

NEW YORK STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH AND HEALTH PLANNING COUNCIL
AD HOC COMMITTEE TO SUPPORT THE NYS PREVENTION AGENDA
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ESP, CONCOURSE LEVEL, MEETING ROOM 6 ALBANY
TRANSCRIPT

Dr. Boufford:

I want to welcome all of you. This is the first meeting of what we call the Ad Hoc Committee for the Prevention Agenda. And you all represent state level nonprofits, advocacy groups, professional association, state and regional level, I would say, and some special population groups as well as donors and others. So, it's a very diverse group. And you're doing exactly what we wanted you to do, which is to get to know each other and meet. But this room is set up the way it is because we had a public health committee meeting this morning. So around this table are members of the public health committee. And around your tables, which are identified in the five domain areas of the prevention agenda, is part of the design of this meeting. It's a little bit high risk, but we thought we'd give it a shot.

This meeting is really to welcome you to the prevention agenda, give you an overview of what it is in this new cycle, and also by giving you a chance to go into two... Mark's going to explain this better, but each table represents one of the domains of the prevention agenda. I think the handout that was out there tells you what those five are. And what we want to do is really, first of all, ask you to introduce yourselves to the group. We have mics that are going to be going around. And tell us your name and the organization that you represent. And once we get through with that, we'll know who's here in the room, which is really, really important for us. And then we're going to go through two cycles where we ask you to identify the domains in which you feel your organization has greatest interest.

And you'll have two rounds to move around. And then there are three questions which we'll review with you. This is a chance for us to get your input and for you to give us your feedback on how the State Department of Health could be most helpful to you, state and local health departments, actually, can be most helpful to you in advancing the prevention agenda. So, it's very much a dialogue session. This is the first of this new cycle of the prevention agenda.

We generally tend to have three meetings of this group a year. We plan to have another one in September. And so, this will be a chance to get acquainted and to begin to get engaged with the department over the next months and see how well we do when we come back together again. So,

I'm going to start with a table with the members of the public, who are eating their sandwich, the members of the public health committee, so they can introduce themselves and the staff here. And then we'll start with the introduction. So, I'm Jo Boufford, I'm the chair of the Public Health Committee. As I mentioned, I'm a clinical professor at New York University School of Public Health.

- Mr. Waldenmaier: Hi, good afternoon, everyone. My name's Mark Waldenmaier. I'm the director of the Office of Local Health Services. As Dr. Boufford said, really great to see so many faces here already talking. I saw a lot of smiles and hugs going on of people who knew each other already. So, I'm hoping this is a really great afternoon. So, I will turn it over to Dr. Eisenstein.
- Dr. Eisenstein: Hi, Dr. Larry Eisenstein, council member.
- Dr. Lim: Hi Sabina Lim, committee and council member.
- Mr. Perry: Stanford Perry, committee and council member.
- Dr. Wilcox: Hi, good afternoon. Dr. Wendy Wilcox, committee and council member.
- Ms. Edgar: Henrietta Edgar, New York State DOH Accreditation Coordinator.
- Ms. Owens-Cody: Kishana Owens-Cody, Department of Health, Division Director for Public Health Infrastructure.
- Mr. Davis: Chris Davis, Office of Science, Bureau of Community Health Assessment.
- Ms. Norrell: Erin Norrell, Associate Director, Division of Public Health Infrastructure at the Department of Health.
- Ms. Giluli: Gina Giluli, program manager in the Office of Local Health Services at DOH.
- Dr. Soffel: Denise Soffel. I am a member of the Public Health and Health Planning Council, as well as the Public Health Committee, and I am one of the two consumer representatives to the council.
- Speaker 3: [inaudible 02:44:47], member of the council and member of the committee.
- Dr. Watkins: Kevin Watkins, member of the council, member of the committee.
- Dr. Boufford: [inaudible 02:44:57].
- Mr. Stelluti: Mike Stelluti, Department of Health.

Ms. Leonard: Colleen Leonard, Executive Secretary to the Public Health and Health Planning Council.

Ms. Leonard: Colleen Leonard, Executive Secretary to the Public Health and Health Planning Council.

Ms. Ngwashi: Marthe Ngwashi, attorney at the Department of Health.

Dr. Boufford: Okay, so we go to this table. There should be a mic on the table. Whoever has started, pass it around to your friends and then give it to the table behind you. Okay? Please start.

Mr. Waldenmaier: Press the button so it turns green.

Dr. Boufford: Yeah.

Mr. Gonzalez: Benjamin Gonzalez.

Mr. Waldenmaier: [inaudible 02:45:24]

Dr. Boufford: This is a lesson in projection. We'll try that, too, as well. It's not going to work. We need to get the mics. If there's only one, then we'll move more slowly. That's all.

Marthe Ngwashi: Okay.

Dr. Boufford: Go again.

Mr. Gonzalez: Benjamin Gonzalez, Greater New York Hospital Association.

Ms. Hesdorfer: Krista Hesdorfer for Hunger Solutions, New York.

Ms. Regan: Sara Regan from NYSTEC.

Ms. Fleming: Molly Fleming, local health department liaison for the Vision Public Health Infrastructure.

Ms. Ehrlich: Alice Ehrlich United Hospital Fund.

Dr. Boufford: Don't talk so fast that we can't understand where... Especially your organization you're from.

Ms. Ehrlich: The United Hospital Fund.

Dr. Boufford: Thank you.

Ms. Ehrlich: It might be the English accent, as well.

Ms. McManus: Kristen McManus, AARP New York.

Ms. Lawler: Jackie Lawler, Orange County Department of Health.

Mr. Bishop: Lloyd Bishop, also Greater New York Hospital Association.

Ms. Daly: Hi, everybody. Therese Daly, President and CEO of the United Way of New York State and 211 New York.

Dr. Boufford: Thank you. All right. I think there's a... Is there a mic over here? You can go while you give it to the ones in the back. You did exactly what we asked you to do. Just start this table.

Ms. Muthig: Good afternoon. Jennifer Muthig, Executive Director for the New York State Association for Rural Health.

Ms. Connell: Hi, I'm Kate Connell. I'm with the Prevention Agenda Team from DOH.

Ms. Smith-Bovin: Hi there. Beth Smith-Bovin, Alzheimer's Association, New York State.

Ms. LaBarge: Hi, everyone. I'm Kimberly LaBarge, Department of Health, Alzheimer's Disease Program.

Ms. Tornatore: Eleanor Tornatore Mikesh, President and CEO of Caring Kind.

Dr. Whalen: Elizabeth Whalen, NYSTEC.

Ms. Phillips: Kristen Phillips, HANYS.

