NEW YORK STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH AND HEALTH PLANNING COUNCIL
AD HOC COMMITTEE MEETING
APRIL 3, 2023 10:00 AM
ESP, CONCOURSE LEVEL, MEETING ROOM 6 ALBANY
90 CHURCH STREET, 4TH FLOOR, CONFERENCE ROOMS 4A AND 4B, NYC
295 MAIN STREET, 7TH FLOOR, BEARS CONFERENCE ROOM, BUFFALO
TRANSCRIPT

Jo Boufford My name is Jo Boufford. I'm going to call the committee to order. I'm the Vice Chair of the Public Health and Health Planning Council and the Chair of the Public Health Committee. I want to welcome all of you that are in person in Albany, New York City and Buffalo, and online through Zoom to this first meeting of the Ad Hoc Committee to lead the prevention agenda and really shape the next cycle of the prevention agendas work for 2025 to 2030. The core members of this committee or the Public Health Committee and statewide organizations. I emphasize statewide because we want local members of their networks to really be as active as possible locally. We've invited statewide organizations concerned with health in the broadest sense to join. It is ad hoc because the membership is open. It's essentially contacting the staff and putting in your interest. We're happy to have you join us. I think the keywords I want to focus on are the words prevention. We really do focus on health in this committee and its undertakings and not specifically on health care delivery. That is a really important distinction from our work and what others are doing. Our vision over the last decade or more and the other cycles you'll hear more about them in a minute, has been to make New York the healthiest state for all ages. In this we are supported by a 2018 Executive Order of the Governor asking all state agencies to look at their policies, their programs and their procurement/purchasing with a lens on health and a lens on healthy aging. Secondarily, most recently, Governor Holcomb's Executive Order on creating a master plan for aging. We have had objectives within the prevention agenda for older persons, and we want to be sure that we're aligned with the population health focus of that important initiative. Obviously, to do this work, it requires dramatically cross-sectoral and cross-departmental approach. I just want to specifically mention the core members of our agency partners in our past cycle have been the New York State Office of Mental Health, Anne Sullivan and her colleagues, Oasis. Cunningham and her colleagues and myself, Greg Allen, have really been involved from the beginning and a special call out to the Department of State, Paul Beyer, who will introduce himself probably in Albany, and Robert Rodriguez, the new agency head, who have been very supportive all along relative to environmental issues, smart growth and economic development dimensions, also the local health departments have been very involved and helpful in Greater New York and Haney's because of the partnership we envision between local health departments and hospitals and their health systems. This committee has been the key vehicle to communicate with your constituents. That's your job going out and to gather their input over the next year or so as we work with colleagues in the Department of Health to really shape the prevention agenda for 25/30, to revisit the evidence base, the structure of the process, we really are opening everything for conversation and discussion to make it as effective as possible. Our last meeting was planned for March of 2020 and something other than what we would have liked to see happen intervene with COVID. We had to cancel the meeting. We appreciate the commitment of local health departments and hospitals and health system partners for continuing to move ahead on the prevention agenda during the incredibly stressful job of COVID. We were able to enjoy reporting of their progress at a March 1st meeting in 2022, which was the first meeting of our Public Health Committee after COVID hearing about the results from 2021. In February of this year, having our second meeting of the Public Health Committee to hear a progress that

you'll hear some today on the 2021/2022 and the prevention agenda cycle. As I said, this is our beginning meeting here and we have a lot of folks joining us, which is always wonderful and some coming, as I say, walk ins, as we used to say in the ER. We're delighted to have you. I think it would be really helpful, even though it takes time, because we don't have a long meeting just to have those that are in person, Ursula, if that's all right with you. In person here, I'll invite folks that are in person here in New York City to introduce themselves and the organizations they're with. I'll invite Buffalo and then make one or two comments and shift it over to Ursula, if I may.

Jo Boufford Let me start with over here. Anthony, you want to start early on and we'll go very quickly just your name and the organization you're associated with, and we'll get to know you better as time goes on.

Anthony Feliciano Anthony Feliciano, Vice President for Housing Works.

Sandra Ribeiro Good morning. Sandra Ribeiro, State Government Affairs.

Ali Foti Ali Foti, New York Health Foundation.

Bronwyn Starr Bronwyn Starr, New York Health Foundation.

Avital Havusha Avital Havusha, New York Health Foundation.

Mike Mike, Department of Health.

Avital Havusha Holly Leonard, Executive Secretary.

State Department of Health State Department of Health.

Anderson Torres Dr. Anderson Torres, Vice Chair of Committee on Public Health and President and CEO of Rain Total Care.

Patsy Yang Patsy Yang, Senior Vice President, Health and Hospitals.

Harvey Lawrence Harvey Lawrence, President and CEO, BMS Family Health Center in Brooklyn and also a member.

Jo Boufford As is Dr. Yang.

Sabina Lim Sabina Lim, council member, Mt. Sinai Health System.

Denise Soffel Denise Soffel, council member.

Jo Boufford Buffalo.

Jo Boufford I'll do Buffalo and then I'll wrap up down here and pass it over to Ursula.

Jo Boufford Anybody in Buffalo?

Kevin Watkins Dr. Boufford, can you hear us?

Jo Boufford Now, we can. Yes.

Kevin Watkins Kevin Watkins, Public Health Director, Cattaraugus County Health Department and member.

Diane Oyler Diane Oyler. I'm with the Health Foundation for Western and Central New York.

Jo Boufford Anyone else up there?

Jo Boufford Maybe not.

Jo Boufford Also, if they come in later, we'll introduce them later.

Jo Boufford Anyway, I want to thank all the members for their engagement and support for this effort over the years, and especially Ursula Bauer here and her team, especially Shane Rogers and Eli Rosenberg, who have gotten us to the point where we can look back and hear their presentation and know that we have really strong analytic and expertise support going forward. I'm especially pleased that Deputy Commissioner Johanne Morne, Deputy Commissioner for Health Equity and Human Rights, has been involved in planning for this meeting from the beginning. Adam Herbst, Deputy Commissioner for Aging and Long-Term Care, as well as been involved early. I want to thank all of you here and online for your commitment to a healthy New York and for all that you're going to do going forward to make this successful.

Jo Boufford I will happily turn it over to Ursula for the next segments of our meeting.

Ursula Bauer Thanks so much, Dr. Boufford, and thanks, everyone for joining today. Welcome. I'm Ursula Bauer, Deputy Commissioner for Public Health here at the New York State Department of Health. Before we go around the room and introduce those who are around the table here in Albany, it's my special privilege to welcome Dr. Jim McDonald, our Acting Commissioner of Health, who has joined us this morning and has a few words.

Ursula Bauer Dr. McDonald.

Jim McDonald Good morning. Thank you, Dr. Bauer. That was great. I'm excited to be here this morning. I was just going to sit in this morning and listen a little bit. I really think this process is important. Dr. Boufford, I really like the way you framed this in the beginning. This is about prevention. We love direct patient care. We spend a lot of money on direct patient care. Direct patient care is important. Really, this is about prevention. What do we do here to keep people out of the health care system is really what I'm thinking about. The one other thing I just want to let you know, like when you think about what does Dr. McDonald think about in his free time? I think about how to eliminate health disparities. I know thinking about eliminating health disparities could sound aspirational, but I think it's really practical. I think it's really a moral imperative. I think it's one of the things that I would invite you to think about as we put this prevention agenda together. I don't want to make the prevention agenda for you, but I do look at eliminating health disparities as the goal line if I can borrow the analogy from football. I know we're in baseball season, but I just feel like that reference makes sense to me. Because I feel like so much of the history of this country as vibrant as exciting as it is setting us up for we have a lot of health disparities. If we don't change the way we think about this, we're going to perpetuate health disparities. I worry a lot about health disparities. I really am very concerned about health equity. As we put the prevention agenda, I would just invite you to

have that construct in your mind a little bit as you think forward. I want to just make sure you hear from me. One, I'm thankful that you're all here. Very excited about what can be done together. I'm going to be doing a lot of listening today. If you don't see me speaking a lot, it's because today's a day for me to listen and hear what people have to say.

Jim McDonald Thank you so much.

Ursula Bauer Thank you, Commissioner McDonald.

Ursula Bauer We'll go around the room and introduce ourselves here and then I'll take us through the agenda for the morning.

Ursula Bauer Let's start at the far end with Lloyd Bishop.

Lloyd Bishop Hi. Lloyd Bishop, Greater New York Hospital Association.

Mary Gallant Mary Gallant, Interim Dean of the School of Public Health at the University at Albany.

Lauren Ashley Lauren Ashley, Senior Director of Quality at HANYS.

Kristen Phillips Kristen Phillips, Director of Community Health Policy at HANYS.

Roxanne Lewin Roxanne Lewin, Department of Behavioral Health and member.

