Prevention Agenda Update

Findings from the Community Health Assessments and Community Service Plans

Office of Public Health Practice

SPEED Rounds – February 4, 2010

Overview

- Prevention Agenda
- Collaborative Community Health Planning
- Summary Findings
- Prevention Agenda website
- Next Steps

Prevention Agenda

- Established 10 public health priorities for improving the health of New Yorkers
- Set goals for 2013 and indicators to track progress
- Asked county health departments and hospitals to lead community efforts to mobilize action and to describe efforts in planning reports
- Seeks partnerships with DOH programs and statewide organizations to support local efforts

Prevention Agenda Priorities

- Access to Quality Health Care
- Chronic Disease
- Community Preparedness
- Healthy Environment
- Healthy Mothers, Healthy Babies, Healthy Children
- Infectious Disease
- Mental Health and Substance Abuse
- Physical Activity and Nutrition
- Tobacco Use
- Unintentional Injury

Timeline

- Fall 08-Spring 2009
  - Issued CHA and CSP Guidance
  - Launched Prevention Agenda Website
  - Convened Prevention Agenda Leaders Group
  - Provided technical assistance on planning
  - Provided community-based data including E-BRFSS
- Sept 2009 – CHAs and CSPs submitted
- Jan 2010 – Reviews completed, feedback provided
- Feb 2010 – Release final E-BRFSS data
- Spring 2010 and beyond – Support communities by identifying and providing TA on best practices
- Annually – Review and update DOH website

Collaborative Community Health Planning Processes

- Local health departments (n = 58) asked to work with hospitals and community partners to describe community health needs and identify priorities in *Community Health Assessments*

- Non-profit hospitals (n = ~232) asked to work with LHDs to assess community health issues and identify local priorities in *Community Service Plans*

