Prevention Agenda 2019-2024: New York State's Health Improvement Plan

Public Health Committee

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State Health Improvement Planning Process

State Health Improvement Plan (SHIP)

- The Prevention Agenda is New York State's health improvement plan
- State Health Assessment (SHA)/State Health Improvement Plan (SHIP) is a framework for states to engage in a collaborative effort to assess and address health priorities
- SHA and SHIP, and a health department's organizational strategic plan, are prerequisites for PHAB Accreditation.
- ASTHO maintains comprehensive guidance on the SHA/SHIP framework

The State Health Improvement Planning Process

Stakeholder Engagement

- Identify and engage stakeholders in planning and implementation.
- Engage in visioning and systems thinking.

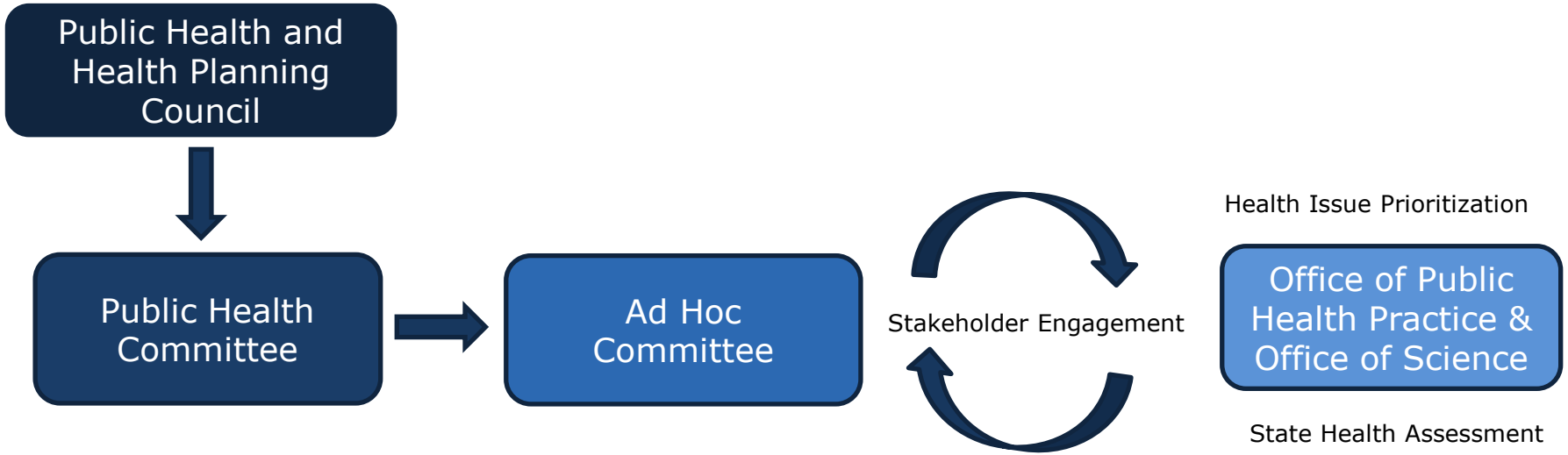
State Health Assessment

- Health status.
- Environmental scan and asset mapping.
- Themes and strengths.
- Forces of change.
- Strengths, weaknesses, opportunities, and threats (SWOT).
- System capacity.

Health Issue Prioritization

- Summarize and present findings from the assessment.
- Communicate and vet priorities.
- Establish priorities and identify issues through priority setting.
- Develop objectives, strategies, and measures.

New York State Health Improvement Planning Organizational Structure



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History of the New York State Prevention Agenda

Prevention Agenda 2008 - 2012	Prevention Agenda 2013-2018	Prevention Agenda 2019 - 2024
• 10 Priorities including access to care. • NYS was the 28th healthiest state. • LHDs and Hospitals were asked to complete collaborative assessments and implementation plans aligned with Prevention Agenda. • Development and implementation of community health improvement efforts proved challenging.	• 5 priorities focused on prevention. • NY was the 15th healthiest state. • LHDs and hospitals strongly urged to collaborate and co-develop shared assessments and implementation plans. • NYSDOH provided feedback and required annual updates to monitor progress. • Hospitals asked to report community benefit spending and to link community benefit spending with implementation of Prevention Agenda interventions and with DSRIP investments.	•5 priorities focused on prevention. •NY was ranked 23rd healthiest state. •Health Across All Policies and Age-Friendly New York were implemented as underpinning frameworks for the Prevention Agenda. •Local health departments priorities were drastically altered by the COVID-19 pandemic.