John Rugge John Rugge, member.

John Bennett Good morning. John Bennett, member and President and CEO of Capital District Physicians Health Plan.

Vito Grasso Good morning. Vito Grasso, CEO, New York State Academy of Family Physicians.

Courtney David Morning. Courtney David, Executive Director, New. York State Conference Local Mental Hygiene Directors.

Johanne Morne Good morning, everyone. Johanne Morne, Deputy Commissioner for the Office of Health Equity and Human Rights at the Department of Health.

State Department of Health Good morning. State Department of Health. Nice to meet you.

State Department of Health Good morning. The new Prevention Agenda Coordinator, New York State Department of Health.

Shane Roberts Morning. Shane Roberts, Assistant Director, Office of Public Health Practice, New York State Department of Health.

Eli Rosenberg Good morning. Eli Rosenberg, Deputy Director for Science in the Office of Public Health in New York State Department of Health.

Travis O'Donnell Good morning, Travis O'Donnell, Director of the Center for Community Health at the New York State Department of Health.

Jennifer Rodriguez Good morning, Jennifer Rodriguez, Livingston County Health Director.

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

Dr. Rupert Good morning. I'm Dr. Rupert, former Commissioner of Health of Rockland County.

Ursula Bauer Great.

Ursula Bauer Thank you, everyone.

Ursula Bauer Welcome. We have a wonderful group here in our various sites across the state and also online on Zoom. Welcome to our meeting this morning. We're going to begin with a refresher on the current 2019 to 2024 cycle of the prevention agenda. That's New York State Health Improvement Plan and then have a quick overview of the progress during the 2019 to 2021 period. Each six-year cycle of the prevention agenda contains two three year cycles, and our current six year cycle is unique in terms of the interruption by the COVID-19 pandemic that of course diverted resources, staff and attention from our day to day work of the prevention agenda and also unique in terms of how the pandemic exposed and exacerbated so many of the public health challenges that the prevention agenda addresses. There is much rich information on the prevention agenda dashboards. Too much to share with you all today. We do encourage you to explore the full complement of prevention agenda data online at your leisure. As Dr. McDonald and Dr. Boufford noted, our main purpose today is to hear from you. Many of you have been involved with the prevention agenda since its inception in 2008 and have participated in one or more of these planning processes for the next cycle. Some of you, like myself, will be engaging for the first time. We want to hear from all of you at this meeting and in future meetings and through other forums as appropriate. First, we have some background. I'm pleased to welcome Dr. Shane Roberts, who will provide the background on the prevention agenda and where it stands today and then Dr. Eli Rosenberg will take us through the 2019 to 2021 data at a high level to help us understand the progress made and where we have more work to do.

Ursula Bauer We'll turn it over to Shane. Welcome.

Shane Roberts Thank you, Dr. Bauer.

Shane Roberts Before I start the presentation, I just want to say that we did have a miscalculation with the number of seats we needed for the table this morning and who was attending and what site. There are members of our Ad Hoc Committee that may be in the audience. I would just ask that during the discussion you come up and introduce yourselves at that point in time.

Ursula Bauer People on Zoom, you'll need to mute yourselves, please.

Shane Roberts As Dr. Bauer mentioned, I'm going to just do a brief overview of the prevention agenda and specifically with regard to the 2021 prevention agenda. The

prevention agenda is New York State's Health Improvement Plan. Really, it's a blueprint for the state's health improvement and prevention for moving forward.

Shane Roberts Excuse me. I lost my place here.

Shane Roberts It is the blueprint for the state's health moving forward through the six-year cycle from 2019 to 2024. We are currently in the third cycle, and we are now planning for the fourth cycle. The goals of the New York State Prevention Agenda is to make New York the healthiest state and then also to improve health status of New Yorkers and to reduce health disparities through an increased emphasis on prevention. The Ad Hoc Committee, which is what we're here starting today, is an association of 100 different organizations from many different backgrounds and fields across the state, which are gathered to provide guidance and feedback on the planning for the next cycle. This graphic you see here represents the previous cycle of the agenda and the members, and we will have an updated graphic for the current cycle. As I mentioned before, we are in the third cycle. The first cycle was the 2008 to 2012 cycle. During that cycle, what we had was ten priorities, which we'll speak about in a little bit. New York was the 28th healthiest state and local health departments and counties were tasked with doing a community health assessment and then a community health improvement plan. Hospitals did a community service plan regarding the health of their counties and the plan moving forward. The 2013 to 2018 cycle was our second cycle. We had five priorities at that point. We refined them down to be better focused. New York at that time was the 15th healthiest state. We strongly encouraged local health departments and hospitals at that time to collaborate on these plans. We asked hospitals to report on their community benefits spending. Our current cycle, which is the 2019 to 2024 cycle. Again, we have the same five priorities. New York is now ranked the 23rd healthiest state, and we use this time of health across all policies and age friendly New York as frameworks, additional frameworks for the prevention agenda. This cycle the prevention agenda for obvious reasons, was derailed for the last three years. We are currently looking at those priorities again. The priorities for the current cycle are prevent chronic diseases, promote a healthy and safe environment, promote healthy women, infants and children, promote well-being and prevent mental substance use disorders and prevent communicable disease. Each one of these priorities has a priority specific plan, which is part of the prevention agenda, and it's broken down into focus areas, goals. Within each one of these priorities, what we have is measurable objectives. In the plan, there is an evidence base which backs up the findings for that underpin the plan. We have resources for implementing the interventions which are also provided to both counties and hospitals for the selected priorities and goals. Additionally, there is identification of population, priority populations and we also identify organizations in each section of the plan, which might be good partners for counties and hospitals when they're implementing their priorities. Just an example. If we were to look at the Prevent Chronic Diseases priority, you can see that here we have several focuses. The first focus here that we'll just look at one is healthy eating and food security. There's an overarching goal to reduce obesity and the risk of chronic disease. If you look down, you can drill down further into more specific goals. Counties and hospitals are able to just select from a menu of goals that they would like to target with their planning. Similarly, promote wellbeing and prevent mental health and substance use disorders. There are two focuses, two focus areas; promote wellbeing and then prevent mental health and substance use disorders. With each one of those, again, there are specific goals for each. As I mentioned, the agenda is currently a six-year cycle and that six years is broken down to two sub cycles within the six years. Counties and hospitals will submit most recently for the cycle, will submit a comprehensive work plan. That plan that they submitted was in 2019 and then again, they did another comprehensive work plan which they submitted at the end of 2022.

On years where they're not doing a comprehensive plan, they submit an update on the plan as they're implementing it. For this current cycle, what we have is 121 plans that we have from 58 LHDs and 165 hospitals. The reason why that is, is that some hospitals and counties submit plans together. 77% of local health departments submitted combined plans with hospitals and 41% of hospitals submitted combined plans, which is what we encourage. Part of the evaluation process is, is that we do look at each plan for health equity. Most plans in this current cycle reported an intent to address health disparities. Equity issues that were identified were socioeconomic status, race and ethnicity, health care access, geography, disabilities, social, emotional and behavioral, and then age and gender. Urban counties were much more likely to identify race and ethnicity as areas where they wanted to focus. Rural and suburban were more likely to identify socioeconomic status as a disparity. Most work plans were not clear on how to measure the impact of equity, and that is a priority for us in this planning process is to discuss the evaluation of the prevention agenda plans. If you look here at this map, you can see what each county chose to prioritize in terms of the priorities. You can see that nearly all, all but one county selected prevent chronic diseases for this most recent cycle and then almost nearly all again selected well-being and prevent mental health and substance use disorders. Counties are not limited to just two priorities. They can also select as many as they like. You can see the breakdown of priorities selected by both local health departments and hospitals.

Shane Roberts I'm going to turn it over to my colleague, Dr. Eli Rosenberg for a progress update.