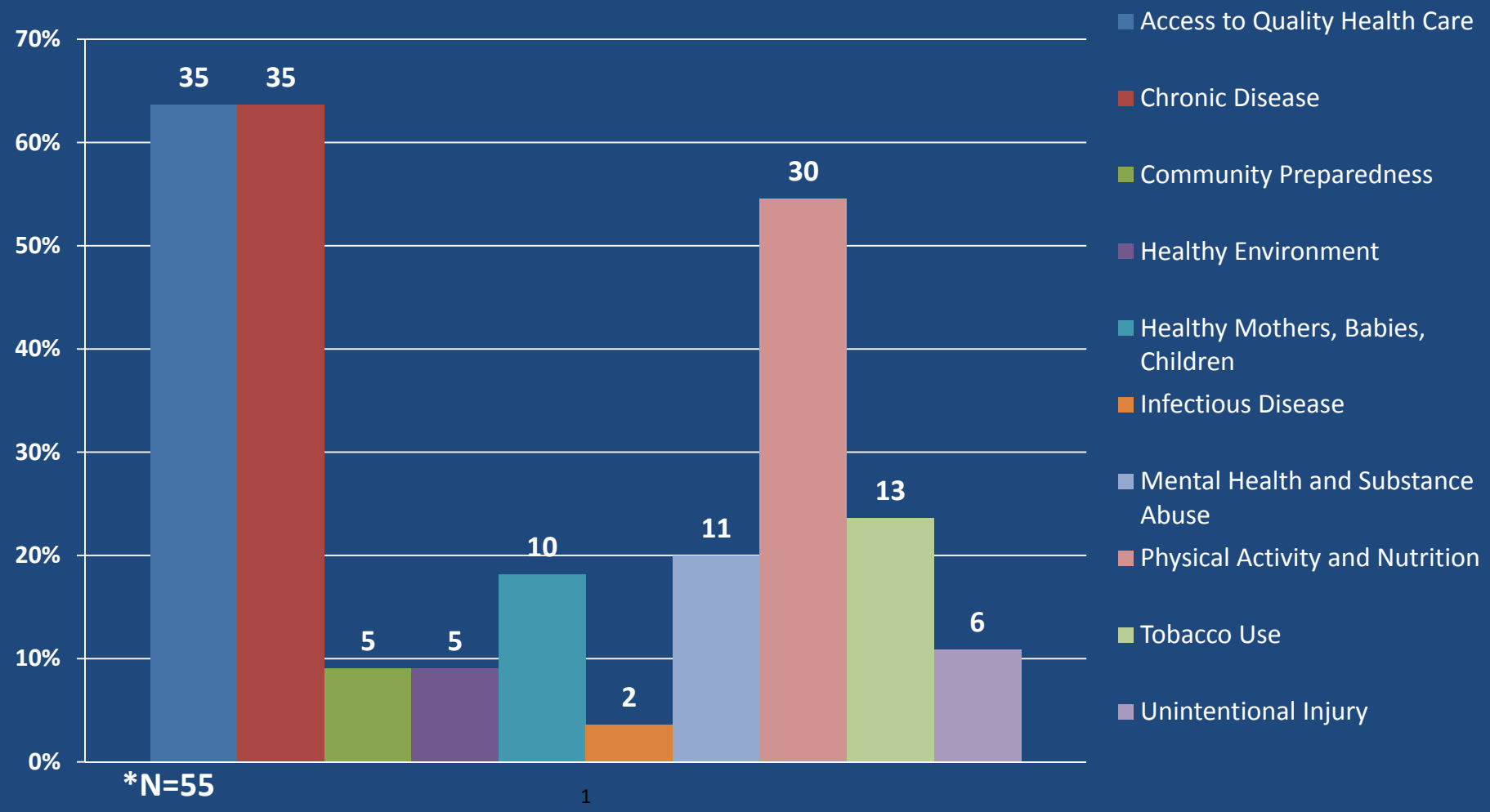
Review Process

- Documents submitted September 15, 2009
- 2 reviews of each document
  - 1 regional, 1 state level
- Analysis conducted by Jennifer Sears, MPH student at University at Albany School of Public Health
- Strengths and weaknesses summarized
- Letters sent last week

