

Stakeholder Feedback on the NYS Prevention Agenda 2019-2024

BACKGROUND

The Prevention Agenda,¹ the New York State (NYS) health improvement plan, presents a blueprint for state and local action to improve the health status of New Yorkers and reduce health disparities. The Ad Hoc Committee to Lead the Prevention Agenda, appointed by the NYS Public Health and Health Planning Council, worked with the New York State Department of Health (DOH) to update the plan for the six years (2019-2024). The Ad Hoc Committee to Lead the Prevention Agenda² was established in 2008 to support the development and implementation of the Prevention Agenda. It is chaired by Dr. Jo Ivey Boufford, Vice Chair of the Council and Chair of its Public Health Committee, and includes members of the Council as well as representatives from statewide organizations, local health departments, health care providers, community based organizations, advocacy groups, academia, and employers that support community health improvement. Its role is to recommend updates to the Prevention Agenda, which includes providing feedback on the overall approach and cross-cutting principles, as well as on the vision, priorities, focus areas, interventions, objectives, and tracking indicators. The Committee also advises on how its members can strengthen local action and increase collaborative participation in Prevention Agenda efforts. Since its creation, the Committee has expanded to include new stakeholders including new State agency partners to help coordinate the health across all policies (HAAP) initiative, as well as leaders of the state's Population Health Improvement Programs to help local communities with community health improvement activities. The committee meets twice a year.

Methods

The DOH directed the process to update the Prevention Agenda for the 2019-2024 cycle on behalf of the Public Health and Health Planning Council. Methods to update the Prevention Agenda built on experiences from the previous cycle³ and reports submitted by local health departments and non-profit hospitals. This process was collaborative and informed by models including, though not limited to, the Health Impact Assessment (HIA)⁴ and Mobilizing Action through Planning and Partnerships (MAPP).⁵

The DOH worked with the Ad Hoc Committee to obtain input from stakeholders. In February 2018, the Committee members reviewed a summary of the NYS Health Assessment 2018, and discussed both progress-to-date and continuing challenges of local action to address Prevention Agenda priorities. DOH then presented a proposal for the guiding approach, as well as a set of cross-cutting principles (Figure 1) designed to align the Prevention Agenda 2019-2024 with other statewide initiatives and guide the implementation of priority-specific plans.

¹ https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/background.htm

² https://www.health.ny.gov/facilities/public_health_and_health_planning_council/standing_committees_list.htm

³ https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/background.htm

⁴ IOM. (2012). An Integrated Framework for Assessing the Value of Community-Based Prevention. http://www.nap.edu/download.php?record_id=13487#

⁵ MAPP. (2014). Health Equity Supplement. <http://www.naccho.org/topics/infrastructure/mapp/framework/mapppubs.cfm>

Figure 1. Proposed Approach and Cross-Cutting Principles, February 2018

To improve health outcomes and promote equity, we will:

- Focus on social determinants of health
- Incorporate a health-across-all-policies approach
- Maximize use of evidence-based interventions
- Emphasize healthy aging across the lifespan
- Strengthen collaboration across sectors

The DOH also presented the set of proposed Priorities, Focus Areas, and Goals of the Prevention Agenda (Figure 2). Many of them were carried over from the previous Prevention Agenda cycle. Ad Hoc Committee members provided initial feedback at this meeting and then were asked to solicit further input from their organizations' members.

Figure 2. Proposed Priorities for the Prevention Agenda 2019-2024, February 2018

- Prevent Chronic Disease
- Promote a Healthy and Safe Environment
- Promote Healthy Women, Infants and Children
- Promote Well-Being and Prevent Mental and Substance Use Disorders
- Prevent HIV/STDs, Vaccine-Preventable Diseases, Antimicrobial Resistance and Healthcare-Associated Infections