Ms. Ravenhall: Sarah Ravenhall, Executive Director at the New York State Association of County Health Officials.

Ms. LaBarge: Courtney David, Executive Director of the New York State Conference of Local Mental Hygiene Directors.

Ms. Moltzen: Kelly Moltzen, co-founder of Interfaith Public Health Network.

Ms. Carmody: Hi, and Jane Carmody. I represent the John A. Hartford Foundation, a foundation based in New York City, and I'm also here representing our president, Ranie Snyder, who hopefully is listening in. And that's why I had better mention her name.

Ms. Durkee: Hi, everyone. Brianna Durkee with the American Heart Association.

Dr. Boufford: All right. Over to this table. I think you have a mic. You want to start?

Ms. Schiff: Yes. Wini Schiff from the Interagency Council of Developmental Disabilities Agencies.

Ms. Mazzetti: Hello. Bella Mazzetti from the Office of Local Health Services with the Department of Health.

Ms. Scherer: Robin Scherer with NYSTEC.

Ms. Haggerty: Hi, everyone. Julie Haggerty, NYSTEC.

Ms. Latza: Megan Latza with Cornell Cooperative Extension.

Mr. Donovan: Hello, Owen Donovan, State Education Department.

Mr. Norwood: Wade Norwood, member of the State Board of Regents.

Mr. Damiani: Marco Damiani, CEO, HRC, New York City.

Ms. Lorenz: Kim Lorenz, New York State Department of Transportation.

Ms. Wynter: Damali Wynter, New York State Department of Agriculture and Markets.

Elizabeth Kapral: Hi, Elizabeth Kapral, New York State Dental Association.

Ms. Preston: Hi, Kathy Preston from the New York Health Plan Association.

Ms. Duff: Amanda Duff, Executive Director of Healthy Capital District.

Ms. Carroll: I'm Meghan Carroll, the New York State Office for People with Developmental Disabilities.

Ms. Stefanik: Michelle Stefanik, New York State Department of Health, Division of Public Health Infrastructure.

Mr. Chang: Hi Steven Chang from the Primary Care Development Corporation.

Mr. Pushkarsch: Chris Pushkarsch, New York State Office of Parks, Recreation, and Historic Preservation.

Ms. Rose: Thank you. Good afternoon. Ava Rose from the Community Healthcare Association of New York State.

Mr. Parker: Hi, there. Jarrod Parker from the Office of Temporary Disability Assistance.

Ms. Silver: Rachel Silver, New York State Energy Research and Development Authority.

Ms. Hartnett: Tricia Hartnett, New York State Office of Mental Health.

Ms. Tepper: Miriam Tepper, Chief Medical Officer at the Office of Mental Health.

Mr. Rotter: Merrill Rotter, the Office of Prevention and Health Initiatives at the Office of Mental Health.

Mr. Ramos: Esteban Ramos, Office of Addiction Services and Supports.

Ms. Griffin-Jenkins: Candi Griffin-Jenkins, the Office of Children and Family Services.

Ms. Hall: Kathryn Hall, New York Academy of Medicine.

Ms. Watson: Hello, Cheryl Watson, New York State Department of Health, Office of Public Infrastructure.

Tomica Collado-Robinson: Hi, everyone. Tomica Collado-Robinson. I am with the Department of Health, Division of Public Health Infrastructure.

Dr. Boufford: Anyone did not introduce themselves coming in. The idea of... Oh, please just step onto a mic and do that, so then have a seat.

You get an idea of what we're doing, just your name and the organization that you're representing. Not to put you on the spot, but...

Ms. Alvez: It's okay. I'm Maria Alvarez. I'm the Executive Director of New York Statewide Senior Action Council.

Dr. Boufford: Great. Anybody else that didn't introduce themselves? I just think if everybody in here worked together on a common agenda, we could make the state healthy, right? That's the idea of this group.

And just by way of just a couple more words, because I think some were in the room or not. This group was really created a few years ago initially as the public advisory group for the state of New York, which was one of the first states that submitted for voluntary accreditation through the new public health accrediting body and was granted accreditation.

This is a third generation, I think, of the ad hoc committee because people move on and we have to refresh this group. And I think Mark and his staff have gone through a significant process with the help of the public health committee, really identifying state level organization, state and regional level to some degree, and I mentioned some special populations groups.

That with their membership are able to both share the information about the Prevention Agenda and presumably mobilize your members, your chapters, your organizations statewide to work with the department and with local health departments in your local community and with local hospitals in your community to kind of advance the health goals.

So, the first part of this meeting is to get to present. Mark is going to present the current incarnation, if you will, of the Prevention Agenda, which has changed for those of you that have been involved in this process in the past. Then we're going to hopefully ask any questions you have about him so that people are clear.

Then we're going to have sort of two rounds of breakout groups, asking you to pick a domain, two domains, in which you think your organization has the greatest interest or the greatest to contribute because we have questions in both domains.

We'll come back together. We'll get a kind of brief priority highlight from each of the group discussions, but to be aware that there are rapporteurs at each of the tables and so they'll be taking notes.

So, we'll have a written report that we can share with everyone in a few weeks after this meeting and certainly well in advance of the next meeting.

And then we'll have some sort of final comments and wrap up. So, I'm going to turn it over to Mark.

Mr. Waldenmaier: And before I get started on that, I did want to take a moment to introduce a few folks that are virtually. We're very glad for everyone who was able to come in person, but we know sometimes the travel statewide or even just last-minute things.

So, we do have a couple of members that hopefully we'll all get to meet in September that are online today. And one of those members is actually one of our key staff members, Dr. Alaali.

Zahra Alaali has been with the Prevention Agenda for a number of years now. And so, I'm going to have her kind of lead some quick introductions for our virtual members, and then we'll go right into the kind of overview.

I know there's a good number of people who are already very familiar with the Prevention Agenda, but also a number who are pretty new. And then we'll move to that very quickly.

So, Dr. Alaali.

Dr. Alaali: Thank you, Mark. Good afternoon, everyone. We have Dr. Whalen in here. Dr. Whalen, if you want to introduce yourself.

Dr. Whalen: Hi, everybody. I'm sorry not to be able to be there in person with all of you today. My name is Liza Whalen. I'm the medical director for the Office of Public Health and have worked with Zahra over the past couple of years and the team to bring forth this cycle of the Prevention Agenda.

We're very excited to speak with such a great group today. Thanks.

Dr. Alaali: Alexander Morrison.

Mr. Morrison: Hi, I'm Alexander Morrison. I'm at the Office of Local Health Services in the Department of Health. I help support the Prevention Agenda team.

Dr. Alaali: Avital Havusha.

Ms. Havusha: Hi, everyone. I'm Avital Havusha. I'm the Vice-President of Programs at the New York Health Foundation.

