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AD HOC COMMITTEE TO SUPPORT THE NYS PREVENTION AGENDA
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TRANSCRIPT

Dr. Boufford Call our meeting to order. I'm Jo Buford. I am the Chair of the Ad Hoc Committee to support the New York State Prevention Agenda. I'm happy to call our meeting to order. I have to go through the webcasting reminders here for those of you that are not as familiar to remind council members, staff and the audience that this meeting is subject to the Open Meetings Law, it is being broadcast over the internet and that webcast can be accessed at the Department of Health's website. The On Demand webcasts will be available no later than seven days after this meeting for up to thirty days. Just asking you, although I think those that have the main speaking roles will be at the tables when they're mainly speaking because of the microphone issues and others. There is synchronized captioning. We want to ask people not to talk over each other. The first time you speak, please state your name and briefly identify yourself as a member the council or DOH staff, and otherwise, and that they are hot mics. If you are sitting in front of a mic, it will be transmitting, so just to be cautionary about that. Please asking those that are attending to fill out a form out on the table. If you haven't done it before coming, please do it before you leave. Part of it, I think we're taking very close attendance of this group because we're capturing you all on our mailing list to make sure that you stay involved. I'm not worried too much. If you haven't been in a meeting before, please do be sure that you fill out the form.

Dr. Boufford Let me just make a few opening remarks, and then I'm going to ask Dr. Whalen to do the same and introduce you to our special new Deputy Commissioner for Public Health, brand new here tonight, today. But also to indicate then, we'll be following with, because of the numbers of folks that had indicated they're coming, we're be following with giving you about ten minutes at your table. I know a lot of you have been talking anyway, but just to formally introduce yourselves so you know who you are at the table. As we move into the panels, we're going to keep time pretty carefully, but have a little bit of discussion at the end of each panel. If you want to ask a question, just walk up to one of the mics that's on these tables. We don't have mics around, but if you do have a question after each of them, I'll remind you as we get to that point in time. Let me just say that, again, just to remind everybody, the Public Health and Health Planning Council has the sort of statutory responsibility for overseeing the the prevention agenda. This group is really the public advisory group for the prevention agenda and also was originally constituted because when New York State submitted itself for voluntary accreditation. There was a Public Advisory committee that was required. We sort of maintained that as the distinguished history of this group. It consists largely of state-level, sub-regional. Mostly state-level advocacy groups, professional associations, nonprofit associations. We have a set of government agencies that are particularly connected to the prevention agenda goals. I think at the report on the last meeting, which was on May 6th, we had over forty organizations represented and fifteen agencies represented. We hope to maintain that over the next year or so. Last time, to remind you, last time we had... Basically, we have five domains in which the prevention agenda goals and objectives are clustered, economic stability, social and community context, neighborhood and built environment, health care access and quality, and education access and equality. The last time we were together, groups had two rounds to meet in those groupings to get acquainted with each other and to talk about really two questions. One is... How could your organization contribute to the prevention agenda? What would you need from the health department to be most effective? We have the minutes of that meeting. We will be able to distribute them. They're going through the process of production review, et cetera, so we'll have them for you before the next time we get together. We will also have a

were the sort of ways in which the department could be most helpful to you? There were a number of items identified, but the big ones were communication. People just saying, we need to know what resources there are out there. We need to connect the dots among the various organizations and those organizations with government to be effective. We need some central tools for information sharing. A lot of that is our works in progress. We're going to keep track of how well we do in responding to the things that you asked for to make the group work well. I think I will stop there with the introductions and invite Liza Whalen, who was our point person in the leadership of the Health Department for the prevention agenda to make some opening remarks and introduce our guest.

Dr. Whalen Thank you so much, Jo. I appreciate it.

Dr. Whalen Welcome to everybody here today. I was not able to be present at the last meeting, but was listening in and just was so heartened by the collaboration, by the work that everybody's doing together. This effort that we are all involved in is really the largest public health effort and collaboration across the state. The role of all of you in this room is incredibly important. It's where we come together to share the innovations that we are all involved in and to build collective impact. The work that all of us do together is so much more powerful than the work that we do alone. I just want to, again, echo the gratitude of Dr. Boufford that you're all here to help with this. I want to start off by introducing you. I'm really happy today that we are joined by Cheryl Donald. Cheryl has joined us at the Office of Public Health as Deputy Commissioner. She comes to us with a wealth of experience, twenty-five years of experience including working at Health and Human Services, where she worked in Administration for Children and Families. It's been wonderful, the few months that she's been here. I know she often says that it's just been a couple months, but it feels like a lot longer. I'm going to have her introduce herself to you. I ask you to help me welcome her to this group.

Ms. Donald Thank you, Dr. Whalen.

Ms. Donald Hello, everyone, it's so good to see you all and it's nice to see some familiar faces. Dr. Whalen didn't mention that I spent over twenty years with HRSA. So many of the faces in this room are very familiar when I was the Regional Administrator for HRSA in Region 2 in New York City and Region 4 down in Atlanta. I'm very excited to be here. I want to thank each one of you for joining this committee meeting. Obviously, as the Director of the Office of Public Health, the prevention agenda is really in our wheelhouse and we take this work very seriously. We are in, having come from HHS, I can attest that we are in very sensitive times when it comes to public health across the country and specifically in New York State. So, really looking forward to meeting each one of you, hearing from each one of you. Your input and your suggestions and ways that we can support and continue to move forward the good work that happens in the state of New York. We know that we have threats coming from different perspectives and different angles, but we are true to the mission of public health and we are here to support you. I find it a privilege to be able to work directly with the state and to bring my perspective from working at the federal level both on the human services side and the health side to help move forward the work here in New York. So, when we have the opportunity to collaborate, please take advantage of that. Please utilize the resources of the Office of Public Health. My messages are always open for any suggestions or thoughts that you may have as I assume this role. Yes, it's been three months. It feels much longer. You all know that the breadth of the Office of Public Health covers so much work within the state. Patience with me is much appreciated in advance. If you reach out to me and haven't heard back from me, soft nudges are always welcome. I do not get offended by those. So,

please let's keep this bi-directional communication open. Having said that, have a great meeting, and again, look forward to meeting each one of you that I have not met and working collaboratively with you moving forward. Thank you, Dr. Boufford.

Dr. Boufford Well, we introduced the council members because this is our first time with you. Excuse us to everyone. If we introduce everybody, we won't have time to have a meeting

Dr. Lim Hi. Sabina Lim, committee and council member. I'm at Mount Sinai. I'm the VP for Health Policy Strategy. Nice to meet you. I'm a psychiatrist by background.

Ms. Farrell Hi, Cheryl. It's great to see you. We go way way way back. Can you believe I'm still running an FQHC in Westchester? I can't believe it. It's been forty years. So nice to see you.

Dr. Boufford Introduce yourself.

Ms. Farrell I'm Lindsay Farrell.

All (Laughing)

Dr. Wilcox Good afternoon. It's very nice to meet you. I'm Dr. Wendy Wilcox. I'm an Obstetrician Gynecologist and I'm a council member.

Dr. Boufford You have to pass the mics around.

Dr. Friedrich Hi, Ms. Donald. Marcus Friedrich. I'm a physician here in the community doing HIV care, and I work for... I'm the plan representative and work for the United Empire Plan. Nice to meet you.

Ms. Yang Hi. I'm Patsy Yang, local health departments, hospitals, and currently health and hospitals. Thank you.

Dr. Watkins Hi. I'm Kevin Watkins. I am the Public Health Director for Cataraugus County Health Department. I am a primary care physician by training and I sit on the council and a member of this committee as well.

Ms. Soto Nilda Soto, council member and retired, and former Chair also of the Minority Health Council.

Ms. Soffel I am one of the consumer representatives to the Public Health and Health Planning Council and have a long history of consumer advocacy, Medicaid advocacy here in New York State.

Dr. Boufford And my co-chair of the Public Health Committee, Dr. Torres is online.

Dr. Boufford Andy, you want to introduce yourself?

Dr. Torres Member of council and co-chair of this amazing committee, and I am the President and CEO of RAIN Total Care. Pleasure to meet you, and I look forward to seeing you hopefully tomorrow.

Dr. Boufford I think we did what we needed to do here and now we're ready to get started. I think our first panel is on education access and quality. We're going to hear about health and wellness promoting schools from our colleagues at the Department of Education and also another special project. Eliza and I are going to move back and forth because it seemed really weird to be chairing a session when I'm at one end of the panels at the other. Let me ask Wade Norwood, who is a regent regent from New York State, Owen Donovan, New York State Education Department, and Kathryn Hall, New York Academy of Medicine to take their seats up there behind their name plates. I'm not seeing Kathryn Hall. She's here? Excellent. She's shy. I was gonna say I saw her earlier, but I didn't see her again.

Dr. Boufford Let me turn it over to you, Liza.

Dr. Whalen Can you can hear me no

Dr. Whalen Wonderful. Thank you so much.

Dr. Whalen I appreciate your being here.

Dr. Whalen Perhaps we can start with introductions.

Ms. Hall Kathryn Hall, New York Academy of Medicine. I'm the Senior Vice President for Research and Programs.

Mr. Donovan Good afternoon, everyone. I'm Owen Donovan, the Deputy Commissioner for the Office of the Professions, State Education Department.

Mr. Norwood I'm Wade Norwood. I am one of the seventeen members of the New York State Board of Regents. I'm from Rochester, New York, but I serve as an at-large regent.

Dr. Whalen Wonderful. Thank you so much.

Dr. Whalen Again, as a reminder to everybody here, we are now going to discuss education access and quality. When we look at the priority areas in education access and quality under the State Health Improvement Plan, the priority area that have been outlined are health and wellness promoting schools and opportunities for continued education. There is a lot of opportunity here to work together. There was some tremendous discussion that took place in May framing the work that is being done here. I want to start off.

Dr. Whalen Somebody's got a live mic.

Dr. Whalen I wanted to just ask if you can, if the panel members can discuss your organization's priority areas of work within this domain of education access and quality.

Mr. Norwood Well, I'll happily start off and say, first of all, how delighted I am to be here. The very fact that the Education Department has been invited by the Commissioner and DOH's leadership just thrills me. I began public life forty years ago. I've been a regent since 2009. It is absolutely exciting to say I am a member of the Ad Hoc committee for the prevention agenda, that the Commissioner sees the value of education being interlinked with health is absolutely reciprocated by Dr. Rosa, the Education Commissioner. We on the Board of Regents see this ineluctable connection, and as a result, our priority has been

de-emphasizing the culture of assessment. That has been gripping education for the last almost thirty years since a nation at risk. We have stepped into the dangerous space as Americans of understanding that education should have standards, that there should be a robust and vibrant curriculum, and there should rigorous assessment. We conflated all of those things with assessment, so that the test became the ultimate goal, the curriculum became teaching to the test, and the standard became... How well do you do on the test? I do believe, since I've watched Jay Leno's Jaywalking for years, that there is a real link between that attitude and what people actually know. That really gives us understanding, and I'm gonna yield the mic of why it is that when we look at educational attainment, the student's social, emotional, and physical health is a primary driver. When we at health outcomes, educational attainment is a huge predictor. We have to be in common cause at looking at those social determinants of health. Because they are absolutely rooted in the determinants of educational opportunity. What we'll be doing is weaving through with you where we see in the whole P20 and continuing education that's called life, that there are opportunities for robust partnership.

Ms. Hall At New York Academy of Medicine, we've been around for over 170 years. Jo Ivey Boufford knows this well, having led the organization a few years ago. We really kind of focus across the lifespan, what we like to think of the health span from birth through youth to adulthood and into healthy aging. One of the things that's really striking in our work a lot of it is focused on research and talking to people across New York City is how little people know about their health. We think that this is a huge gap and an opportunity for education. I'm gonna talk about four different areas and projects that we're using to really try and educate people, whether they're patients or practitioners, providers, really using media to reach people in different ways. So, not simply, you know, writing something down and giving them a pamphlet, but video, virtual reality, and other tools that we're using to try and educate people.