DOH created slide sets describing the Prevention Agenda, including the progress to date, and the proposed priorities, focus areas and goals for the Prevention Agenda 2019-2024, and posted them on the DOH website to be accessed online by stakeholders.⁶ Additionally, an online survey (Appendix 1) was posted on the website, seeking input for the next planning cycle, as well as feedback on stakeholders' continued involvement in designing and implementing interventions. From February to May 2018, Ad Hoc Committee members posted, distributed and discussed this slide set and survey with various stakeholders at the local levels. NYS Commissioner of Health Dr. Howard Zucker sent out an email to solicit additional feedback from all NYS agencies as part of the HAAP initiative, and State agencies such as the Office for the Aging sent out the survey and information to their local counterparts. Common Ground Health, a Population Health Improvement Program and member of the Ad Hoc Committee, created and posted an informational video to solicit feedback from community members.⁷

Additionally, Committee members hosted in-person meetings and collected email and phone correspondence to gather further feedback on the Prevention Agenda. The slide set was used during these sessions. Members obtained answers to the questions shown in Figure 3.

⁶ https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/background.htm

⁷ <https://www.commongroundhealth.org/share-your-thoughts-on-state-s-prevention-agenda>

Figure 3. Guiding Questions for Stakeholders

1. Do the proposed priorities address issues of concern to your community and organization?
2. Do the proposed focus areas and goals address issues of concern to your community and organization?
3. How can we ensure that our new plan addresses racial, ethnic and socio-economic disparities in each of the priority areas?
4. How can we ensure that our new plan addresses social determinants of health?
5. How can we ensure that our new plan addresses healthy aging?
6. How can we achieve greater participation from stakeholder organizations in the local community health planning and implementation process?

Answers to these same questions could also be submitted via the online survey. If committee members preferred to give stakeholders the option to complete the survey, they were asked to review key points and encourage discussion beforehand. The obtained information was used to help the Ad Hoc Committee finalize its approach and cross-cutting principles, as well as finalize the priorities, focus areas and goals and to inform Phase 2 of the planning process for the Prevention Agenda 2019-2024.

Findings

Between February 2018 to June 2018, the Ad Hoc Committee received more than 200 survey responses from various stakeholders who represented all 11 geographic regions of New York. The highest volume of responses came from individuals and organizations from the Finger Lakes (n=82), Central New York (n=23), the Capital Region (n=22), and Western New York (n=22). This feedback came from multiple sectors, with high participation by individuals from community-based organizations (n=50), public health and health care (n=45), government (n=39), mental health and substance use services (n=23), aging (n=21), and advocacy groups (n=20). In the survey, 125 respondents indicated that their organization participated in implementing the Prevention Agenda 2013-2018; among them, 69% reported participating at the local level, 25% at the regional level, and 6% at the state level. Additional feedback was collected from more than 20 statewide organizations, including:

- New York State Association of County Health Officials
- Healthcare Association of New York State
- Greater New York Hospital Association
- Tobacco Advisory Board
- HIV Advisory Board
- Medicaid Matters
- New York State Behavioral Health Council
- New York State Public Health Association
- Maternal and Child Health Block Grant Advisory Committee

See Appendix 2 for complete list of stakeholders who participated in the process.

Specific feedback on the Prevention Agenda was organized by: (a) the guiding approach and cross-cutting principles; and (b) the proposed priorities, focus areas, and goals.

Feedback on proposed approach and cross-cutting principles

Most of the stakeholders indicated general approval of the proposed approach and cross-cutting principles. Stakeholders agreed that, in each priority area, greater emphasis needs to be placed on encouraging interventions related to older adults. Stakeholders also identified Well-Being as an important goal, as both a cross-cutting principle and specifically for the Mental Health priority area.

Summary of feedback for specific elements of the approach and cross-cutting principles:

Addressing health disparities

- Greater emphasis needs to be placed on identifying and addressing causes of social determinants of health including racial/ethnic disparities and disparities related to socio-economic status.
- To help ensure this cross-cutting strategy is implemented, it should be expressly stated within specific 2019-2024 focus area goals, where appropriate. Thus, “Reduce health disparities” should be a stated goal for vaccine-preventable diseases, HIV/STDs, etc.
- These priority areas are critical to the creation of healthy neighborhoods, but the Prevention Agenda does not go far enough in addressing inequities within neighborhoods and the health of its residents. The Prevention Agenda should be intentional about closing gaps across racial and racialized groups. All focus areas should be grounded in historical understanding and context.