Eli Rosenberg Good morning. Thank you, everyone. These data for those that joined us a few months ago will look very familiar. This is a similar snapshot to the one we gave in the smaller session last time. I'm pleased to discuss this all with you today. As Shane shared, there's we have a whole lot of indicators, 99 indicators spread across the five focus areas. There are some overall health status indicators that we'll talk about in a moment. There are 99 indicators. This just very simplistic to display sort of shows where we're at on those 99 and before we get into some of the specifics. What we see is that 29 or about 29% of those 99 are ones for whom the target has been achieved. An additional 18 or 18% are improved, but not quite at that target, 32 unchanged and 19 have worsened. We have this one not comparable data one. Looking a little more granularly sort of within those priority areas. This sort of just shows the distribution of just simply the number of indicators and sort of meeting the target, not meeting the target, but unchanged, worsens and so forth. What we see here is, you know, we see across those six areas, we are meeting some targets. We're also seeing that there's work to do, particularly when we look at the chronic disease column, we see fewer targets met, unmet but improved and a lot that are unchanged and some that are worsening. Again, we'll go into some details here. As Dr. Bauer shared, we have the Prevention Agenda dashboard and you'll see some screenshots from that coming up, which really let us drill down into each priority area and by a whole, you know, looking at it over time, by geography and so forth. We'll see a little bit of that and really to check it out in all the full detail, I recommend going to that website. This graph actually just shows the same information, but just zooming in on the 70 indicators that were not met. We're moving those 29 that were, but we'll explore this in a little more detail. Again, there's the five priority areas that that Shane just shared and then we have metrics that track overall health status and health disparities and progress in reducing health disparities. The next slide or two slides should show indicators that have been met, those 29 and I'm not going to read all of these to you, but just share that there's a number of different areas in which we have seen progress. Just picking on the first one, the overall health status indicators, we have seen sort of we've met our target on

disparities in premature deaths and then as well as potentially preventable hospitalizations. Here this shows just the listing of indicators that have been met for the latter three, the latter three focus areas in the area of promoting health of women, infants and children, well-being, mental health and substance use disorders, and then preventing communicable diseases. Just to pick on one and show you what the data really looks like. We picked on buprenorphine prescription rates. Here this is one of our displays from the Prevention Agenda dashboard showing progress from 2015 to 2021. The green line indicates the Prevention Agenda goal for 2024. Here we're looking at prescriptions, prescriptions of buprenorphine for opioid use disorder per 100,000 population, age adjusted. We want to get over this bar of 415 per 100,000. Indeed, that's what happened statewide really between 2019 and 2020 and then continuing beyond that. We don't think this is attributable to an increase in the underlying population of persons using or dependent on opioids. We think that actually may have sort of peaked and maybe even decreased a little bit. We do think that this does reflect true progress. This is even despite COVID, as it says here on the slide, that we think some of this could be attributable to telehealth efforts that allowed people to continue with both initiate and continue access to buprenorphine. We can drill down further. We can see that in New York State, excluding New York City. We were actually sort of over that statewide target actually in the 2024 target. We sort of have continued to climb past that outside of New York City. This display shows how we can evaluate this kind of progress by county. This is showing all counties top to bottom. There's a red line there that shows the statewide average. The green line is quite close together. This view shows the Prevention Agenda 2024 target. The colors are showing quartiles. The lightest shade showing the upper half, the third and fourth quartiles. The dark blues are the ones that are in the bottom, the first quartile. What you can see here is some geographic patterns. For example, New York City and sort of the Metro New York City counties where those with the lowest buprenorphine prescription rates. Some of the New York City trend may be attributable to a historical emphasis on methadone treatment, but this just lets us sort of very quickly zoom in and see where our lagging areas are. Obviously, keeping in mind that, of course, a quarter of our counties will always be in the first quartile by definition. Looking at indicators that have not been met and are worsening, this displays that for the first three of the six focus areas that we're tracking. While we've seen progress or we met that target on closing disparities in premature deaths, we still see that we are not meeting our target of actually getting worse overall on the percent of deaths that are premature. Sort of all boats are sinking, as it were, on this indicator, even if the gap was narrowing. These are the indicators. Similarly, they were not meeting our target and worsening for prevention of chronic diseases, safe and healthy environment. We'll look at obesity in a moment in detail. Again, for the latter three focus areas. Just looking at obesity, we see that contrary to the buprenorphine graph we're trying to go down on obesity. We want to get below that green line of the statewide objective of 24% that was set. Going just from 2020 to our most recent reporting year, we've seen an increase from 26.3% to 29.1% obesity from 2020 to 2021. We can drill down further for some of our indicators. We can drill down into race/ethnicity. What we see here is that not only have we seen these increases in in obesity, but this is not distributed evenly by race/ethnicity in ways that are probably familiar to many with Black non-Hispanic adults having the highest percent obesity of 36.8% in the most recent 2021 reporting year, followed by Hispanic adults 33.5%, and then white non-Hispanic at 28.5%. We see this racial ethnic gradient in this indicator. Another one that was in there as well was looking at immunization coverage among children. This is a common indicator that we use, which is the completion of the 4313314 series for two-year-olds. What we see here is that we've really sort of lost ground statewide. The green line here shows 70.5% meeting this meeting, this benchmark and where we've sort of sagged from 66.1% to 63.8% from the 2021 year. This showsthat indicator but distributed by county and by region. What we see

here is that we have in what's defined as our Mid-Hudson region, particularly the Rockland/Orange County area, having our lowest our lowest achievement of this benchmark, 39% in Rockland County, 43% in Orange County. We also see a number of other counties across the state with a very astonishingly low achievement. We have Sullivan, Franklin around the upper forties to around 50%. In New York City, we see this. We see that the lowest county is Brooklyn with 54.8%. Very much alarming trends. We don't want to see returns of vaccine preventable diseases among our children. We unfortunately are in some communities already starting to see that. Pleased to see you, Dr. Rupert. Some of these data, I'm sure, are quite familiar. We've worked very closely on our most recent polio outbreak. Just to pick on Rockland County, which has been an area long challenge with this issue, we've seen just sort of continued decline there. It's really just sort of sent in all of the declines we're seeing statewide, unfortunately, that we've seen a decline from 50% achievement to 39% in this view from 2016 to 2021. When we see this erosion of protection among our children, we see outbreaks. What's missing on this list is actually also a mumps outbreak that in the 2009 to 2010 than a measles outbreak that affected this county and surrounding county 2018 to 2019, as many are familiar, an ongoing polio outbreak from 2022 to 2023, which a number of us have been involved with, and then intermittent pertussis outbreaks as well affecting these communities. Don't just take my word for it. Come check out our great dashboard. The Prevention Agenda dashboard can be accessed at this URL. This just shows a high-level screenshot of what's available, which is really you'll see many, many indicators. Each of these little icons, the little state picture in the bar charts and so forth gives you many ways to map, graph and just otherwise play with the data. You can export the data and then drill down by various geographies and then racial, ethnic and sort of social determinants subgroups where that's available. There are some fun changes coming to these dashboards over the next months and years where we're really going to sort of take this to the next level. Even still right now, you could access quite a wealth of information.

Eli Rosenberg Thank you and most importantly, thank the team who supports all this great work.

Eli Rosenberg Back over to Dr. Bauer.

Ursula Bauer Thanks so much, Shane and Eli. I really appreciate that overview and a bit of a deeper dive into the data and certainly encourage everyone to become familiar with our prevention agenda dashboards. There's a wealth of information to be found there. We will launch the next cycle of the prevention agenda in January of 2025. That gives us about eighteen months or so to finalize our planning for that next cycle. We are so eager to hear from all of our stakeholders, including those assembled here for the Ad Hoc Committee meeting. We anticipate quarterly convenings of the Ad Hoc Committee until our planning is complete. We're meeting with other groups as well, of course, including our local health departments and hospitals, who are the essential boots on the ground for the prevention agenda work as well as all of their partners in the community. We're developing processes to obtain and integrate input from these essential partners, and we'll also be working with our sister agencies to help drive the work of the prevention agenda. Some of our sister agencies, of course, are represented here today. We launched, as Dr. Boufford noted, we launched this planning phase on February 8th with a meeting of the Public Health Committee chaired by Dr. Boufford. We'll continue to meet with the Public Health Committee as we weigh and integrate the information received from all of our stakeholders. While no decisions were made at that Public Health Committee meeting, because of course we're at the initial stages of input gathering. Public Health Committee members did lift up many issues and ideas for the next cycle. For example, given the

COVID interruption that that we've alluded to, Public Health committee members did see value in continuing with the current five priorities. They also expressed interest in strategically focusing the work of the Prevention Agenda in order to achieve the greatest impact. We heard from Public Health Committee members about the importance of engaging and empowering community voices about gaining synergies with governmental policy initiatives, about advancing our work to address health disparities and health equity. We heard from Dr. McDonald about the criticality of that as well. We also discussed the potential value of identifying a statewide initiative within the Prevention Agenda that all participants, local health departments, hospitals, community organizations and others could help drive forward in sort of a full court press approach. The DOH steering committee also convened and similarly was full of ideas for the next cycle. This steering committee is made up of employees from across the Office of Public Health, the Office of Health Equity and Human Rights and the Office of Primary Care and Health Systems Management. I welcome Dr. Morley to the Zoom session. These stakeholders suggested developing a more holistic and inclusive frame to replace the five priorities. That's one option to consider on the table. A subcommittee of that DOH steering committee is currently working to identify what that might look like. Members also suggested how we might integrate other overarching pillars such as climate change, for example, and how we might include indicators in addition to our 99 that get at the social determinants of health. Like the Public Health Committee, the Steering Committee raised the possibility of limiting the number of indicators under each priority in order to give more focus to our work. Finally, they, like the Public Health Committee, put forward the idea of evaluating the Prevention Agenda, not the public health outcomes that we're seeking to achieve, which of course we are tracking and monitoring and evaluating, but the Prevention Agenda itself as a tool for advancing our public health goals. Finally, we had the opportunity to meet with the Department's Health Equity Council. I thank. Wilma Alvarez Little and Deputy Commissioner Morne and for joining us today. The Health Equity Council is sort of a reconfiguration of the Minority Health Council. It works to raise awareness about the health of racial, ethnic and underserved populations, increase the engagement of communities in public health advocacy and research, and bring more members of racial, ethnic and underserved communities into public health. We had really a lovely and free flowing discussion that highlighted several ideas to advance the work of the prevention agenda in the next cycle, including again, prioritizing, engaging with and listening to communities, engaging Indigenous nations in the prevention agenda, collaborating with those outside of public health to improve the social determinants of health and learning from other states that have made more progress than New York over the past several years to improve their state health ranking. As you saw, New York dropped from 10th place to 23rd place from 2018 to 2022 in those national health rankings. We have our first opportunity to hear from you, members of the Ad Hoc Committee. We have over an hour at this point for our discussion today. We have a large group to hear from.

