



**Department
of Health**

NYS Prevention Agenda Update

June 8, 2017

**Jo Ivey Boufford, MD, Chairperson, Public Health Committee
Presentation to the Public Health and Health Planning Council**

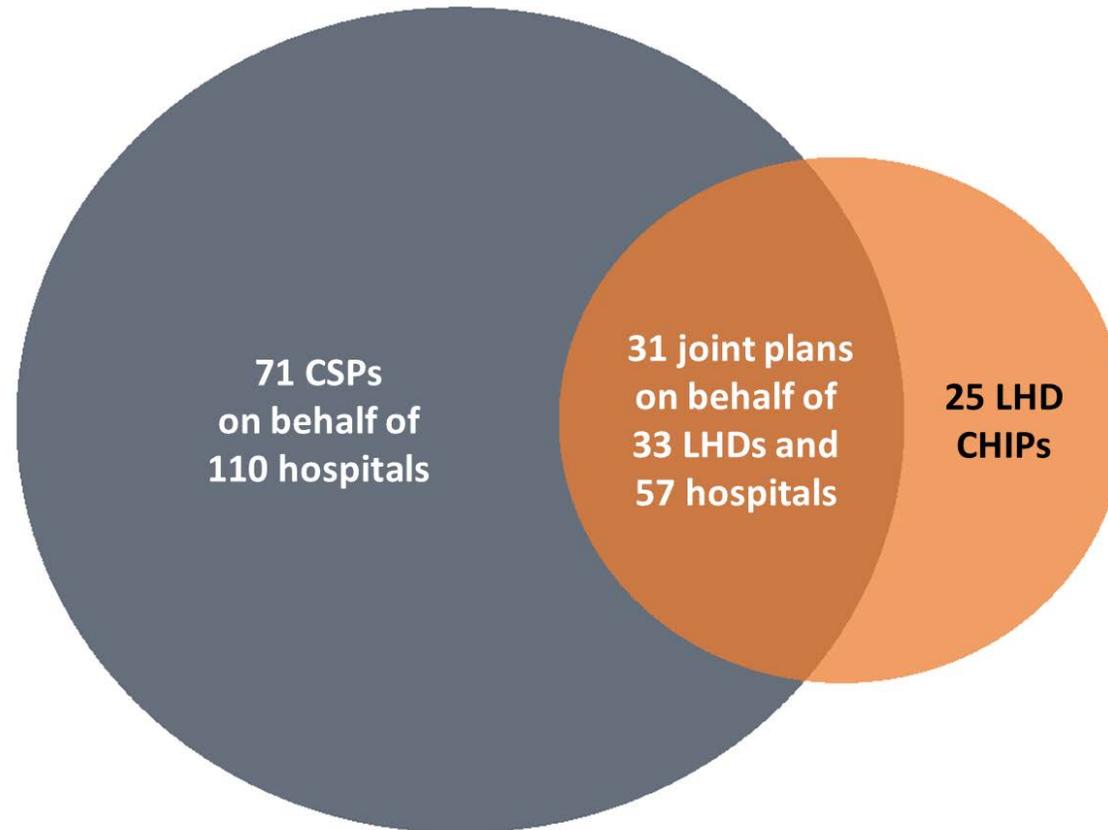
2016-2018 Local Community Health Improvement Planning Cycle

Guidance called for collaboration:

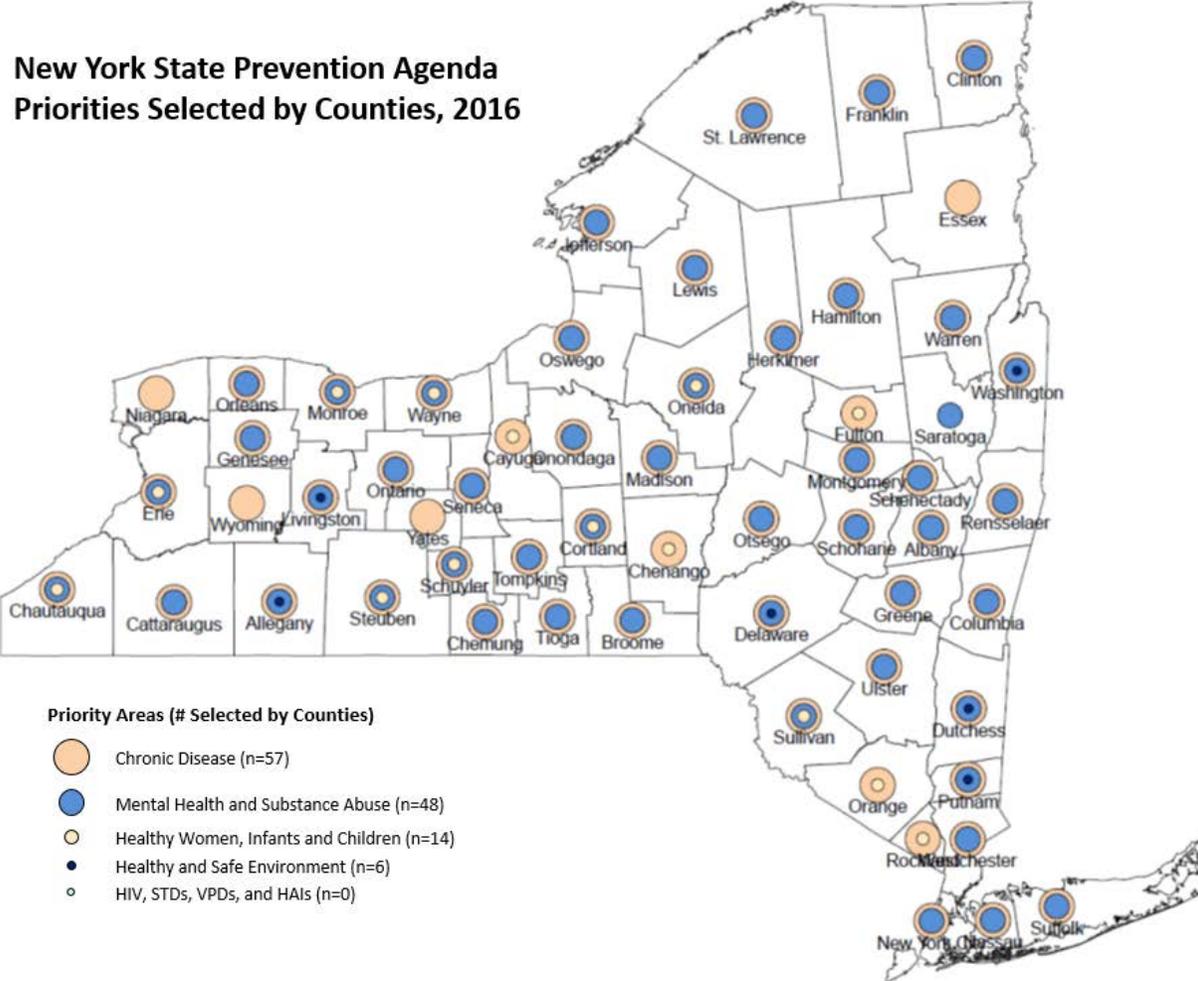
- Work with partners to identify common public health priorities
- Consider developing a single plan that serves as both the LHD's community health improvement plan (CHIP) and the hospital's community service plan (CSP)
- Describe process of how community was engaged to identify and select at least two "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