Addressing social determinants of health

- Need to address the missing link: to empower, educate and fund communities /community groups to themselves enhance community well-being and improve community health. This could be summarized as “Promote community empowerment and funding to improve health through effective interventions facilitated by local groups and trained community members.”
- While priorities cover the pressing health issues, they do not address underlying factors that relate to all of them. Strategies to address the social determinants of health more specifically would be helpful for promoting health equity in all these categories.
- We need to be broader than just the clinical care system, including actions that offer people healthy choices. Important to address food availability, safe and affordable housing, green space, etc. and bring other agencies into these efforts.

Promoting healthy aging across lifecycle

- Support of the inclusion of healthy aging as NYS has a large baby boomer population coupled with a lack of services for aging populations.
- Include “Healthy Aging” as its own priority. By including Healthy Aging as a priority, and publicly raising the critical nature of prevention efforts specific to New York’s growing

older adult population, New York's health care system can be transformed to one that improves quality of life for its seniors, prevents costly healthcare interventions, and reduces the financial burden on the state and its taxpayers.

- Make aging a cross-cutting issue so that it's included in each priority but in an intentional matter.

Strengthening local collaboration and partnership

- Engage directly with community-based providers to ensure their expertise is included in utilizing local and evidence-based interventions in a sustainable manner.
- More media and outreach efforts by the state as well as local health departments and hospitals to inform physicians, community organizations, and the public about the Prevention Agenda.
- Provide funding through grant opportunities that include collaboration requirements and incentivize collaboration between multiple stakeholders in a meaningful way.
- Maintain and share a list of current stakeholders to identify gaps and potential partners.
- Continue early and frequent involvement of community organizations and non-health agencies employing the HAAP approach.

Feedback on proposed priorities, focus areas and goals

Most of the stakeholders indicated general approval of the proposed priorities, focus areas and goals. They agreed that the proposed priorities, which were very similar to those of the Prevention Agenda 2013-2018, provide a comprehensive blueprint for state and local action, and should remain as priorities for the 2019-2024 cycle. Additionally, most stakeholders agreed that the proposed priorities, focus areas and goals address issues of concern to their organization. A summary of feedback for each Prevention Agenda Priority is below:

Prevent Chronic Diseases

- Overall support for priority, as well as its current focus areas and goals
- Be intentional about addressing vaping in the tobacco goals
- Add language about prevention to the goals in the Chronic Disease Preventive Care and Management focus area
- Include interventions that increase participation in nutrition assistance programs
- Specify interventions that address health disparities related to chronic disease
- Make obesity prominent in interventions, since it is now not a specific focus area like it was in the previous Prevention Agenda

Prevent HIV/STDs, Vaccine-Preventable Diseases, Antimicrobial Resistance and Healthcare Associated Infections

- Overall support for priority, as well as its current focus areas and goals
- Simplify title to "Prevent Communicable Diseases" or "Prevent Infectious Diseases"
- Consider adding new goal to Reduce HIV transmission
- Add interventions to increase access to Pre-Exposure Prophylaxis (PrEP)
- Simplify and make sure more understandable the goal for reducing STDs

- Add specific interventions that describe how to reduce disparities in Vaccine Preventable Diseases, HIV, STDs, and Hep C
- Interventions for antimicrobial resistance and Healthcare Associated Infections should describe actions that hospitals can take with LHDs and community providers

Promote Healthy Women, Infants and Children

- Overall support for priority, as well as its current focus areas and goals
- Be intentional about health of women regardless of pregnancy status
- Be intentional about improving pregnancy intendedness – that is, having each professional that interacts with women ask them whether they want to be pregnant and to provide care accordingly
- Consider how social conditions such as poor health literacy affect health of women, infants and children
- Connect breastfeeding benefits for women and children to other Priority Areas
- Connect goal for social-emotional health for children and adolescents to the ACEs goal in the Promote Well-Being priority