Mr. Donovan Good afternoon, everyone. It's a pleasure to be here complimenting Regent Norwood on the mission of the state educate. Let me take a step back. My name is Owen Donovan, again, Deputy Commissioner for the Office of the Professions. My role in the department is overseeing the work of licensing and scope of practice of the fifty-six licensed professions in New York State. Of those fifty-six professions, forty-nine of them are health-related professions, and that's relevant for all reasons in the prevention agenda. Taking a step back, a mission of the department is to raise the knowledge, skill, and opportunity of all of the people of New York. In that sense, we are very fortunate to have Regent Norwood and a Board of Regents and a Commissioner that really truly deeply understands those connections between learning and health. The prevention agenda is, in our view, interesting in the sense that students who are safe, healthy, and ready to learn meet educational goals. At the same time, students who meet educational goals as a key prevention goal in the public health space. There's that interconnection that we can look at prevention in a number of different ways with the Education Department and how that intersects. Too many to unpack in this particular event, but we wanted to highlight a few of those areas. On a macro level, the regents and the board and the department are engaged in really transforming teaching and learning to better prepare students for what comes next. That is an education and a public health goal. From my vantage point as the office of the professions, we ask our questions. Are the educational preparation of the licensed professionals that we have, physicians, nurses, mental and behavioral health professionals, pharmacists, pharmacies, et cetera, and so on, better preparing them to meet the needs of the prevention agenda and to provide primary, secondary, and tertiary interventions to schools and how can we support those things from happening? Those are big questions that we ask and answer in a number of levels. We accomplish those in the

Office of the Professions through partnerships. Our inter-agency partnerships with Department of Health, with Office of Mental Health, with OASAS, with the school level, the schools, the BOCES, the district superintendents are critical features and critical functions of us better meeting our role in contributing to the healthcare delivery system, which in turn, we hope, will contribute to better teaching and learning and better opportunities for students. Those are at the big level the things that we'd like to highlight for you today as well. Thank you.

Dr. Whalen Thanks. These are really great overviews. It's obvious, the commitment and passion that all of you have for the work that you do, which I think is contagious.

Dr. Whalen I wanted to ask you, perhaps, to comment a little bit more granularity about some of the programs that you're working with. I know that when we had our discussion in May, there were things that were brought up about, like New York Academy of Medicine and Youth Mentorship and New York State Ed doing Healthy Schools. I'm going to invite you to kind of go to the next level and talk a little bit more about programs and services. One of the things we had a little conversation before we got started today about schools having a tremendous opportunity to influence the health of not only the students, but the families that are served. How do we make those environments healthier?

Dr. Whalen With that, I'll just turn it back to you and ask you to talk a little bit more with more granularity about the work that you're doing.

Ms. Hall Happy to jump in. I'm going to talk first about our YouthWorks program. YouthWorks started out as a mentoring program for youth who are in foster care. It rapidly got very complicated to access youth in foster care, as you can imagine. The intent was really, I think, powerful. We were able to broaden it to youth across the city of New York. And we engaged about fifty mentors who were essentially pairs or people who had grown up come through foster care, or really had lived experience, and so were trusted messengers in the community. They had actually their own groups of youth that they were already mentoring. The role of New York Academy of Medicine was to partner with them to make sure they had what they needed and we could help them basically, you know, like do the work that they already were doing so well. We heard indirectly because we couldn't really talk to those... You know, many of the youth were protected. We couldn't talk to them directly. In talking to the mentors... It was extremely... You know, deeply moving what was happening and how they were able to reach these young the young people and really help them from getting passports to go on a trip to getting bank accounts. Really kind of educating them with what they needed in the moment. I think what one of the striking things about that program was that at the end of the program we brought all the mentors together. Ironically, this was the first time that they had gotten together. They knew each other's names. One was working in the Bronx and in Queens. They really hadn't had opportunities to get together and share. We brought them together at the New York Academy of Medicine for a day. It was really wonderful. It's something that we hope to continue in the future.

Mr. Donovan From the professions perspective in the Office of the Professions, we're asking questions with our professional stakeholders. Where are the barriers to being in school? Where are the barriers to attending school? I think our dental colleagues are joining us today. Lots of conversations at the state level with professional organizations, with the licensees, with our state boards on what can we do to provide access? Prevent absences from school. What are we doing with respect to scope of practice that is

enabling our students to attend school in a healthy way. There's more conversations around these things than there have been in a long time.

Dr. Whalen That's great. I know reviewing some of the data from the prevention agenda that absenteeism is a problem. Pre-pandemic, that was around 15%. Post, well, for 2020, I think it was 2023 data was 22%. It's obviously a problem and something that we are left with at the end of the pandemic that we need to refocus on and ensure that kids are getting into school and getting the education and environment that they need to be healthy, happy, and successful.

Mr. Norwood I'm glad that you raised the pandemic experience because the impact of the world going sideways on our children and ourselves cannot be overstated, but it is profoundly under appreciated. The fact that as we went through that experience, we declared certain folks to be essential workers and they had to expose themselves. We have to remember the impact and the burden of this was not born equally in society. It was not borne equally across our children. That reality has fueled our commitment to saying we must be revolutionary in our approach towards education because this is a different world. On Monday, we actually did that which was thought unthinkable. We have made it clear that in 1981, when I got my high school diploma with fourteen Regents exams, none of which I scored less than a 90 on, none of those were essential to my graduating. What was essential to graduating was distinguishing myself as Larry Kanner, my high-school principal, sat as a gentleman worthy of having a high school diploma. I listened to Morning Joe this morning. I never thought my work would be debated by Morning Joe. Someone was on this morning saying, I love what the Regents did, but I think it's dangerous because they have to recognize as you look across New York State, where you have poverty, where you challenges of crime, opportunity, this is not gonna be easy to do. That's no reason to not do something. The fact that this is going to require boots on the ground conversations with mama about why your babies ain't in school is going to require us to have real conversations about the lack of child care. Why the hell it is employers can change mama's schedule on a whim so she never know when work schedule is. I mean, we have real issues that are involved in our ability to deliver on a portrait of a graduate. I'll be quiet and say, I think the urgency where we need you desperately is the portrait of preschooler. Because children learn what they live. That poem my mama taught me is right. If a child lives with hostility and criticism, they're gonna learn violence. We need a partnership to say, how are we going upstream and getting the monster that's throwing the babies in the river? That's what I see this in the prior meeting, Dr. Whalen has been a wonderful continued expansion of how we do this as a full state government and partnership.

Dr. Whalen Thank you. It's very hard to follow that.

All (Laughing)

Dr. Whalen What that could kind of lead into is what does a framework look like to get schools involved with health equity?

Ms. Hall I'll jump in with a broader point of how to get everybody involved in health equity. We had a project that we did with the Department of Health on the Coalition to End Racism and Clinical Algorithms. We talked to a lot of patients in safety net hospitals with chronic kidney disease. We asked them about their condition and what they knew about racism in the clinical algorithm. We went in really kind of ready to talk about race and the algorithm. It was appalling to know how little people knew and understood what was

happening in their bodies. They didn't understand the link between diabetes and hypertension and chronic kidney disease. Their doctor told them what they shouldn't eat, but the doctor wasn't telling them what to eat. So, long before we could get to racing a clinical algorithm, we needed to talk to people about like... What are your kidneys doing? What is creatinine? What is EGFR? We were really struck by the need to educate people about what is happening in their bodies and what they're at risk for and how to prevent chronic kidney disease. One of the things we did was we made a video. It started out like as twenty-five minutes and every time we wanted to explain something, we had to go back another step. We had to go back from your EGFR. Oh, that's your kidney. Oh that's creatinine. You know, it's muscle. Muscle mass. What does muscle mass have to do with it? Oh, it's coming from slavery. What is that? We had to go all the way back to the roots of the thing. We distilled it all into 7.5 minutes and made an animated short that was just accepted to one of the top film festivals in New York City. We would have never thought when we were kind of just kind of throwing ideas around that we would get this level of reach from a 7.5 minute animated short. I'm really excited about it because it has the ability to educate people in a way that people are being educated through media, through video, through animation in a very short period of time. You don't have to make a big commitment to watch. I think we have to be innovative about how we create messages and information for people so they can understand what's going on in their own bodies. What's going on, not when you're like 40 years old or 30 years old, but from the time that you are a kid reaching for that soda, reaching for those salty potato chips, like understanding the long-term impact on your body. I think that there's not just about education, obviously, but having alternatives. I think the prevention agenda starts with us more broadly in the community, and then of course, in educating children.

Dr. Whalen I just want to say thank you for your remarks on that. I want to let you know that the Commissioner has committed to moving forward the work that was established in New York City Coalition to End Racism and Clinical Algorithms. That's something that I am privileged to be heading up right now. We actually utilized already our Wadsworth lab, who oversees the certified labs across the state to implement a question in their yearly look at the labs that they certified. Do you use this EGFR race-based coefficient? If you do, we are asking you to change that and asking you come up with a plan. So, that's being done now. We're looking at creating resources for them, working with National Kidney Foundation on that. The work that you're doing is being built upon. It's very important. Thank you for that. I just wanted to add that little side note because we hadn't had a chance to discuss that.

Mr. Donovan From my perspective, the transformative agenda that Regent Norwood mentioned, the regents unfolding yesterday, the portrait of a graduate, those are the frameworks from our perspective that overlap with the prevention agenda. The conditions under which and the framework under which the regent's have set forward and the Commissioner and the department. There's a lot of design work happening at the local level in response to those conditions. A lot of design work right now. That design work is the key, I think, we think to overlapping and unlocking at the school level, at the district level, what's happening in your local communities. Those things that are relevant to both the health equity agenda and the educational equity agenda. Where those two things intersect at the local level is where we think that work happens. We haven't set all the answers, but what we've done is set the conditions under which those discussions can happen. So from the perspective of the prevention agenda, from the prospective of this group, I think the real question is... Are the prevention area and entities having the same conversation, speaking similar language, getting together with the local level school district officials and partners to have those same design discussions? The portrait of a graduate,

as I've understood it, as the department and the regents have unfolded, it not only changes, clarifies what a high school graduate needs to know and be able to do, it also questions and opens up the manners in which the experiences in which they can demonstrate that they've learned it. So, that opens up a larger space for learning, where learning happens, how it happens, and what that looks like. That's the prevention agenda.

Mr. Norwood Dr. Whalen, if you'll allow, this is why Owen Donovan has the worst job in Albany because he's been assigned to be my keeper. Owen, I think what this says to follow, to translate your comments. We really need to understand as we build out implementation pathways at the JMT level, how are we engaging public health? That's the question. And if we can understand that, I think for DOH, the question in reverse is for each county health department, how are you involved with schools? If we can understand where those matches are not working, I guarantee you it's going to be where we see our poorest performing schools.

Mr. Donovan And to compliment your point, where the language that we use is somewhat different, the outcomes are similar or the same. I think that's the place in which this work happens.

Dr. Whalen That's fantastic. I think you both read my mind for the next questions that I want to bring up. The first one is, we have such a tremendous amount of people that are involved in the prevention agenda. Obviously, it's the hospitals, it's the local health departments, community-based organizations, state agencies, all of you that are here. Tremendous amount of resources, tremendous amount of programs and services. How can your organizations bring these partnerships and efforts to the regional or local level? So, if we have someone here that is working at the local level, what would you advise them in terms of how to avail themselves of your services, get involved?

Mr. Donovan Excuse me. Sorry. Thank you. From the state agency's perspective, we roll out our information to our partner stakeholders in the first place. So, local level stakeholders, professional organizations, as Regent Norwood mentioned, local BOCES, local districts, local community organizations, at the local level, this work is already happening. The question is just understand that we're all working toward a common goal. I think that's from our perspective, professional organizations, hospital organizations, we connect typically at the state level state agencies at agency. As that rolls forward, we would encourage the local communities to have those conversations with their local health departments, with the local leaders, and the local school districts and BOCES as Regent Norwood mentioned.

Mr. Norwood I say for everyone here in the room if you would go look at portrait of a graduate, New York Inspires is our brand name. Familiarize yourself. We've got great materials. Easy to digest. I am struck by how many people have no idea that they as New York citizens should be walking around talking about we need to do education differently. That's okay to say. It's not a bad thing. We welcome you saying that. We are the Board of Regents. We know there's a need for innovation. We know lots of great innovation is happening out there. Find out what's going on in your local district even if you don't a student there. Get connected with your local district. They need the help. Knowing that you are a member of this Ad Hoc committee will help them understand what we're telling them is real. The health people really do want to have a partnership. You would be amazed at how much of a difference it would make for you to call in to a local district leader and give them the shot in the arm that they need right now with the return to school. The craziness

that our children and adults bring to the return of school. It's a window in which returning and finding new friends is a welcome theme. Pick up the phone and reach out, please.

Ms. Hall It's very daunting to sit between these two, as you can imagine.

All (Laughing)

Ms. Hall I'm really struck by what you said, and partnership and innovation. You know, when you talked about COVID earlier on, I think one of the striking things about COVID is how it split us apart. Because unless you were on the front line, you were at home with your family or alone. We became very isolated. As I look at what's happening with AI, AI is powerful, not because it's taken one person's idea and crunched it over and over, but it's taking all of our ideas and put it together. Yet, we are still operating in singular units. I think if you wanna know what you can do, I think is to foster teams of people to come together because I think you're gonna have so much of a richer, deeper approach if we make a concerted effort to bring people together so that there are five people together calling the person and giving you not just one vaccination, I got two vaccinations the other day in each arm. I don't have to worry about COVID and flu. I think yes, if you could foster teams, I think that will be a really powerful approach here.

