

Prevention Agenda 2013-2017 is the state health improvement plan for the next five years.

It builds on the current plan, the Prevention Agenda toward the Healthiest State.

The Prevention Agenda (launched in 2008) identified the state's 10 public health priorities for a five year period, established indicators to measure progress, and asked local health departments, hospitals and other community partners to identify local public health priorities and take action together to address them.

The development of the new plan is being led by an Ad Hoc Committee appointed by the Public Health and Health Planning Council, consisting of NYS DOH staff, and key public health, health care, professional associations, community based organizations, business and other stakeholders.

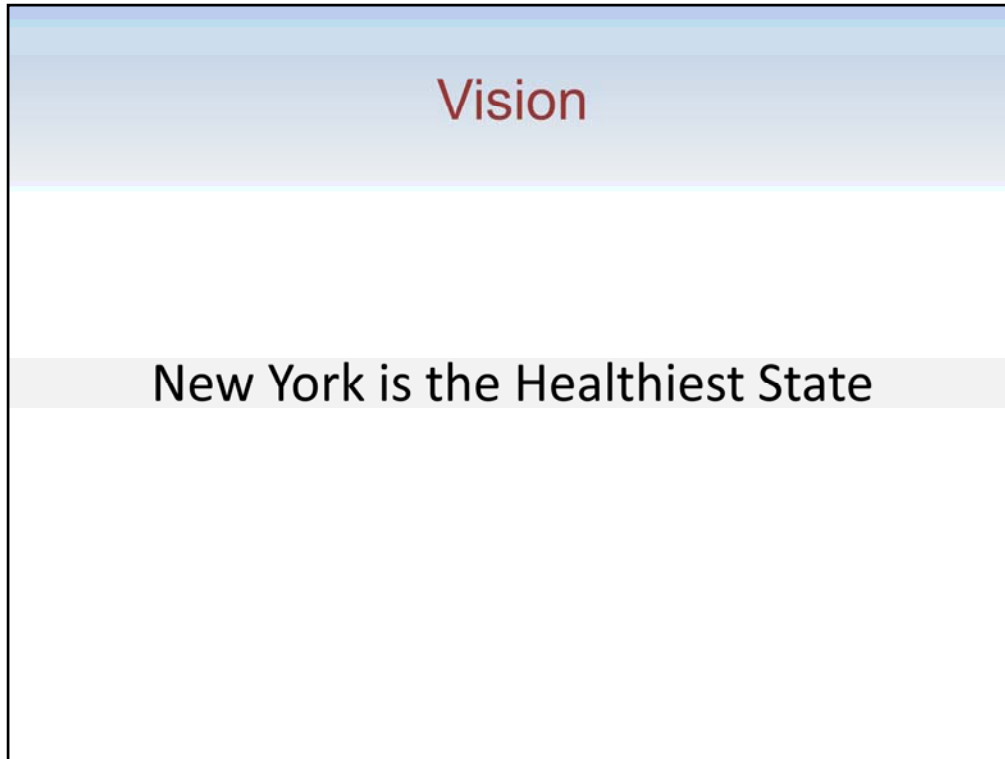
Committee members have been asked to conduct wide ranging consultations to get feedback on the 5 priority proposed for focus in 2013-2017, and how best to assure continuing involvement of multiple stakeholders in designing and implementing interventions.

More information on the Prevention Agenda and the development of the new plan is here: [http://www.health.ny.gov/prevention/prevention\\_agenda/health\\_improvement\\_plan/index.htm](http://www.health.ny.gov/prevention/prevention_agenda/health_improvement_plan/index.htm)

## Presentation Outline

- Vision
- Scope
- Goals
- Context for Health Improvement Efforts
- Cross Cutting Principles
- Criteria to Select Priorities
- Existing Prevention Agenda Priorities
- Proposed New Priorities

