2021 Prevention Agenda & CHA/CHIP Update

For PHHPC Joint Committee Meeting
NYS Prevention Agenda
New York State’s Health Improvement Plan

Goal is to **improve the health and well-being** of all New Yorkers and **promote health equity** across populations who experience disparities.

Increased emphasis on **primary and secondary prevention** and the **social determinants of health** rather than health care design or reimbursement.

Call to action for a broad range of stakeholders to:
- collaborate at the community level to assess local health status and needs;
- identify local health priorities;
- plan, implement and evaluate strategies for local health improvement.
Prevention Partners

Led by the Ad Hoc Committee appointed by the NYS Public Health and Health Planning Council (PHHPC).
NYS PREVENTION AGENDA 2019-2024

Cross Cutting Principles

Health Across All Policies

Promote Equity
Enable Well-Being

Traveling Together

Prevention Agenda 2019-2024
Priority Areas

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
Important Timeline

• 2019-2021 Prevention Agenda Workplans were submitted 12/31/2019

• Updates were due 12/31/2021

• What happened in between was unprecedented.
Summary and Key Points

• Context for local health department/hospital submissions
• Findings
• Next Steps
• Questions
2019-2021 Prevention Agenda Plans Guidance and Submission

- Executive Summary
- CH(N)A*: demographics, assets, gaps, collaboration
- Community Health Improvement/Service Plan
  - At least two common priorities (lhd**-hospital)
  - At one priority address a disparity
- Dissemination & Continued engagement
- County plans – combined lhd-hospital, hospital system or individual organization
- Submitted December 31, 2019

*CH(N)A: Community Health (Needs) Assessment
**lhd: local health department
Workplans report on equity

- Most plans report an intent to address disparities
- Equity issues identified: socioeconomic status, race/ethnicity, health care access, geography, disabilities (e.g., social emotional behavioral), age, and gender
- Urban counties more likely to identify race/ethnicity
- Rural/suburban more likely to identify socioeconomic status as a disparity
- Most plans not clear on how to measure impact on equity
What priorities mean

• Priorities = consensus Prevention Agenda priorities or focus areas
• Consensus among LHDs, hospitals & community partners in the county
• Acknowledge LHDs and hospitals have working on more issues, not only those identified as priorities
• Priorities change
• Workplans are prospective

2018 Article 6 State Aid Payments by Program Area

- Priorities identified by community consensus
- LHDs and hospitals are working on other core functions as well
- Priorities change
- Workplans are prospective
Five Statewide Priorities

New York State Prevention Agenda
Priorities Selected by Counties, 2019-2021

Priority Areas (# Selected by Counties)
- Prevent Chronic Diseases (n=57)
- Promote Well-Being and Prevent Mental and Substance Use Disorders (n=33)
- Promote Healthy Women, Infants and Children (n=14)
- Promote a Healthy and Safe Environment (n=1)
- Prevent Communicable Diseases (n=3)
Plans described overlapping priorities, 2019-2021

Based on 38 plans from 36 LHDs and 105 hospitals
See interactive Sankey diagram at https://observablehq.com/@pritii26/sankey-example;
Credit example by Chris Viau https://observablehq.com/@biovisualize/sankey-example
Strengths Observed

• Community Health (Needs) Assessment
• Collaborated across sectors
• Described and identified disparate populations
• Submitted a complete information in workplan
• Identified best practice or evidence-based interventions
Challenges Observed

- Tracking progress with intermediate measures
- Articulating how equity/social determinants of health are being addressed
- Collaborating with marginalized communities to strengthen self-determination, leadership and ownership
Findings
Working toward the Prevention Agenda Vision

New York is the Healthiest State for People of All Ages

- Prevent Chronic Diseases (PCD)
- Promote Healthy & Safe Environment (PHSE)
- Promote Healthy WIC (HWIC)
- Promote Well-Being MSUD (WB)
- Prevent Communicable Diseases (PCOMM)

Intermediate Changes
Changes in intermediate outcomes

- Increased physical activity in improved space
- Increased access to healthy food
- Increased resources
- Improved space
- Improved livelihood
- Increased skills
- Improved nutrition
- Increase access to supportive services
- Increased quality employment

Policy

- Social determinants of health screening and advocacy
- Outreach to marginalized communities for screening

Infrastructure

- More complete streets
- Update systems for evaluation

Programs

- Evidence-based self-care management
- School programs

Capacity building

- Trauma-responsive training for staff
- Training and outreach to address vaccine hesitancy

Cross-Cutting Principles

- Health Across All Policies
- Promote Equity
- Enable Well-Being
- Healthy Aging

The 10 Essential Public Health Services

- Natural
  - Green space, water, soil, air
- Infrastructure/SS
  - Funding, technology infrastructure
- Human
  - Staff education/skills, community leaders
- Social
  - Community networks, trust

Assets
Base for capacity

Analysis

Description

Outcomes & Impacts
Contributions to Physical Health, Well-Being & Resilience

Processes
Input and Outputs

Adapting Evidence-Based and Best Practices
Based on 91 plans from 47 local health departments and 140 hospitals
Credit example by Irene de la Torre https://observablehq.com/@irenedelatorre/diy-vertical-sankey-funnel
2021 Update since submitting Workplans in 2019

Similar
• All five priorities were selected
• LHDs and hospitals collaborating
• Patterns of selected priorities
• Measuring impact, a challenge
• Collaborating is an asset
• Infrastructure & Training/Communications are catalysts

Variations
• 80% LHDs/Hospitals submitted updates
• Significant disruption from COVID-19
• Clinical interventions had fewer disruptions
• Only a handful added a COVID-19 goal
# Next Steps

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<th>Comprehensive Plan</th>
<th>Update</th>
<th>New PA Cycle</th>
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<td>2022 2024 Plan due December 31, 2022</td>
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<td>2023</td>
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For more information, email [prevention@health.ny.gov](mailto:prevention@health.ny.gov)
Questions and Information

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