Dr. Whalen That's fantastic. I know we're coming to the end of our time. I want to just give the opportunity for anybody that has any comments or question to come forward at this point.

Dr. Boufford I just wanted to ask one question. I'm sorry. One question. You talked about the social emotional learning, which is really, really important. It's probably in the portrait. But one of the goals that CDC has articulated in terms of education, the education sector is basically high school graduation rates. I just want to ask. It's a little bit unexpected, but I wanted to ask you specifically to address that because I think that's another issue that may be of interest locally and certainly has been identified as one where there's really good evidence that it's very important for health.

Mr. Norwood It is absolutely fundamental to our whole theory of action, but it is why we needed to be extremely clear on what should it mean and what should it take to graduate. We believe that's what the portrait of a graduate answers. We believe that this is not lowering standards or rigor. I don't expect to see an amazing leap up overnight, but I do expect that what we're going to see is a middle school and a high school experience that is so compelling that the type of great outcomes we see at grade school, even in poor districts are sustained because our graduation rate issue is really a denominator issue. The best and the brightest pick up and move to the district from which they all graduate and my Rochester City School District bleeds its cohort to its neighboring educational providers. That's what I hope we will also fix the sense that you need to move and trade your neighbors in order to give your child equity and opportunity. We need to have not only your health not determined by your zip code, but we need your educational attainment to not be determined by your zip code.

Ms. Donald Oh, there's a question here from Dr. Torres also.

Dr. Torres All right, I'm trying to figure this out here. I think some of the key points were mentioned and one of the things that we're facing in many of the neighborhoods is the gang activity, security and safety. I couldn't help but also think about the importance of the inclusion of intergenerational experiences with the grandparents that are in the

neighborhoods representing some of the community-based organizations and how when we merge both there is such great impact and teaching and natural mentorship and inspiration and uplifting to that young soul that it's also enriching for the older individual as well and I think that we should look at the integration of both and do more of that.

Unknown Speaker I'm an aerobic instructor. I don't really need a microphone. We know the tsunami of the aging population is upon us and is only going to grow and cause more demand on our youth to be better prepared to take on caregiving and navigate that area. I just was wondering if our educational system has thought about how to prepare our students for like aging and being caregivers and balancing that burden down the road.

Mr. Norwood We are still at the early stages Owen said a building design in this, but I would absolutely. I said amen to Brother Torres' comments because that intergenerational piece is incredibly important to us. Secondly, what you raised, I'm certain that Owen would say is equally important, the fact that preparing for the workplace has to become a more urgent part of how we think about education simply because of the workforce shortages that we're seeing. We have to understand how can districts build workplace and experiential opportunities into that learning pathway so that while young people are earning a piece of paper. They also have the chance to meet the urgency at home of how are we all contributing to making the ends meet, because that's gonna become more difficult over the next eighteen months.

Dr. Whalen Thanks.

Dr. Whalen I think we have time for one more.

Mr. Lawrence Harvey Lawrence, a member of PHHPC. When I heard about the elimination of the regents, I said, wow, that's odd. Because when I was growing up, I didn't do as well as 90 on all of them. I probably failed a couple. The thing that I can, you know, and I discussed this with my wife. We both went through the same system. We said... Is this a situation where the system is failing the children and so it continues to fail the children by lowering the standards? If children can't pass the regents, rather than fund education at the level where children would have an opportunity to pass regents. Well, let's eliminate the regents so that we have another standard for measuring success. The other part of that is that children, I guess at some point if you're going to go into college, you're going to have to take the SAT. If you're gonna go on to grad school, it's the MCAP or LSAT. Almost everything that you do in our society now requires some level of examination. Some of that, if you're well off, you can have your children go and have practice exam, study how to take the exam. Built into that system, there's a level of, I guess disadvantage for folks who are poor. I was a poor kid in the South Bronx. I didn't have any practice, anyone helping, and it was basically on my own. I guess what I'm asking is, and I am all for innovation, and I'm not an educator. I don't know all of the science behind that, but if the rest of the world is looking at much more rigorous, especially with science and technology. How is it that we are benefiting our children by not allowing them to compete and providing them with the tools to compete, and understand that this is going to be a requirement for them, whether they are looking for a job, whether they are going to go on to grad school.

Mr. Norwood I won't do long and you and I can finish offline, but I will say for the record, I did not take any Kaplan courses. I just know how to take tests. I'm good at it. My brother, my sister, their Regents experience was like yours. You know what? It didn't keep you or them from graduating. It did not stand as a bar to them being successful in life. The

Regents should be, I'm hoping, we haven't determined what the future of the exam. I hope it will be what it was when I graduated. A great marker of what you know, but not a bar to graduation. A great tool to let you know what college you should be choosing, because it will prepare you as well as the SAT to have a way of benchmarking at what school will you be most likely to be successful. I don't disparage those things. I just think that what we should be doing, and if our process had led us to keep the Regents, we'd have kept the Regents. What we did was we started with the question with educational experts. What should it take and what should mean to be a high school graduate in New York State? We took that to the people. We took it to the students. Those answers we took to a blue ribbon commission that came back with recommendations for change. I agree, and I want to talk with you because I would love to have some skeptics in our midst because it's the only way we're gonna be successful. I can tell you, education being a commodity reduced to a task score is wrong.

Mr. Lawrence I don't disagree with you.

Mr. Norwood We'll talk offline. We're done.

All (Laughing)

Mr. Norwood Back in your hands, Dr. Whalen.

Dr. Whalen I think this is great, but we do have a time limit, and we want to make sure we can get to our other panels. Thank you so much, the three of you, for a really amazing discussion on this. Again, highlights the work and collaboration that we're all doing together. Thanks so much.

All (Clapping)

Dr. Boufford Our next panel is on economic stability, poverty, which, of course, is a major determinant of health. We have virtual Paul Beyer. We were hoping he was going to be here in person, but he's on the screen there in the yellow jacket. Therese Daly from United Way is here, I hope.

Dr. Boufford Just a reminder, again, on the sort of key domains that we're working with within the prevention agenda. This issue of economics. We've talked about education. Now, economic stability this panel, and then the next one is going to be on the, sort of natural neighborhood and built environment. These are all things that I think in my own experience, at least in New York, we're so bound by thinking about hospitals and personal health care system that it's hard to kind of liberate ourselves out of the service mindset and really think about how do we change conditions and communities that are probably more important in improving health than even access to health care. We're going to talk about that. It's not unimportant. It's a both and, not an either or. I think we try to, in the prevention agenda work focus a lot on the... How do we change these fundamental conditions and fundamental determinants? I think the first question is to have our two panelists introduce themselves and their organization. I think also it's probably useful to tell people what your organization does because they may not be as aware of it as they should be, but they will after this session. Why don't we start with you and have Therese introduce yourself.

Ms. Daly Can you hear me?

Dr. Boufford Yes.

Ms. Daly Amazing.

Ms. Daly Hi, everybody. My name is Therese Daly. I'm the President and CEO of the United Ways of New York State and 211 New York. We have two separate organizations and I run both of them. On the United Way side, I have 31 United Ways. Think of us as like the member association for the United Ways. On 211, we are, if you have not heard of us, a 24/7, 365 day a year helpline. Our goal is to connect every single New Yorker who calls to all of our health and human resources needs. I say human resources in meaning like needs and resources for humans. We are also able to communicate in 180 languages. We're really able to community and help everybody. We're never closed.

Dr. Boufford Paul, Department of State.

Mr. Beyer Hi. Paul Beyer from the Department of State, more specifically our Office of Planning, Development and Community Infrastructure. We played one of the more prominent roles in the Master Plan for Aging and here with Dr. Boufford on creating a built and natural environment that's conducive to health and that's both physical and mental. We administer where the state officially statutorily the state's planning entity. We administered most of the planning and development community development programs in the state, downtown revitalization initiative, it's more rural counterpart, the New York Forward program, smart growth planning and zoning, all trying to lay the groundwork for what we call Smart Growth, but... You know, an approach to the built environment that keeps in mind many different policy goals, climate, economic development. Started as an economic development push, but in the past few years it has swerved rather drastically into the area of public health and aging policy, in part thanks to Dr. Boufford and others at the Department of Health and the State Office for the Aging.

Dr. Boufford I'd say the State Department of State has also been incredibly helpful in supporting technical assistance over the last iterations or generations of the prevention agenda along with the Department for the Aging. The economic stability agenda includes the sort of minor variables of poverty, unemployment, nutrition security, and housing stability and affordability. There's a lot going on there. Obviously, a lot of it really has to do with the degree to which we can work with other agencies, again, at mobilizing at the local level. I think the question, one question would be that, sort of, if you need to elaborate a little bit more on what you do, I think you both made nice links to the prevention agenda, but also just talking about how you operate locally, what you can offer to local health department and hospital partnerships, to those involved in the, what we hope will be the alliances and consortia at local level that will take the pension agenda forward.

Ms. Daly Thank you so much.

Ms. Daly I would say one of the things we work at a United Way level locally, I'm sure all of you have heard of your local United Way or hopefully connected with them.

Dr. Boufford Maybe not, so explain it to us.

Ms. Daly If you haven't, the goal of United Way is to that every single person in their community has a good quality of life, right? Now that is making sure that there is a house over their head, a shelter over their head, food in their stomachs, the ability to recognize and have access to job training, understanding transportation, getting to a job. Some of our local United Ways have collaborations with Lyft and are able to bring people to job

interviews. Some of my United Way's even offer clothes for interviews. United Way's goal is to help individuals on a local level, and I want to be very clear about that. The United Way of the greater capital region may have five focuses that are helping individuals here in the capital region have a good quality of life that may be totally different than the five that is happening in the United Way of Chautauqua County in Western New York. They focus on the needs of the individuals at a local level while working on understanding the needs that are happening and that are also going to happen. So, that's the United Way. Now, 211, to be very clear, 211 helps the United Way, but they are two separate entities. Our goal is to connect people who call, and they give us a zip code, and that's the only thing that we use, and we connect them at a local level with that zip to food, housing, transportation, mental health, childcare, employment, financial services, and food and health needs. So for instance, we work with our local hospitals in our local offices to really make sure that they are recommending individuals call 211 and those resources are localized and specialized when that person calls in.

Dr. Boufford Is it fair to say that you're a sort of convener of nonprofit agencies that provide the services you're describing? I think if we were to go to a meeting of Chautauqua County, United Way annual meeting, who would be at the table so people have a specific sense of how you do what you're suggesting?

Ms. Daly Great question. Thank you, Dr. Boufford.

Ms. Daly The 211 database is all of the state resources, but also community-based resources, community-based organizations, also county level. The decisions that are affecting the state are made at a state or a federal level, but the impact is on a local level. We connect with all of different resources. We have resources that email me every day. They say, can we be added to the 211 database? Yes, we welcome everyone. I just did this earlier. When someone calls, we ask for their zip code. We connect them with the top five resources in the area for their needs. So, if you were to go to a United Way meeting in your local area, you would find that there's representatives from a transportation agency, from Health and Human Services, from the hospitals, from doctor offices, from associations that might be in that area, et cetera.

Dr. Boufford Thanks very much.

Dr. Boufford Paul, elaborate a little bit more. I mean, you are sort of an, as you mentioned, an economic development agency, really. Could you talk a little about maybe in some, a little more detail so people get a sense of how you operate locally across the state, even if it's through a statewide program?

Mr. Beyer Sure.