Ursula Bauer I will turn it back to Dr. Boufford in the New York City site to launch our discussion this morning.

Ursula Bauer Dr. Boufford.

Jo Boufford Thanks, Dr. Bauer.

Jo Boufford Couple of comments I wanted to mention. One of them is that the structure for the health assessment and the community service plan security health plans are sort of statutorily part of something called community benefit, which New York State identifies that the cycle that Ursula mentioned. One of the conversations really is compared to some

other states, should New York states be a little more sort of demanding, I guess, in terms of that activity? That's something we might want to come back to. I mean, in a sense as Ursula said, as Shane said, I think we've encouraged hospitals and local health departments to work together in sharing a community health plan and sharing their service plans, committee health needs assessment and sharing their community health plans and service plans against at least some of it towards the prevention agenda. Two goals out of the set that were identified with one disparity area. That's something we should think about in terms of more that encouraging or increasing our encouragement, shall we say, and incentives for that matter, which is really important. In addition, many local health department platforms, department platforms at county level have had really broad-based representation of stakeholders local nonprofits, advocacy groups, academic institutions and others have not been able to bring that many to the table. I think that's been an area that people have asked for assistance about. As Dr. Bauer mentioned, community engagement has been a priority, but people asking for support and helping with strategies to do that more effectively. There have been a number of partnerships discussed. The third area, and I think this is really important, is that the analytic team that's been assembled now is where it's very exciting. I think one of the challenges for the prevention agenda and for the Commissioner's emphasis on looking at the outcomes of prevention is that most of the things that are counted these days are service related. One of the exciting possibilities over the next eighteen months is really thinking about in the healthy and safe environment, what's happening with healthy environment and our EPA colleagues or other agency colleagues? How might we look at air pollution, water pollution, ground pollution? These are variables that would be, I think, fit in the current plan or that should get more emphasis in a redo of the plan. Part of the analytic capability has really not been there to go beyond the usual accounting activities. I think a lot of our colleagues at the local level, again, have welcomed the capacity they have received and could use more. We're hoping that we can mobilize that and that the colleagues that have been assembled under Shane's and Dr. Eisenberg's leadership can really be helpful. The last thing I just want to mention is that one of the areas and the Commissioner emphasized it and we've all emphasized that all of the local health department partnerships or the county partnerships mentioned is that they themselves have identified not being as effective in being able to address the health disparities issue, the health equity issue, and asking for additional technical assistance to do that. Commissioner Morne's engagement and the capacity in her group and her staff will be really, really important, I think in looking at how that can be done more effectively, whatever the overall model turns out to be. There's a deep commitment to that work and has been from the beginning, but people feeling that they really need more support and more assistance to do it as well as they'd like to do it, let's put it that way. I think this is a really exciting invitation opportunity for giving that support.

Jo Boufford Let me start here in New York. We'll go back and forth. I cannot see the Zoom screen, so I'll leave that to you.

Jo Boufford Let me ask if there are any real comments, questions, ideas. As Ursula said, this is a time to begin to brainstorm, react. Some of you may have been directly involved in elements of the Prevention Agenda in the past and want to comment on that on how to make it stronger and better. I can now see some people on Zoom. They just splashed on, so that's great.

Jo Boufford Let me start with folks in the room here and then I'll call on the people I can see. I see our colleague at ARP already has their hand up, but you'll wait for a minute.

Jo Boufford Mr. Lawrence.

Harvey Lawrence Thank you for the report. I was listening to Dr. Boufford before, and I guess there are two items here, the health equity and also community engagement. One of the things that I've heard local health departments in hospitals, but to the extent that you're not working with the local community, not for profits and CBOs, then it's going to be very difficult to really move the needle on health equity, especially since many of our CBOs are addressing the social determinants of health issues. Is there some way of getting, I guess, to use your words, encouraging hospitals and local health departments to report out the number of community-based organizations or federally qualified health centers that they're working with as they're doing their reporting? Are they housing related or are they mental health social services, so that we have a sense for what the collaboration looks like?

Jo Boufford Jump in because I think we're all trying to learn as we explore these questions. The issue on reporting. Each of the.... I call them consortia. I don't know what we want to call them. Sort of Prevention Agenda platforms at county level are asked to report who's at the table, have been asked to report who's at the table when they're having their conversations, but not in the qualitative way that you're talking about. I think we've been wanting to look at are the local academic institutions involved. Are businesses involved at the local level, who arguably could provide investments? Are CBOs and advocacy groups involved, especially from underserved populations that are unique to that area? We've gotten a sort of quantitative numerical report as part of the report, but not the level that you're describing. That could be a really great idea going forward. I think we're all really interested and encouraging. Again, there hasn't been... This has sort of been working together voluntarily. Obviously, there are going to be strengths and weaknesses depending on a community's history working across sectors, but that's something we want to see strengthened a lot going forward in this next cycle. The other thing I want to... You triggered something that I want to speak about, which is the social determinants issue, because I find in a lot of the work that I'm doing from a clinical point of view, social determinants are often seen as the social support services that an individual patient needs to basically keep them well and keep them out of unnecessary hospital care or emergency rooms. Whereas in the public health arena, which is kind of where we want to be, it's the conditions in communities that people go home to. How can we really tackle those so that the delivery system and the broader public health system and our other agencies, food, ag and markets, energy, transportation, housing are working in synergy at the local level, especially to look at the kinds of problems they have. I just want to flag that often dual definition of social determinants that the social support system I think is being handled quite well. Services for individual patients by the delivery system, by the waiver, or at least projected in the waiver and the social determinants networks. We're interested in the social determinants that create the conditions in communities, a lack of access to food, healthy food, lack of access to exercise, lack of opportunities in greenspace and air, water pollution, etc. Long answer, long response, Harvey, but you as always raise important questions the first time out.

Harvey Lawrence I think that's critical because, you know, essentially I believe it's that other 80% that accounts for well-being and there are other people in the neighborhood, usually in under-served neighborhoods that are attempting to address those issues and to bring them into the equation and to have them coalesce around the public health issue will be helpful for hospitals and for the local health departments.

Jo Boufford Absolutely.

Jo Boufford Thank you.

Jo Boufford Other comments?

Jo Boufford Anthony.

Anthony Feliciano Just to piggyback, one of the things I kind of learned was we went through a lot of conversation about what is meaningful engagement. Everyone has a different definition, but we didn't discuss the functionality of that, how it functions more. I just want to piggyback on Harvey's point here, that it's also about the frequency in the interaction with the not for profit and community-based organizations who are thinking about that as part of the evaluation. The other I was picking up on from you, Dr. Boufford, was this sense that now that we saw that we kind of went backwards on our indicator nationally that we kind of start thinking about again of those 99 indicators, what is actually and I'm going to be very comprehensive, but still, what is going to collapse together? There may be something easier. Maybe looking at the worse indicators and things are going worsen to think about if there's a separate kind of set of goals to recover from this pandemic. I think now we're discussing equity, but also recovery kind of situation in our prevention. The other aspect I think is important is to think about the determinants not just as deficit but think about what are the practices that actually have assets to it. I think we get into a deficit model so many times, but when we want with community-based organizations, what are the assets there and evaluate that. What actually worked that kept these indicators stabilized or better? What didn't? Were there some interlocking issues going on there? I know that takes a lot of evaluation. Also, for the hospitals, I think in general for any health care facility to think about how do they evaluate their engagement and their equity. It's very hard to create an index that maybe universal, but there needs to be some tools to think about there in order to think about prevention. Just one final piece of this is to think about the determinants also as how do we work with community that they're working with individuals walking to the doors back and forth. I think there's a situation where we are focused on CBOs, but there may be some nontraditional areas that we need to figure out to connect so we can have that accountability work together. That's a lot to unpack each year, but I think there is opportunity for us to actually work moving forward.