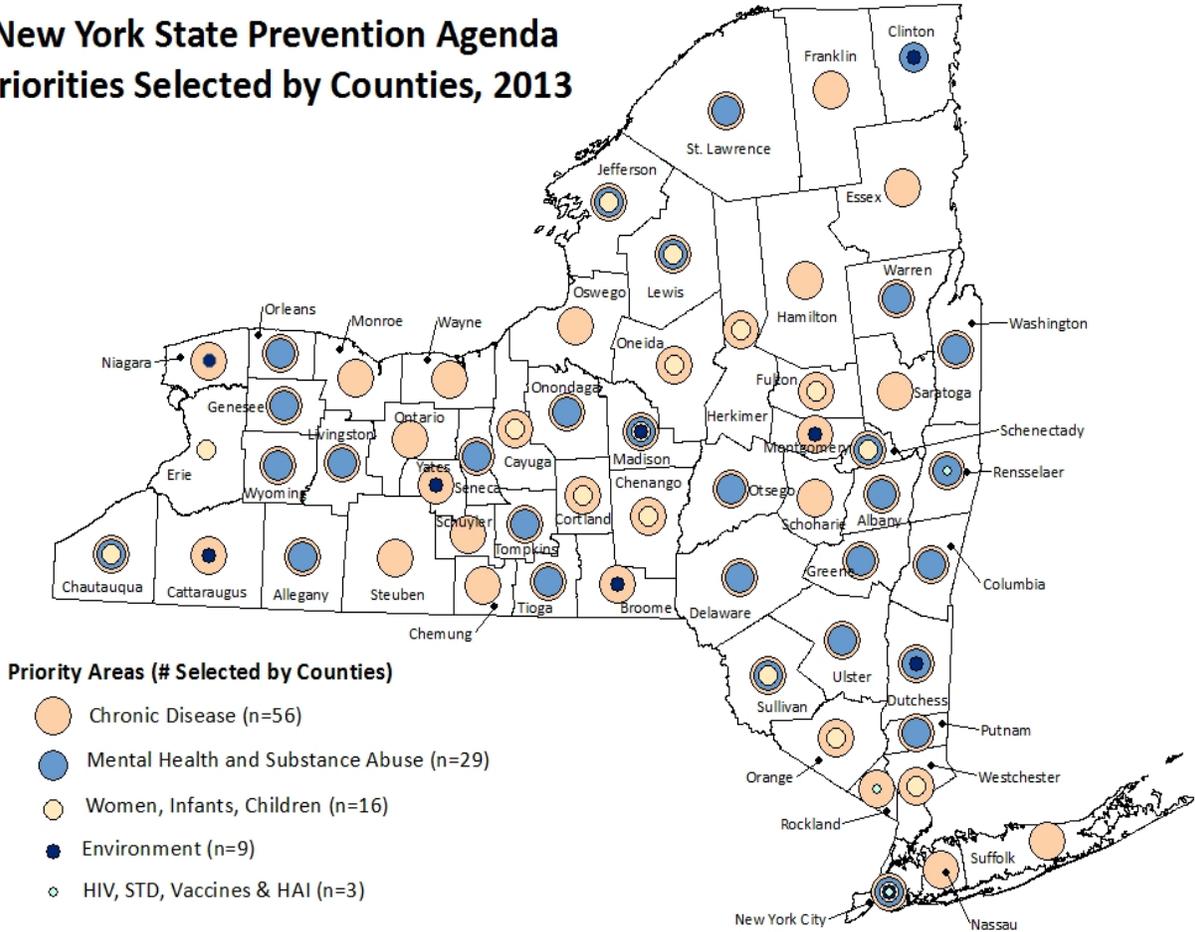
127 plans by 58 LHDs and 167 Hospitals