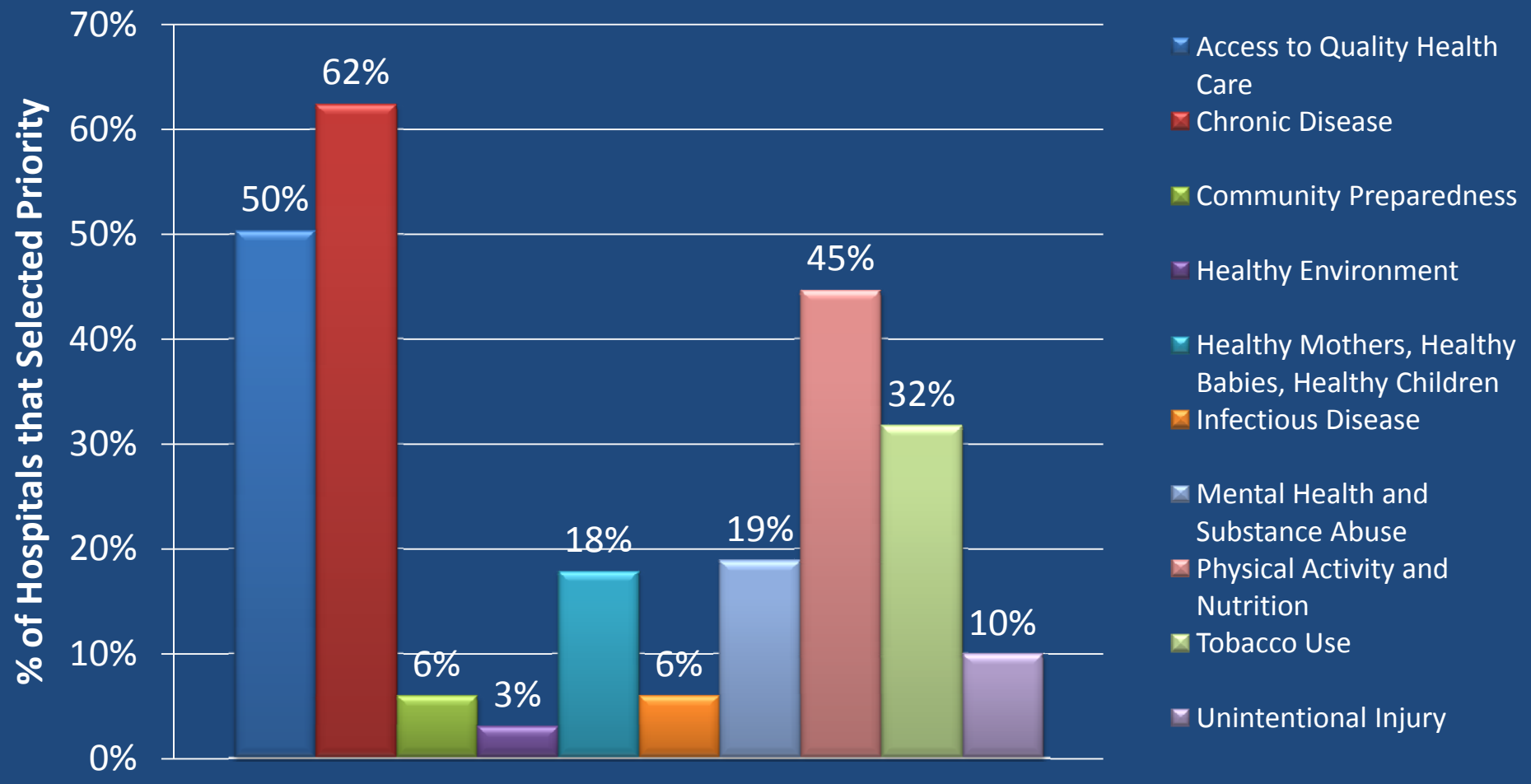
Review Criteria

- Collaboration
- Planning entity used
- *Prevention Agenda* priorities to be addressed collaboratively
- Other priorities
- Tracking measures
- Use of Prevention Quality Indicators
- Disparities discussed
- Strategies and interventions
- Dissemination of report