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Prevention Agenda 2019-2024

Priorities Identified for the 2019-2024 Prevention Agenda

- Prevent Chronic Diseases
- Promote a Healthy and Safe Environment
- Promote Healthy Women, Infants and Children
- Promote Well-Being and Prevent Mental and Substance Use Disorders
- Prevent Communicable Diseases

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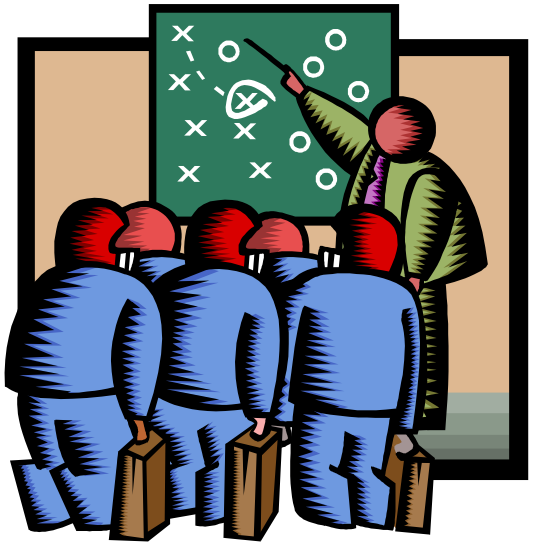
Focus Areas, Goals, Objectives, and Interventions

- **Focus Areas**
  - Goals
    - Measurable Objective(s)
    - Evidence Based Interventions
    - Resources for Implementation
    - Identification of populations/age groups affected
    - Identification of organizations that play leading or supporting roles



Common Definitions

- **Community Health Assessment (CHA):**
  - The health assessment conducted to identify key health needs and issues through systematic, comprehensive data collection and analysis.
  - Also known as community health needs assessment (sometimes called a CHNA).

- **Community Health Improvement Plan (CHIP)**
  - A long-term, systematic effort to address public health problems based on the results of the CHA.
  - Creates a framework for measuring the impact of collective action towards community health.
  - Updated every three years to meet the current needs of the community and allows LHDs and community partners to address top health concerns.

- **Community Service Plan (CSP)**
  - Similar to the CHIP, helps hospitals move from data to action to address health priorities identified in the CHA.
  - The NYSDOH asks hospitals to work together with their community partners, including LHDs, to address the public health priorities identified in the Prevention Agenda.
  - Updated every three years by hospitals in New York State.

Prevention Agenda 2025-2030

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Identification of Priority Areas

Close Examination of:

- State Health Assessment (SHA) data;
- Dialogue with critical partners in health over a series of engagements held over 11 months;
  - The Public Health and Health Planning Council (PHHPC)
  - Ad Hoc Committee members
  - State Government Agencies
  - Local Health Departments
  - Hospitals
- Alignment with topics in Healthy People 2030;and
- 2019-2024 Prevention Agenda progress.

Frameworks

The Integrated Framework

Framework: The 2019-2024 Prevention Agenda.

Priority Areas: Maintains current five public health priorities.

Focus Areas and Goals:

- Will maintain some existing focus areas.
- Proposal to add new focus areas including SDOH, and new goals.

The Revised Framework

Framework: Healthy People 2030.

Priority Areas: Five Social Determinants of Health (SDOH) domains.

Focus Areas and Goals:

- Will maintain some existing focus areas.
- Proposal to add new focus areas including SDOH, and new goals.

The Revised Framework

The 5 domains of SDOH:

- Economic Stability
- Social and Community Context
- Neighborhood and Built Environment
- Health Care Access and Quality
- Education Access and Quality

Integrated vs. Revised Frameworks

The Integrated Framework

1. Prevent Chronic Diseases

2. Promote a Healthy and Safe Environment

3. Promote Healthy Women, Infants and Children

4. Promote Well-Being and Prevent Mental and Substance Use Disorders

5. Prevent Communicable Diseases

The Revised Framework

1. Economic Stability

2. Social and Community Context

3. Neighborhood and Built Environment

4. Health Care Access and Quality

5. Education Access and Quality

The Revised Framework

Each of the 5 Domains will have:

- **Focus Areas.**
- **Targets.**
- **Indicators to track progress.**
- **Evidence Based Interventions.**
  - For hospitals, health departments, and other organizations.
  - Resources for implementation.
  - Identification of populations/age groups affected.
  - Partners/organizations that play leading or supporting roles.