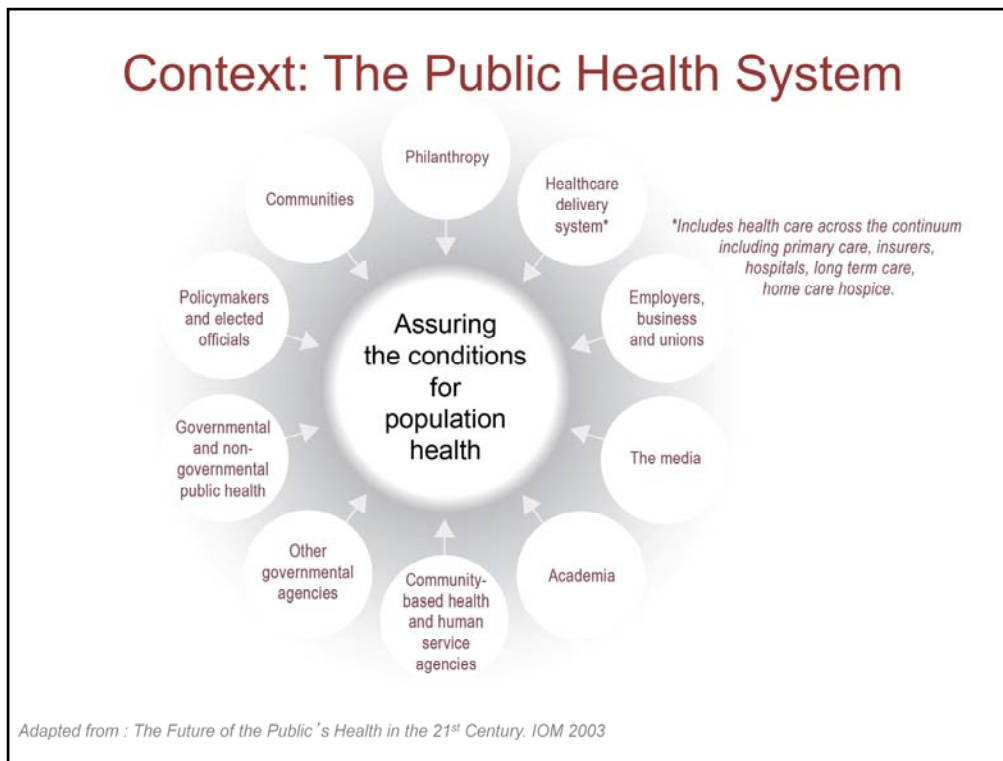
This is the outline for today's presentation.



The vision reflects where we want to be.

It captures an ambition to do the best we possibly can to improve the health of all New Yorkers.

And to progress from being ranked 18<sup>th</sup> in the most recent United Health Fund state rankings.



- The specific scope of the new Prevention Agenda is on public health action which the Institute of Medicine (IOM) defines as the actions society takes “collectively to assure conditions in which people can be healthy.”
- This requires much more than just the efforts of governmental public health agencies and this diagram depicts the many organizations that must play a role in assuring the conditions in which people can be as healthy as they can be.
- The SHIP will identify the roles that each of the participants can and should play in addressing each of the priority areas that are ultimately selected for the plan.
- This image describing the public health system is based on a model developed by the Institute of Medicine, but conversations in New York have led it to be expanded to include:
  - Policy makers and elected officials
  - Philanthropy
  - Other governmental agencies (not just public health agencies)
  - The Healthcare Delivery System
- While it is clear that the personal health care system plays a critical role in improving health status, the acute care and clinical care systems are not the primary target of this effort though we will seek to align our work with the health care reform efforts in NYS such as the work of the Medicaid Reform Task Force, health care planning, improvements in IT, in order to increase the possibility that incentives for providers and payers can support our goals as much as possible.

## Goals

- 1. Improve the health status of all New Yorkers**  
across selected public health priority areas and close racial, ethnic, socio-economic and other health disparities including those among persons with disabilities in those areas.

There are five major goals for the plan.

1. The first goal reflects the overall purpose: to improve health status in the 5 selected areas and to close important disparities (such as those related to race, ethnicity, socio-economic status, and disabilities) in those areas through the interventions that are designed.

The Plan aims to lift all boats, but also close gaps.

## Goals

### **2. Advance a “Health in All Policies” approach in New York State**

that addresses the broader determinants of health by increasing awareness and action for health outside the traditional health sector.

### **3. Strengthen governmental and non-governmental public health infrastructure**

at state and local levels.

2. The “broader determinants of health” are factors like education, income, and housing that have been shown to directly influence a person’s health status. Lower educational attainment, lower incomes, unstable housing, all relate to poorer health. The idea of “health in all policies” captures the fact that governmental policies that address many aspects of our daily lives and the conditions in our communities can have a positive or negative influence on our health. For example, agriculture policies affect food safety and availability; transportation policies affect injuries, air quality, and opportunities for physical activity. The Plan aims to raise awareness and promote action and accountability for the health impacts of public policies and investments in multiple sectors.
3. The governmental public health infrastructure consists of the NYS Department of Health, the NYC Department of Health and Mental Hygiene, and the other 57 county health departments. They play a leading role in organizing and financing public health programs and interventions, developing policies and in some cases leading community coalitions to address health issues. The non-governmental public health infrastructure includes non profit organizations that support or in some cases lead public health efforts in communities. Both types of organizations need to be strengthened to achieve public health improvements.