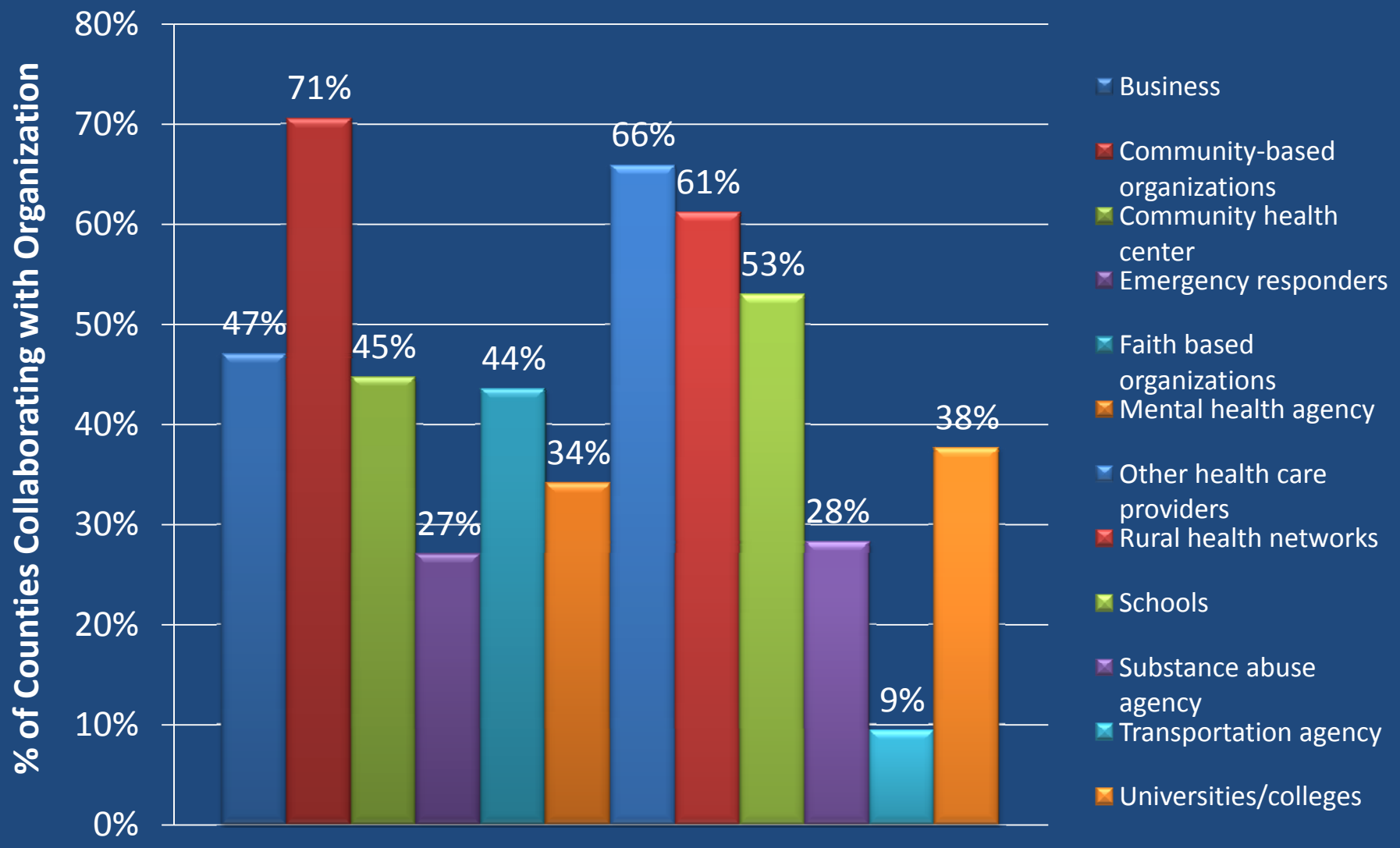
Prevention Agenda Priorities Selected by LHDs