The Revised Framework

Overarching Goal: Ensure all people in New York are financially stable and supported in pursuing economic prosperity.

4 Identified Issues:

- Poverty
- Unemployment
- Housing stability and affordability
- Nutrition security

The Revised Framework

Social and Community Context

Overarching Goal: Ensure all people in New York live in communities that foster and support a continuum of services that address all residents' unique physical, social, and behavioral health needs.

11 Identified Issues:

- Healthy eating
- Depression
- Suicide
- Anxiety and stress
- Drug overdose death
- Alcohol consumption
- Cannabis use
- Tobacco/ E-cigarette use
- Compulsive gambling
- Adverse Childhood Experiences
- Social cohesion

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The Revised Framework

Overarching Goal: Ensure all people in New York have equitable access to safe and healthy communities and fair, stable, healthy housing.

10 Identified Issues:

- Safe community
- Access to exercise opportunities
- Injuries and violence
- Lead poisoning
- Indoor Radon
- Outdoor air quality
- Healthy schools' environment
- Water quality
- Climate change
- Built and indoor environments

The Revised Framework

Overarching Goal: Ensure all people in New York have access to comprehensive, high-quality, affordable healthcare across their lifespan.

16 Identified Issues:

- Health insurance access
- Physical access and proximity to health services
- Prenatal care and maternal mortality
- Infant mortality
- Children receive appropriate screening and services
- Oral health

The Revised Framework

Health Care Access and Quality

16 Identified Issues:

- Healthy aging ecosystem (i.e., preventive services for chronic disease and associated risk factors)
- Sexually Transmitted Infections (STIs)
- HPV vaccine for adolescents
- Teen pregnancy
- Human Immunodeficiency Virus (HIV)
- Hepatitis C
- Foodborne illness
- Healthcare Associated Infections (HAIs)
- Tickborne diseases
- End of life care and planning

The Revised Framework

Education Access and Quality

Overarching Goal: All people in New York have equitable opportunity and access to quality education.

3 Identified Issues:

- Access to high-quality educational opportunities
- Early Intervention education
- Language access

Examples

Economic Stability

Poverty

Target:

Reduce the number of people living below 200% of the federal poverty line.

Indicator Example:

Percentage of individuals with incomes at or below 200% of the Federal Poverty Level (FPL).

Poverty

Interventions/ Strategies
Hospitals
Health Departments
Other Organization
Potential Partners

Poverty

Interventions/ Strategies

Hospitals

1. Partner with local nonprofits to integrate economic services such as financial coaching, tax preparation, and economic bundles into the medical home and clinics.

2. Incorporate strategies to screen patients for resource insecurities and social needs and connect patients to community resources.

3. Use Data to Identify disparities across patient groups.

Health Departments

Other Organization

Poverty

Interventions/ Strategies

2. Incorporate strategies to screen patients for resource insecurities and social needs, and connect patients to community resources and follow up.

Evidence and Resources

- SDOH & Practice Improvement https://www.ahrq.gov/sdoh/practice-improvement.html
- Brcic V, Eberdt C, Kaczorowski J. Development of a tool to identify poverty in a family practice setting: a pilot study [published correction appears in Int J Family Med. 2015;2015:418125]. Int J Family Med. 2011;2011:812182. doi:10.1155/2011/812182
- O'Gurek DT, Henke C. A Practical Approach to Screening for Social Determinants of Health. Fam Pract Manag. 2018;25(3):7-12.

Potential Partners

- **The City of New York's Department of Social Services (DSS)** https://www.nyc.gov/site/dss/index.page
- **Mobilization for Justice - Government Benefits Project** https://mobilizationforjustice.org/projects/government-benefits-project/
- **StreetCred** https://www.mystreetcred.org/services/tax-prep

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Poverty

Interventions/ Strategies
Hospitals
Health Departments
1. Increase access to financial aid programs for low-income families (i.e., child care subsidies and tax credits). 2. Collaborate with local nonprofits and financial institutions to develop strategies that encourage long-term savings and investment account usage (i.e., Children's Savings Accounts and baby bonds). 3. Maintain, sustain, expand policies and systems that address income security with respect to key living expenses (e.g., housing, taxes, childcare, health care).
Other Organization

Poverty

Interventions/ Strategies
Hospitals
Health Departments
Other Organization

1. Collaborate with local, state, and national governments to integrate health into all policy-making.

2. Partner with healthcare providers to deliver home- and community-based services and other evidence-based services for older adults.