Dr. Alaali: Next we have Carl Mas.

Mr. Moss: Might be Carl Mas. Is that all right? I'm Senior Vice-President for Policy Analysis at NYSERDA.

Dr. Alaali: Thank you, Carl. Damali Wynter.

Ms. Wynter: Hello. Apologies. I jumped in early last time. Damali Wynter, Assistant Commissioner at New York State Department of Agriculture and Markets.

Dr. Alaali: Next we have Dan Klein.

Mr. Klein: Good afternoon, folks. I'm Dan Klein, New York College of Podiatric Medicine, and also Community Leadership Board for the American Diabetes Association, Greater New York. And this is my third time being on the Prevention Agenda. I'm happy to be back.

Dr. Alaali: We have Dr. Sharon McLennan.

Dr. McLennon: Hey, everybody. Good afternoon. [inaudible 02:55:56] with disabilities. Thank you.

Dr. Alaali: And next we have Marcus Harizon. Sorry if I didn't pronounce it correctly. Marcus.

Mr. Harizon: Yes. Thank you. I'm Marcus Harizon. I am the Coordinator of the Patient Advocates Program for the New York Statewide Senior Action Council.

Dr. Alaali: Michael Ratch.

Mr. Waldenmaier: We didn't hear him. Keep going, Zahra.

Dr. Alaali: All right. So, Ranie Sneeder or Snyder.

Ronnie Snyder: Hi, I'm Ranie Snyder. I'm President of the John A. Hartford Foundation. My colleague, Jane Carmody, is in the room with you. And we have a mission to improve the care of older adults. Thank you.

Dr. Alaali: And we have Dr. Yang.

Mr. Waldenmaier: Nope. Keep moving, please.

Dr. Alaali: I'm not sure if I have missed anyone. If I have missed anyone, feel free to introduce yourself to this point.

Mr. Waldenmaier: Yep. Okay. Hearing none, thank you all who are online as well, and we will get started. So again, I'm Mark Waldenmaier, and I wanted to just give a really high-level overview of the Prevention Agenda today for those who may not be as familiar.

Hoping I send out an email earlier this week. People were able to kind of dive into our webpage, which is a very key resource that I'll talk a little bit about, as well as some of the other resources I sent, including the podcast with Dr. Whalen, who you just heard introduce herself, which I think was a great overview and perspective of what the goals of the Prevention Agenda is.

But when we look at the Prevention Agenda, we can look at the who, what, where, why, when, of the Prevention Agenda. And so, the Prevention Agenda is rolled out at two levels.

The first level that we tend to work on each cycle is the state level where we develop the state health assessment and the state health improvement plan.

But then that's used as a roadmap for the local health departments and hospitals to develop their own community level plans, do their own community level assessments in order to kind of really meet that community level of intervention and ability to try to strategically improve our health as a whole.

The Prevention Agenda cycle is every six years, and so we're able to keep moving forward by trying to look at what we're doing and then look at what impacts it's having over that cycle, as well as across multiple cycles.

So, one of the things that I think is also important to look at is even though I'll talk a lot about the key partners of local health departments and hospitals, when we're looking at the Prevention Agenda, especially in this cycle, we really are trying to reach out to more and more partners and kind of understand how they may either align or impact the goals and overall strategic aspects of the Prevention Agenda moving forward.

And that's why we have such a mixed group here today. So, this is actually kind of a history of the Prevention Agenda from the beginning. The first cycle was way back in 2008.

I was actually at a local health department when that first cycle got started. So, it's been really nice coming into this program and kind of seeing how things have evolved through these 20 years at this point.

But I think one of the key parts of the Prevention Agenda that we're really trying to make sure always works with both us at the state level but also working with our local partners and hopefully with all of you, is the fact that it is strategic, it looks long term.

But we also need to build in that it's flexible enough to be able to kind of deal with the month by month or year to year things that pop up in public health or the health of our state community as a whole.

So, that's where, again, the Prevention Agenda is more of a roadmap, or our commissioner likes to often call it a menu where we're trying to create kinds of parameters of what the strategic vision is of coming up with a plan to improve the health of New York.

But at the same time, we're trying to give that flexibility within that menu for the local health departments and the hospitals to kind of pick what priorities matter more for them or even to develop their own priorities if needed. So that's one of the big parts.

The other part is this is a 20-year program. And that's where we're looking at inputs from the state and local levels, what we really want to start looking at is enhancements.

One of the enhancements we're looking at today is how to bring more partners into knowing what the Prevention Agenda is and how to incorporate the Prevention Agenda either into their organizations or to their memberships and their local partners that they may represent. So, for

us, that improvement, that evolution of the Prevention Agenda is always going to be important.

So, when you look at the Prevention Agenda, there's a lot of different aspects. So, it's really hard to put a 20-year large program into, hopefully, like 15 or 20 minutes to explain to you today, but I like to focus on three core aspects.

The first one being, what are all the priorities of the Prevention Agenda? The first is just the vision. Basically, making sure every individual in New York, regardless of age, background, circumstances, are able to attain the highest level of health across their entire lifespan. So that's kind of that core vision.

We also have the foundations. These are key things that we're looking at in order to make sure that we meet the strategic aspects of the Prevention Agenda, things like health equity. The Department of Health is very focused on health equity.

It was a key thing to the COVID pandemic that we had always been working on, but we saw when we aren't doing our best with health equity, where impacts can be different across our different populations.

Prevention across the lifespan, again, from the youngest age to the oldest age, how are we helping people live better, live healthier lives across all policies?

That's a big part of why we have this group here today, especially some of the state agencies in order to kind of talk about all the policies we may have as different agencies or the organizations and associations that are here, the policies you may be helping to build with your membership, and how do we bring all of those ideas together to improve the overall state health, and of course, local collaboration building.

We're going to be collaborating more on a statewide level with the ad hoc committee, but that local collaboration is being done all the time with the local health departments and hospitals and many of your memberships, along with a lot of other community partners.

You have got to click on do it again. So, the next kind of core structure of the Prevention Agenda is the social determinants of health or the domains.

The domains are based on the Healthy People 2030, social determinants of health. That's the national plan that's kind of very similar to strategic health plan. The Healthy People 2030, and the social determinant of health is what we're looking at as part of our structure.

And as you already know, Dr. Boufford has explained how we're going to break out today to try to identify what areas that each of our group's kind of can bring or align to the Prevention Agenda as we move forward.

So, we'll talk more about those, but within each of those domains, there's a number of identified priorities that were developed by Dr. Alaali online and many others who are in this room and many others outside of this room, hundreds and hundreds of different experts and stakeholders who have helped us identify what are our priorities for the next five-year period.