Mr. Beyer The whole Smart Growth movement was really founded very much in economic development, economic stability is the term that you folks use, and where we, I think there's three levels for us in terms of our program outreach and implementation. One of them is communities need good plans. They need a vision for what they want their community to become, what they are now, what they don't want to be in the future. Once you put plans in place, especially what we call in our business comprehensive plans, you now have a legal and policy hook to move to the step two, which is zoning. Zoning is implementing plans and it sets the landscape for the built in the natural environment. Finally, we support projects that fit within these plans. The foundational concept here is that plans are not just done anymore by consultants, experts, and lawyers. They're very

much bottom-up, community-oriented, community based planning. The general rubric is get a vision-free community that everybody, not everybody, let me back up. That most people buy into because land use is a rather contentious business. Build off of that plan on the assumption that this is what the community wants. This is some form of consensus for the future. We fund plans, we fund zoning, and we fund projects that support those plans. They support concepts going directly to this discussion that are based in... The word I can use is integration. A gentleman earlier talked about intergenerational integration within communities. We're starting to get back to that, but in the fifty, sixty years after World War II, we tended to separate people, land uses and amenities, and in many cases, made them inaccessible to one another. The real phrase here off the comments earlier is integration, housing integration. Support the revitalization of the community. How do you overcome that? Do not isolate different housing types. Make sure that affordable housing is not just built into the community, but it built into projects, mixed income housing projects. It was a pariah ten/twenty years ago. Now, it's very much accepted. So, that's income and housing integration. If you can get people into affordable housing and ideally ownership situations, you're now down well down the road to wealth building. We all know that much of our wealth comes from equity in our homes. So, that's another area of income and housing integration. Social integration, we just talked about one specific example of bringing the older and the younger populations together, but generally just making sure that our communities are not age exclusive. We're getting beyond just senior housing, senior housing that may be located away from the community. We're starting to talk about social integration and finally, amenity. I would call it amenity integration. That's where you pull all the pieces of the community together and make sure everybody feels like a part of a community, major problem for the older population. Also has access to everything that everybody else has access to, like you just rattled them off, the health care, the community gathering spaces, the cafe, the pub, the drugstore, the community park, the town square, things like that. I think what we're trying to do mostly here is integrate all the pieces of the community and in terms of economic stability, just make sure that we're not isolating the lower income populations and giving them an opportunity for wealth building that most of us at this table already have.

Dr. Boufford Wait, let me ask you the same question I was asking before. The land use decision making that you're very powerfully sort of involved in is gonna affect our next discussion on transportation and active movement, et cetera. I love what you're telling me. Who do I go to in my local community to find out how the money that maybe you may be spending, how it's being spent, how I could influence the process locally.

Mr. Beyer You're reminding me, Dr. Boufford, of something that I neglected to point out. Our business of land use is pretty unique in that final decision making is made on the local level. When you talk about other decisions, it's usually state, federal, transportation. We try very hard to integrate transportation and local land use, but transportation is mostly, or a lot of the money is administered by the state and the federal government. Who do you go to? You've got to convince your local leaders, your town councils, your city councils, and your village boards and trust some of our trustees that they should buy into this concept of smart growth, age-integrated, health-oriented communities because we can't dictate local land use. If you can convince your locality to apply for a grant or for for some technical assistance from us, you know, the starting point is get your community involved in the future, character of your municipality. They're the ones that you really have to convince. It's a hyper local, sometimes too hyper local business that we're in. It's very messy. It's very controversial. The first stop for you would be your local government and convincing them that they should come to us for planning a project grant, a zoning grant. These downtown revitalization programs are so... They're effective for many, many reasons, but

partly because we're taking one little piece of a community and revitalizing it and showing the rest of the community what it means to be a walkable, age-integrated, income integrated. We use in the health and aging world a livable community.

Dr. Boufford And so just to continue a little bit, I think again, you're the one that's a little murkier I think as to how to get going. It has been working. I think it's really important for people to know, especially you have major sort of grant opportunities right on cycles that cities and local governments can apply for. I think that's the way for local health department and hospital partnerships with other colleagues and community to watch for those. I mean, one of the things we might do with the prevention agenda is how do we let people know when they're out, when that cycle's open, how those opportunities are laid out. I know United Way's been a vehicle for implementing some of these in the past.

Mr. Beyer Yeah, definitely.

Ms. Daly I just wanted to add something and I hope that's okay. Mr. Beyer, I hope you can hear me and see me. I just wanted to uplift something that you said about the economic vitality and the workforce of a particular area. So often that can determine getting out for individuals in that area, the cycle of poverty that they may be in. I think we need to look at it. I come from the finance sector. I think we need to look at our areas and say... Where do we need to bring economic developers, workforce developers and say let's build the communities up knowing that they have a good quality job potential, that they resources that can allow them to have a quality of life? We produce an ALICE reports called Asset Limited Income Constrained Employed Report. It essentially tells you that 48% of the households in New York cannot make ends meet. They are doing every single thing that they should be. They have often one or two jobs just trying to make ends meet. What they are making is not... They're not able to live in the area that they live in. The cost of living is too high. And so your point, Mr. Beyer, is so well taken that we also need to look at a world where we say, maybe down the road we don't ever need to have a United Way because everyone already has a good quality of life, right? I say this and my board chair, always panics. He's like, oh, she's stressing me out. When you look at it, it's economics. We need to make sure that individuals in our state can go to sleep at night with a full stomach, can put clothes on their body, can put a roof over their head, feed their loved ones, have access to healthcare. We know 211 bridges that gap between the health resources to get you to the point so that you are healthy and you don't have to go to the hospital, right? So often my helpline specialists are trained in 988 to prevent having to need something to be taken to the next level, God forbid. Sorry.

Dr. Boufford No, I think the other issue, Paul, this sort of bleeds into the built environment, as well as this issue of green space, blue space, some of the things where we have an evidence space now that if there are opportunities for walkability, opportunities for good mental health in terms of use of open spaces, use of public spaces, you mentioned, Paul. These are all part of what's available, and we're gonna learn more about that as we go on.

Dr. Boufford Let me just ask for questions now.

Dr. Boufford It's not a question of projection. It is a question of recording as opposed to projection.

Mr. Norwood I would just love to hear a comment following up on that thought about the impact of the external environment on health and well-being. What is the safe walk to school experience for children?

Dr. Boufford I'm going hold that question until next time. No, it's really important. No, no. It's walkability. Obviously, there are a lot of these initiatives, but you can, please feel free to answer why this is gonna come up again. I want it to come up again in the transport discussion.

Ms. Daly I would say from a 211 and a United Way perspective, just to answer your question, we want to make sure that that child feels safe walking to school. We want to make that the parent feels safe that they're walking to school. We want to make sure that they also know and have the confidence and the ability to walk safely to school. We want to empower them on the holistic aspect of it. We want to prepare them to say, if someone wants to walk with them that's not welcome. We want them to feel empowered. We want to be able to go to their neighbor's house and say, "Hi, I'm walking to school. Want to walk with me?" Because they feel uncomfortable. So, the goal is to make sure that every single child in New York can walk to school and metaphorically, but also literally.

Dr. Boufford Paul, do you have any comments on this one?

Mr. Beyer Well, if you design your streetscapes, your walkable and bikeable transportation networks for both younger people's safety, going to school, and for the older population, people that may be constrained in some way, physically or cognitively, everybody in between benefits. I mean, that's our catchphrase. If you build for 80, you're building for everybody and making life more livable and accessible for everybody. So, all these pieces fit together. Designing for children, designing for retirees and the older cohort, you know, they all benefit everybody. We're not compartmentalizing.

Dr. Boufford Any other questions, comments on this discussion?

Dr. Boufford I would just say we did not talk too much about nutrition. Ag and Markets is a member of our Ad Hoc committee. We couldn't cover everything, but we'll have to. The nutrition issue and food availability and food security is a huge issue. We haven't forgotten it. It just isn't part of this local discussion. Anyway, thank you very much. I ask you to thank our panel.

All (Clapping)

Dr. Boufford We'll move on to the next panel. We've gotten introduced to the idea of built environment, natural environment. Our next panel is on neighborhood and built environment with a specific focus on active transport and physical activity. We have Marcus Harazin from the New York State Senior Action Council, Mary Knox, Interagency Council of Developmental Disabilities, and Dan French, who's in New York State Department of Health Chronic Disease Prevention Group. We'll have them make their way up here. I forgot to give you all ten minutes to network at your tables, but I think you've done that anyway. Hopefully, you will before you go home. I just wanted to know I remember what we said we were going to do.

Dr. Boufford No, we're powering through. We're bio strong here.

Dr. Boufford Anybody is totally free to find the bathroom if you'd like when you need to do that. I think we usually use like thirty minutes more than you give people.

Dr. Boufford Anyway, so really first question and kind of in terms of the introductory question is asking you to introduce yourselves again the organizations that you work for and just let people know what your organization does, what your major priorities and focus are.

Ms. Knox Hi, everyone. Thank you so much for having me here today. I'm I have the pleasure of being the Chief Operating Officer for IAC, which stands for the Interagency Council of Developmental Disabilities. We are a provider association for agencies that provide services to children and adults with intellectual and developmental disabilities. I'm proud to say we have 160 members across New York State. Heavy concentration in New York City, Nassau and Suffolk County. Our mission, and I had to jot it down because we just redid it. I have it in my heart, but not up here yet.

Ms. Knox Drive social change, shape social policy, and advance innovative best practices that promote equal access and full inclusion to children and adults with developmental disabilities and their families.

Mr. French Good afternoon. I'm Dan French.

Dr. Boufford Push the button for the mic.

Mr. French Hi. Dan French. I am the Program Manager for the State Physical Activity and Nutrition Program in the Department of Health Division of Chronic Disease Prevention. Our mission is to protect and promote the health and well-being of all people built on a foundation of health equity. Specifically in our division, our mission is to prevent chronic diseases with a focus on policy systems and environmental changes, more so than individual changes. Drilling down a little further, we focus on the modifiable risk factors for chronic diseases, primarily tobacco, physical inactivity, poor nutrition or poor diet. We have many chronic diseases that we cover in our division. The program that I manage is a CDC cooperative agreement as part of that. I also manage the state, I'm sorry, the Creating Healthy Schools and Communities program. I'll talk more about that and go into more detail with regard to this particular panel.

Dr. Boufford Great.

Mr. Harazin Thank you.

Mr. Harazin It's great to be on the panel today. It's appropriate. I guess many of you probably know that September is Healthy Aging Month. Prevention is the cornerstone of healthy aging. I'm happy to be here today. New York Statewide Senior Action Council is a nonprofit organization. I am the Coordinator of our Patient Advocates Program. We've been around for over fifty-four years. We're run by consumers for consumers. We have a lot of local chapters. Our members include aging organizations like senior centers and senior housing, home care meals providers, patient advocates, offices for the aging, and so forth. In terms of some of the programs that we offer and kind of what brings us here today, we have a really intense focus on trying to keep people healthy. Prevention has been a big advocacy area of ours. I think a lot of people take for granted a lot of the preventive tests and benefits that Medicare provides. Medicare is the backbone of the healthcare system for older adults. We were active advocates. You don't probably don't

realize that for the first eighteen years of its existence or so, Medicare didn't cover any preventive tests or benefits. They only paid for treatment. It took another twenty years to get to where we are today. So, that was a big issue for us. We also work on advocating for a lot of programs of the type that the department of state was talking about. We've had some experience in those efforts. Help you talk a little bit about that, those types of programs later.

Dr. Boufford Thanks.

Dr. Boufford I just want to mention also we have two other key agencies, I think, in this space. One is Department of Transportation. We have a colleague in the back who will introduce herself when we get through this a little bit further. Parks and Recreation, which is another of the agencies that's really important in terms of providing, sort of responding to this issue of built-in natural environment. And for one reason or another, the key spokespeople were not available, but we're happy to have representatives of those agencies here.

Dr. Boufford Let me come back to the panel and ask you as you all three alluded to it. How would you be most effective in connecting locally relative to the goals of the prevention agenda? Goals and priorities. I'm asking for two for ones, goals and priorities, and the others of the local connection, because I think that's kind of where people are living at this point.

Ms. Knox Well, I think one of the things that IAC has done that is part of the picture of the prevention agenda is that transportation can be very challenging for anyone, but especially for people with developmental disabilities. I'm a native born and raised in Queens, and I'm still a tourist on the subways. Imagine having a developmental disability and not knowing what to do when, you know, the A train stops running and you have to figure out how to get to your destination. One of the things we did to not only support people with cognitive impairments for travel, but also to look at economic efficiencies was we developed a transportation collaborative, where we began to all of our members again, I said we have sixty across New York State. In New York City, we have members all over every five boroughs, and they were all struggling with the same issue, transportation. How do they get adults with developmental disabilities into the adult day programs for their pre vocational and vocational learning opportunities? And for many, they're only social and recreational opportunity. What we started to do is we began to work with transportation providers typically who were transportation services for school, but to move them into the adult world. Rather than Mary goes to program A and lives in, you know, Woodside, and so that bus is gonna pick everyone up who goes to Program A, we started to cluster transportation. We started looking at what members have locations together. How do we route the people who attend those programs based on geography, not on their program? We refer to it, I'm sorry if I said this already, as clusters. We cluster transportation. It provides shared costs for the agency because it's very expensive and just keeps getting more expensive with the rise of gas and insurance and everything everybody who lives in New York State knows. We feel that that has been successful in helping to integrate people into the community on a daily basis. The ripple effect is for many of the people who attend the day programs, you know, if the bus doesn't pick them up, their parents can't go to work. You know, their caretaker can't go where they need to go on their medical appointments, let's say. It's a ripple effect, getting individuals to where they need to be in the most efficient and timely manner supports not only that person, but the entire family.