3. Increase the capacity of CBO staff members to use evidence-based programs (EBPs) in communities experiencing health disparities. The intervention included a workshop, ongoing capacity-building supports like a customized web portal, resources, networking events, mini-grants, and technical assistance.

Prioritization

Prioritization Process

Current vs. New Prevention Agenda Cycles

PA 2019-2024

PA 2025-2030

Post-Prioritization

- Streamlined
- Focused

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Weighted Voting Survey

Method:

- Weighted Voting Survey
- Based on seven criteria

Purpose: To help prioritize the 44 public health issues proposed for inclusion in the 2025-2030 Prevention Agenda

Priorities for the 2025-2030 Prevention Agenda will include public health issues that have the highest total scores within each domain

Weighted Voting Survey

Criterion 1: Severity of the Problem

Refers to whether the identified issue can reduce life quality, limit opportunities, or cause serious health outcomes such as disability or death.

Does this issue have a significant impact on health?

RATING SCALE

1=No impact on the quality of life, health, or health outcome

2=Mild Impact (i.e., low risk for illness)

3=Moderate Impact (i.e., high risk for illness)

4=Severe Impact (i.e., high likelihood of disability)

5= Extreme Impact (i.e., high likelihood of death)

Weighted Voting Survey

Criterion 2: Size of The Problem

Refers to whether the identified issue affects a large number of individuals and has the potential for a significant impact on the health of the community.

Does this issue affect large number of individuals?

RATING SCALE

1=Relatively few individuals affected

2=Moderate number of individuals affected in particular subgroups

3=Moderate number of individuals affected across the entire population

4=Large number of individuals affected in particular subgroups

5=Large number of individuals affected across the entire population

Weighted Voting Survey

Criterion 3: Disproportionate Effects Among Subgroups

Refers to worse health outcomes caused by the issue in specific subgroups, defined by age, race, ethnicity, income, gender, or geography, compared to others.

Does this issue disproportionately impact specific population subgroups?

RATING SCALE

0=No

5= Yes

Weighted Voting Survey

Criterion 4: Economic and Social Cost

Refers to the consequences of not addressing the issue, which include increased monetary costs (i.e., healthcare and social service expenses) and social costs (i.e., loss of productivity, reduced quality of life, etc.)

Does this issue result in significant economic or social cost?

RATING SCALE

1=Minimal economic/societal cost

2=Relatively low economic/societal cost

3=Moderate Economic/societal cost

4=Very high economic/societal cost

5=Extremely high economic/societal cost

Weighted Voting Survey

Criterion 5: Life-span Effect

Refers to a health issue arising at a certain life stage having the potential for lasting impacts and/or serving as a proxy for other related behavioral or social problems.

Does this issue have cross-cutting implications across multiple issues, or have a lasting effect throughout the lifespan?

RATING SCALE

1= No Impact

2= Minimal Impact

3= Moderate Impact

4=Sever Impact

5=Extremely Sever Impact

Weighted Voting Survey

Criterion 6: Feasibility

Refers to the practicality and adequacy of logistics, including the cost, resources, and interventions needed for the state to effectively address the issue.

Is it feasible to address this issue?

RATING SCALE

1= Not feasible

2= Not very feasible

3= Moderately feasible

4= Feasible

5= Very feasible

Weighted Voting Survey

Criterion 7: Availability of Evidence-Based Interventions

Refers to whether evidence-based interventions or strategies to prevent or manage the health issue are available and can be implemented with relative ease.

Are there evidence-based interventions or promising practices to prevent or control this issue? Can these interventions or practices be implemented easily?

RATING SCALE

1 = No evidence-based interventions or promising practices available

2 = No evidence-based interventions, but promising practices are available

3 = Evidence-based interventions available but difficult to implement

4 = Evidence-based interventions available, moderate implementation effort

5 = Evidence-based interventions available, easy to implement

Weighted Voting Survey

Distribution Plan:

- NYSDOH programs, centers, and offices including Regional offices;
- Local Health Departments (LHDs);
- All non-profit hospitals;
- New York State Association of County Health Officials (NYSACHO);
- Greater New York Hospital Association (GNYHA);
- The Healthcare Association of New York State (HANYS);
- Other government agencies (OMH, OASAS, DOS ,NYSOFA, etc); and
- Ad Hoc Committee members.