Promote a Healthy and Safe Environment

- Overall support for priority, as well as its current focus areas and goals
- Be more specific about the “reduce violence” goal to ensure it includes gun violence
- Specify the built environment and include community, home, workplaces and schools
- Due to ongoing water quality problems and growing impact of harmful algal blooms, greater emphasis should be placed on protecting source water and recreational water
- Include an intentional focus on minority and low-income communities particularly for air and water quality, and mitigating health risks associated with climate change impacts, along with the built environment. Affordability is a major factor related to healthy and safe housing
- Add “pedestrians and bicyclists” to reduce traffic related injuries
- Add sustainability concepts throughout
- Consider the aging community for falls prevention, housing and community supports

Promote Well-Being and Prevent Mental and Substance Use Disorders

- General support for priority, especially inclusion of prevention of substance use disorders and specific mention of opioid issues
- Focus areas and goals need to be more specific and plan needs to be specific about how interventions will help achieve goals
- Strengthening economic, education and community opportunities to promote well-being across the life span is a cross-cutting issue, not just specific to mental health.
- Include evidence-based interventions in plan
- Include interventions related to suicide prevention, especially youth-related strategies
- Specify connections to other priorities, with ACES (and its interventions) as an example

Results

The Ad Hoc Committee used this feedback to revise the Prevention Agenda’s priorities, focus areas, and goals, as well as its approach and cross-cutting principles. An outline of the revised priorities and cross-cutting principles is below in Figure 4.

Subject matter experts then organized committees from the Ad Hoc Committee members and other stakeholders to create five Priority-specific action plans. Using a template created by the Department of Health, each workgroup created a final set of focus areas and goals, along with corresponding measurable objectives, and evidence-based interventions to address the goals. For each intervention, workgroups identified the social determinant(s) of health addressed, target age group(s), and the sector(s) that can play a lead or contributing role. To ensure a HAAP approach, these Priority-specific action plans were reviewed by other State agencies, and their comments and feedback were incorporated. Additionally, the plans were reviewed by the New York State Office for the Aging, and other stakeholders who are concerned about healthy aging, to ensure that age-appropriate interventions were included in the plan. In September 2018, these plans were sent to the Ad Hoc Committee for final review and will be reviewed by the Public Health and Health Planning Council before the end of 2018. Full details of the Prevention Agenda 2019-2024 are available online.

Figure 4. Revised Priorities and Cross-Cutting Principles, May 2018

- Prevent Chronic Disease
- 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

To improve health outcomes, **enable well-being** and promote equity **across the lifespan**, we will:

- Focus on social determinants of health **and health disparities**
- Incorporate a health-across-all-policies approach
- Emphasize healthy aging across the lifespan
- **Support inclusive community engagement** and collaboration across sectors **in the development and implementation of local plans**
- Maximize impact with evidence-based interventions for state and local action
- **Advocate for increased investments in prevention from all sources**
- Concentrate on primary and secondary prevention, rather than healthcare design or reimbursement.

Thank you for sharing feedback on the New York State Prevention Agenda 2013-2018 and our proposed focus areas and goals for the updated Prevention Agenda for 2019-2024. Detailed information on current and proposed focus areas and goals will be available at https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/, and are attached in slide set you received with the survey link.

Please complete the information below and summarize comments to these questions.

* 1. Please complete the following information: 

Your name:

Organization (write in NA if not applicable):

Contact email:

* 2. What region(s) of the state do you or your organization represent? (Check all that apply) 

- Capital (Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady)
- Central (Cayuga, Cortland, Madison, Oneida, Onondaga, Oswego)
- Finger Lakes (Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates)
- Long Island (Nassau, Suffolk)
- Mid-Hudson (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester)
- Mohawk Valley (Fulton, Herkimer, Montgomery, Otsego, Rensselaer, Schoharie)
- New York City (Bronx, Kings, New York, Richmond, Queens)
- North Country (Clinton, Essex, Franklin, Hamilton, Warren, Washington)
- Southern Tier (Broome, Chenango, Delaware, Tioga, Tompkins)
- Tug Hill Seaway (Jefferson, Lewis, St. Lawrence)
- Western New York (Allegheny, Cattaraugus, Chautauque, Erie, Niagara, Orleans, Wyoming)
- Statewide
- Other (please specify)