## Goals

### **4. Create and strengthen sustainable public-private and multi-sector partnerships**

that align policies and investments with public health improvement goals at all levels.

### **5. Further strengthen and promote the case for investment in prevention and public health**

as a way to both control health care costs and increase economic productivity by increasing the health of individuals and communities.

4. Goal 4 speaks to the fact that, as seen in the earlier diagram, to be successful, public health interventions need to be embraced by organizations inside and outside of government that agree to work in partnership.

5. Goal 5 looks toward further advancing the case for investment in prevention. More than 90% of our current health system investments go toward treating disease, but investing in disease prevention is the most effective, common-sense way to improve health. It can help spare millions of Americans from developing preventable illnesses, reduce health care costs, and improve the productivity of the American workforce so we can be competitive with the rest of the world.

## Context

- Progress on the Prevention Agenda 2008-12
- New York State's Health Status
- Health Care Reform: National and State
- Funding Environment for Public Health
- How Health Improvement is Produced

The context for this effort of course includes the current health status in New York and the progress on the previous agenda, health reform at national and state levels, the current funding environment and how health improvement is produced.



## *Context: New York Profile*

### **Prevention Agenda 2008-2012**

- Progress on Local Community Collaboration
- Progress on Key Health Indicators, including diversity and disparities

[http://www.health.ny.gov/prevention/prevention\\_agenda/health\\_improvement\\_plan/docs/progress\\_to\\_date\\_prevention\\_agenda\\_color.pdf](http://www.health.ny.gov/prevention/prevention_agenda/health_improvement_plan/docs/progress_to_date_prevention_agenda_color.pdf)

- New York State's Health Status

[http://www.health.ny.gov/prevention/prevention\\_agenda/health\\_improvement\\_plan/docs/population\\_and\\_general\\_health.pdf](http://www.health.ny.gov/prevention/prevention_agenda/health_improvement_plan/docs/population_and_general_health.pdf)

The context for this effort of course includes the current health status in New York and the progress on the previous agenda.

A state health assessment report is being developed that will include data on demographics, health status and progress to date on the ten priority areas in the current Prevention Agenda, as well as progress on the community collaboration and planning that were integral parts of the previous effort Plan.

This information is summarized in two slide sets on the DOH Prevention Agenda Website.

## *Context:* National Health Care Reform

- Increased number of insured individuals,
- Expanded set of services: preventive services rated as A or B by U.S. Preventive Services Task Force to be provided without cost sharing,
- Improved coordination of care through Medical and Health Homes and Accountable Care Organizations.

- The Affordable Care Act is an important part of the national context as it will
  - Insure more people
  - Expand coverage for clinical preventive services to more people
  - Offer models to improve the provision of care
  - Expand funding for community based preventive activities

## *Context:* State Health Care Reform

- Increased support for preventive services and community-based supportive services through Medicaid Redesign Team proposals.
- Health Exchange for Value Based Purchasing.
- Improvements in Information Technology including all payer data base and development of State Health Information Network-NY.

At the state level,

- The Medicaid Redesign Team is pursuing reforms that support public health priority areas. We've recently seen increased support for Medicaid coverage for lactation consultants to promote breastfeeding, Language Access in health care settings to address disparities and cultural competency, and expanded access to contraception and other family planning services including care following an adverse pregnancy.
- The health insurance exchange will make it easier for people to buy insurance when they need it and to understand the coverage options available to them.
- There has been a lot of energy invested in improving our health IT systems, which can provide information for local and statewide health planning.