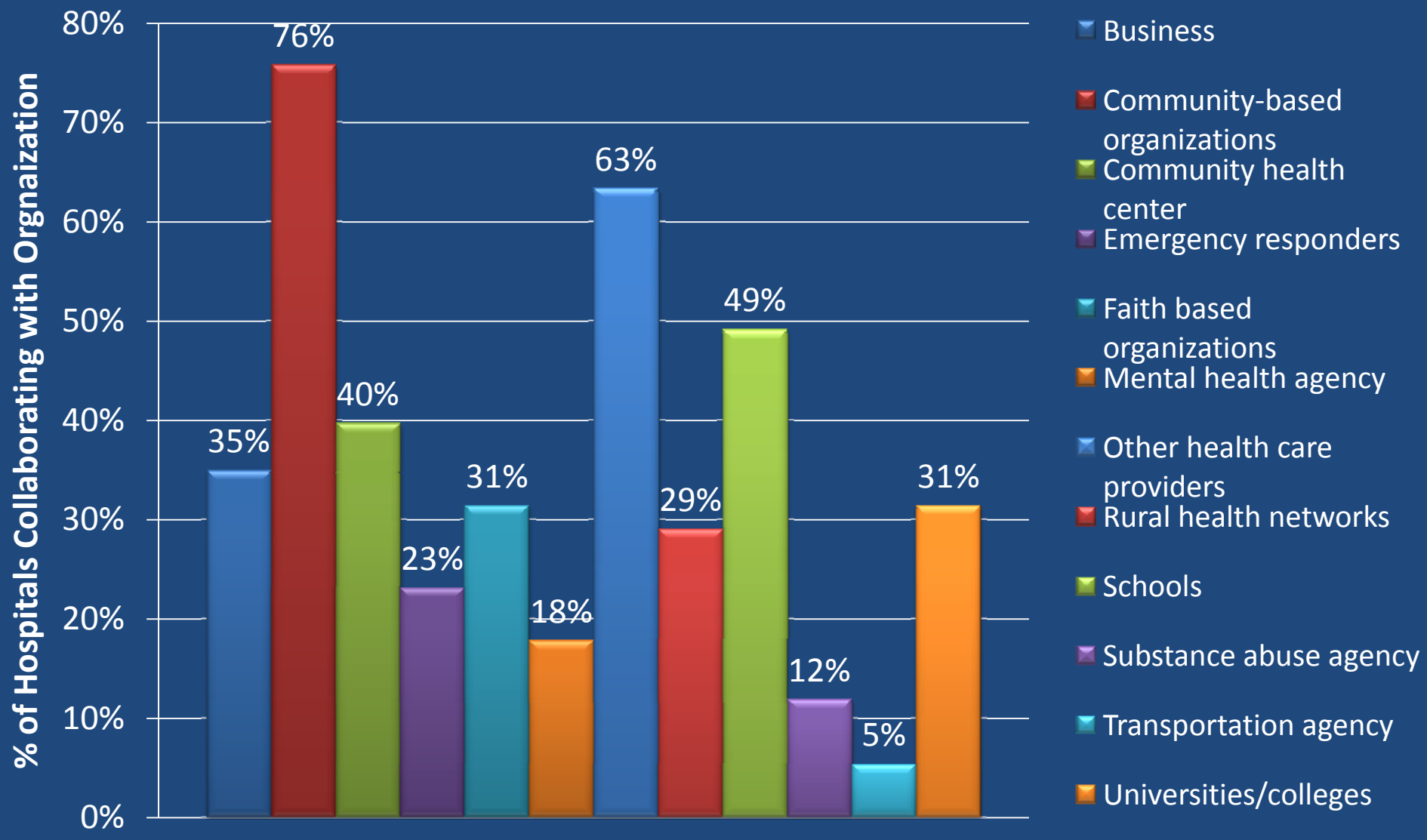
Prevention Agenda Priorities Selected by Hospitals