Jo Boufford That's really helpful. I think one of the things that the department had been really helpful about in the most recent cycle was really providing a good evidence base on which to pick the interventions that you would try to work on. Also thinking about from the literature, from CDC, from sort of national standards and international standards. Obviously, that evidence base needs to be updated. It's been about four years. Back to these points you're both making about looking at the effective ones, look at the ineffective ones. How do we streamline and handle that?

Jo Boufford Dr. Torres and then Dr. Soffel and then I'm going to go to the Zoom screen that I can see because I'm getting more hands up there.

Dr. Torres Just two points. How do we identify a trusted partner that would help to amplify the work of these not for profits in the diverse communities that we are a part of, because many are doing tremendous work and they are often unheard and unseen? The other important point is with the work in the not-for-profit space, they need a lot of assistance and how to just the retooling process of identifying and applying for resources to further the work that they're engaged in. They may, for example, receive a grant to address food insecurity, and that has a time definition. When you look at sustainability, then they get lost

in the whole process identifying those social determinants of health. The retooling piece, maybe, you know, as foundations go forward and give grants, there should be something that helps support and educates to move forward and identify potential sources of support for the ongoing work.

Jo Boufford Thank you.

Jo Boufford Dr. Soffel.

Denise Soffel I want to sort of pick up on that and on Anthony's comment as well and reflect on one of the things that we learned, which is that stakeholder participation from community based partners is really important. It's also really a challenge because many CBOs are very stretched in terms of their staff capacity and their ability and to free up a body who can come to our meeting and participate in a meaningful way over an eighteen-month period is really asking a lot from many of the CBOs that are doing really vital work and whose voices really need to be a part of this process. Maybe I'm looking at you New York Health Foundation. Maybe there is a way to think about providing support to CBOs, so that they can free up a 10th of a person to be their representative in this process as we move forward. Because we know the amount of time that the CBOs were required to pony up was astronomical and really stacked the capacity of many of those CBOs.

Jo Boufford Can I just say that again, I want to reiterate this, this group is about state level. CBOs operating at the state level, but that support at the local level is crucial. People, especially as we begin to try to shape and implement when the community picks its priorities and decides how it's going to work together. That has been missing and is really important, I think. I'm glad you raised that point. Really important.

Jo Boufford Anybody else here?

Jo Boufford I'll do one more follow up and then I'm going to go to the screen.

Harvey Lawrence I was just going to amplify that point because there really wasn't a funding mechanism for CBOs and they were being asked to step up and to deliver where everyone else in the health care continuum had some way of getting dollars and being reimbursed. The CBOs did not in many cases.

Jo Boufford It's really important.

Jo Boufford Thank you.

Jo Boufford Let me go to the screen.

Jo Boufford Beth Finkel from AARP.

Beth Finkel Thank you all.

Beth Finkel Very happy to be a part of this beginning the new process. Last time out, we at AARP and older adults' kind of came in a little bit later to the last prevention agenda. I just have to reiterate how pleased we were that our thoughts were incorporated as in kind of in midstream. What I'm excited about this time is that I'm hoping that since we're at the beginning of the process, how we focus on older adults for this next six-year cycle can be much more upfront. I'll just give you two quick snippets of data. I'm sure many of you

know, but from the last ten-year census from the 2020 results, older adults 65 plus in New York State went up 31% across the state. 65 plus in New York State increased by 31%. In many counties, just shout out one. Saratoga, they went up 69% in that ten-year period of the 65 plus. The second thing that I think we need to focus on is that among the 65 plus the poverty rate, the poverty rate went up 37.4% in that ten-year period. When you overlay that and really appreciate the disparities conversation. We've done a lot of work on that. The correlation between our poverty rate, older adult and looking at multicultural communities that just really like magnifies all these numbers and the stress factors that these people are feeling. I appreciated the conversation about COVID. We all know that older adults suffered at a much higher level and are having a much harder time coming out of it. Part of that is the mental health aspect and isolation. A part of it is economics and fear of going into congregate settings. I don't have to tell you all. I know you know it probably better than I do, but I get to focus on older adults. When we look at that and then on top of that, the Governor's initiative around the Master Plan for Aging, which I have a feeling someone is going to say something about. That and the New York State Department of Health focus on reimagining long term care. Those two pieces are going to be really important work in this administration, and we hope, the following administrations. How that integrates with this work and how it shows up in a stronger way, which takes me back to my original conversation here, which is around the five priorities. When we came into the Prevention Agenda, as I said mid-stream of the last cycle. Those five priority areas were really in place. I would like to beseech the group to consider putting older adults into one of those five areas or add a sixth area, because the plight of older adults in New York State has changed radically. Even when we were talking about it in the last cycle, I think a lot of people felt there was credence to consider that. I just want to add one more really quick piece.

Jo Boufford We're going to have to keep our intervention somewhat modified. Why don't you go ahead, because you're raising a really important issue, but just as an early warning signal for others, because I want to get the Albany people to have a chance as well.

Beth Finkel Thank you.

Beth Finkel I just want to add one more area, which is around data sharing and universal access to benefits. I think that is the most crucial piece that we could advocate for in this prevention agenda because if people are getting the benefits that they need to get, and we can make that process simpler. The Governor has already started that looking at family and children. She's done it. She's also put it in looking at how people feel as consumers to New York State and she's adding more tech, etc., to make that process smoother. I would say data sharing, data matching and universal access. Again, we can't delay, and it has to be prioritized.

Beth Finkel Thank you so much.

Jo Boufford Thanks, Beth.

Jo Boufford Nora.

Nora Thank you, Jo.

Nora Good morning, everybody. Pleased be joining you in this way. I'm so excited that we're starting again. I appreciate. I want to underline what Beth said completely. I do want to focus on the social determinants of health, as it's already been mentioned, how

important this is, and also focusing on the health disparities. We know that the community-based organizations which provide the social determinants of health are important, vitally important in addressing health disparities. I know you're looking at it statewide, but we are looking at a county wide and it's the CBOs in the counties that are going to help implement the plan. My question is, many fold. There are a lot of other initiatives that are going on around the state. Beth is right. I'm going to bring up the Master Plan for Aging, which, you know, is very important, that this is a real precedent for New York State the ability to be able to focus on addressing the issues for older adults and their caregivers and or future older adults, which is all of us and our children. Really helping to set the stage for in policy and in practice to create a healthier New York State by really addressing the health concerns of older adults and especially in the community. I want to think of CBO's not as addressing what happens after they come back from the hospital, but really as prevention. The more that we can build up the nonprofit sector that are delivering the services, and they've already been mentioned about transportation and home and community-based services, the more that we're going to be able to be preventative in people going into the hospital, which we know older adults actually have a high cost of health care. In addition to the Master Plan for Aging, I'd like to know what the intersection is with the 1115 waiver, which is really looking at how can we bring create the social determinants of health networks, which are going to be really important in reducing Medicaid costs. This is really focusing on trying to correct what they didn't do, which was already mentioned, I think, by Harvey in making sure that the funds are going to the community-based organizations in order to be able to deliver services better. I really like what Beth talked about is the data sharing and someone else mentioned about the need for technical assistance because community-based organizations can't take on the risk that health systems can. Let me state a couple other things. Jo, you already know all of this. How is this going to intersect with the age friendly health systems that we have going on right now across the state? This is where also part of that is not only making health systems more age friendly, but how can we get health systems to partner with the community-based organization to really deliver that continuum of care to prevent the readmission rates? And then, as you know, Jo, age friendly public health, which already the state has been recognized as being a leader in that. I want to know, what exactly are we doing with that and how can this help also intersect with the work that we're doing here with the prevention agenda?

Nora I'll stop there.

Jo Boufford Thanks.

Jo Boufford Let me only speak very briefly that one of the challenges for the prevention agenda and I think having maybe we're presenting this publicly before some of the others that are as public. I don't think we all know too much what's going on within the waiver exactly, the master plan is evolving, etc. Our job is to really do exactly what you're saying, Nora, is connect the dots with these other initiatives and make sure we're doing what we uniquely can do and that they complement the work of the master plan of the 1115 waiver of, I think Dr. Morne's equity index. There's a lot going on. Part of the beauty of having multiple agencies and organizing across the Department of Health is really helping to connect those dots and seeing how we can be aligned so that we get the most out of the human investment that's going on as well as a significant financial investment certainly with the waiver coming forward. Our job is helping to connect those dots. I think the staffing infrastructure of the department and other is going to make that much easier working with other departments.

Jo Boufford Thank you for that comment.

Jo Boufford Duncan Maru.