Now, those are not like the only priorities that we may have in health or public health, but they're the ones we chose for this next cycle to really focus on. And so, we have a total across all of those five domains, a total of 24 priorities.

So, I did want to return quickly to that social determinants of health aspect that's so key to what we're going to talk about today, because that's really kind of the core of what the Prevention Agenda is.

We're really looking at an upstream approach, the ability to prevent negative health outcomes versus react to a negative health outcome that has already occurred. That's the core of what the Prevention Agenda is.

So, that's why we are looking more at those social determinants of health because we understand all of those are such key factors in those health outcomes for our diverse population in New York State. So, we really want to look at those, look at what we're all doing to improve those across time, especially across the next six-year cycle.

So, you should all have this as one of your handouts. It's part of the agenda. Hopefully you will pick this all out. This is your key aspect of what we're going to be talking about today.

As we've already talked about, the Prevention Agenda is broken up into the five domains or social determinants of health, which you see on the left. And that's what we're going to kind of focus our discussion on just to give us structure.

But one of the things we really want to know is with all of you, with your organizations, with your membership and local partners, what are some of their priorities? Or what, specifically, are your organizational priorities in order to help us understand some of the areas that may have a lot of strength in the collaboration that hopefully this group will create?

So, another big aspect as we keep talking about is partners, partners, partners. So, for us, obviously, the hospitals and local health departments, that primary implementer at the community level is a big part of what we and DOH do in my office specifically working with those partners, try to get the Prevention Agenda moving strategically throughout the cycle.

But you all here are another key aspect of that, and especially how do we potentially tie some of your resources. And one of the most important resources we know in the modern era is also just information.

But how do we tie those resources to our local partners so they can keep building what they're trying to do, what they've identified at the community level to improve the health of New York?

This is where these two areas, especially when we're looking at partners, are you a partner with some services that may be established that can help support the Prevention Agenda that we can allow other partners to know about?

Are you a partner that works with community-based organizations and what is the goal and mission of that community-based organizations towards the health of New York State?

So, this is some of the kind of key information that we already do have in the Prevention Agenda. And if you look through our website, you'll see a lot of it. But we always want to figure out how to connect it better and what other resources we may be missing in order to, again, bring that to our local level.

So, I'm going to go through these really quickly, but I just wanted to show this to all of you because it is just a great group of people here today. So, I couldn't even fit all of the state level organizations on one slide because we have over 36 of them.

And I'll say that these are actually not the only ones we invited nor the only ones we're going to stop at because there are some that I had listed that I was really hoping would come to the table today and I wasn't able to connect with them quite yet. So, hopefully, there'll be more here today.

As well as the state level organizations, there are 13 state agencies represented here today, along with DOH being 14th. And, again, some of them have worked with us on the Prevention Agenda for many, many years.

Some of them are just learning or maybe they have new staff who are just learning about the Prevention Agenda. So, it's a great group of partners

already here and I'm really hoping that it creates a synergy in our discussions and what we learn today.

So, all of this coming together is still where we're trying to get all of this partner information to our core partners. So, we already have resources like our New York State DOH webs page, which I shared with you.

Or one of our primary and yet very simple resources is just our shared mailbox, which I encourage all of you to jot down if you don't already have it, which is prevention@health.newyork.gov, which is a great way to kind of get more information if you have a quick question about the Prevention Agenda.

But all of this, we want to use those resources along with talking with all of you to connect that information to our local partners, because that's where we know the key actions are going to happen for the Prevention Agenda.

So, finally, I know we use the word, pillar, all the time. Dr. Boufford was talking about pillars this morning, that final pillar of the Prevention Agenda, what are the programs within the Prevention Agenda?

So, one of the backgrounds with Prevention Agenda is the fact that we do base the state health improvement plan and the state health assessment, along with the guidance that we provide to the local health departments and hospitals on the public health accreditation process, which is a national standard.

So, we do use that national standard to inform our planning processes, as well as the guidance that we provide the locals when they do their own planning and other activities within the Prevention Agenda.

But, again, one of the key programs is this committee. This committee, this interagency, interdisciplinarian committee is really going to help us and advise us on not only hopefully resources on things that we can provide the local partners, but also how we can improve our program overall throughout our cycle into 2030.

So, that ability to create that further collaboration, create that partner support is kind of that key goal of today's meeting. So, just to break down a little bit, and I didn't want to go down into the details because again, the Prevention Agenda is very large.

If any of you took a look at the state health improvement plan, it's a multi hundred-page document. So, I wasn't going to educate you all on all of that today.

But we've already talked about the domains and priorities. But then with those priorities, we get into the objectives as well as the indicators.

And those are important because like I said, we're really trying to measure the improvement of health over time of our entire statewide community. And we have a great dashboard to show those indicators that we'll talk a little bit about.

But one of the other areas is of key focus of the Prevention Agenda, is the fact that we are really then getting down to what are those on the ground, boots on the ground, in the field, evidence-based interventions that really are going to cause that change in those indicators, meet the goals and measures of those objectives to eventually get to those priorities that we want to reach.

And, again, that's what we're looking to do today is all of these services, these resources that can either be maybe aligned with the intervention, maybe an intervention themselves, what is already out there across this wide community that you all represent that may already be helping meet the goals and priorities of the Prevention Agenda.

So, I shared with you the webpage in the email that I sent earlier this week, but there are some really great key areas. The homepage itself kind of gives that basic explanation. It gives links to the state health improvement plan.

But like I said, one of the other key areas of the Prevention Agenda is the Prevention Agenda Dashboard. We have our key expert with the Prevention Agenda Dashboard right up here, Chris, if you want to wave your hand.

Dr. Davis is one of our key leaders with the Dashboard, works very closely with a bunch of DOH programs, with the local health departments. I have to admit, I give him a lot of respect because he can explain data in a way that a person like me can understand better, and that's always good.

That's always a talent in and of itself beyond everything else that he knows. So, I appreciate that. So, if you have questions on the Dashboard, Dr. Davis is the one to go to today.

And, again, we do have a whole section just on partnerships. And, again, the point of what we're doing today, the webpage in itself is where we try to give accessibility to what resources we have to all of our local partners, and this is one of the ways we do it.

So not only do we list our local health departments and hospitals and who their key liaisons are that are working on their community health planning, we list a lot of the other partners that may be involved, or maybe the local health departments and hospitals may want to reach out to get involved based on what priorities they pick each cycle.

So that is very important that we try to connect and get that communication all together. We don't want to be the bottleneck at that in DOH. We want to just give the resources out and then make those resources accessible so the local partners can make those connections themselves because they know where they want to go with those partnerships.