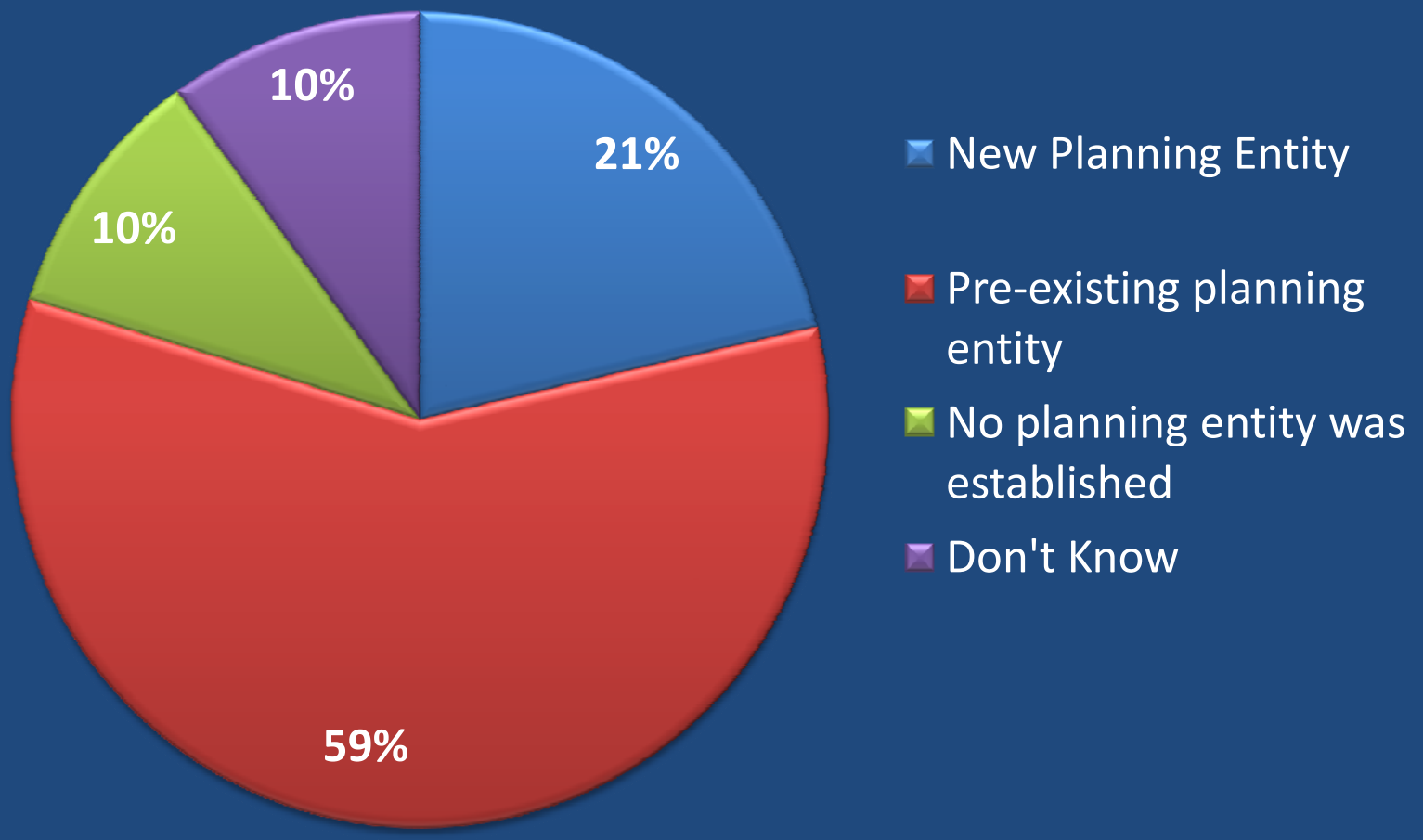
LHD Collaboration with Community Based Organizations