Next Step

- Present results to stakeholders.
- Conduct feedback session.
- Finalize Priorities, Focus Areas, and Indicators.
- Identify strategies/interventions and evidence based-resources.

Questions?

Please contact us at prevention@health.ny.gov

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Supplemental Slides

Economic Stability

Unemployment

Target:

Support decent work for all ages as defined by International Labour Organization (ILO).

Indicator Example:

Percentage of population unemployed - aged 16 and older and looking for work.

Unemployment

Interventions/ Strategies

Hospitals

1. Incorporate strategies to screen patients for resource insecurities and social needs and connect patients to community resources. [1]

2. Connect volunteer services to patients needing employment resources. [1]

3. Develop relationships and ongoing communication with local employment specialists and organizations. [1]

4. Use Data to identify disparities across patient groups.[2]

5. Create pathways utilizing existing resources to link patients seeking employment to obtain assistance from external agencies. [1]

Health Departments

Other Organization

Unemployment

Interventions/ Strategies
Hospitals
Health Departments
1. Develop relationships with community-based organizations that connect those facing unemployment with state and local resources or benefits. [1]
2. Facilitate relationships between healthcare organizations and employment services organizations. [1]
3. Engage with and maintain policies that align with equitable employment legislation. [2]
Other Organization

Unemployment

Interventions/ Strategies
Hospitals
Health Departments
Other Organization

1. Collaborate with local, state, and national governments to integrate health into all policy-making. [1]

2. Partner with health departments and healthcare settings to develop advocacy and service programs that improve access to employment. [2]

3. Build relationships with other local organizations that advocate for equitable and accessible employment for community members. [2]

Unemployment

Interventions/ Strategies

Potential Partners

- **AchieveNY:** https://www.achieveny.org/services/vocational-and-employment-services/
- **Career OneStop:** (US DOL sponsored site for finding career centers and resources locally) https://www.careeronestop.org/LocalHelp/AmericanJobCenters/find-american-job-centers.aspx
- **NYC Small Business Services Workforce1 Career Centers:** https://www.nyc.gov/site/sbs/careers/careers.page
- **Cayuga County Employment and Training Department** (local example): https://www.cayugacounty.us/429/Employment-Training

Economic Stability

Housing Stability and Affordability

Target:

Reduce the number of families that spend more than 30 percent of income on housing.

Indicator Example:

Percentage of renter occupied units in which gross rent is 30% or more of household income.

Housing Stability and Affordability

Interventions/ Strategies

Hospitals

1. Partner with local organizations to create pathways for referrals to permanent supportive housing and other alternative housing sources. [1]

2. Incorporate strategies to screen patients for resource insecurities and social needs, and connect patients to community resources such as permanent supportive housing or other alternative housing services. [1, 2]

3. Offer trauma-informed care training for staff to effectively provide referrals/interventions for patient populations experiencing homelessness. [3]

4. Use Data to Identify disparities across patient groups. [4]

Health Departments

Other Organization

Housing Stability and Affordability

Interventions/ Strategies
Hospitals
Health Departments

1. Develop relationships with community-based organizations that facilitate permanent supportive housing to those dealing with housing instability. [1]

2. Collaborate with state Medicaid agency to reduce housing instability and increase access to healthcare services. [2]

3. Partner with healthcare facilities to foster accessible programs and appropriate resources for people experiencing housing instability. [1]

Other Organization

Housing Stability and Affordability

Interventions/ Strategies
Hospitals
Health Departments
Other Organization

1. Collaborate with local, state, and national governments to integrate health into all policy-making. [1]

2. Increase staff capacity to utilize trauma-informed models of care when working with patients/clients experiencing housing instability. [2]

3. Build relationships with healthcare facilities, health departments, and other local organizations to increase access to resources for people experiencing housing instability. [3]

Housing Stability and Affordability

Interventions/ Strategies

Potential Partners

- **Supportive Housing Network of New York:** https://shnny.org/
- **Supportive Housing Network providers in Upstate New York:** https://shnny.org/about/network-members/upstate/
- **Association for Neighborhood and Housing Development:** https://anhd.org/
- **Family of Woodstock, Inc** (local example)**:** https://www.familyofwoodstockinc.org/