Dr. Boufford Thanks.

Dr. Boufford Dan, maybe you can take us next into changing the environment.

Mr. French Sure.

Mr. French Paul set us up nicely. Paul, you said about three quarters of what I had to say. So, thanks for doing that. This really is a cross-sector strategy area. At the local level, our primary focus and where we have the most impact is with our state-funded Creating Healthy Schools and Communities program. It is funded. Fortunately, we have state funding. We fund twenty-five grantees. In the last, we funded twenty-five grantees in the round. We're funding fifteen this round. Unfortunately, we lost SNAP-Ed funding. We've taken a hit, which is significant. We were working in thirty-six counties the last five-year cycle. We just started the current five-years cycle June 1st. We're in about twenty-four counties. We fund grantees to work with municipalities to adopt or enhance their existing comprehensive plans, their transportation plans, pedestrian bicycle plans. Again, as Paul described very well, working across sectors, so working with Department of Transportation, working with business, working with the community. Community engagement is a significant component of that and doing a landscape assessment with the community for what exists and what doesn't exist. That could be regarding policies, plans, the built environment itself, and then working with those partners to develop a plan for implementation. Implementation in this particular area takes time. It takes years to do this work or many times. It takes more than five years. So, at the local level, it's really having the expertise with those grantee organizations and the county health departments working in collaboration with the county health departments to be able to work with municipalities and partners for a period of time, preferably year after year after year, to really have that stability to continue to advance this work and get the plans, policies from a point of on paper to physical change. We call that community design for physical activity.

Dr. Boufford Thanks.

Dr. Boufford Marcus.

Mr. Harazin Thank you.

Mr. Harazin I think Paul and Dan hit on a lot of the resources that we have in New York. I think we're very fortunate here that New York has developed a state Master Plan on Aging, and it dovetails with the state's prevention agenda very closely. It provides a great road map for working on implementation of active aging strategies and communities, and really the possibilities for partnership are endless, especially in underserved communities. We're also very fortunate to have developed a strong array of evidence-based health promotion and disease prevention programs like the Falls Prevention Program that DOH is helping expand through their grant from the agency on community living and all of the other evidence-based programs like chronic disease, self-management, nutrition, weight loss, physical action, activities that are funded by the State Office for the Aging, the New York City Department for the Aging, local county offices for the aging and local senior centers. There are tons of programs out there. I'll just give you a couple of examples of some of the ones that, because our panel today is really supposed to be talking about active transportation. The individual kind of getting engaged in transportation rather than getting to and from one place on public transportation. We've seen a lot of innovative programs engaging elders, especially in minority and underserved communities. I'd like to mention a couple here today, like the program in New York City, which participates with the New York Roadrunners Club to offer Striders, I don't know if you're familiar with that, any of you

are marathon runners out there might. It offers free walking and fitness program that offers physical activity for older adults looking to lead a more active life and meet new people in their community in a safe space. A lot of these are in very difficult neighborhoods in terms of being able to connect people together but also to exercise safely. So, through Striders centers can support long-term mobility through activities like walking, dancing, pacing, strength training, balance, and agility, and then they get rewards for meeting personal goals. It's been very successful. The Millennium Development Community Centers, which are nonprofit centers that provide active adult center programs in ten locations across New York, supporting all kinds of fitness, nutrition, and active transportation programs like walking kayaking, biking. These are all programs that have been proven to be well-integrated and accessible across the city. There are similar programs upstate New York. It's not hard to find out about them through the local offices for the aging or the department for the aging. Certainly, our office has been an active partner working with groups like the health foundations and the departments of health and mental health to try to push that information about these programs out there and encourage multiple partners to get involved.

Dr. Boufford Thanks.

Dr. Boufford Paul, do you want to comment? I just wanted to bring you in as to whether on the some of this issue on the connection around the land use decision making for for active promoting active transport and safe ways to get to school for kids and things like that. That connects to what you've been up to.

Mr. Beyer Yeah, absolutely. Mobility just ties directly into planning on the local level. But like I said earlier, we've struggled over the years to bring the two together because decision-making happens on many different levels, federal, state. There are local roads, local walkability indexes, plans, and things like that. There seems to be a good amount of funding for accessibility and walkability and bikeability. It's the planning process that's the challenge. It's bringing the right people to the table. The money is there. I think we can use more always, but it's this integration of intergovernmental planning that really has held us back.

Dr. Boufford Let me ask the panel, again, taking this to the next level. I mean, obviously, Dan, you're in the department, but you're, as you say, connecting the dots across multiple agencies. How much interaction do you think you have... Or what do you see as a potential role of local health departments and hospitals who are really the co-partners in bringing together these consortia at local level to advance the prevention agenda, just to comment either experiences you've had that you want to brag about and let people take credit for or things that have been problematic that we need to think about. How do we get out of the way of things happening?

Mr. French Well, the local health department is, as the name implies, at the local level. With regard to public health, we know that local public health department staff have expertise, not only technical expertise, but the ability to bring the community together, to plan, to coordinate, and to evaluate. Working with that cross-sector team, if you will is really core to this work. With the local health department being a center of a county, they have that ability, that capability and capacity to be able to bring all of those people together, and particularly with, whether it's DOT or Department of State, and, you know, be that entity that really coordinates the effort to move things forward. So, some local departments have more expertise than others. We are available at the state level to help those counties who might need additional technical assistance or to connect them to a tool

such as CDC's Active Community Assessment Tool, which is a landscape assessment that helps counties to be able to conduct a variety of modules to see where the gaps are and then develop an action plan based on the outcome of those modules and advance that work based on the needs of each individual community.

Dr. Boufford Mary.

Dr. Boufford Go ahead, Paul.

Mr. Beyer We've been trying to message that sidewalks are great in and of themselves. They get pedestrians and joggers off the road in safe spaces. There's that mobility in the physical health component, but there are a lot of people that look at sidewalks as I've heard them referred to as linear parks. You know, it's a gathering space for people bump into one another and have maybe a quick exchange, but to feel less isolated and that goes to the whole mental health component and then in some communities you can have a lot of sidewalks but they don't take you to anywhere, any place.

All (Laughing)

Mr. Beyer Where especially places where people can gather. Again, that's key here, you know, we always have to be mindful of the mental health component and building communities that allow people to, and physically allow people to integrate with one another.

Dr. Boufford Not get socially isolated, which is epidemic, as our Surgeon General has said in the past.

Dr. Boufford Mary, do you want to comment on this general area of local health departments, hospitals? We haven't mentioned the hospital's role yet. I think sometime, I think they could be significant actors politically at the local level, let's put it that way. They're increasingly, I think, very interested in where they're sending the patients back to, people coming with illness, but they may send them back into the same conditions that made them sick in the first place. This awareness is increasing.

Ms. Knox You know, I think that some of the strategies that we've applied in our clustering transportation can be applied to other vulnerable populations and that intergenerational connection would be great. Let's throw everybody together. If they all live over here and need to go there, let's do it. You know, I think that one of the things, you know, in the field that I work in, you know, we're under tremendous regulatory compliance requirements as far as who you allow individuals with developmental disabilities, who you will have to transport them, who can work with them, there's background checks and all sorts of things. You know, and I think that sometimes the, while it's important, the regulations are important, it sometimes gets in our way from taking action. I think, you know, I support Governor Hochul's, you know the express. I forget what it's called. The Express Initiative where to streamline policies that get in the way sometimes and to make things more efficient and looking at are there ways with seniors. I'm going to reach out to Mark about that roadrunner thing you were just talking about because I think that's a great opportunity for many of the people our members work with that there's so many things that there are so many needs and objectives that work across populations that if we would work together, I think our goals would be more reachable.

Dr. Boufford I think sometimes at the local level, that may be easier to do, which is important.

Mr. Harazin Dr. Boufford, you mentioned about the role the hospitals play. It made me think about their role.

Dr. Boufford There's a whole table of healthcare access folks back there, two tables.

Mr. Harazin Right people at the table.

Mr. Harazin You know, this is something that's both an opportunity, but also kind of a threat as we move into the current agenda or current environment. It's important to really recognize some possible barriers that may occur. All the hospitals are required to do Community Health Needs Assessments. That's one of the foundational components of the preventive system in New York. It helps people access things like diabetes treatment, hypertension, and so forth. Many people retire to communities and kind of build their whole retirement healthcare network around that local hospital. In the current system, we're living in a financial environment that's really created a lot of pressure and incentives for downsizing and closures and mergers in many communities, especially in rural communities and economically disadvantaged areas. This is kind of what we're seeing as we deal with thousands of seniors with their Medicare benefits and they're raising concerns about, well, how are they going to access their health care if these downsizing occurs? Now, New York State wisely requires the Community Health Equity Impact Assessments now when such changes are proposed through the CON process and come before the Public Health and Health Planning Council. One of the things that I'm hoping that we'll do going forward and thinking about with the preventive lens, prevention lens is that it's important to make sure that the department in New York look at the impact of any such changes on the regional preventive prevention system during that CON process. We all know that these services really shouldn't be forgotten in that transaction. Most of the times the analysis is frankly on acute care, inpatient and outpatient services. Just remember behind that is also a strong preventive network that of course with the local public health agencies really comprise the hub for preventive services in most communities. That's something that you know we can tangibly do going forward is to make sure that as we're reshaping the system by the CON process is to make sure we don't forget about the impact that might have on preventive care and access to that care.

Dr. Boufford Really important point, and I think several points you reached here are really the responsibility in some instances of the Public Health and Health Planning Council around CONs. One of the things we're doing, we need to be doing going forward with the Office of Primary Care and Health Systems Management is really looking at new language in the CON applications for the prevention agenda. We've had language, but now that the prevention agendas changed, we need to go back and revise that language and Dr. Fish and his colleagues have been very collaborative with us, but our Public Health Committee is well represented here. We'll be taking that up I'm sure.

Dr. Boufford Any questions?

Dr. Soto My comment is the challenges people have, and I'm from New York City and travel on the subway all the time, but the access to getting services and participating in programs dealing with transportation and the red tape, the documentation, it needs to be streamlined. Sometimes people talk about language meaning you're speaking a language other than english. There are people who are english speakers with their level of reading

comprehending forms. They have those challenges. Also by thinking you're streamlining and putting things on computer not everybody's computer savvy. I get frustrated because I enter something. No, it's wrong. And then go back. Why did you press this button? And people who are visually, I knew someone who was visually challenged and had difficulty filling out the forms and pressing the right number and what have you. I think there may be services in transportation and access, but obtaining those services sometimes are a challenge. Also sometimes, and it's a little bit unbelievable, that once you've done all of that and you've found eligible, in some cases you have to redo this again in six months or twelve months. Especially if you're saying you have a chronic illness, the likelihood that you're gonna overcome that illness in six month or a year. Sometimes people fall through the gaps and not realizing, oh, my eligibility period is coming to an end. I think streamlining the process and being aware of some of the challenges people have just filling out the forms or following through needs to be taken into consideration.

Unknown Speaker I'll echo my colleague. Amen to that. Thank you.

Dr. Boufford Yeah, and I think our 211 folks, she just had to leave, but she heard most of what you said in terms of how to get that help there. I wanted to invite our colleague who is here from the Department of Transportation maybe just to introduce herself, and she may want to comment on anything she wants to comment on from what the panel's been discussing there.

Dr. Boufford There's a mic right there for you if you like. You just use that one.

Ms. Lemmon Hi. My name is Colleen Smith-Lemmon. I'm with the New York State Department of Transportation with the Office of Policy Planning and Performance. I have been there for about almost twenty years. As my Paul Beyer I know is behind me there as in the video. We've worked with a number of statewide plans over the years. Unfortunately, my Office Director, Deb Nelson, as well as my Statewide Planning Bureau Director couldn't be here today, but they wanted to be part of the panel, of course. You got me. As I said, I've been working in transportation in the office for over twenty years. I'm actually really excited to be here today because there are so many other perspectives together in one room. I work at DOT, but, my personal hat here, I was a PTA President for many, many years. The opportunity to have education sitting at the table, recognizing there's land use issues about smart growth, about how we get kids to school, about how that impacts folks health across the years. It's just so vital. It's a privilege for me to listen to these perspectives and have us kind of come together. So, that's just my personal note. I'm very happy to be here. I did want to kind of talk really quickly. Our office works on a number of kind of long range as well as short term plans that sort of impact obviously transportation decisions. As a state, DOT, we don't make all the decisions about every single roadway across the state. We actually, you know, really only have control of a very small percentage for a lot of the decisions are locally made. We do try to lead by example. We currently are working on an active transportation strategic plan, which is really meant to help improve the opportunities for biking, walking and rolling on our state roadways. I do encourage folks to check out our website. As I said, we're not the full decision maker. This plan is to help guide us and improve our ability as state DOT to kind of meet the needs of folks, participate in reactive transportation. I encourage you to check it out. Thank you so much for the time.

