Partnerships to Improve Population Health

NYSDOH Population Health Summit
December 3, 2013
Dr. Jo Ivey Boufford
Prevention Agenda 2013-2017

• Goal is improved health status of New Yorkers and reduction in health disparities through increased emphasis on prevention.

• Call to action to broad range of stakeholders to collaborate at the community level to assess local health status and needs; identify local health priorities; and plan, implement and evaluate strategies for local health improvement.
CHAs & CSPs

• Local Health Department Community Health Assessment & Community Health Improvement Plans
  – Due November 15, 2013; covers years 2014-2017

• Hospital Community Service Plans
  – Due November 15, 2013, covers years 2013-15

• Commissioner Shah directs LHDs and Hospitals to work together and include local stakeholders

• Plans must choose two Prevention Agenda priorities and one must address health disparities
Prevention Agenda 2013-2017: Ad Hoc Leadership Group

- Six members of Public Health Committee and other leaders from Healthcare, Business, Academia, Community-based & Local Health Departments.
The Ad Hoc Leadership Committee considered:

- Urgent health issues and disparities in NYS
- Experience with the first Prevention Agenda
- Factors that contribute to health
Lessons Learned: Prevention Agenda 2008-12

- Number of priorities
- Participation at state and local levels
- Implementation and evaluation challenging
- Technical assistance needs
Context

• Progress on the Prevention Agenda 2008-12
• New York State’s Health Status
• Health Care Reform: National and State
• Funding Environment for Public Health
• How Health Improvement is Produced
Estimated Number of Deaths Due to Modifiable Behaviors, New York State, 2009

46% of all deaths are attributed to these eight modifiable behaviors.

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Estimated Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>26,222</td>
</tr>
<tr>
<td>Poor diet and physical inactivity</td>
<td>22,021</td>
</tr>
<tr>
<td>Alcohol Consumption</td>
<td>5,071</td>
</tr>
<tr>
<td>Microbial agents</td>
<td>4,521</td>
</tr>
<tr>
<td>Toxic agents</td>
<td>3,315</td>
</tr>
<tr>
<td>Motor vehicle crashes</td>
<td>2,592</td>
</tr>
<tr>
<td>Incidents involving firearms</td>
<td>1,748</td>
</tr>
<tr>
<td>Unsafe sexual behaviors</td>
<td>1,206</td>
</tr>
</tbody>
</table>

Estimates were extrapolated using the results published in:
The Public Health System

Assuring the conditions for public health

Adapted from: The Future of the Public’s Health in the 21st Century. IOM 2003
Framework for Improving Health

- Counseling & Education
- Clinical Interventions
- Long-Lasting Protective Interventions
- Changing the Context to Make Individuals’ Default Decisions Healthy
- Socio-economic Factors

Increasing Population Impact

Increasing Individual Effort Needed

Vision

New York is the Healthiest State
Five Prevention Agenda Priorities

1. Prevent chronic diseases
2. Promote a healthy and safe environment
3. Promote healthy women, infants and children
4. Promote mental health and prevent substance abuse
5. Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases and healthcare associated infections
For each priority area:

- Focus Areas
  - Goals
    - Measurable Objectives
      - Interventions
        - By Sector
        - By Health Impact Pyramid
Measurable Objectives

• 58 objectives will be tracked annually
• 31 objectives with disparity and/or high risk populations
• Data will be available
  – by county for 43 objectives
  – by healthcare plan for 4 objectives
  – by hospital for 2 objectives
Prevention Agenda Tools and TA

• Website
• Webinars, HANYS site
• List of contractors
• List of Local Health Department leads
• Brochures and fact sheets
• Regional grants to provide technical support
* Hudson Valley, Nassau, Suffolk supported by statewide HANYS-NYSACHO Partnership
Counts Responding by Region, July 2013

<table>
<thead>
<tr>
<th>Region</th>
<th>Surveyed</th>
<th>Responded</th>
</tr>
</thead>
<tbody>
<tr>
<td>P2</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>S2AY Network</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>CNYHSA</td>
<td>18</td>
<td>14</td>
</tr>
<tr>
<td>AHI</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>HCDI</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>HVRHON</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Nassau-Suffolk</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>57</strong></td>
<td><strong>52</strong></td>
</tr>
</tbody>
</table>
Who is at the table?
July 2013

- Hospitals 48
- CBOs 44
- Government 41
- Schools 27
- Academia 21
- Businesses 21
- Health Plans 10
CHA-CHIP-CSP Review Process

- As of November 15, 44/58 local health department CHA-CHIPs and 125/137 hospital CSPs were submitted to the secure DOH Commerce Website.
- 15 reviewers (NYS and partner organizations) will be reviewing documents using online review tool.
- NYCDOHMH will review CSPs submitted by NYC hospitals
- Reviews to be completed by January 2014.
- Every local health department and hospital will receive feedback to be shared with partners highlighting strengths and opportunities for improvement.
Work with Local Partnerships Moving Forward

• TA on Chronic Disease Priority
• Additional TA from HANYS on other priorities
• NYS Health Foundation grant support – encourage other foundations to provide match
• NYCDOHMH working with GNYHA and community stakeholders
For More Information on New York State’s Prevention Agenda 2013-17

http://www.health.ny.gov
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