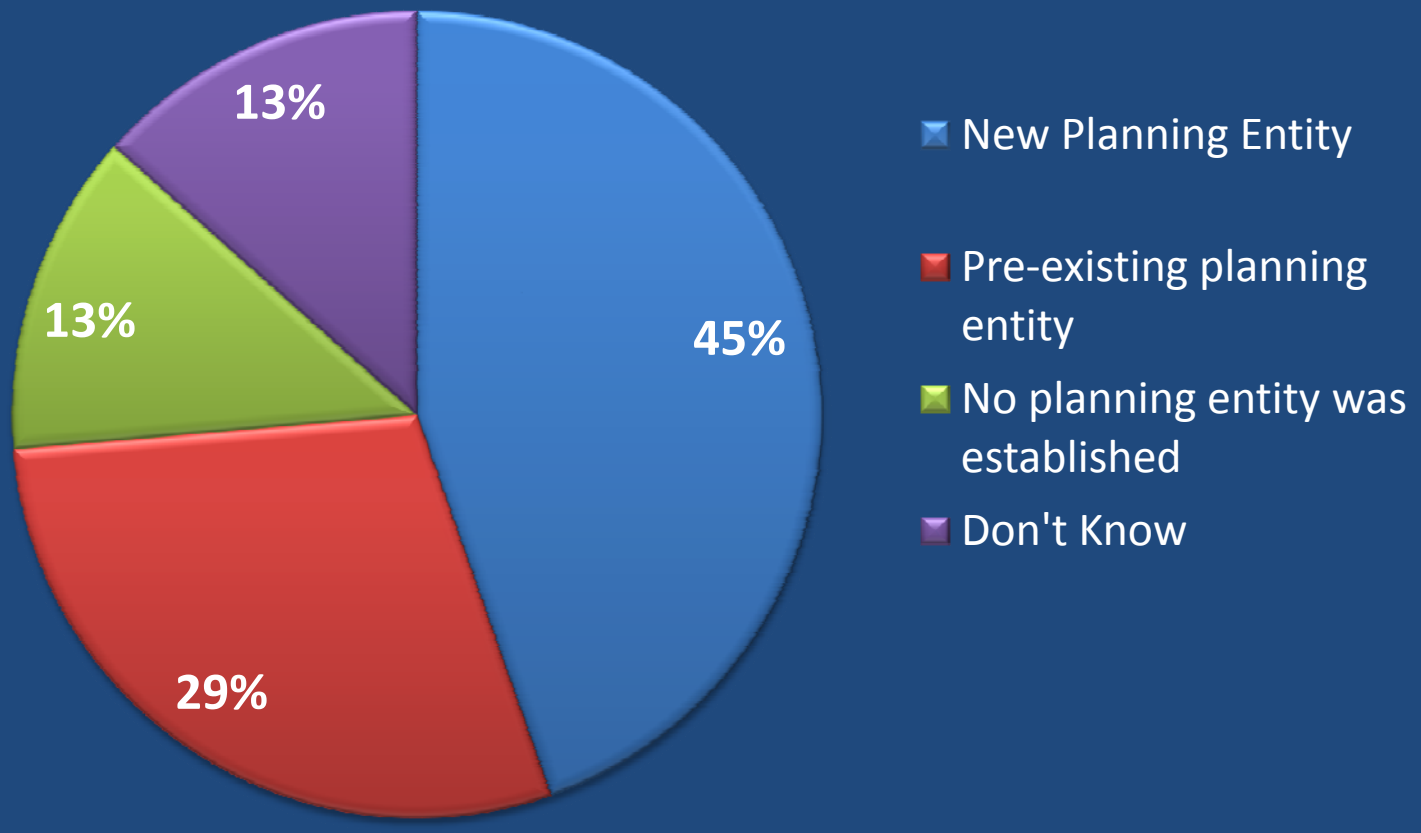
Hospital Collaboration with Community Based Organizations