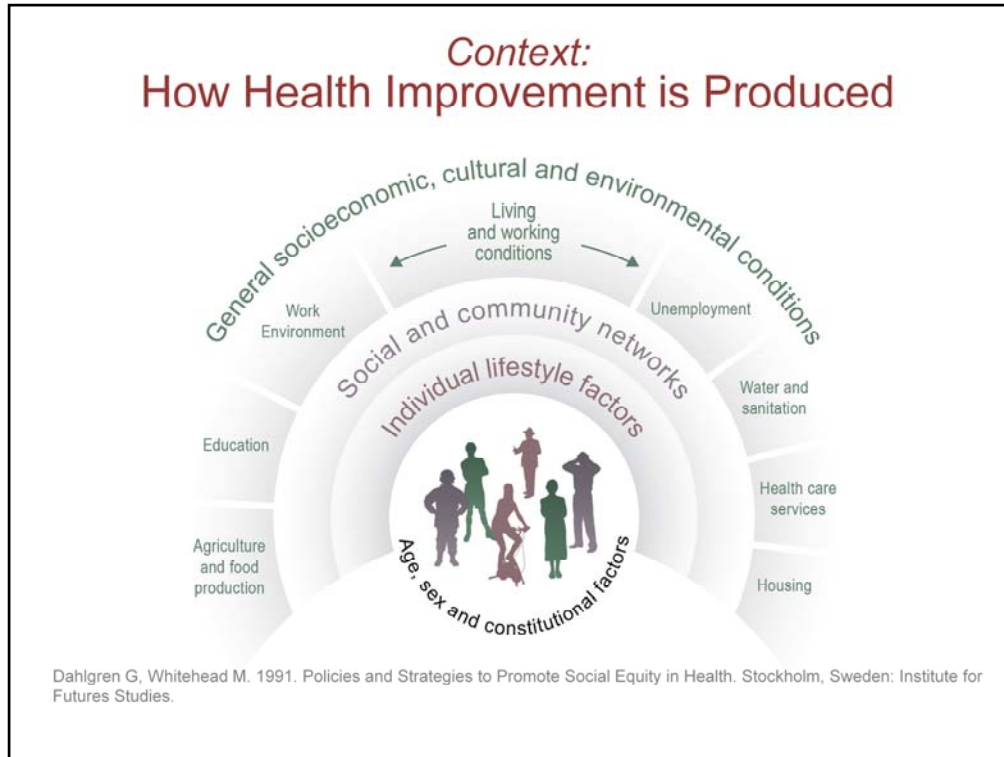
## *Context: Shrinking funding for public health*

- Federal grant reductions to NY in past 2 yrs:
  - Preventive Health Services Block Grant
  - Lead Poisoning
  - HIV Prevention
- State Reductions
  - Tobacco Control
  - State Aid for optional programs operated by Local Health Departments
- Local county reductions

There are less positive aspects to our context as well.

There have been continued cuts at the federal and state level for public health programs and interventions.

Counties have reduced their contribution for public health as well.



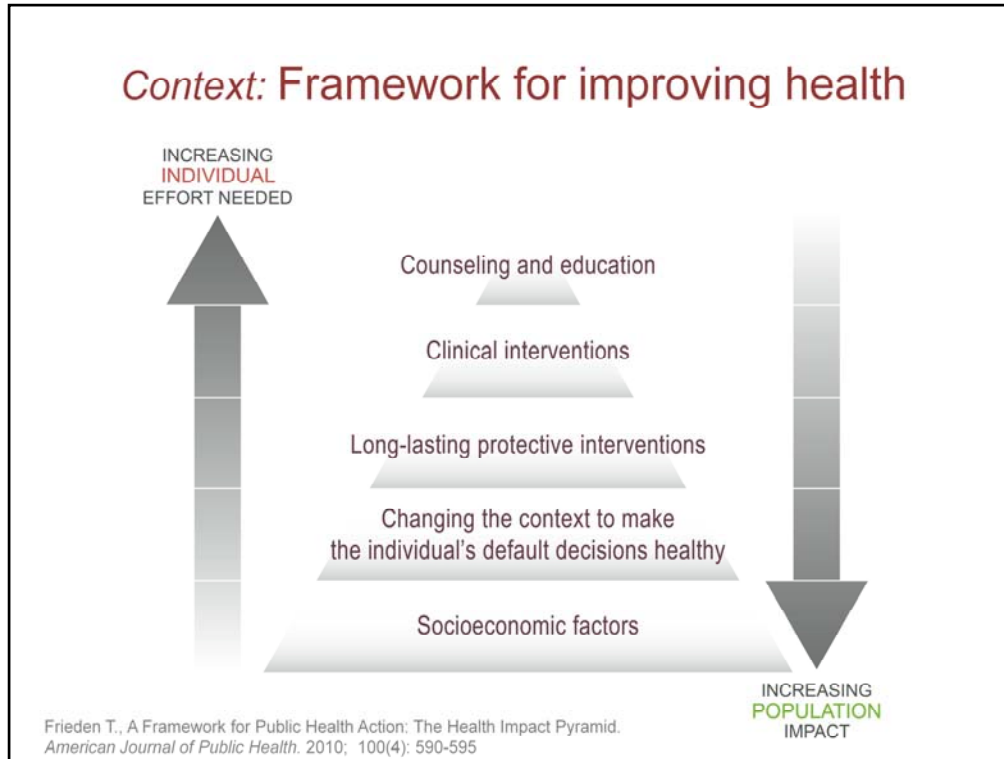
The context for this work also includes our emerging understanding of the forces that shape our health and well-being beyond medical care and interventions that work to produce health.