So, with the discussion groups, we're just going to kind of break it down really quickly. But you're going to have a DOH facilitator at each group that's already familiar with the basics of the Prevention Agenda.

And, again, you have five tables in the back that are each based on one of those social determinants of health. And we're going to ask you to self-select into each of those tables.

And then we're going to have to have you talk for about half an hour on three key questions that I'm just about to go over. And then you have switch into what your next social determinant of health that you most likely have resources, services, interest in, and be able to talk about that one, as well.

I will say if you end up finding that you have a table that's already full when it was your first choice, just go to your second choice and vice versa, in order to just make sure we can hear from as many voices as we can.

The virtual group is going to do the same thing. They're going to kind of do a bigger, broader picture in order to be able to be able to talk across the social determinants of health since they don't have the tables to go to.

So that's what we're going to ask you to do next. So, we're going to do first group, half an hour. Are we doing pretty good on time? Yep, yep.

We're actually ahead of time, so that's good. We'll have plenty of time to reset. Maybe we can take a formal break in between.

Dr. Boufford: No, no.

Mr. Waldenmaier: No formal breaks. No, keep going, Dr. Boufford said. She's a task master. She's a task master. She keeps us going.

Dr. Boufford: Everybody can do a bio break by their own means.

Mr. Waldenmaier: Yeah, there you go. And then we'll do the second. And then we're going to have time for each of the facilitators, we'll just give the highlights of what both of the breakout groups came up with.

So, quickly, what are the discussion questions? So, the first one is, as I talked about, we are giving you a list of priorities. You had that as that third page of your agenda, domains on the left, priorities on the right.

What are your organization's priorities and/or what maybe are some of your membership priorities if you know them? Sometimes, like the local health departments and hospitals, that's going to be really diverse. But to the best that you may know and maybe how did you find out about that?

The second question, this is the one where we really want to hear from you. What are the possible activities, resources, services, staff, information resources that you have that may be towards those priorities that you identified, towards that social determinant of health that you're sitting at the table?

What are those that you have as an agency existing or maybe even an initiative that you're looking at in the future that you know are making good progress that we can collect?

Because one of the things we are going to do is, along with the facilitator at each table, we do have a scribe at each table. We're going to try to collect everything that you're saying and put it in a written report and we're going to share that with this group along with the public health committee sitting up here in order to not only be able to share it just for the moment, but to share it long term.

So, you guys' kind of know and may want to partner yourselves outside of the ad hoc committee with these different partners in order to accomplish different goals and initiatives.

And so, the final question, and each question we're going to try to give about 10 minutes. We think the first one will be a little shorter, but that gives us more time for the other ones.

The final question will be, how can we basically improve what we're doing? So, again, I shared with you the webpages and some other resources.

But when you're thinking about your membership and the possibility of your membership being part of the strategic aspects of the Prevention

Agenda, what resources do they need? Is that webpage enough? Do they need other types of docu-

Mr. Waldenmaier: ... they need? Is that webpage enough? Do they need other types of documents or other types of information resources that maybe DOH should be developing to help build up the goals of the Prevention Agenda, not just with the local health departments and hospitals, but to other community-based organizations, to others of your membership and groups that you have. So that's going to be our third question.

So, with that, I-

Dr. Boufford: [inaudible 03:18:27]. Go ahead.

Mr. Waldenmaier: Yep. I wanted to just make one last comment and then I'll hand it over to Dr. Boufford, which is one of the things Dr. Boufford was teaching me about the Prevention Agenda as I took in this new role was how important it is that the Prevention Agenda is really a strategy of collective impacts. That when we're thinking of what we can all do at the state level, what the local health departments and hospitals and all of their partners are doing at the local level, it's a collective impact. And that's what we want to use to move the needle, that we want to start seeing on our indicators, on our dashboards to move the needle. We know with a diverse population and a large size population that we have in New York, that needle may sometimes move slowly and a lot of other things may distract that needle or even make that needle move back. But it's so important that we work together for that collective impact, especially during these times.

And the other thing is that last month, just around this time, was Public Health Week. And our governor did put a declaration out, a proclamation during Public Health Week, that specifically mentioned the Prevention Agenda, which I always like... I'm glad when the hard work of the staff within DOH gets some credit, but they talked about the Prevention Agenda and with it being a 20-year program, that it's a continued system that we're trying to strategically use to improve the health. And she also talked about in the proclamation that it's a collective future that we're working towards.

And so, I'm tying those two things together is what the goal, the core goal of what we're working at today is that strategy working together of collective impact in order to improve our collective future. And I think that's a great goal. So, with that, I will hand it over to Dr. Boufford before we then do the chaotic move from different tables.

Dr. Boufford: It'll be very orderly, I'm sure. I want to make a couple of comments because this comes up. When you saw that set of bubbles, 2008 to now, it

makes me feel very old because I've been involved since the beginning. I think Dr. Daines was actually the commissioner when the Prevention Agenda-

Speaker 4: Oh, yes.

Dr. Boufford: ... first began a very long time ago. So, this is the fourth generation of it.

I think one of the things I want to emphasize is that with these new domains, there is one called healthcare access inequality. That is one over which the Department of Health has reasonable oversight and certainly manages on the Medicaid side and others. It's really financing. There's a lot of things the department could do alone in that domain. If we look at these other areas... And that's the reason a lot of the other agencies and other organizations there. We're about really improving conditions in communities in which people live. So having sort of straddled the social determinants conversation. Social determinants for clinicians, and I come out of a more of a historical clinical background over the years, is really the social needs, the social services, the wraparound services, if you will, for their patients who may have hypertension, diabetes, cancer, and others. How do we make sure they have the social support they need, and they have access to ways in which they can both prevent advancing of their illness or perhaps prevent their illness in the first place.

In public health, the social determinants are changing the conditions in communities in which people live. And the bridge is people come to the medical providers to get care for problems that are there, but very often we send them back in to the very same conditions that made them sick in the first place. And so, in the Prevention Agenda, we're trying to work on both things. There's a huge enterprise in the State of New York that works on the personal healthcare delivery system and social care delivery system. And they are part of this through several of the areas and some of these domains, but we really... The fact that we've got ag and markets, recreation, education, these are the things that... And Mark showed the domains. These are the evidence-based... The first time CDC has ever identified evidence-based interventions in social determinants of health. It's really a breakthrough with 2030. It never happened before.

So, what the department's going to be doing is helping provide those evidence-based interventions and really trying to mobilize those of you thinking both inside the clinical space at the doorstep, but especially outside in the larger clinical community. What can we do to mobilize other actors and sort of... We don't want to keep people from having to go to the doctor, but we want to keep them from getting sick enough so that they really can't be independent. It's sort of the healthy aging notion of

maximum independence and self-determination is what we want to have at all ages. So that's what we're about.

