NYS Prevention Agenda Update

June 8, 2017

Jo Ivey Boufford, MD, Chairperson, Public Health Committee
Presentation to the Public Health and Health Planning Council
Guidance called for collaboration:

• Work with partners to identify common public health priorities
• Consider developing a single plan that serves as both the LHD’s community health improvement plan (CHIP) and the hospital’s community service plan (CSP)
• Describe process of how community was engaged to identify and select at least two “collaborative” health priorities aligned with the Prevention Agenda
• Outline how LHDs and hospitals are working with partners to address shared priorities, ensuring that at least one priority addresses a disparity
2016-2018 Community Health Improvement Plans Received

127 plans by 58 LHDs and 167 Hospitals

- 71 CSPs on behalf of 110 hospitals
- 31 joint plans on behalf of 33 LHDs and 57 hospitals
- 25 LHD CHIPs
Prevent Chronic Diseases: Partners Engaged, December 2016

TOTALS: LHD n=57    Hospitals n=166
NOTE: Organizations often indicated working in more than one priority area
Disparities addressed in Prevent Chronic Diseases, December 2016

LHD n=57 Hospitals n=166
Interventions-Promote Mental Health Prevent Substance Abuse, December 2016

Focus Area 1*: LHD n=13      Hospitals n=61
Focus Area 2**: LHD n=36  Hospitals n=67
Other: LHD n=48  Hospitals 121

- Overdose prevention, Naloxone training
- Diversion (take back drug)
- Supporting Opioid Task Force
- Mental Health First Aid
- Systems of Care
Overall Notable Strengths and Challenges

Common strengths
– Concise executive summaries that can be used to communicate efforts
– Robust community health assessments with current data, comparisons with standards
– Included clear rationale for prioritization
– Collaboration with many partners and citizens in planning and implementation
– Working to promote health equity in at least one Priority Area

Common challenges
– Although a strength of many plans, a rationale for prioritization was not always clear
– About 15% of plans were not explicitly using evidence based interventions for two priorities
– Insufficient information on strategies to address disparities
– Lack of process for monitoring interventions
– Lack of description on process for sustaining improvement efforts
NYS Health Improvement Plans

Prevention Agenda 2008-2012
Prevention Agenda 2013-2018
Prevention Agenda 2019-2024
Next Steps

• Spring/Summer 2017
  – Use analysis of findings to organize TA and support for implementation
  – Add additional State agencies to Ad Hoc Committee to support implementation of Health Across All Policies and Healthy Aging
  – Focus attention on how health in all policies can help achieve PA goals

• Summer/Fall 2017: Update NYS Health Assessment
  – Identification and description of health status, including social determinants, health disparities and factors that contribute to health burden
  – Progress to date on current Prevention Agenda objectives
  – Progress to date on local collaboration and action
  – Identification of resources that can be mobilized to address health challenges
Next Steps (continued)

• Winter/Spring/Summer 2018: Stakeholder Engagement for New Plan
  – Ad Hoc Committee to lead stakeholder engagement process which should include broad
    group of participants to address Health in All Policies, Healthy Aging focus
  – Ad Hoc Committee will meet in late fall 2017 and several times winter spring 2018
  – Obtain stakeholder feedback to update state priorities based on health assessment
  – Engage state/local and public/private subject matter experts to update priority specific
    action plans with recommended evidence based policies, interventions and actions

• Fall 2018: Finalize Plan with Public Health and Health Planning Council

• January 2019: New Local Collaborative Planning Cycle Starts
  – Engage additional local governmental agencies to support HAAP/Healthy Aging.
The Governor’s Vision

- Advance a Health Across All Policies approach to incorporate health considerations into policies, programs and initiatives led by non-health agencies.
- Consider how all of our policies, programs and initiatives support us achieving the Governor’s goal of becoming an age friendly state.
- Long term goal is to embed Health in all Policies and considerations for Healthy Aging into all aspects of our government work.
Health in All Policies (HiAP)

An approach to public polices across sectors that systematically takes into account the health and health system implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity. The HiAP approach is founded on health related rights and obligations. It emphasizes the consequences of public policies on health determinants and aims to improve the accountability of policy makers for health impacts at all levels of policy making.

## New York State

**62 Counties**

### Change in Population Aged 60 and Over

#### 2015 to 2025

<table>
<thead>
<tr>
<th>Proportion of County Population Aged 60 and Over</th>
<th>Number of Counties with Specified percent of Older Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2015</td>
</tr>
<tr>
<td>Less than 20%</td>
<td>7</td>
</tr>
<tr>
<td>20% to 24%</td>
<td>41</td>
</tr>
<tr>
<td>25% to 29%</td>
<td>12</td>
</tr>
<tr>
<td>30% and over</td>
<td>2</td>
</tr>
</tbody>
</table>


Local Offices for the Aging: [https://aging.ny.gov/NYSOFA/LocalOffices.cfm](https://aging.ny.gov/NYSOFA/LocalOffices.cfm)
Smart Growth and Age Friendly Communities

Smart Growth Principles

- Walkable, Bikable, Transit-Friendly Communities (“Complete Streets”)
- Transit-Oriented Development
- Public Gathering Spaces
- Social and Recreational
- Accessibility and Proximity from Compact, Mixed-Use Development—Access to Daily Amenities
- Variety of Housing Types, Sizes and Prices
- Active Living by Design

Policy/Programmatic Opportunities

- Downtown Revitalization Initiative
- Smart Growth EPF Planning Grants/Livable NY
- LWRP/BOA Planning/Implementation Grants
- Health Impact Assessments
- Model Aging-in-Place Local Law
- Inter-Agency TOD Working Group
- REDCs
- Regional Sustainability Plans/Clean Energy Communities
Moving Forward

• 12 State Agencies met in the Capitol in March to discuss HAAP initiative and Healthy Aging

• Agencies are currently identifying existing and proposed state level initiatives that support HAAP and Healthy Aging

• After review is complete we will identify ways we can strengthen state level initiatives and investments (programmatic and capital) to assure that they improve health and how they might be changed in low cost, no cost ways if the needs of older persons were considered

• Regular (quarterly) review with Governor’s office to monitor progress

• Want to increase local level participation where appropriate in Prevention Agenda to realize the added impact of agency actions through Health and Healthy Aging Across all Policies