Dr. Boufford Thanks very much.

Dr. Boufford I think I want to thank the panel again for great just the beginning. Everybody's sort of laying out their wares here. We're learning about each other. Who do you call to get stuff done? I really appreciate what you contributed here.

All (Clapping)

Dr. Boufford Obviously, we've been talking about the local health departments who are critical, along with the hospitals, for sort of engaging in the combination, hopefully, with other colleagues and their individual communities on the community service plans and community health plans. One of really new for the prevention agenda supports that we have in place are really work at the regional level. The next panel is the local, the NYSACHO, which is the New York State Association of Local Health Departments, is really taking the lead, really. They're doing it as consultant to the department on putting this together rather than the actors themselves. They're going to come up and talk to you about upcoming regional meetings, which we hope people will be able to take advantage of.

Dr. Boufford I'm going to turn it over to you guys.

Ms. Ravenhall Good afternoon. I'm Sarah Ravenhall. I'm the Executive Director at the New York State Association of County Health Officials. It's wonderful to be here this afternoon. As Dr. Boufford mentioned, we represent local health departments across New York State. In August, NYSACHO, we call ourselves NYSACHO was awarded a contract with the New York State Department of Health's Division of Public Health Infrastructure to oversee a contract project called Prevention Agenda Health Equity. First, I want to thank the New York State Department of Health and the Public Health and Health Planning Council for entrusting us to lead this really important work. You should have a one pager in front of you. If you don't, Grace Dawson, who is the Senior Program Manager on this project has it over here. Raise your hand and they will bring it to you. Grace put this together and did a wonderful job and is taking the lead on the project. Grace and I, upon receiving this contract, knew this is a very important critical project for the prevention agenda, the future of the prevention, local health departments, hospitals, and all the stakeholders who are involved in the prevention-agenda process. We knew we had to put together a really, really strong dynamite team. This project timeline is quite condensed. It is a project that extends for about four months. It ends at the end of November. We need to have everything done by the end of November. Grace and I worked. We brought in some really wonderful subject matter expertise. We have BME Strategies, a firm out of Boston that is helping us with this. We also have Brad Hutton, who is no stranger to the PHHPC with us today and Sue Ellen Wagner, who used to work for the Hospital Association of New York State. We're also working with our colleagues at the Hospital Associations now, Kristin Phillip, Lloyd Bishop from Greater New York, so HANYS and Greater New York are very involved because we wanna make sure we are including hospitals in this effort and initiative as well.

Ms. Ravenhall With that, we're really excited to show you where we are with this project, and I'm gonna turn it over to Brad.

Mr. French Thanks, Sarah.

Mr. Hutton It's so good to be back in front of you, Dr. Boufford, and this distinguished group here. It was actually, I think, 2019 was the last time I was here. My hair is considerably grayer. I now require reading glasses. I will tell you that much of that

happened in 2020 and has been stable ever since. It's so good to see Dr. Watkins and Yang and Whalen and Dr. Friedrich. We've been in public health foxholes together. It's good to see that you're still here on this group. While I'm presenting here today, I will tell you that there's quite a team that's been working on this. You heard about BME Strategies and Jesse Cornicello and Dorisia Graham are both here from the BME strategies team, of course, Mark Waldemeyer and his colleagues at the Office of Local Health Services, have all been involved in this effort to survey stakeholders about the prevention agenda activities and probably most importantly, Sarah Ravenhall and Grace Dawson. I'm really pleased. I know Sue Ellen Wagner well, who spent a really distinguished career at HANYS and is now like me in the consulting world and happily reconnecting with all of you. There's really four objectives in my presentation here today. This lists three of them. One is I want to describe to you a little bit of the process that was used. I wish we could zoom into that a little better. Is there any way? I'm gonna do my best to explain it to you as we go along. Number one says informational needs agenda, a needs assessment overview, and then preliminary survey findings and next steps. I want to tell you a little bit about the survey, the informational needs assessment. I want to review with you some of the results of the survey. It is literally hot off the press. I want to share with you some of plans that are actively underway to hold some regional meetings in the next couple of months and happy to be part of that process. I think most importantly is really just to get input from all of you on your take on the survey findings, your thoughts about ways that we should be thinking about using these opportunities when we get stakeholders together in the couple months to really be a catalyst for meaningful engagement.

Mr. Hutton Sorry, it's not moving.

Mr. Hutton There we go.

Mr. Hutton The survey the purpose was really few different purposes. One was to try and identify some opportunities and gaps in the current prevention agenda planning cycle. Those of you who have been around as long as me know that we've had several predecessor cycles in the prevention agenda, but now to try and find out here today in 2026, what are the opportunities and gap? Really importantly to help inform the the planning of this that this regional the series of regional planning meetings that are going to be happening in October and November. The audience for this were local health departments, hospitals, community-based organizations. You know, I think of those as the three pillars but also representatives from state agencies and other partners. There were actually fifty questions in the survey. It probably took folks about twenty to twenty-five minutes to complete. We certainly are not going to be able to present all of that to you today, but just know that in addition to the demographics of respondents, which I am going to presenting to you, and I think some interesting profiles of what's going on with partnership and engagement activities. There's also a fair amount of survey data about existing prevention agenda resources, like the really nice Prevention Agenda Dashboard, the Community Health Assessment and Community Health Improvement Plan Templates that are out there. How partners utilize the data that are available, how they're engaging in health equity as part of their work in the prevention agenda, and then also what their future training needs are and their thoughts about the supports and communication that they're getting from the state health department. So beyond what I'll be presenting here today, which is really just a snapshot, a teaser, there will be a final report that BME Strategies will be putting together with a lot of assistance from NYSACHO and input and review from the State Health Department. You're getting the preliminary survey findings as of September 8th. So, that's last Tuesday. The survey is gonna remain open until September 18th. Some of us have been really working hard to stimulate as much additional responses as we can

before the survey closes. So, just know that you're getting preliminary data at this point. This first slide shows you the organization type for respondents to date. We have 178 total responses received as of September 8th, again, last Tuesday. 52 of them, or 29%, are from local health departments, 32, or 18%, from community-based organizations, 31, or 17%, were from hospitals. We also have respondents from other local government agencies, not local health departments on other category, some other health care providers that are not hospitals, some statewide organizations, educational institutions, and some state agencies and community behavioral health providers. No surprise, 29% of survey respondents were from local health departments. We would expect that they're really the premier convener and organizer of prevention agenda activities in each county. We're pleased to see that to date all sixty-two counties are represented. We're working here over the last week and a half to try and increase that percentage, but that at least shows that we don't have any gaps in having any responses in areas.

Mr. Hutton This next one shows on the left the geographic area of the state where respondents are from. I'll go through that in a second. On the right, the number of counties that respondents organizations represent. That pie chart on the left, if you start at 12:00pm, and work clockwise shows that 11% of respondents or twenty respondents total reported that their organization has a statewide focus, 6% more than one region, so you've got a combined 17% that really are beyond just one region and in many cases statewide. You've got 13% or twenty-four respondents from the Capital District, 19% or thirty-four respondents from Central New York, 31%, fifty-six respondents from Marrow. That would be like the Lower Hudson Valley and New York City and Long Island. Western Region, 19% or thirty-four. I think a really good geographic spread at this point. There's obviously some really different, one of the cool things about New York State and doing public health in New York State is it's such a different state, right? From the response and the activities and the interventions and strategies and partners vary so tremendously. It's really important that you have such a geographic representation here.

Mr. Hutton On the right, this horizontal bar chart shows you the number of counties that each respondent reported that their organization represents. 63% or 113 respondents reported that they served one county, 9% two to three counties, 12% four to nine counties, 4% ten or more counties and 11% statewide. This is not at all a surprise to me. Pretty much local health departments would all be reporting one county as well as some of their partner CBOs. I think we would expect some of the health care systems and other CBO partners to be representing two or more counties. This, I think is not a surprise and as expected. A big change in the prevention agenda as part of the 2025-2030 cycle, which you're seeing reflected here in the Ad Hoc Committee agenda today was to reorganize the priority areas around social determinant of health domains.

Mr. Hutton We did want to share with you one slide here that shares what respondents were reporting as far as their work in those different domains. On the left, respondents were asked which of the prevention agenda domains their work primarily addressed? This was one of the questions where you could check multiple responses. Does your work primarily in the area of health care access and quality or is it social and community context or economic stability or education access and equality or neighborhood and built environment? Respondents were asked to say where their work primarily addressed. On the left, you have the number of domains that they reported. 27% said one domain, 21% two domains, 29% three domains, or 23% more than three domains. On the right was the domain that they were reported. 80% of respondents reported that they worked on healthcare access and quality. 76% on social and community context, a lower percentage for economic stability, education access and quality in neighborhood and built

environment. You know, I think my reflection on this is it's still unfortunately a relatively new comment or a new concept to see the work of public health as being framed in some of these areas. I wonder if these organizations truly are doing work in some of those areas on the bottom, but the respondents aren't really sort of seeing that or representing that in the way that they frame their work. 73% of respondents indicated that they worked on more than one prevention agenda domain. I think that's great. I don't think it's a surprise. I think we would expect our health care partners to certainly have checked health care access and quality. I don't think it is a surprise to see the top two that we see there. I mentioned that we have lots of questions and modules about partnership use of existing resources, data utilization, future training needs, et cetera.

Mr. Hutton I am just gonna try and touch a few other areas, but apologies that we're not able to go into some of those. Respondents were asked about the partners that they engage with as part of their prevention agenda work. The pie chart on the left shows the number of partners that have been engaged for prevention agenda work and then which sectors or which types of organizations are on the right. Again, starting at 12:00pm on that pie chart. There was there was one respondent who said they only engaged with one partner. There were 6% that reported two to three partners engaged. 65% four to nine partners and 28% had ten plus partners. If you add up, there's 93% of respondents that engage with four or more partners for their prevention agenda work. I mean, this is the work of local health and a lot of the people in this room are used to engaging with numerous partners. We would have expected that. On the right, I think is interesting. Again, respondents had an opportunity to check as many of these different types of organizations as they engaged with. 96% reported that they engaged with CBOs, 77% with local health departments, 74% with healthcare providers, 72% hospitals, 70% community behavioral health providers, 60% other local governmental agencies, 61% educational institutions, 54% state agencies. Going down that list, statewide organizations, housing and philanthropic organizations, local businesses, Medicaid managed care plans, and other health insurance plans were lower.

Mr. Hutton I like this slide. I think I want to take a minute here to get you oriented to it. Respondents were asked... How would you describe the current level of engagement between your organization and community partners on prevention agenda priorities? You know, characterize the level of engagement. I want draw your attention to the all respondents, the row at the bottom. So, on the left hand side you've got a small gray which is not engaged at all. We don't want that. Minimal 6%. We also would rather not have that. 34% is developing so need some work. 58% well-established and active. So, that's all respondents. If you go to the two bars immediately above that, you've got the twenty respondents who reported that they worked in an organization that had a statewide focus, and you have ten respondents who reported that their organization had a focus in more than one region. So, small cell sizes, but you can see what those respondents said. I think it's interesting to look at the four groups above that the different regions. You've got the Marrow region reporting 75% of their partnerships are well established and active. 23% it's developing. You've lower percentages in the upstate regions. You've in Capital District 54% well established, Central New York 68%, Western Region 47%. These are percentages that are developing is that turnover and staff is that mergers in healthcare systems. You know, we heard from stakeholders on a call recently, just how dynamic the way that healthcare providers and hospitals are organized is ever changing. The person who they're interacting with is constantly in flux, which would move somebody from well established to developing or developing to minimum. You can imagine. I think the great thing is these regional meetings are an opportunity to really stimulate and hopefully move people to the right.

Mr. Hutton Respondents were also asked about partnership barriers and partnership success factors, which are the next two slides. It was what had been the greatest barriers or challenges and select all that apply. So, no surprise, really high percentage said limited funding or resources, right? A lot of partners have categorical funding. They have grant deliverables. They have really discreet activities or public about events that they're responding to. Unfortunately, a partnership as important it is often takes a backseat. Providing funding or resources can serve as a need but also the lack of it is a barrier. Lack of staff time capacity 56%. Competing priorities among partner organizations 42%. We definitely heard from some respondents just that... You know, it's a focus of discussions to try and find that common ground between local health departments and between healthcare system partners and really important to do that. Fortunately, a low percentage lack of state level guidance or support. I think they're getting a lot of guidance from the Office of Local Health Services in the way of templates and resources and other training. 15% said a barrier was unclear roles or expectations among partners. 13% difficult identifying or connecting with the right partners. 7% no barriers. 6% lack of trust. So, almost 70% indicated limited funding or resources followed by a lack of staff time as being the greatest barriers or challenges. I don't think that's a surprise.

