that and then similarly great AG and Markets is on, we've had good support from the Department of State historically, Parks and Recreation. I think these are the agencies that we will be looking at that are part of the health and all group but may or may not be part of equity group, which was a little bit more individually focused. We're aware of that issue. It's a really important point. Similarly, I think if individuals here, for your own organizations and those of you that are not here, we can be sure to know who the lead is representing your organization to the Ad Hoc Committee and your contact information. In the past, we've also actually shared with our colleagues literally phone numbers and email addresses for local health departments, area offices on aging, OMH, OASAS, infrastructure at the local and county level. I think we want to do the same. We want to be able to do same because we haven't mentioned other sources or other resources. The New York State Business Council has been a member of this committee and local businesses, especially at local level, have been very supportive often of health initiatives. There are other resources that need to be harnessed here, and part of the goal of this group is to get as many people at the table at the local level as possible, both in terms of implementation and support for this. Really appreciate very informed questions. Again, thanks to Dr. Whalen and her team, Dr. Davis for being here. We're glad to have you involved.

Dr. Boufford You want to make any final comments before we close out?

Dr. Davis Yes, I just want to thank Dr. Whalen and the team who have done all this significant work on the prevention agenda, and for all of our colleagues and other state agencies that we're also working with and other agencies that aren't within the state, we really appreciate your support on this effort. We look forward to supporting you as much as we can for the implementation of this. Thank you.

Dr. Boufford Okay, to be continued, thank you so much. We will be following up with you directly and look forward to the next meeting being scheduled in December. Thanks.