This diagram is from a seminal paper by Dahlgren and Whitehead which concludes that “the weight of scientific evidence supports a socio-economic explanation of health inequalities. This traces the roots of ill health to such determinants as income, education and employment as well as material environment and lifestyle”

Age, sex and genetic make-up as well as other “constitutional factors” like race and ethnicity influence people’s health potential, but are fixed.

Other factors in the surrounding layers of the model can potentially be modified to achieve a positive impact on population health:

- individual lifestyle factors such as smoking habits, diet and physical activity have the potential to promote or damage health;
- interactions with friends, relatives and mutual support within a community can sustain people’s health;
- wider influences on health include housing and workplace conditions, crime and safety; healthy food availability; social and economic conditions and the public policies/political environment that shape them, including the societal/policy impact of racism.



Given the factors affecting health shown in the previous diagram, this pyramid, developed by CDC director Tom Frieden, is a framework for five different levels of public health action and the relative impact of interventions at each level, with the broader impact from actions at the base of the pyramid—the policy factors noted earlier— followed by public health interventions that change the environments in which people live (clean water, safe roads) so that the healthy choice is the easy choice; and then protective interventions with long term benefits such as immunizations, and individual clinical care and at the top, counseling and education.

While for different public health problems, different interventions may be the most effective or feasible in any given context, the ideal is to create strategies at each level that reinforce each other in efforts to achieve a population health goal.

## Cross Cutting Principles

1. The broad **determinants** of health are an essential area for intervention that can yield benefits for multiple health issues.
2. The **voice** of the most affected communities must be part of the improvement process at all stages.
3. The **awareness** and capacity for local communities to actively address their health problems should be strengthened.

We should now have an understanding of the goals the Prevention Agenda aims to achieve and the context and constraints in which it will operate.

The final concern of the ad hoc group was to develop a set of cross cutting principles against which to test the action plans we develop for each of the five proposed priority areas. The group identified seven of these to guide its work.

1. As shown in the previous diagrams, we need to think and act broadly on the factors that have the greatest influence for health in the areas we consider.
2. We must commit ourselves to assuring that the voice of affected communities is effectively represented in our deliberations to assure that solutions are relevant and culturally sensitive.
3. Ultimately, health action must be led by communities themselves, so we should try to both take advantage of existing strengths and build further capacity for health action in our work.

## Cross Cutting Principles

4. Infrastructure capacities (workforce, IT, data availability, emergency preparedness, convening partnerships) are uneven across the governmental public health system and need to be bolstered to yield improvements in all target areas.

4. We need to be aware of the variability in need and capacity to respond across the state and take this into account in planning interventions.



## Cross Cutting Principles

5. **Collaboration** is critical across multiple domains and at all levels: across agencies, between state and local agencies, among counties and cities and between public and private organizations.

5. Collaborations and partnerships of the kinds of stakeholders shown in the IOM “bubble diagram” must be extensive and effective to make real change.

## Cross Cutting Principles

6. The integration of public health and personal health care systems (especially primary care) across all settings and across the lifespan should be strengthened.
7. Evidence-based strategies are best, but not always available. Promising Practices and Next Practices should also be acceptable strategies for improvement.

6. The greater the collaboration /integration of the personal health care and public health systems, the more likely we are to have a sustainable health producing system in all settings and for individuals at every stage of life.

7. Evidence from the published literature should be complimented by respectful attention to experience. When evidenced-based strategies are not available, “best practices” and “next practices” (those that may not have appeared in the peer-reviewed literature but which are generating good results and that we have confidence in) should be considered for utilization.