Mr. Hutton Success factors. Survey respondents were asked... What has helped your organization build successful relationships? They could check from a list all that applied. 81% said regular consistent communication with partners. 77% trust built through prior collaboration, and that's really important in group and teamwork is sort of building upon prior success. 76% existing coalitions, advisory boards, or work groups, having a reason to get together frequently and have that regular, consistent communication with partners. Those are the top three reasons. 62% have dedicated staff time or capacity for partnership building. 42% clear roles and expectations. 37% shared data or reporting platforms, sort of brings them together. Maybe they're working on common grants or other programs. State-level guidance or coordination support, 25%. Joint funding, 22%. 4%, we don't currently have successful partnerships or engagement. 2% other.

Mr. Hutton Respondents were asked... What could New York State Health Department do to strengthen your partnerships? 75% said provide that shared joint funding or resource sharing mechanisms. 53% strengthen state level coordination and guidance. 48% support joint planning structures or shared templates. 46% convene regular cross-sector meetings or forums. 42% clarify roles and expectations for cross-sector partners. 42% help connect local organizations with potential partners. Again, I see the regional meetings as really being an opportunity to address these suggestions. There are some good questions in the survey about health equity practices. Just to give you a sense from one of them. Respondents were asked what health equity practices are currently part of your work?

Mr. Hutton On the left, as we've done in some other slides, we're presenting the number of practices that are in place and on the right is the percentage that report each respective practice. 4% reported that they had zero practices in place, 13% one practice, 44% two to three practices, 39% four or more. 83% are the combined two or more health equity practices in places. So, the types, 61% engaged communities just proportionally affected by health inequities in their planning. 61% staff training on things like health equity, cultural competency, implicit bias. I think that's really been an area where there's been an expansion in the last five or more years. 58% report that they disaggregate data by race, ethnicity, income, geography, or other demographics. 54% allocate resources based on need or disparity data. That's pretty cool. 47% Assessing policies or programs for differential impact on populations. 32% report using more formal health equity

frameworks or guides like a health and all policies or health equity guide. I think that we definitely have some work to do here, but it was nice to see a snapshot of what's happening with respect to health equity and part of their work.

Mr. Hutton Respondents were asked about their priorities for this upcoming regional meeting, really important as we're trying to finalize the plan for the content and the agenda. 53% said they wanted more on evidence-based or best practice interventions. 49% sustainable funding strategies help with grant writing. 48% more on the Prevention Agenda Dashboard. 47% on evaluation and outcome measurement. By the way, they had a long list here and they could check multiple responses. Again, that's why you have high percentages. 43% on data collection analysis and interpretation. 43% help on communication and messaging to the stakeholders and the public. 40% cross-sector partnership building. 38% policy systems and environmental change strategies. 36% community health assessment planning methods. 30% health equity and SDOH. 26% CHIP guidance.

Mr. Hutton As far as next steps, I think the immediate priority here in the next few days is to get as many additional responses as we can by the end of the week. I know that we're already making progress on that and the results you saw just as a reminder are based on responses through last Tuesday. BME will be preparing that final report which you'll I'm sure get a copy of and definitely want to draw your attention to some of those other modules where there are more extensive questions that were asked. So, the meeting schedule, which is not yet final, tentative, but there are five regional meetings and up here on this chart, just I'm gonna read it in case you can't see it. In Western New York is the first meeting that's planned on October 8th at the Monroe County Community College in Rochester. October 19th, Capital District, Albany Capital Center. Long Island, November 2nd, Malloy University. The Northern Marrow region in Westchester. So this is, you know, in the lower Hudson Valley, SUNY Westchester Community College on November 13th, and then Central New York in Rome, the Mohawk Valley Community College November 16th. These are going to be in-person meetings. We're working to finalize these venues and dates and invitations, I believe went out for Western New York yesterday. We are tentatively planning on having meetings be 10:00am to 2:00pm to have the maximum amount of time in a single day while still allowing partners from across the region enough time to travel there. We're going to have four hours. Really hoping that this provides a meaningful time for local health department departments hospitals and CBOs to get together and and really spend some time moving forward their important implementation work. Local health departments and hospitals are being asked to nominate members of their partners to invite to the meeting. You know, hopefully that's a strategy to secure their attendance, but also to make sure that we have strategic groupings of people who really need to be, if they're not already, need to working together. We would appreciate all of your efforts to help promote these opportunities to get together. You're all very influential statewide and in your respective corners of the state. At this time I think we're really interested in just hearing what questions you have about the survey data, what thoughts you have about these regional convenings, and other ideas.

Dr. Torres I have a question regarding the regional convenience. If we were to promote this through our agencies, must we secure approval and by whom if we were to include the logos, the DOH logo and the agency logo?

Ms. Ravenhall Thank you so much for that question. The way that we are approaching this is that we're going to be asking local health departments and hospitals to identify the community partners that they want to be in attendance at the meetings due to capacity at

the meeting. It is a potential that the local health department or hospital would reach out directly to your agencies in terms of spreading the word on it. I can't speak to the logo sharing. Yes, I think letting your members know, hey, this is going on. You may want to reach out to your local health departments would be completely reasonable.

Ms. Ravenhall Dr. Boufford.

Dr. Boufford I'm just assuming that each of the members of the Ad Hoc committee will be getting an opportunity asked to nominate or identify or show up, depending on what part of the state they're involved in, in addition to the hospitals and the local health departments.

Ms. Ravenhall Yeah, I think we can absolutely manage that would be wonderful.

Ms. Soffel I am a little curious about the five regions and how they were determined, particularly because the greater New York City region, population-wise is vast. I don't know how you have one regional meeting that includes the Hudson Valley and New York City and Long Island. It feels to me. I don't think you can even hold a New York specific meeting and get cohesive responses to these kinds of questions. How do you envision holding that diverse and enormously large a group of players?

Mr. Hutton I mean, fair concern, but there are two meetings. There's one in Long Island and one in Westchester County.

Dr. Torres Thank you for that question, because I put that in my chat as well, because it might be inconvenient for people in New York City to make it to Long Island and Westchester, especially if you wanted a certain representation that may include individuals with disabilities.

Ms. Ravenhall That is such a great point. I first want to thank the Office of Local Health Infrastructure and Division of Public Health Infrastructures, who has been, they've been really collaborative in this process and they really helped determine where the region should lie. We're going let our New York City partners make a determination about whether they want to attend the Long Island or the Westchester event based on their availability and interest. I also think this is something that we should go back and take to our partners in the New York City Department of Health and Mental Hygiene to get their opinion on how best to suit them, their needs in the prevention agenda. I think it's good that you all brought this up.

Grace Sorry, just to address the accessibility part of it, these meetings are, we do when on the registration ask if anybody needs accessibility accommodations and make a note that we will be making a Zoom link available for anybody who needs accessibility accommodations for these meetings. So, that is something that we are considering. NYSACHO makes it a point to include things like closed captioning in our meetings or ask these sort of accessibility questions at any meetings that we can convene. So, that is part of our planning process.

Ms. Ravenhall Thank you so much, Grace.

Ms. Ravenhall Grace, if you want to just hang out.

Grace Sure.

All (Laughing)

Ms. Ravenhall Did you have a question?

Mr. Lawrence Just a quick question, I mean this is an incredible effort. What was your total universe, the number of questions, surveys you sent in?

Mr. Hutton Are you asking the total potential respondents? It was forty-nine or fifty questions.

Mr. Lawrence The total number of surveys that were sent.

Ms. Ravenhall The universe is not something that we can quantify because there are so many. I don't know that we have a number of local agencies in total or local partners that local health departments and hospitals work with. We really relied on our local health departments and hospital partners, the associations to get the word out about the survey. So, to put a really like a denominator on that universe would be really, really challenging. We know that there are fifty-eight local health departments. Do you know how many hospitals there are like 200 and something?

Ms. Ravenhall 190 hospitals, 58 local health departments, and then all of their community-based organizations, all of the local government agencies. It would be super, super challenging to quantify who could potentially respond to that survey. What we are looking at is how many of the health departments in that universe have responded to the survey? How many of the hospitals have responded? How many community-based organizations from each county have responded. We're taking a look at it more from a county level.

Ms. Soffel You will be tracking that sort of those buckets of respondents?

Ms. Ravenhall Yes, yes, absolutely. Brad presented what we have as of last Tuesday today, but we'll be doing a final analysis. BME will be doing final analysis on the total responding pool.

Ms. Soffel How many were health departments, how many were hospitals, how many were... You have no way of knowing how many organizations were outreached to... Because you allowed your partners to do that outreaching.

Ms. Ravenhall Potentially, we could ask each of our members. How many organizations do you have on your distribution list? We could certainly attempt to do that. I think the way that we communicate.

Mr. Hutton I think the CBOs would be hard. I mean, we have a fixed number of local health departments and hospitals. So, you know, as we said, 58 and 190. We can get a really good percentage of response rate for those. I think where it will be harder is the CBOs. I mean, even like the the managed care plans, there's a discrete number. Some of that really depends on the number.

Dr. Torres I also want to make a comment and I wonder if members of the social care network represents the organizations as well, maybe a strategy for inclusion.

Dr. Whalen I just wanted to explain the laughter. That question was asked at the same time on the floor.

Dr. Whalen I certainly think involvement in the social care networks is important, linking all this information. It occurs to me, looking at the survey, one of the thing, and it's something that we all bring to this conversation every time we have it, is the number one detriment, concern, barriers, lack of funding. When we come together with resources to work on this, we don't really discuss. We have this program, and this is how we get funded, and this why we work together. It's just something I'm kind of considering. Maybe at these local meetings, there could be some consideration to having those discussions as well, because I think that we want to start putting dollars to the work. That is being done and knowing what is currently being funded versus what could be funded versus the impact of collaborating with multiple agencies to enhance the work that some are getting funded for might be a good direction for this. I know Dr. Boufford is very interested in how we're looking at community benefit. This is another way that we need to look at funding for the prevention agenda. I know that within grants like our Public Health Infrastructure Grant, we are looking at how we can fund work related to the prevention agenda. This is part of the funding that you're receiving to do this effort. But really looking at fiscally how we can build the case around the prevention agenda going forward is going to be a very important part of the discussion.

Dr. Boufford I just wanted to add one point to the funding side. I mean, I think as usual, the most underrepresented sector is the business sector. Very often the business is the most active and engaged at the local, very local level, the hyper-local level, local banks, local organizations that are very willing to, in the aggregate perhaps, fund an initiative that's aligned with from a social purpose point of view for their own communities. I think we want to locally boost up if we can. We've engaged the business council at the state level. They haven't been as active, but we're not going to give up on them, but we need to bring them in. I think the other important issue is that our opportunity and maybe our colleagues from HANYS could help with this. There have been a lot of hospital restructuring. As a consequence, there are these large systems that have multiple members, and the members being community hospitals. While they may not have governance authority over the system, they have local trustees that are very wired into their communities. Having presented at the HANYS trustee retreat, thanks to Sue Ellen, actually, a few years ago, the local trustees of the hospitals that had become part of these systems. They're all business people. I mean, they wouldn't be on the board of their business and nonprofits and others. They were very interested in the opportunity to get actively engaged and involved in supporting health promotion, promoting health that they're in their local community area. I think that's another area, just asking our HANYS colleagues, these are I guess the healthcare people over here, to please maybe take a look at that and think about how to help us increase the numbers at that level.

Ms. Farrell I just want to mention when you're talking about the business community, and I'm wearing my managed care hat, you really need the Department of Financial Services here. They regulate the commercial insurance industry. DOH obviously has the Medicaid book of business, but most of the commercial insurers are also doing Medicare. They are the payers. They are much larger aggregators of the health care ecosystem, much larger than even large hospital systems. I do think that's something that's missing from the discussion. And of course, they just gave the plans wanted 20% increases. Indeed, they only got 6%. That creates a certain tension out there in the marketplace. Help me, doctor. The plans are obviously very well aligned about prevention and wellness. I would really encourage their engagement on this discussion.