Duncan Maru Good morning, folks. Many blessings to you and your families. My name is Duncan Maru. I'm Assistant Commissioner for the Bureau of Assistance at the Department of Health of New York City. Really tremendous thanks to this group and the incredible analytic and planning insights. My question is just about to the economic side of this, both in terms of economic inequalities as the main key drivers of preventable morbidity and mortality and related issues for tracking in a prevention agenda such as racial wealth gap, medical debt, wage fairness, collective bargaining rights, other forms of commercial determinants, institutional inequities that serves people, Black persons and persons of color in poorer areas. Sort of on that, that's on the indicator and tracking side of economic inequalities. The other side of the prevention agenda is just the tremendous economic and potentially fiscal impact of long-term investments in prevention that can build a healthier and wealthier society and also reduce or increase the efficiencies of costs to taxpayers and to government of investing in this prevention agenda.

Duncan Maru Thank you.

Jo Boufford Just a quick comment. One of the discussions we've had to one of your points early on is the need to really look at economic disparities along with racial and ethnic disparities in the analysis. We have not been able to bring the economic disparities in as much as we would have wished to. I think it's especially an issue if you look at racial disparities and don't think about Upstate New York, which is dominantly white, but very poor. They're not included in this conversation. I hope Paul Buyer is in Albany, maybe he wants to... I don't know if he wants to speak to this quickly because the Department of State, which is really handling a lot of the focus on economic development through different development councils, works on cities, I think has been really helpful to us. We haven't been able to do what you're suggesting, which is to really engage. I know Johanne Morne is interested in this too. I think it's a really great thing going forward. Let me get through a couple of people and then let me shift over to Ursula, so we have time for other folks. We can come back to that when we open it up.

Jo Boufford I've got Kathy Preston next.

Kathy Preston Thank you.

Kathy Preston I'm Kathy Preston. Just really quickly, I figured you were already there in terms of aligning with the 1115 waiver and being able to pull in all those community-based organizations that have been doing all of this work for so long and using those social care networks to try to help them with some of the back-office things that they struggle with. You're already there. That's great. On data measures, someone had said that folks struggle with ways to measure some of the disparities and equity issues. I think maybe we look, and I'm sure you've already thought of this looking at the existing various inquiry measures that get used. Those really do reflect disparities and inequities in the system. Perhaps we start with something like that. Also, just data collection. We had a lot of conversations with folks in Medicaid and with our friends about the missing data we have in terms of racial and ethnicity and socioeconomic data. We all have to do a better job of collecting the data in the first place. If we don't have the data, it's hard to measure anything.

Kathy Preston That's it for me.

Kathy Preston Thank you.

Jo Boufford Thank you.

Jo Boufford Janine Logan.

Janine Logan Good morning, everyone. Just wanted to say hi there. I've been involved in this prevention agenda since 2008, so it's been remarkable to see the progress and the evolution of this process. It's an unfortunate that we had a dip from or, I guess dip from 2010 to 2023 in our ranking. I'm sure my colleagues share my concern with me. I'd be interested to know if there was a particular area that greatly influenced that change or was it more could it be the substance abuse issue that really kind of rose to the top? Was it more of the chronic disease issues? I'd be interested to know that. Just wanted to also share from a technical perspective here on Long Island, which we have about 2.8 million people, I've been able to pull together this huge sector collaborative representing every sector you could think of: the academics, the small CBOs, the hospital sector, etc. We met through the pandemic, albeit via Zoom. There continues to be really great enthusiasm. I'd be happy to share some of my insight with the prevention agenda and anybody else who'd like to hear about it, because I'm amazed that they're still so committed and work together. That's good. In terms of the social determinants of health, which we all know how they affect health outcomes and the concern about, and the last speaker just talked about this, how to measure them and how to know if we're making a difference. Is the state or some entity thinking about perhaps choosing three metrics that would be kind of universal across the board? Maybe it's just poverty. It would hit all different ethnic groups and sectors and what not. We could fashion some kind of a universal way to all of these groups, the small community-based organizations, the hospitals, all of them, to collect just a few metrics we needed to those social in terms of health and then health disparities. It's quite overwhelming. It's just my thoughts.

Jo Boufford That's a really good suggestion. All of our experts from the department are up in Albany today, so going to leave that to Dr. Bauer to pick up on some of these. I think that basically these questions raise issues that people are concerned about that we want to think about as we go forward.

Jo Boufford Can you identify your organization? You're on Long Island, but I can't read the signature.

Janine Logan I'm with the Long Island Health Collaborative, and that's part of the suburban hospital lines of New York State.

Jo Boufford Perfect.

Jo Boufford Thank you so much.

Jo Boufford Appreciate it.

Jo Boufford Daniel Kline is the last person I have on my list and I'm going to turn it over to Dr. Bauer.

Daniel Kline Thank you.

Daniel Kline I'm from the New York State Medical Association. About half podiatrists in the state are part of our association. The agenda really inspired us to do our own work and research in this area for the past three years. Thank you for the inspiration. We happen to be involved. We've done work in areas for prevention, diabetes, substance abuse and obesity and how we can intervene when the risk and intervene in this profession intervened to help the prevention agenda. I think one thing we need to do is go back and look at the restrictions, the artificial barriers that were relaxed during the crisis, public health crisis of COVID through executive orders that allowed health care practitioners to do more practice beyond traditional boundaries and what benefits as a result, and maybe make some of those permanent. One example is, for instance, podiatrist, not just podiatrist, other non-MD providers did a lot more home care provision and home care work during the crisis, and were able to do vaccinations, for instance. We still get a lot of clamors from the elderly, especially not just those who are homebound, but why their caregivers are coming to their home can't get flu shots, for instance. That was one area that was one example, very vivid example which shows about immunization rates that was relaxed during the COVID crisis and now has been put back. I think we should go back and look at certain things that maybe we did during the crisis that maybe we can go back and revisit, saying maybe it's not a bad thing to make these relaxation of practice barriers permanent if it's going to improve our outcomes.

Jo Boufford Terrific suggestion.

Jo Boufford Thank you.

Jo Boufford Last chance for our folks here.

Jo Boufford I'm going to transfer over then to you, Ursula in Albany.

Ursula Bauer Great.

Ursula Bauer Thank you, Dr. Boufford.

Ursula Bauer Thanks for that really rich discussion and a whole host of terrific ideas put forward. I would like to invite Paul Bayer to come speak about the economic indicators issue. And then for folks in the room here, if you would like to jump in, if you just want to indicate by lifting your tent, we'll go around the room to folks in the office.

Ursula Bauer Welcome, Paul.

Jo Boufford Just before Paul begins, I was reminded that I did not call in Buffalo. Ursula, maybe you can take care of Buffalo the first thing.

Jo Boufford Thank you.

Paul Bayer Thank you, Ursula. Thank you, Dr. Boufford.

Paul Bayer There's a tremendous connection now evolving and accelerating between the regional Economic Development Councils and what we call the health impacts of a sustainable, smart, built-in natural environment at the Department of State. That's what we do. We build and plan sustainable communities that promote both mental and physical health, but the two worlds of community development and smart growth and economic development have converged. I think it's a tremendous opportunity for us to capitalize on

that. We are doing that through the Master Plan on Aging. We're presenting to the REDCs, because they are very receptive to the fiscal and economic impacts of a sustainable built and natural environment. To conclude, going to back to Beth and Nora's point, there's a tremendous opportunity here, I think, to collaborate with the Master Plan on Aging group. I wear that hat too, so I'd be happy to help bring those two worlds together. But now that we have the REDCs behind us, it's a really powerful force and another venue to advertise what we're doing here today.

Ursula Bauer Thank you.

Ursula Bauer Folks around the room in Albany.

Ursula Bauer Sarah Ravenhall.

Sarah Ravenhall Hi, everyone. I've been involved in the prevention agenda for now about seven years, so it's really exciting to see the progress that's been made. It's great to hear all of the suggestions from this diverse crowd that's invested here. I definitely agree with a lot of what has been said. What I hear from a lot of you is that we're in this area, post-COVID, per se, where we don't have a lot of resources. We're losing workforce. We really want to make the biggest impact with the resources that we have and that also stakeholder engagement is crucial from not only community members, local health departments, hospitals, community-based organizations, but we need to bring everybody together to the table. I represent the local health departments. I see a lot of good models like the model that Janine Logan had mentioned in Long Island, where everybody comes together and really invests and puts together one cohesive community needs assessment community plan. I also represent very rural areas of the state where maybe that's not happening or even areas where the hospital and the local health department don't really have that relationship yet. Whatever we can do, I think to encourage that collaboration in this process is going to be key this time around with the prevention agenda. In addition, I think we need to take a look at this prevention agenda is a six-year plan, right? We are submitting community health assessments; community health improvement plans every three years. I know that the hospitals have federal IRS requirements. They have to do it on a certain schedule. We want to be involved. From a local health department perspective, it's very important for us to be collaborating with our hospitals and community-based organizations. Is there a way for us to, through ongoing data analysis that's occurring at the state level? Dr. Rosenberg talked about that and the new things that are coming with the Prevention Agenda dashboard. I'm really excited about that. Is there a way for us to kind of alleviate and not stop every three years and submit a new plan? Kind of keep the focus on reducing health disparities through what's going on in the community. Because my local health departments are saying every three years, we're not really seeing that much change in what the priorities need to be and where we need to be focusing. If we make it a longer cycle for them to submit these plans, I think it'll kind of free up the burden for stakeholders by not having to focus on submitting that plan every three years and maybe sticking to a six-year cycle but making sure that there is continual assessment on moving the needle on some of these priority areas. Those are my thoughts. Just thinking about really focusing on the interventions in the community, making the biggest difference with the resources that we all have. Frankly, I think we're all struggling with resources and workforce.