* 3. Did your organization/partnership participate in the implementation of the Prevention Agenda 2013-2018 ? (Choose one response) 

- Yes
- No

Next

* 4. If Yes, did your organization/partnership participate primarily at state, regional or local level? (Choose one response)

- State
- Regional
- Local

* 5. What was your experience with the Prevention Agenda 2013-2018? Select one response for each option.

	Went Well	Went Poorly
Collaborating with diverse community-based partners	<input type="radio"/>	<input type="radio"/>
Collaborating with policy makers from different sectors	<input type="radio"/>	<input type="radio"/>
Having consistent staff support	<input type="radio"/>	<input type="radio"/>
Knowing about evidence-based and best practice interventions	<input type="radio"/>	<input type="radio"/>
Adapting evidence-based and best practice interventions in our community	<input type="radio"/>	<input type="radio"/>
Connecting with outside subject matter experts	<input type="radio"/>	<input type="radio"/>
Maintaining communication among partners	<input type="radio"/>	<input type="radio"/>

Other (please specify)

* 6. The five priority areas proposed for the 2019-2024 Prevention Agenda are:

- 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 HIV/STDs, Vaccine-Preventable Diseases and Antimicrobial Resistance, and Healthcare-Associated Infections

Do the proposed priorities address issues of concern to your community and your organization? Please explain.

* 7. Do the proposed focus areas and goals, that will be available at https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/ and are attached in slide set you received with the survey link, address issues of concern to your community? Please explain.

* 8. How can we achieve greater participation from stakeholder organizations (including yours) in the local community health planning and implementation process?

* 9. How might your organization be most effective in addressing one or more of the priorities?

* 10. How can we assure that our new plan addresses racial, ethnic and socio-economic disparities in each of the priority areas?

* 11. How can we assure that our new plan addresses social determinants of health?

* 12. How can we ensure that our new plan addresses healthy aging?

* 13. DOH would like active participation from our partner organizations in developing the next Prevention Agenda. Your participation is vital to a successful plan. Would a member from your organization be willing to serve on a committee to develop the plan including identifying interventions for an identified priority? (Choose one response)

- Yes
- No

Please write in name, organization, contact email and phone number:

Appendix 2. Stakeholder Feedback List

Survey Feedback

AARP New York
Accountable Health Partners
Adirondack Rural Health Network
Albany County Department of Health
Allegany County Office for the Aging
Alliance for Better Health
American Cancer Society
American Diabetes Association
American Lung Association
Ardent Solutions, Inc.
Aria Strategies, LLC
Arnot Health
Bassett Healthcare Network
BluePrint Geneva, Inc.
BRiDGES
Brooklyn Perinatal Network, Inc.
Capital Area Urban League
Capital District Medical & Wellness Committee
Capital District Tobacco-Free Communities
Capital District Transportation Committee
Care Compass Network
CareFirst NY, Inc.
Catholic Charities of Herkimer County
Catholic Health Services of Long Island
Cattaraugus County HD/ Healthy Livable Communities Consortium
Cattaraugus County Health Department
Causewave Community Partners
Cayuga Community Health Network
Cayuga County Health Department
Center for Independence of the Disabled, NY
Chautauqua County NY AAA
Chautauqua Health Planning Team
Chris Hilderbrant Consulting
City of Rochester
Claxton-Hepburn Medical Center
Columbia County Department of Health
Columbia Memorial Health
Common Ground Health
Community members
Community Health Care Association of New York State
Community Memorial Hospital