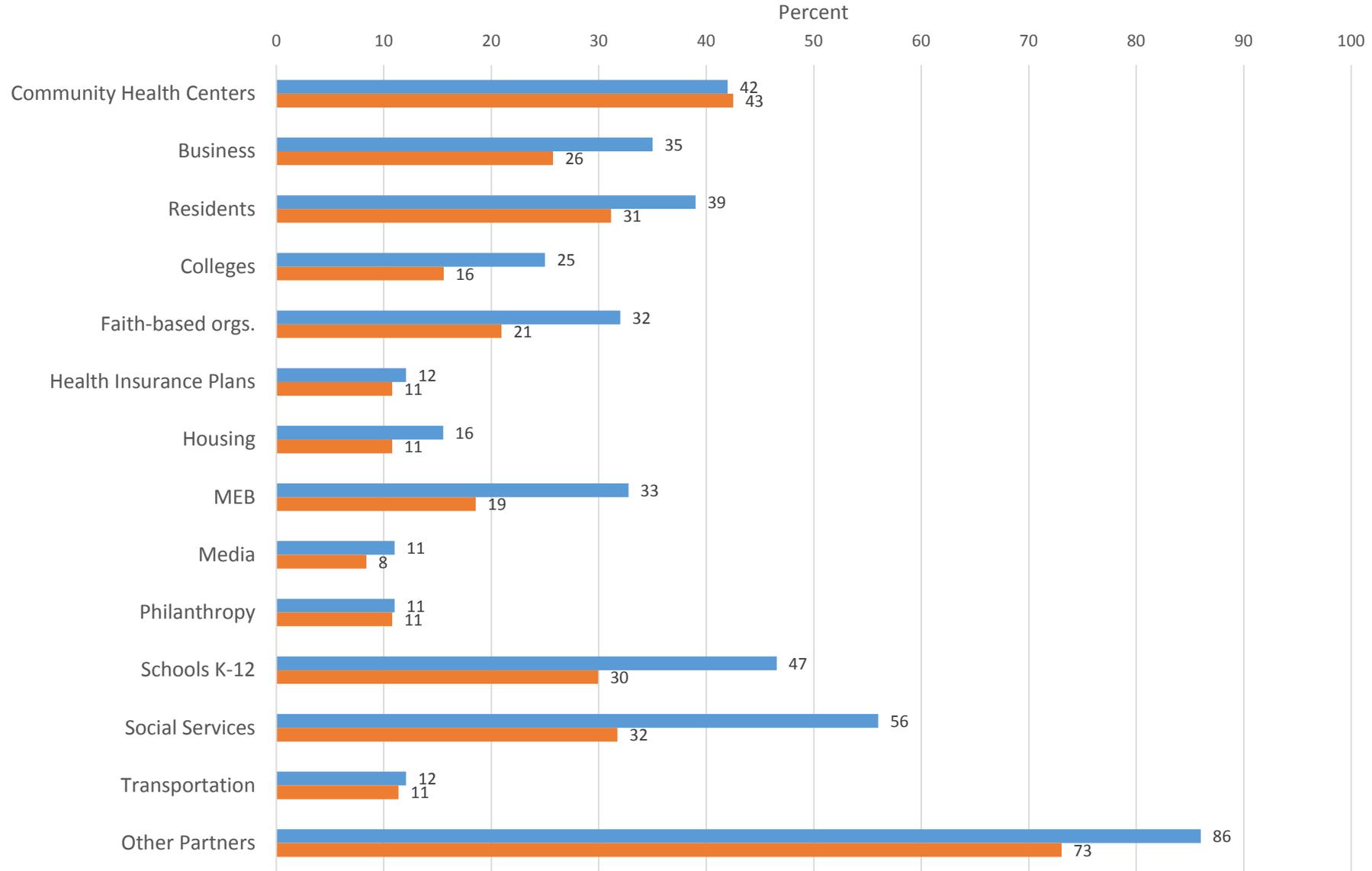
**New York State Prevention Agenda
Priorities Selected by Counties, 2016**