And there are tablets that you're going to... Maybe we could have each table set up and the folks that are there, who's the point person, maybe just lift their plastic thing and announce what their table is so everybody knows where they want to go.

Mr. Waldenmaier: Raise them high.

Dr. Boufford: You could just stand there-

Mr. Waldenmaier: How about-

Dr. Boufford: Go ahead [inaudible 03:23:30]. Go ahead for the two [inaudible 03:23:31].

Mr. Waldenmaier: Yeah. How about you call it out and then once everybody calls out all five tables, then we'll have people start moving. Starting on the left with Molly.

Molly: Economic stability.

Ms. Damali: Hello, hello. Hello, hello. Hello. Okay. Testing, testing. Can you hear me? Can you hear me?

Molly: [inaudible 03:23:54].

Dr. Alaali: Yes. Damali, we can't hear you.

Ms. Damali: Oh, okay. There you go. And my apologies, now I just completely forgot the question.

Dr. Boufford: Well, I think the-

Mr. Waldenmaier: Yeah. I think this point --

Dr. Boufford: [inaudible 03:24:03] online. It doesn't affect you because you have your own little virtual group.

Mr. Waldenmaier: Yep, virtual team. You guys can go. We're going to put you on mute, and you can start moving to the breakout discussions. Thank you.

Dr. Boufford: All right. First break, pick your first domain.

Dr. Alaali: All right. So online here, we will discuss actually all the domains at the same time. I will be the facilitator, and we have Alex here. He's taking notes. We can start with the first question. If you want to look at the

questions, you have them in the agenda that is added to the invite, and I'm going to read the question as well.

So, the first one is, what are your organization's priority areas?

Mr. Waldenmaier: First 10 minutes are over, so hopefully moving to the second question or soon. I don't know if they heard the-

Alexander Morrison: Okay everyone, if we could start wrapping up the first breakout round and then we'll take 10 minutes and regroup at 2:50 at a new table. So, try to wrap it up and then we'll move to the new tables by 2:50.

Definitely make sure you can stretch and use restrooms. We're going to start at 2:50 once you reselect into different groups.

Okay everyone, if we can get started with the second group and the second discussion. Thank you.

Mr. Waldenmaier: Everyone? If we could just start wrapping up, we'll give it about two more minutes and then we'll move to report out.

Mr. Bintz: Test, test.

Test, test, test.

Dr. Alaali: We do hear you, Jacob.

Mr. Waldenmaier: Okay. If we can do our final wrap up, we'll give it one more minute and then the facilitators are going to do highlights of the two groups. We're going to start with the virtual group. Let's give it one more minute and then we'll get started with reporting outs.

Speaker 5: The great booming voice from above comes in. Oh, here he comes.

Speaker 6: It doesn't help that the two of you keep laughing.

Speaker X: [inaudible 04:50:47].

Mr. Waldenmaier: Okay, everyone. If some of the public health committee members want to move back up to the front table, and everybody else want to rearrange a little bit. We are going to get started with reports just because it is the late afternoon and I know people will be traveling and commuting, and hopefully the weather has gotten nicer since we started.

I just wanted to remind everyone that along with the report outs, which is just going to be the highlights, we are going to do a written report that

gives all of the summary of the data from all of the work groups this afternoon. By social determinant of health, we'll have a list of all the participating agencies. Hopefully that will help everyone really hear the full information of the full group that we collected today.

I also think we are going to plan a post survey to send out to everyone. I will say I know one point of note, at least two or three of you came up to me before already. Little crowded in here, especially with this many people, to be able to hear each other over the long table. I already talked with Colleen. If we do a setup like this again, we're going to try to book multiple conference rooms. Maybe we'll start in one room, keep one or two groups, and then break out into other rooms. We thought that it might be an issue, proven to be so. Definitely one of the improvement points for the next meeting, if we do this.

With that, I did want to give it to Dr. Alaali. She was facilitating the virtual group. She hopefully will be able to jump on right now and report out on some of the highlights of her group. We're going to give each facilitator about five minutes, okay? Just about five minutes, just highlights, please.

Dr. Alaali:

Thank you, Mark. I don't think I will take five minutes, but I'll try my best to cover all the points here. Our discussion basically highlighted two key themes, which is supporting the aging population through a more age-friendly and comprehensive approach to health and wellness. And the second theme is improving surfaces of individuals with mental, cognitive, and/or physical disability.

Some key concerns arise from the conversation, including accessibility of information, availability of surfaces, as well as emerging issues such as social isolation, walkability of the neighborhood, among others. The discussion was really focused more on the population side, not really on the priorities. Because the aging population and the people with disabilities, they are a big segment of the New York state population. And there are so many issues when it comes to accessibility.

Overall, the participants recognize some of the already great work that is happening in the field. And majority of it was either evidence-based or innovative practices, while they emphasize the accessibility actually as a main issue when it comes to the available services within the communities.

One of the things we talked about was, for example, telehealth and digital platforms have expanded opportunities for care. However, for Asian population, for people with disability, these are not accessible, or they need to be improved for accessibility. And overall, the discussion

reinforced the importance of equity, inclusivity, and again, accessible abroad when we implement the prevention agenda.

I don't know if anyone from Webex here or who participated in the virtual discussion they want to add more. If you do want to add, feel free to speak.

Mr. Harazon: This is Marcus from Statewide Senior Action Council. I would also just mention that for the elderly and disabled Medicare is an important service when it comes to preventive benefits. We did talk about also increasing access to the Medicare savings programs as a way to improve economic security but also access preventive care. And that's something that New York State has been a leader in, but we have a long way to go. That's something that has to be included in the agenda.

Dan: And we also talked about the importance of, in the elderly especially, gait and fall prevention. Just because one in three people 65 over fall, and three out of three people over 75 fall. And that just leads to a spiraling downward in terms of health usually.

Dr. Alaali: And we have John also co-chairing.

Mr. Cochran: Yeah. Hi, everybody. John Cochran here in New York state office region. I just wanted to affirm that the Master Plan for Aging has quite a few elements built into it that include the prevention agenda and helping advance the prevention agenda. The MPA, during the development phase, was framed as one of the few in the country that basically encapsulates a majority of elements of the prevention agenda. And I think that's something important to note in the plan and going forward as this rolls out, to be able to reflect and use that document as a resource, or at least as a place to say that recommendations could help advances that are included in that, that are unparallel to the prevention agenda.

Mr. Cochran: ... and that run in parallel to the prevention agenda.