Sarah Ravenhall That's all I have to say.

Sarah Ravenhall Thank you for listening.

Ursula Bauer Thanks so much.

Ursula Bauer Mr. Bishop.

Lloyd Bishop Just two quick thoughts. I just want to attach myself to what I first heard Nora say and then others about other allied activities that are going on. Certainly the 1115 waiver and the social determinants of health networks are going to be a place where there's a lot of this work is going to get done. I think that's an area where we should think about areas of alignment and joint work. The hospitals, of course, do a lot on social determinants of health. One of the many areas of technical assistance for us for greater New York with our members and there are many of them is to help hospitals talk more about the work they do in the social determinants of health area. Anyway, just the opportunities there are with the waiver and the funding that it brings to the table. Thanks very much for what you said. The other thought that I had is we certainly do want to hear more about what some of the other state agencies are doing around the prevention agenda as those allied activities.

Lloyd Bishop Thanks.

Ursula Bauer Thanks so much.

Ursula Bauer Dr. Bennett.

John Bennett Thank you.

John Bennett Good morning, all. I'm grateful to be part of this. I have two comments. One is, I was pleased to see that people are not only focusing on elimination of disparities but focusing on the raw numbers. So, for instance, if you're looking at premature deaths, we have to be mindful that if you reduce disparities, but everyone is dying younger, then we're not really being successful. I don't want us to ever forget that. I'm grateful that that was mentioned. I think we should be tracking that. Number two, there's been a lot of talk about community organizations and their role in prevention. I believe that it's essential to strengthen their ability to do prevention. I've been in medicine for 40 plus years, and with all due respect, I don't think hospitals are the places that we need to focus our prevention efforts on. I think we all can easily see the data that prevention has to occur in physicians' offices. It has to occur in clinics, whether they be federally qualified clinics or just other clinics. It has to happen in the organizations which provide services that improve the deficits in the social determinants of health. Particularly as we look to the waiver, I think one of the things that I believe strongly and I think there's good data for, is that in one, I'm not sure that we really took advantage of all the money and applied it directly to the organizations where it could give the result. Stop and think about that. That's a controversial comment. If you all know me, you know I like to do that. I say it because I believe it. I think we all ought to think about it. That as we look to the focus of the waiver, as we look to the focus of the prevention agenda, we've got to get it into the communities. Most of that work is... Not that the hospitals don't have a role, but they are not at the center of the role. It's the communities, the people giving the care, the people distributing the food. I will tell you that in the Capital Region, as the major Medicaid managed care payer, CDPHP has been doing its efforts directly with the community benefit organizations to the food banks, directly to the housing issues. I think we need to have that focus on a statewide level.

John Bennett Thank you.

Ursula Bauer Thank you so much for those comments.

Ursula Bauer I don't see any other flags raised around the table.

Ursula Bauer Let's check in with our Buffalo site.

Ursula Bauer Any comments from Buffalo?

Kevin Watkins Good morning. This is Kevin Watkins from Buffalo. I just wanted to comment quickly on what was said specifically on Harvey Lawrence's comment regarding CBOs being involved and the steering committee for a local health department within hospitals when creating the community health assessment. I just want to let him know that CBOs are part of that steering committee specifically for Cattaraugus County. We also have our FQHCs, we have colleges, universities, local government and county departments like mental health, social services, and aging, but usually not at the table are marginalized populations or representative for marginalized populations, and that is most concerning. With that being said, even when the local health departments have developed their community health assessment, the final part of it is the Community Health Improvement Plan. This plan that we have that needs to have continual work in order to improve the health outcomes of the community is usually worked on by local health departments, our hospitals, our FQHCs and medical group. We don't have a lot of involvement with the CBOs when it comes to the Community Health Improvement Plan. I believe what was said earlier is it't because the CBOs just do not have the resources to have that continual involvement for these Community Health Improvement Plan. I think there needs to be some way that we can give them those resources so that they can be a part of that plan for us. In addition to that, I heard data collection. Data collection is very important when we are moving forward to improve our health outcome. I think the best resources that we have out there. They're able to give us that data that we need, but they're not usually at the table when we're developing the Community Health Improvement Plan. If there's a way that we can provide them with resources, I think that will be quite beneficial in moving forward with the Community Health Improvement Plan.

Kevin Watkins Thanks.

Ann Monroe This is Ann Monroe, a member. I want to build on what Dr. Watkins said and also what we've heard earlier. The demand on all of the parts of our system from CBOs to hospitals is tremendous. It is not unrealistic to think that the things that get the most attention from these organizations are the things that are going to either improve their bottom line if they're successful or in some other way have a disincentive if they don't participate. I would ask the department, when you look at evaluation of the prevention agenda, what incentives and consequences can be put in for both success and lack of progress? I'm just worried that without a clear benefit to organizations to improve their scores on the prevention agenda, it will fall to a less important thing for them to focus on. Please use some of your time on evaluation to also look at how organizations, communities, counties can't be incented to improve these scores. I too am concerned that we fell from 13th to 28th. What is that about? How can we incentivize the system to improve?

Ann Monroe Thank you.

Ann Monroe I think that's it for Buffalo.

Ursula Bauer Thanks so much, Dr. Watkins and Ann Monroe.

Ursula Bauer I see Michael Michael Suesserman has his hand up.

Michael Suesserman Can you hear me?

Ursula Bauer Yes, we can hear you.

Michael Suesserman First of all, as somebody who uses the prevention agenda dashboard on a daily basis, in my job with the Cancer Society, I just want to put out kudos to those who worked on it. It's very, very helpful and really helps me to what I do. Also, I want to put out just some support for incorporating social determinants of health indicators in in some way. Perhaps it could even be a sixth priority area. I think that really helps to promote that cross-agency collaboration like we were just hearing about with Department of State. I like the idea of really narrowing that down to just a few indicators that everyone can try to get behind in our roles. The more we can incorporate that into public health, I think, and actually have data that we're tracking, the more likely it is that we can really work on that in our role. Something around poverty, education, housing or food insecurity seems to be like three key areas that to look at and consider. The other point I wanted to make was going back to what somebody had said, looking at really the assets around where perhaps the indicators we were looking at did worsen, but, you know, were there some assets that connected to certain organizations or situations that were working well that we can look at to build upon. We can look at the same thing in terms of where we've improved those scores or indicator positions. Looking at those correlations, can we build on those for success? I'm just thinking about the realm of cancer control where I focused my efforts and I noticed that colorectal cancer screening and HPV vaccinations were areas that improved. I know that those are two areas that have state level action teams or coalitions that actually focused on that and help coordinate efforts across the state and promote collaboration and focus on the specific activities. That's just one example where there could be that correlation that we look at when we're looking at incentivizing certain interventions.

Michael Suesserman Thanks.

Ursula Bauer Thanks so much, Michael Suesserman.

Ursula Bauer I do not see any more comments here in Albany.

Ursula Bauer This is a fantastic group in terms of getting a lot of really rich ideas and discussion on the table and doing so in a real kind of short time frame.

Ursula Bauer Dr. Boufford, are there more comments in New York City or shall we wrap up in next steps?

Jo Boufford We have one more comment. A hand just went up.

Jo Boufford Mr. Feliciano.

Anthony Feliciano I think it's when we talk about data, remember the lessons we learned through this COVID, the desegregation of that data was critically important. Thinking about

what needs to happen, continue around that. The other point I think is important to address social determinants of health as also political determinants of health and also determinants of health. I think we need to think about in our budgets, state wise agencies and organizations and hospitals is our budget equating to equity for the prevention agenda. Is it meeting that need? Sometimes it doesn't. There's been huge gaps there. The other aspect of this, I think is important is to think about the way other states may have gotten better in their own indicators and learning from some of the other states where we are. Why do they remain the same? Maybe they've gotten a better national score. I think it's important to look at that and evaluate that. Finally, I think on a practical level, we talk a lot about high up here in terms of hospitals and who engages with community-based organizations. The reality is the doctor that in that clinic, the doctor is working, or any nurse is working within a hospital, within a division or clinic or even a community health center don't always know who are the people surrounding the neighborhood, who are the actual folks addressing determinants of health. We need to figure out how it goes from the top and trickles down so we can have better connections and better networks so we can do the proper referrals, the power of follow up and the proper evaluation.