Corning Community College
Crime Victim and Sexual Violence Center
Delphi Drug & Alcohol Council
Empire Justice Center
Erie County Cancer Services Program
Evolve Wellness Health Coaching
Farnham Family Services
FHC at NYU Langone
Finger Lakes Health
Fort Drum Regional Health Planning Organization
Fulton County Office for Aging and Youth
Genesee Transportation Council
Geneseo Parish Outreach Center
Golisano Children's Hospital at UR Medicine
Greater New York Hospital Association
Greene County Public Health
Health People
HealtheConnections
Healthix
HealthlinkNY
Herkimer County Office for the Aging/NY Connects
HRHCare, Community Health
IBERO- American Action League
ICP of Oswego County
Kindred at Home
LaSalle School
Lewis County Community Services
Lewis County Department of Social Services
Lifespan of Greater Rochester Inc.
Livingston County Department of Health
Long Island Prevention Resource Center
Maurer Foundation for Breast Health Education
Meals on Wheels Programs & Services of Rockland Inc.
Medical Society of the State of New York
Millennium Collaborative Care
Monroe County Community Health Improvement Workgroup
Monroe County Department of Health
Monroe County Office for the Aging
Montgomery County Public Health
Nassau-Suffolk Hospital Council
Nathan Littauer Hospital & Nursing Home
New York City Department of Health and Mental Hygiene
New York State Council on Hunger and Food Policy

New York State Podiatric Medical Association
New York State United Teachers
Newark-Wayne Community Hospital
Niagara County CHA/CHIP/CSP Workgroup
Niagara County Department of Health
Northern Regional Center for Independent Living
Noyes Health
NYS Dept. of Agriculture and Markets
Office of the State Long Term Care Ombudsman
Onondaga County Health Department
Ontario County
Ontario County Public Health
Open Door Mission
Oswego City-County Youth Bureau
Oswego County Office for the Aging
Oswego County Opportunities
Otsego County Community Services
Otsego Northern Catskills Board of Cooperative Educational Services (ONC BOCES)
Our Babies, Our Future - Westchester Collective Impact
Population Health Collaborative
POW'R
REACH CNY, Inc.
Reach Medical
Rochester City School District
Rural Health Education Network of Schoharie, Otsego and Montgomery Counties
Rural Health Network SCNY
S2AY Rural Health Network
Saratoga Hospital
Schoharie County Council on Alcoholism and Substance Abuse
Schoharie County Office for the Aging
Schuyler County Office for the Aging
Schuyler County Public Health
Seven Valleys Health Coalition
Sexual Assault and Crime Victims Assistance Program
Somos
St. James Mercy Hospital
St. Joseph's Health, Syracuse
St. Joseph's Neighborhood Center and the African American Health Coalition
St. Mary's Healthcare
St. Peter's Health Partners
Steuben County Community Services
Steuben County Legislature
Steuben County Public Health

Suffolk Care Collaborative
Suffolk County Department of Health Services
Suffolk County Health Department
Sullivan County Public Health Services
SUNY Upstate Medical University
Tioga County Public Health
Tompkins County Health Department
Tri County Family Medicine
Trillium Health
University of Rochester
UR Medicine Noyes Health
UR Medicine Home Care
Urban League
Wayne Action for Racial Equality
Wayne County Action Program, Inc.
Wayne County Department of Aging and Youth
Wayne County Public Health
Wayne County Rural Health Network
Wayne County Sheriff's Office
Yates County Community Services
Yates County Public Health

Non-Survey Feedback

AARP NY
Healthcare Association of NYS (HANYS)
Healthy Capital District Initiative
Healthy Living & Exercise Medicine Associates
HIV Advisory Body (HAB)
Long Island Health Collaborative
Medicaid Matters
New York City Department of Health
New York State Association of County Health Hospitals (NYSACHO)
New York State Association of County Health Hospitals Environmental Health Directors
New York State Behavioral Health Council
New York State Community Health Care Association
New York State Department of Agriculture and Markets
New York State Department of Environmental Conservation
New York State Energy Research and Development Authority
New York State Office of Alcoholism and Substance Abuse Services
New York State Office of General Services
New York State Public Health Association
NYU School of Public Health
Primary Care and Population Health Working Group

Rockland County Public Health Priorities

Tobacco Advisory Board Meeting

Westchester County Integrated Services Planning Group (ISPG)