Mr. Waldenmaier: Thank you, Dr. Alaali and the group. As they kind of were able to do, and as we talked about earlier, the prevention agenda is flexible. So, we focused a little bit on social determinants of health. They decided to look at actually one of the foundations, which is prevention across lifespan, which is again why we want this plan to have that flexibility so we can look at our strategic goals in different ways. Starting with group one, Molly?

Ms. LaBarge: Yeah. So, we were economic stability. I think in both groups, we had organizations that focused on each of the different priorities or crosscutting across different priorities. We did have a local health

department who kind of emphasized that economic stability is one of the hardest areas for them to implement since they don't necessarily do a ton of direct work there. And so, there was a lot of emphasis throughout the discussions on the importance of partnerships and connection between these groups.

There was a lot of talk about how there's a lot of different resources out there related to economic stability and poverty and unemployment and nutrition security, but it turns the need to kind of a one-stop shop to connect people with all of those resources in one place. It can be the discussion about how when people have to go to a bunch of different agencies or groups to get services, it can be overwhelming. So yeah, there was a lot of discussion about partnerships, connection between the different resources that the organizations had.

In terms of challenges, there was discussion about the current political moment and particularly with things like WIC and SNAP becoming more complicated and stringent to qualify for. And that's a challenge. It can be difficult to know what's out there.

There's also this talk about frequent change and turnover in workforces. So once a connection is made between two organizations, if one person leaves, that can be challenging. And back to needing a one-stop shop for all questions and where people can connect with all of these services, the need to then keep that updated, that once you have that list, it can then quickly become out of date. And so, needing the capacity to keep that up to date and have someone monitoring that.

There's discussion about knowledge gaps in the public with what they qualify for and how they access, which kind of goes back to needing a centralized hub for resources.

There was also discussion about the need for more investment in the workforce to be able to provide education for the community and in different resources available in this area. That was a big kind of thing, is a lot of organizations are connecting people, helping them with filling out an application.

And yeah, those were kind of the major themes. Sarah, did you have anything else I'm kind of missing from the conversation?

Ms. Ravenhall: No. I think in our first breakout session, we did talk about resources that were available and using United Way.

Ms. LaBarge: Yeah.

Mr. Waldenmaier: Okay. Thank you so much. If you want to just hand that microphone back to Kate and we'll have Kate, and her group go next.

Kate: So, we were group two, social and community context. The priority that came up again and again for us was mental health and specifically the integration of behavioral health. And probably our main theme was avoiding silos in care and making sure that we're streamlining our resources so that it's not everyone doing the same thing in different local health departments in different organizations, and the importance of a seat at the table and making sure the people involved have a voice. And then the last major theme we had was the barriers in mental healthcare and in substance use treatment.

Mr. Waldenmaier: Thank you, Kate. We'll move over to Bella.

Ms. Elogoodin: Hello, everyone. So, our group was education or is education access and quality. We only have two priorities in this group, health and wellness promoting schools and opportunities for continued education. And across the board, our participants said that they felt that both of these priorities were not to be redundant, but priorities for them, and felt that they were equally important in their work and in some cases intersecting.

One thing that we also stated when we talked about all of the different services, programs, interventions that are offered by all of these programs and offices is that they focus on social, emotional health, they focus on continuing education and amplifying positions and needs. We talked about how schools are the biggest and best communicators in our communities, and we should be utilizing them. One thing that came up multiple times is that education is the number one determinant of health, and we should be mindful of that and figure out how we can bring our local health departments and hospitals into the fold with implementing some of our interventions around education.

I also want to highlight some of the incredible work being done by some of these organizations. We have 211, which we talked about through United Way. There's so many different elements here. We talked about Youth Works mentoring. We talked about the OMH school-based clinics. We talked about free professional development for educators on suicide prevention. We talked about expanding peer-to-peer programming, working with the SUNY system. We talked about building relationships between local health departments and school districts and integrating local connections and communication networks.

And finally, in terms of what we as the Department of Health can bring to the table, again, it's about amplifying the needs of the community. What opportunities are there out there, therefore prevention for educational

programming? We should be increasing programs for psychiatric nursing, creating diverse and representational midwifery programs, and amplifying fluoride support. But all of these are things that we can do at the health department too, just by understanding that these are programs available and making those connections to the local health departments and hospitals for how they can... what's the word I'm looking for? How they can promote these health programs within their systems for education.

Mr. Waldenmaier: Thank you, Bella. We'll move to group two. Tamika. She's looking at her notes diligently. Oh, there we go. Yeah. Just turn on the button, it should turn green.

Ms. Ravenhall: There we go. All right, sorry about that. I don't know how to use basic technology. So, Tameka Collado Robinson, I was facilitator for group three, neighborhood and built environment. And a priority that came up again and again was transportation, as well as a lack of either coordination, and one of the things I primarily listen to or listen for is communication. So, the communication efforts are lacking so that our constituents across New York State understand or know just the basic knowledge of transportation availability. We discussed access to fair and equitable nutrition services, as well as bridging the divide with transportation to the centers.

We learned a lot about parks, what our parks and recreation offices offer, and thinking about different ways to support access to the parks, knowledge of the parks, things of that nature, different programs that are available. Looking at making sure that folks are... We're focusing on mental health challenges, targeting, violence prevention. Best practices for passenger information, making sure folks understand that there's passenger information and where to find that, or looking for new and innovative ways to support information to our constituents, best consumer decisions, so consumers can make informed decisions through understanding services for air quality, things of that nature in the conversation as well.

Let's see. Second group, we primarily stood on transportation as a core concern, and the issues of physical activity and how that plays out, making sure that age-friendly considerations are always a factor. There was a reflection of, again, transportation to services, access to healthcare through transportation. And also acknowledging that transportation means different things to different communities, such as individuals with disabilities. They have their own barriers with ride-share services and/or their own transportation.

We learned of different, I guess, partnership opportunities and discussed what the best practices for are addressing some of the concerns. We learned from one another the different resources that each organization

brought to the table, such as a livability index through AARP, delivering education in person and virtual that was through the Alzheimer's Association, and then also supporting community navigation efforts, sharing group transportation models.

The other concern that came up was the lack of one-on-one support for individuals living with disabilities related to transportation barriers, as well as new and upcoming barriers such as ICE, and some very real concerns that are limiting access to transportation related to the current climate.

So that was our report out for group three, sessions one and two.

Mr. Waldenmaier: Thank you, Tameka. So, we will finally go to the last group with Gina.

Ms. Edgar: Hi, everyone. We were healthcare access and quality, one of the larger domains. And we were very fortunate to have representation, honestly, from almost every aspect of this domain, ranging from chronic disease prevention and control, early intervention, oral health, and infant and maternal mortality, just to name a few. Like I said, I think we've touched on almost everything across the two groups.