Jo Boufford That's great.

Anthony Feliciano Anybody else?

Jo Boufford Mr. Lawrence.

Harvey Lawrence I just wanted to make a comment. I think Daniel Kline indicated that there were some lessons learned as a result of the pandemic. I think also that's something we should focus on, but I think one of the hugest or probably the extraordinary elephant in the room for the health care system is the labor force. We cannot go very far without that labor force across the state; nurses, doctors, physicians and even support staff. That's going to be critically important to drive any agenda in terms of prevention or otherwise in the state. I don't know how that is factored in. I think the State Department of Education in terms of skill sets and scope of practice, all of those things are incredibly important to begin to reevaluate to address the future of the delivery system.

Jo Boufford Very important.

Jo Boufford I think the workforce issue is huge. Obviously, as I said before, we're trying to work before folks get into the health care delivery system, but Nora mentioned earlier age friendly public health as an area and focusing on the public health workforce usually is the last in the line in terms of investment. I think the point of both being in a balance is really, really important here. I know it's on the agenda. I think a couple of other things that have been highlighted and I'll just try to make a couple wrap up remarks.

Ursula Bauer Dr. Boufford, so sorry to interrupt.

Ursula Bauer Before we go to the wrap up remarks, I see Dr. Rupert has a comment. We'll take that comment.

Jo Boufford Absolutely.

Dr. Rupert Sorry to interrupt you, Dr. Boufford.

Dr. Rupert A couple of things really quick. Number one is, I think it's really important for everyone to realize what local health departments do in the state. First of all, we do work collaboratively together and with the state health department, as you know, and with the federal government and CDC as needed, especially with our outbreaks that we've had in Rockland County. Local health departments are the boots on the ground. The number one thing we do is to look to prevent illness. We have environmental concerns that we deal with. We want safe food and water. We want to have people be able to live, work and play in our counties in the safest way, healthiest way possible. That's our mission. The most important thing we do to look for is prevention. If you have to pick one word, it's prevention. That's what this is all about. I want to remind everyone in the kindest way that we all need to collaborate together with all the agencies, the CBOs, yes, the hospitals, the health systems, etc., but really the number one key area and I know it's where I come from, but it is local health and that's very, very critical. The other thing is we have a couple of overriding concerns, I think, and we'll figure out how to fit them in to this agenda. One of them, of course, is climate change and how it affects a number of different areas here, including the promotion of our health and safe environment. The other, as was previously mentioned, is our aging population. This is critical that we evaluate that. Again, I don't know if it'll be another area. We're going to add a sixth area. Is this going to be incorporated in many of the other areas that we have? But those are, I think, important points that now hopefully we can wrap up with. I appreciate you thinking about.

Dr. Rupert Thanks again.

Ursula Bauer Thank you, Dr. Rupert.

Ursula Bauer Over to you, Dr. Boufford.

Jo Boufford Let me just make a few remarks. One of them, I think the data issue is obviously really important. Again, huge investment in the personal health care delivery system, data system, less investment in public health data. I think the department does a great job and everybody has commented on the dashboard. I just want to say that since the last round that Healthy People 2030 CDC has included the social determinants of health. A lot of debate about including social determinants of health indicators. They are now in Healthy People 2030. I think that was not there the last time we went around, and we would certainly want to go and look there first. I was on an advisory committee that was debating all of those things and they're really, really important. I think a lot more is there that they feel confident have an evidence base to advocate for the intervention. I just wanted to raise that. I think a couple of the other areas that are just connections to data. I want to mention the county health rankings, which have been out for quite a while, really look at educational levels, economic development, job availability in addition to health indicators and come out very regularly done out of the Overview Wisconsin group. I know the New York State people have been very attentive and looked at those. I think that's another way for us to look at some of the broader determinants at the county level. They're really great reports. I always look for them to come out as well. A couple of other things. I think people have mentioned the multi-agency engagement and having meetings before additional meetings coming up, both for this group and also for the Public Health Committee. We have had Paul spoke today, but we've had representatives from other agencies come and talk about what they are doing. My favorite example is we were talking about food and security as part of one of the goals for women efforts in children's health. We had someone from AG and Markets showed us a map where in the counties where health officials were having problems with food insecurity, they had eight or nine or ten Greenmarket projects that were there. I think one of the things I've been hoping would

happen and the opportunity in this next cycle is to really get the multi-agency group that really is looking at health added aging, to look at what they are doing by county. I think we would find that promotes health. I think we'd find some really interesting examples and we can elaborate on that. My greatest personal experience was when I was in the Department of Health and Human Services. We pulled together across all the public health agencies, the Indian Health Service, CDC, all the people working on the US-Mexico border. Agencies had programs in the same city and did not know about it. This is in one department of the federal government. Obviously at state government it's challenging at state government level. Many state agencies don't have authorities at local level. It's a real opportunity for us, I think, to think about how to, as several people have mentioned, how to maximize the alignment of the investments that are going into at the county level, at local level in these areas that are potentially health promoting. I hope we can hear from some of our core agency partners Mental Health, Aging, Oasis going forward, but also hopefully Secretary of State AG and Markets Energy. They were all very active before. The energy issue links directly to housing. I think also it would be really, really helpful for us to hear from Amir Bassiri, who's leading the Medicaid program in the waiver work. I think everybody's kind of a little bit on tenterhooks to hear how that's coming out, not only for the financial issues, but also for the structure. I think many of us have been looking at the heroes and at the SDS and networks that's been mentioned many, many times here as opportunities with significant amount of funding to kind of connect up planning and capacity building and the community-based organization space to work effectively with the hospitals going forward. We put him on our list for invites, I think, early on. New York City and New York State, I'm glad we have a representative from the city in New York City, I think is rethinking its Take Care of New York Initiative, which has been really effective. We looked at it a couple of years ago. It's a sort of proactive, healthy New York program. It's about 70, 75% aligned with the prevention agenda. I think there's a real opportunity to look at that together going forward. Dr. Bauer mentioned at the Public Health Committee, and she didn't have time to go into the detail, but I think would be really helpful to look at really the current state public health funding. Where does it come from? What buckets is it? How is it being spent? I know there had been an effort last time to kind of look at some of the federal pass-through money and chronic disease and maternal child health and others how that could be focused on it. We're always saying sort of focus into the prevention agenda priority or is when they are selected by a particular county or local area. I think that issue of looking at the other initiatives that the department would like to see in the health space or other agencies that influence health and again, maximizing the alignment with their policies as well, but Anthony would be really valuable and a number of have suggested that.

Jo Boufford I'll sign off from here and pass it over to Ursula for a final comment.

Ursula Bauer Great.

Ursula Bauer Thanks so much.

Ursula Bauer This has really been an exciting meeting. We've lifted up a lot of ideas. I won't even attempt to summarize them, but I will just call out what stood out to me from the conversation. Maybe things I didn't quite expect to hear that were new ideas and important ideas. I heard the word poverty so often and income inequalities, economic inequalities. These are such important drivers of health. It's just fascinating to think about how public health, how the local health departments, our state agencies and our prevention agenda can think about incorporating ways to build community wealth, ways to achieve more and better and stronger wealth equality across our populations and across our geographic

areas. I heard so much about social determinants of health and incorporating indicators of those social determinants into the prevention agenda so they're top of mind and we know where they're headed, we can track them, but also so we can bring our state agencies together that may be able to help drive improvements there and bring that in as part of the prevention agenda. I heard a little bit about assets versus deficits. We tend to have a deficit model, but we really need to focus on our strengths and in particular looking at where we have made progress or where others in other states and localities have made progress. How can we capitalize on some of those strategies? How can we fortify the assets that we have? And then, of course, we heard a lot about aging, and someone said, we hope we're all going to get there, right? That that's a topic that affects every one of us as an aging person, as a caregiver, as someone who will be one of those two things at some point. In the Office of Public Health, we like to say healthy aging starts before conception. Really everything we're doing is driving toward that healthy population, healthy older population, but we can call that out in a more robust way in the prevention agenda. Those are just some of the ideas that I heard. We will be compiling our notes. We will be adding those to what we've heard from the other groups that we've met with. I absolutely look forward to continuing this conversation. As we meet quarterly with the Ad Hoc Committee, we'll hope to take the broad ideas that we've surfaced, certainly remain open to new ideas, but start that process of trying to call those down and focus where we're going with the next cycle of the prevention agenda. Appreciate all of you, all of your time, all of your good thinking, all the work that you have done and all the work that you will do in support of public health in New York going forward.

Ursula Bauer Thank you.