## Suggested Criteria to Consider in Selecting Priority Actions

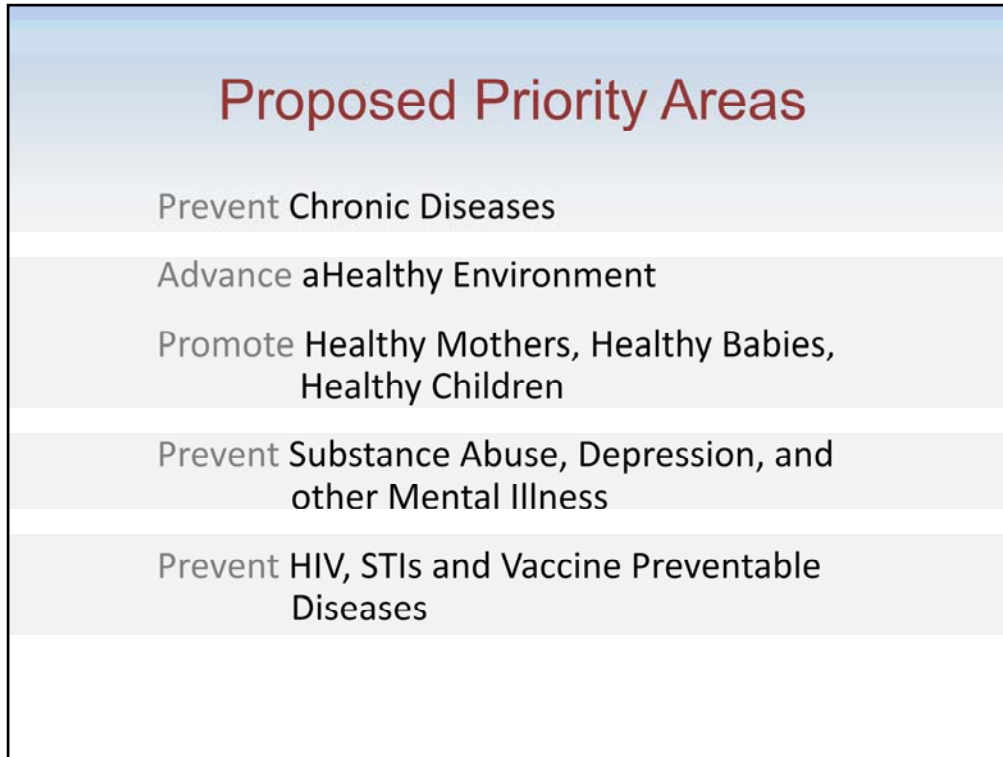
- Disease burden
- There are evidence-based (or promising or “next practice”) interventions to prevent causes of the health problem
- Feasibility (resources, infrastructure)
- Community/partner support
- Health departments have leverage to make change
- Can move the needle on health disparities
- Can be monitored with specific, quantifiable measures

When the final five goal areas are confirmed, work will then begin on identifying action plans for each area. In order to guide the group in selecting from among the possible interventions/programs/policies that could be part of an action plan for a particular problem, we identified a set of criteria against which to test the proposed actions.

## Prevention Agenda 2008-2012 Priorities Areas

- Access to Quality Health Care
- Chronic Disease
- Community Preparedness
- Healthy Environment
- Healthy Mothers, Healthy Babies, Healthy Children
- Infectious Disease
- Mental Health and Substance Abuse
- Physical Activity and Nutrition
- Tobacco Use
- Unintentional Injury

Reminder of the current priorities in the Prevention Agenda 2008-12



This is the proposed new set of priorities; examples of possible action areas for each are provided in the next slides ; you (audience) may have other examples to offer.

When the priorities are finalized, the Ad Hoc Committee that is leading the development of the SHIP will establish a work group for each priority .

These workgroups will identify strategies, interventions, policies and associated measures to determine success/progress for each as well as identify potential roles for the various public health system partners in addressing each priority.

As you will see in the proposed strategies, the plan hopes to emphasize working “upstream” on broad based preventive strategies in the community and in collaboration with other sectors.

*Proposed Priorities:*  
**Prevent Chronic Diseases**

Heart disease, cancer, respiratory disease, and diabetes all share the risk factors of diet, exercise, tobacco, alcohol and associated obesity

- Example Strategies: increase access to healthy foods and active transit; decrease access to alcohol and tobacco;
- Example Measures: obesity rates; tobacco use among adults and youth; tobacco use among the Medicaid population; diabetes prevalence; prevalence of heart disease.

•Chronic diseases such as heart disease, cancer, respiratory disease and diabetes are the leading causes of disability and death in the United States. 7 out of 10 deaths among Americans each year are from chronic diseases. In 2005, 133 million Americans – almost 1 out of every 2 adults – had at least one chronic illness. <sup>1</sup>

•In 2009, about 65% of all deaths that occurred in New York State were due to major chronic diseases such as heart disease, cancer, chronic lower respiratory disease, and stroke.<sup>2</sup>

•In addition to causing major limitations in daily living and leading to high costs of health care, chronic diseases are also among the most preventable. Common risk factors such as lack of physical activity, poor nutrition, tobacco use, excessive alcohol consumption and associated obesity are known to contribute to the incidence of chronic diseases.