And what's interesting about this group, I think, and it was funny, I don't know about you, Robin, it was like one conversation from the first group ran completely into the second group. So, wait, was that before or was that this group? Because a lot of common themes were being discussed across both sessions. And about those themes, they're strengths of the folks sitting at the table, but also what they're looking for from us as part of number three. So, I thought that was interesting.

For example, common themes, they could be proponents and provide communication, means for networking with the existing structures that they participate in. They participate in learning collaboratives around healthcare access and quality, state and local collaboration, education, and utilizing their partnerships to provide education about all of these different issues within this domain.

That being said, they would like to see more from the state in facilitating the growth of that communication and education with those partners. And we obviously know there's more work to be done, right? More partners to be brought on board, and to leverage those existing efforts that our partners are already doing to grow those efforts across the state and to bring more partners on board.

Some of the things specifically that were brought up, financial resiliency is something we need to be focusing on given the state of our country and

some of the barriers we're facing, targeting our efforts to populations most in need. There was mention of individuals with developmental disabilities, they need a lot of services but yet are the least spoken about. So that was raised.

The other item was being conveners and working with the folks who spoke in our group today about letting them be the conveners and drive the work and letting their communities speak about what they want to focus on in this area. The prevention agenda is very large but can also be limiting. So, to look at that structure and how we can assist communities to kind of work through that, so they're able to focus and benefit the communities they serve at best.

What am I forgetting, Robin? I want to give a shout out to Robin, the fastest, most detailed typer in the universe. Let me just say that. Thank you, whoever paired me with her. There's a lot more information on here. I'm trying to be brief because I know I'm standing between you and the end of the day. Oh, yes. Thank you.

Two other big ones, incentivizing programs, leveraging programs and aligning programs, incentivizing the alignment of programs to increase collaboration and partnership to increase access. And also, data metrics. We don't have timely data available, but what we need to be looking at, especially in terms of social drivers, are where are we now and what are the process metrics so we can measure where we're going as opposed to trying to get from, figure out where we are right now and then project how many years down the road where we can actually measure if we've had an impact. So, looking at process measures and assessing how we're doing is definitely something we need to work on and help to accomplish that.

Good? All right. I think that's it. Thank you.

Mr. Waldenmaier: Thank you, Gina. Thank you to all of the facilitators. It is always hard to try to summarize something with so many discussions over an hour of discussion for each group. Thank you for all the scribes as well. With that, I will give it to Dr. Boufford.

Dr. Boufford: Thanks, Mark. Let me ask Liza Whalen, who's online. Liza, would you like to say a few words since you're our senior representative at the department leadership level? I saw her name. Is she gone, I believe?

Dr. Liza Whalen: I'm here. Can you hear me?

Dr. Boufford: We can.

Dr. Liza Whalen: Oh, great. So, I have to say, I'm really taken aback in such a good way by all the voices that were brought to bear today and all the partners that came together to discuss the importance of this agenda across the state. At the beginning of the gathering, I know Mark talked about the importance of collective impact. And I think in hearing the messages that everybody brings forward today, we understand that all of us are trying to do... We all have the same goal. We will all want to improve the health of New Yorkers. And Collective Impact, if you're not familiar with the model, was brought forward by Stanford Innovation Council in I think 2011. And it's a structured framework for cross-sector collaboration, which is really designed to solve complex social problems. And it does this by aligning efforts. There's five conditions of collective impact, which include a common agenda, shared measure...

Mr. Waldenmaier: We just lost her. Dr. Whalen? Okay. Dr. Boufford, did you want to jump back in and-

Dr. Boufford: She was on a roll.

Mr. Waldenmaier: I know. I was getting interested. I was taking notes.

Dr. Boufford: Liza, we just lost you.

Dr. Liza Whalen: Oh, sorry. Are you there?

Mr. Waldenmaier: Yeah.

Dr. Liza Whalen: Can you hear me?

Mr. Waldenmaier: You're back.

Dr. Liza Whalen: Okay. Oh, sorry about that. Yeah, we've had audio in and out all day. I apologize about that. And I apologize, I can't be there with you in person. But I think that this is a real opportunity that we have, both with the new framework of the prevention agenda, looking at social determinants of health and bringing together such a large group of stakeholders to really make this the most meaningful cycle of the prevention agenda yet. So, I just want to express my gratitude to everybody that came. There's a lot of sifting through all this work and feedback today, and we look forward to following up with next steps with you. Thanks.

Dr. Boufford: Thanks, Liza. Thanks for your leadership and support over the last months, for sure. Very brief comments. I just wanted to mention in some interesting ways, I think Liza captured it relative to the issue of collective impact. And one of the challenges is, as she said, the prevention agenda is, I think some people had said it's a little bit limiting, but it's also too big,

but it is what it is. And I think one of the opportunities really is to think about all of us working together around this sort of shared agenda to improve the health of folks in New York.

And I think it's a challenge for the health department to be the glue, if you will, that sort of follows up on this kind of meeting to really maintain the work across agencies, across sectors. We have public private sector here. We don't have the business council yet. We're still working on them, just FYI. We're not discriminating against people in the business sector. We'd love to have them on board. And I think a lot of that may come at local level, really. The business community has a huge investment in their own community, so to be continued.

But I think my job is to report the summary of this tomorrow to the PHIP-IC. And I just want to say that the Public Health and Health Planning Council does have the statutory responsibility to oversee this process. And we're very serious about it. Your colleagues here who've been meeting since 10 o'clock this morning on public health issues. This is really the marquee activity of the department, and we're definitely committed to seeing that these connections that have been made during this meeting we did this on purpose, was a better risk, but I appreciate nice round tables and smaller places other times, but everybody may do.

And our intent is to, I would say one thing, if you had to write your own tent card, please make sure your facilitator has your email address and your name. And I would like anybody who has any concerns about having their name listed with their email on their address to please let us know about that. I know some people do, but hopefully we will have a comprehensive sort of list of folks to people, because part of it is cross-fertilization at different levels of the organization.

So, it's a very exciting start. We will be here. We're meeting again at the end of June to see how well the glue has worked and what the follow-up steps are and hope to have that activity. And we would imagine that we will be reconvening this group perhaps in smaller groups or in other ways, but also in September as a larger group and getting your input on how best to do that. So, we really appreciate your involvement.

And this is just the beginning. I think those questions were well-chosen. One is we want you to know what it is, but what can you do to advance it? What can you bring to the... It's a very bidirectional arrangement and what the department can do to help you be more effective, especially at community level. So, we thank you very much and have a safe journey in whichever you're going. So, thanks so much. We appreciate it. And applause to everyone who made this possible.

Mr. Waldenmaier: Thank you all so much.