Dr. Whalen This is a discussion. This is something that I've been championing a long time, because I do think that there is such strong alignment from a fiscal perspective. I mean, if we're looking at what can prevention done well save in terms of health care costs when we're in a system that's being bankrupt currently by whether it's drug prices or the epidemic of chronic disease that we have in the country. Prevention has to become stronger and stronger, and the fiscal advocates for that have to be in line. I wanted to also echo what Jo said about the businesses. You know, in New York State, we are very lucky that we have a climate that pretty much supports public health. This isn't the same, as we know, across other parts of the country and certainly from the federal administration, where we have heard today about grants being cut that were very valuable for prevention. I think the mobilization of those resources is something that there would be a better call to volition in this climate than there might be in other times.

Ms. Farrell I just want to note that primary care is in crisis, and primary care's obviously a very important access point. Some of the blame goes to primary care, right? I run a primary care organization. We're not accessible enough. We're not innovative enough. It's the plans that are really thinking about that innovation. One of the most interesting points that I learned recently was... You know, a lot of people wear those. What are those rings? You can literally order labs off the ring. You really don't need your primary care doctor anymore. You can have the ring and AI. I just think there's all of this disruption that's happening out there. I do think that it's important that any planning sort of reflect that disruption. You know, people want to engage in very different ways. People want to engaged in different ways. We have a responsibility to allow people to engage and healthy living, right, in these many disparate ways that people are currently engaging.

Dr. Boufford Can I just say that I think this adding, especially with the upcoming, whether the survey goes out or not, I think the engaging in inviting in the members of the Ad Hoc committee, we have the New York State Association of Health Plans is one of our members, Business Council is one our members. You know, they are members of this group and I think in the Financial Services Agency as well and being sure that they are invited to these regional meetings so that they can deploy their colleagues and get them in the more sort of regional and local conversations because those are really important. Not that this statewide isn't.

Ms. Farrell I'm sorry to be a pain, but again, again, this institutional focus what I'm suggesting is there's a consumer movement afoot. What I've seen is really this more institutionally oriented focus on how we're going to address health and wellness. Yet, there's so much happening out there on the part of just people who have many, many new avenues for engaging, not even with the healthcare system, right? They're doing it on their own. I think it's important that we somehow reflect that and capture that.

Dr. Watkins If I can just jump in real quick. I really agree with Dr. Farrell's comments. One thing she did say is that you may not need primary care physicians anymore. Being a primary care physician, I do think we'll need them in the future. We need them today. No ring will write your prescription for you. With that being said, excellent presentation. I was wondering if you could potentially share some of that data with us. I know it's preliminary data now, but we can take a look at your preliminary data and then when you're finished your final data, you can share that with the council as well.

Dr. Boufford I think we're planning that for the next we have another meeting coming up in December where the final report will be available.

Ms. Ravenhall I think we all there's recognition that counties may be interested in their own county respondents or partner respondents from the survey. We'll talk with the state partners about that.

Dr. Boufford I see John Cochran here from the NYSOFA. You want to come up? John, to the mic, if you're going to say anything.

Mr. Cochran A question. Just a quick question, just an observation. I really appreciate the point that you made regarding the business community. The reflections that Paul Beyer was sharing, we talk about land use and talking about planning. It's ultimately about the business communities stepping up and engaging and informing them and educating them about the importance of this agenda, I think is so critical. I think that the other piece of this, and I just want to, my question was around the invite and participation in the regional meetings. There's so much goes on at the local government level. I think the comments that Paul was sharing, I think because we're constantly at the state office rate and thinking about community design, the elements of community design that help improve overall health and wellness. They have so many different elements in places where community design could be helpful and really move the needle in the public health realm. I guess the question is when we're talking about the completion of the survey at though in looking at the local public health departments and the integration of this message about the prevention agenda. How far down into the local government structures are we going? Are we talking about including the local zoning and planning people? I don't know. That's the question. I don't know.

Ms. Ravenhall There is a category within the survey for other local government agencies and partners. I don't know off the top of my head how many local health departments would work with their local planning departments on prevention agenda activities. You're more likely to see like a local mental health department, local social service agency. I think that's fascinating. That's something we can tease out in the data.

Mr. Cochran I mean, that's one of the reasons why I wanted to raise. And the other thing is, you know, every county in the state of New York has a county Office for Aging.

Ms. Ravenhall Yes, that's a common one.

Mr. Cochran Right, and anything we can do to help facilitate and get the word out about these events through our networks. Because again, we have over 1,200 contractors that we're working with across the state, along with our county offices for aging, to help move the needle in the public health room. Because each county Office for Aging does have a chronic disease self-management function and helping improve health and wellness is a key element. I just would be remiss if I didn't make the reference. I know Andy Ledlow, my colleague from the Department of Health, we spent a lot of time on the MPA, the Master Plan for Aging. I know there's so many elements of that plan that basically are part of that bigger effort. I'll just leave it at that. Thank you so much.

Dr. Whalen I think your point is really well taken. I will just comment on a bit of experience. I see Tricia Bellotto is here. She's Deputy Commissioner for Albany County Department of Health. But as to the time I spent as Commissioner of Health at Albany County Department Health, we did work with our Department of Transportation on Complete Streets Project. If you go home on Madison Avenue, which I do every single day, you'll see evidence of the bike lanes that have been put in there. That was a comprehensive strategy

that we worked on. I think that one thing that will be very important as this prevention agenda goes forward is to be able to highlight collaborations like that. Because most of us would say, oh, that doesn't happen. Health departments don't work with departments of transportation, but they do. They do. Call out those innovative practices that are happening across the state and inviting others to have similar collaborative efforts with their localities, I think is a great utilization of these meetings.

Mr. Cochran When you talk about transportation, I spent a day with Deborah Nelson up in the Adirondacks at the Adirondack Park Commission. We did a whole presentation talking about land use, age-friendly, moving the needle on the prevention agenda as a major element. I was amazed at the amount of activity that it generated at the table for conversation purposes, as well as moving the need on a larger level within the government that we're up in parks. I was just fascinated by that. Thank you.

Ms. Lawler Hi. I'm Jackie Lawler. I am representing NYSAC here, but really I am a local health department. I have been the Director of Epidemiology. I've worked with Orange County for the last seventeen years. I worked on the CHAA and the CHIP for the seventeen years and implementing the prevention agenda. My experience is coming from that. What I would advise the council in this perspective is if you are trying to integrate more of the prevention agenda into these different sectors, I think you need more accountability with some of these different sectors, right? Right now, the people who are beholden to having to implement the prevention agenda are really local health departments and hospitals. Those are the people that are in statute that need to be able to do this stuff. What happens is everyone gets really excited during the Community Health Assessment and everyone wants to be on board and they definitely want your data. I know that. Definitely drill down data and no data can be too local. So, but what happens when you're trying to implement part of the community health improvement plan... The participation starts to trickle away. I think that's because of what the survey had shown in terms of competing priorities. The hospitals have a million other things they have to be doing. They are worried about staffing. They are worried about closing. They are not necessarily worried about providing this health screening and this bag of food sometimes. It's part of the processes that they already have, but when you try to get other CBOs, businesses, for example. There is not any method or stick, I would say, in this particular instance for them to have to do it with you. We at the local health departments carry that torch so often of chasing after people, looking for, hey, remember when you said this was a good idea six months ago, a year ago, two years ago? Remember when you committed to doing it? They kind of fall away. You've got turnover. You've got organizations that turnover. You've got people that turnover. We are working so hard on a regular basis to try to involve that. It's not easy, right? There's not like, oh, you can just do this and that'll happen. I think if there's some way, and I don't have the answer, but trying to hold some of these other organizations somewhat accountable for the things that they do or the things they say they're going to do will help us in spades to try and move this prevention agenda forward.

Dr. Lim I remember we started talking about this whole great topic a couple of years ago, and before H.R. 1, and before all of those impacts came down, and I think in some ways this work is now even more urgent than ever because... And there is a way, I think we have to not forget ultimately what's going to happen with a large segment of our population where they will, because they're no longer eligible for Medicaid, or just because of the frequency of the renewal requirements, the retro, all those things, they may lose basic health insurance coverage. Once you lose that, preventive care is just gone. In some ways, I think this could be a good way to motivate hospitals, CBOs. I mean, part of the prevention almost is if you're still eligible for insurance, let's help make sure you can still

get covered, right? I think there could be potentially like an organizing theme here. It also adds another level of urgency that part of preventive care is actually helping you stay on whatever insurance that you have. So, just a sort of bigger context, I think that it may be helpful for us to think about that it's a greater urgency now.

Dr. Whalen Thank you so much.

Dr. Whalen Well, I mean, it's great to look at things from a federal, a state, and a local perspective, and that's why we're here. I know we're a little bit over time.

Dr. Whalen I mean, for final remarks for me, I think this is a great group that has come together and continues to advocate for this really important work to be done across the state. I think we have laid out the charge. I think that we have laid out the importance. I think there are the right people in this room to continue this forward. I do think that there are a lot of opportunities that have been opened up here today as well, to enhance collaboration, to make sure that the things that are going on at state level or the larger organizations know about how to be in contact with their local counterparts to enhance this work. You know, for the locals to keep doing the great work that they're doing. There is a tremendous amount of work that occurs within this cycle of the prevention agenda. As was discussed at the beginning of this meeting, the social determinants of health is a big piece of everything. It is a huge focus. It is huge lens at which we are looking at this. It is really coming down to core things that influence health. I think that looking at that from the most basic level, the social determinants of health is the way that we move forward. I want to thank everybody for coming and appreciate all the input.

Dr. Whalen I'm gonna turn it over to Jo for her final, final remarks.

Dr. Boufford Thanks.

Dr. Boufford I want to reemphasize here because we've been talking about this for the last while. Sabina's last point, I think from the social determinants point of view, using these domains, healthcare access and quality is one. Social services obviously is in the social context as one. There are three others that we're talking about. We don't want to lose the fact that we are also talking about... We're talking about economic development. We're talking about education. We're talking about built and natural environment. Those are the things we're not as comfortable or as familiar with talking about. I don't want to lose them. By shifting into the healthcare quality, previous iterations of the prevention agenda were really focusing on conditions in communities that could help people be healthier. We sort of laughed and said we stopped at the door of the clinical enterprise because there was a lot of energy going on in the clinical enterprises. There are issues and certainly funding losses and lots of crises, but they are very heavily engaged in other parts of the state, actually, the state SCNs and others we've mentioned. We all now have to make these links, but I don't want to forget these other areas that are, when you look at the data, they're much more powerful in promoting health, education being number one, if you look at determinants of health, and so in the built and natural environment, economics are all there. It's a both and. I think that's gonna be the challenge for us in this going forward. Just a couple of things we're planning. You will get a final report on this. I hope the Ad Hoc committee should be on a standing mailing list for anything that comes out of this particular contract work, because this is the group that can, everything we mentioned isn't missing, because there's somebody here somewhere that signed up for this. We want to be sure and find them. We will have another meeting on the 16th of December. It will be in New York City. We will a final report from our colleagues here on the regional meetings. We will

also hopefully have early, if not medium, maybe final analytics on the submissions by the local health departments and hospitals. The local departments and hospital sort of statutorily required community health plans, community service plans. Hospitals were due the end of December. They're in about 40%, as I understand it of hospitals who actually did do them jointly with their local health departments. The balance of the health departments were due July 1st. There's a lot of analysis going on behind the scenes that I think we will want to present, certainly to the Public Health Committee in November, but also to this committee when we reconvene in December. We also will have a cross presentation on a crosswalk between the Master Plan on Aging and the Prevention Agenda. This has been discussed. We're aware of it. We were trying to get it well enough so that people can really grab onto areas. There were certainly important areas of the Master Plan on Aging around economic development issues, around built and natural environment issues that were not totally service related. We had also a committee on prevention which I co-chaired with Linda Fried from Columbia. We want to maximize the collaboration. I think Andy's been here religiously as lead for the health department on the MPA. John, we're happy he made his comments. I think we will have a very rich meeting. I'm very pleased at a lot the comments and concerns and suggestions, which is why we have this group in the first place. The sort of accountability issue, and mostly what I do these days is global health. The issue of accountability is ultimately at local government level aligned with state and national government. We have an issue, the national government's not necessarily aligned with what the state of New York wants to do, but our challenge here is trying to get the state aligned with regional and local governments to advance some of these prevention agendas. We have the right group involved. We just have to make sure everybody can communicate with each other and learn from each other. The next round after December, we'll be expecting to get commitments. Now, that you have all this information... What are we going to do? How are we going to hold ourselves accountable for it? I appreciate your remarks in that regard. Thank you all so much for coming, for being here and to be continued. We will be in touch with you, right, Mark?

All (Laughing)

Dr. Boufford Thanks to the staff who put this together. I really appreciate it.

All (Clapping)