**New York State Prevention Agenda
Priorities Selected by Counties, 2013**



Prevent Chronic Diseases: Partners Engaged, December 2016

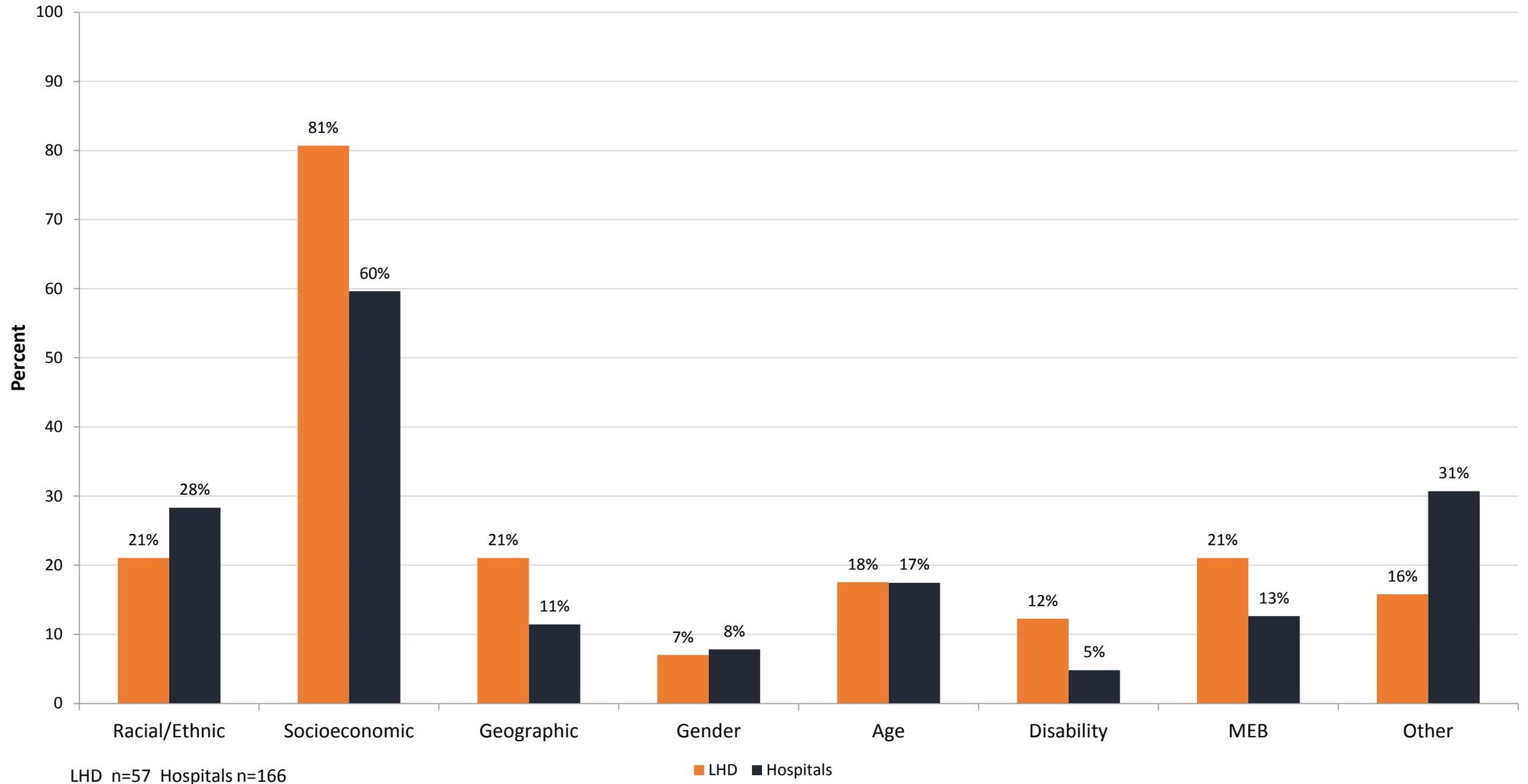


TOTALS: LHD n=57 Hospitals n=166

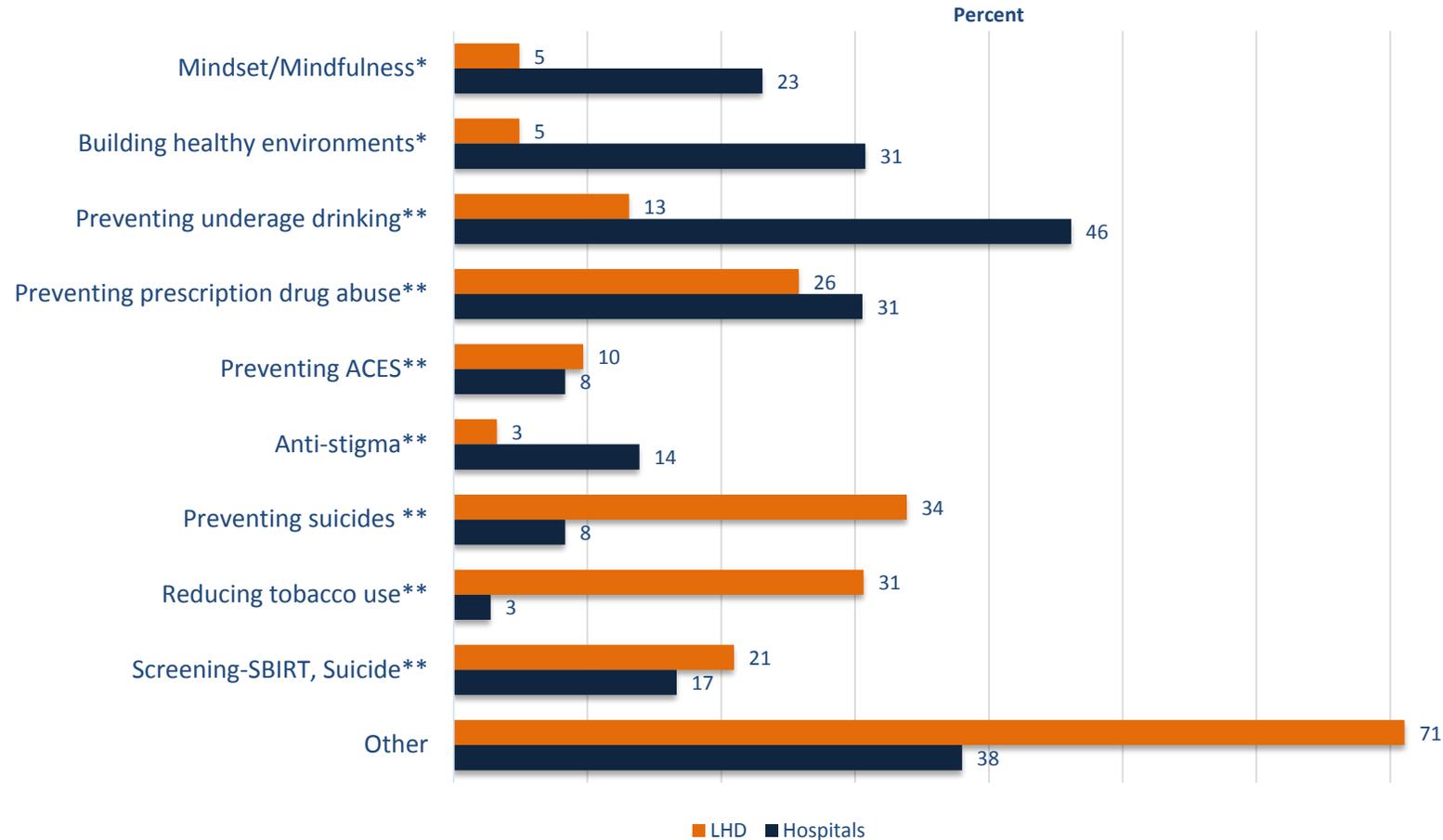
NOTE: Organizations often indicated working in more than one priority area

■ LHD ■ Hospitals

Disparities addressed in Prevent Chronic Diseases, December 2016



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

Other:

- 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



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)

Good health requires policies that actively support health 

It requires different sectors working together, for example:



TO ENSURE ALL PEOPLE HAVE EQUAL OPPORTUNITIES TO ACHIEVE THE HIGHEST LEVEL OF HEALTH

An approach to public policies 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.

World Health Organization. Health in All Policies, Framework for Country Action, 2013

**New York State
62 Counties
Change in Population Aged 60 and Over
2015 to 2025**

| Proportion of County Population Aged 60 and Over | Number of Counties with Specified percent of Older Persons | |
|--|--|------|
| | 2015 | 2025 |
| Less than 20% | 7 | 5 |
| 20% to 24% | 41 | 6 |
| 25% to 29% | 12 | 33 |
| 30% and over | 2 | 18 |

Source: Woods & Poole Economics, Inc., 2014 State Profile

Local Offices for the Aging:
<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