---

Sources:

1. CDC Chronic Diseases and Health Promotion <http://www.cdc.gov/chronicdisease/overview/index.htm>

2. Leading Causes of Death, New York State, 2000-2009

[http://www.health.ny.gov/statistics/leadingcauses/leadingcauses\\_death/nys\\_by\\_year.htm](http://www.health.ny.gov/statistics/leadingcauses/leadingcauses_death/nys_by_year.htm)

*Proposed Priorities:*  
**Advance a Healthy Environment**

where people live, work, play and learn

- Example strategies: anti-idling ordinances; lead remediation in housing; healthy community design; education to prevent food-borne disease; school-based violence prevention; healthy homes.
- Example measures: asthma hospitalization rate, homicide rate by race/ethnicity; outdoor air quality; falls-related hospitalizations.

•A healthy environment including air, water, and food, as well as a safe physical environment in which people live, work, play and learn, play a very important role in the health status of individuals and communities.

•Lead is among the most common environmental toxins affecting young children in New York State. Lead poisoning is associated with serious and lifelong adverse health, developmental and cognitive outcomes that are completely preventable. In 2008, the incidence of lead poisoning was 5.6 per 1,000 children (less than six years of age) tested.<sup>1</sup>

•Current asthma prevalence has increased in NYS over the past six years. In 2009, the current asthma prevalence was 9.8% (compared to 8.4% for the US). The asthma hospitalization rate has been reduced since 2003 and remained stable since 2006. However, NYS asthma hospitalization rates for all age groups are still higher than the US rates.<sup>2</sup>

•In 2011, NYS ranked 31<sup>st</sup> in the nation for violent crime rate (392 offenses/10,000 population) – (United Health Foundation: America's Health Rankings 2011). In 2009, homicide was the leading cause of death among Black Non-Hispanics ages 15-44.<sup>3</sup>

•Ensuring a healthy and safe environment for New Yorkers requires collaboration of partners from different agencies and organizations.

---

Sources:

1. Lead Testing and Lead Poisoning Among New York State Children 2008 Report

[http://www.health.ny.gov/environmental/lead/exposure/childhood/surveillance\\_report/docs/2008\\_reducing\\_lead\\_exposure\\_children.pdf](http://www.health.ny.gov/environmental/lead/exposure/childhood/surveillance_report/docs/2008_reducing_lead_exposure_children.pdf)

2. Information on Asthma in New York State [http://www.health.ny.gov/statistics/ny\\_asthma/](http://www.health.ny.gov/statistics/ny_asthma/)

3. Leading Causes of Death in New York State - Race/Ethnicity by Gender and Age

[http://www.health.ny.gov/statistics/leadingcauses/leadingcauses\\_death/race.htm](http://www.health.ny.gov/statistics/leadingcauses/leadingcauses_death/race.htm)

*Proposed Priorities:*  
**Promote Healthy Mothers, Healthy Babies, Healthy Children**

- Example strategies: increase access to reproductive health services and prenatal care; promote breastfeeding friendly hospitals; support water fluoridation; ensure sex education in schools.
- Example measures: teen pregnancy rate; maternal mortality; low birthweight; prenatal care by race/ethnicity; percent of 3<sup>rd</sup> grade children with untreated tooth decay; prevalence of breastfeeding among WIC mothers.

The health status of mothers, infants and children reflects the current health of a large segment of the state's population. Key health indicators for maternal and child health have not improved significantly over the last decade.

- Teen pregnancy is a significant public health problem with 54.2 out of every 1,000 females (ages 15-19 years) becoming pregnant each year.<sup>1</sup> Pregnancy at too early an age interrupts and disrupts normal adolescent development and often results in significant academic, social and economic costs for the mother, father and child.
- Fewer than three-quarters of all women giving birth in 2009 received early prenatal care and the rate has decreased in white non-Hispanics, black non-Hispanics and Hispanics.<sup>1</sup>
- Low birthweight infants are at greater risk of death within the first month, as well as at increased risk of developmental disabilities and illness throughout their lives. The proportion of low birthweight infants has barely changed in the last decade and are consistently higher in New York City.<sup>1</sup>
- The cost of poor maternal, infant and child health is significant. Previous studies show that the total societal economic burden associated with preterm birth is at least \$26.2 billion nationally, an average of \$51,600 for each preterm infant;<sup>2</sup> and the cost of neonatal care for infants of mothers who smoked is estimated to be \$367 million nationwide, with New York State's share estimated to be about \$23 million.<sup>3</sup>
- Tooth decay is the single most common chronic childhood disease. Yet, among children enrolled in the New York State Medicaid program only one-third of all eligible children received any type of dental care in 2009.<sup>4</sup>

---

Sources:

1. NYSDOH Vital Statistics, 2009.
2. Behrman RE, Butler AS, ed., *Preterm birth: causes, consequences and prevention*. Washington, DC: National Academies Press, 2007.
3. Adams EK, Miller VP, Ernst C, Nishimura BK, Melvin R Neonatal health care costs related to smoking during pregnancy. *Health Economics*, 2002 April;11:193-206.
4. *The State of Children's Dental Health: Making Coverage Matter*. The Pew Center on the States. Washington, DC. 2011.



*Proposed Priorities:*  
**Prevent Substance Abuse, Depression,  
and other Mental Illness**

- Example strategies: reduce alcohol access to youth; promote responsible prescribing practices for opioids; increase depression screening and referrals in primary care and other health care settings.
- Example measures: percent reporting poor mental health status 14+ days/month; hospitalizations due to drug overdoses; suicide rate.

• Substance abuse, mental illness and depression are interlinked with physical health status and behaviors. Every year, more than one in five New Yorkers has symptoms of a mental disorder. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.<sup>1</sup>

• In 2010, approximately 12 percent of NYS residents age 12 and older experienced a substance use disorder (addiction or abuse) annually. Statewide, more than 1.9 million New Yorkers (1.77 million adults and 156,000 youth ages 12-17) have a substance abuse problem. In addition to the direct burden to individuals and families, the cost of substance abuse to society is compounded by the consequences of alcohol and substance abuse addiction, which impact public safety, health, welfare, and education throughout the state.<sup>1</sup>

---

Source:

1. New York State Office of Alcoholism and Substance Abuse Services. 2010 Interim Report - 2009-13 Statewide Strategic Plan. <http://www.oasas.ny.gov/pio/commissioner/documents/5YPIntReport2010.pdf>

*Proposed Priorities:*  
**Prevent HIV, STIs and Vaccine-  
Preventable Diseases**

- Example strategies: test and treat policies; drug treatment referrals; increasing community demand for vaccines; promote safer sex practices.
- Example measures: new case rates, newly diagnosed HIV case rate by race/ethnicity, immunization rates.

•The infectious diseases of greatest concern in New York are HIV/AIDS, sexually transmitted infections, and vaccine-preventable diseases. NYS remains at the epicenter of the HIV epidemic in the United States, ranking seventh in terms of living AIDS cases nationally. In 2010 there were approximately 129,000 New Yorkers living with HIV/AIDS, and 4,100 new infections were diagnosed. Estimates of new HIV infections in 2006 show that African Americans were 7.5 times more likely to be newly-infected than whites. <sup>1</sup>

•In 2009 there were 113,805 STI cases reported, comprising 55% of all communicable diseases reported. Almost half of all new STIs occurring each year are among those aged 15 to 24. STIs, including chlamydia, gonorrhea, syphilis, herpes, and human papilloma virus, significantly impact the health of NYS citizens, pose a substantial economic burden, and contribute to reproductive health problems (e.g., infertility, pelvic inflammatory disease, and ectopic pregnancy). <sup>2</sup>

•Vaccine-preventable diseases affect the health of children and older adults. In 2011 (confirm year), New York State ranked 41st nationally in the percentage of children ages 19-35 months who have been immunized for vaccine-preventable diseases (87.8%). <sup>3</sup> Data collected in 2010 show that the percentage of adults receiving a flu shot was 68.3% (rank of 19), and 66.1% received a pneumococcal immunization (rank of 42). <sup>4</sup> Certain vaccine-preventable diseases are beginning to make a comeback due to pockets of under-immunization among certain groups and global travel. <sup>5</sup>

---

1. NYS Surveillance Data, Bureau of HIV/AIDS Epidemiology of the AIDS Institute.

2. New York State Department of Health. Bureau of Sexually Transmitted Disease Prevention and Epidemiology. STD Statistical Abstract. 2009.

3. United Health Foundation. America's Health Rankings. Accessed at: [www.americashealthrankings.org/NY](http://www.americashealthrankings.org/NY)

4. Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System. 2010. Accessed at: [www.cdc.gov/brfss/index.htm](http://www.cdc.gov/brfss/index.htm)

5. NYS Communicable Disease Electronic Surveillance System data (unpublished).

## Please Provide Feedback

- To provide feedback on Prevention Agenda 2008-12 and proposed priorities for Prevention Agenda 2013, please contact a member of the Ad Hoc Committee to Lead the State Health Improvement Plan at:

[prevention@health.state.ny.us](mailto:prevention@health.state.ny.us)

- For more information on the Prevention Agenda, visit:

[www.health.ny.gov/PreventionAgenda2013](http://www.health.ny.gov/PreventionAgenda2013)