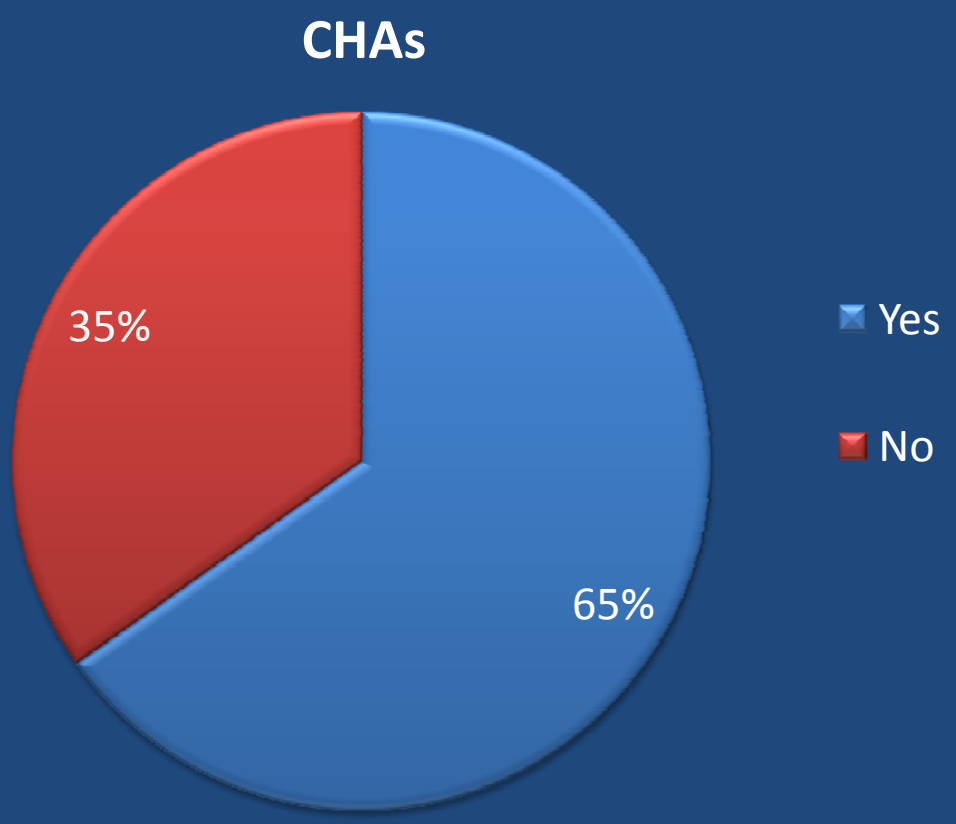
Planning Entity for CHAs



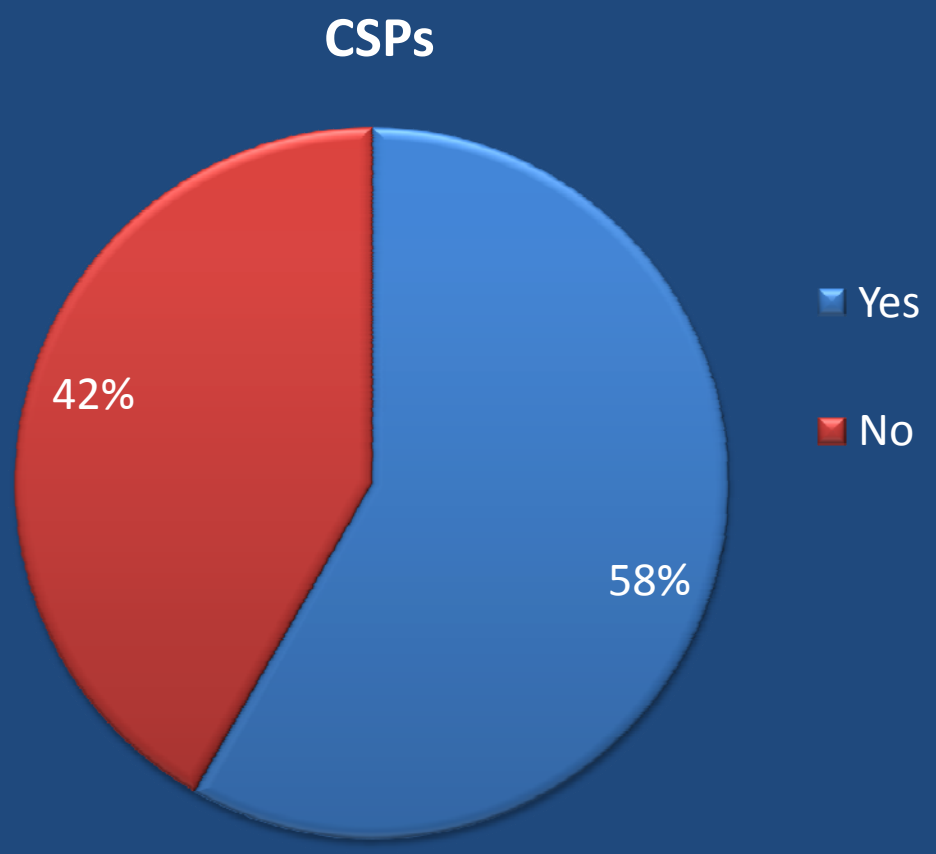
Planning Entity for CSPs



Did CHA Include Measures to Track Prevention Agenda Priorities?

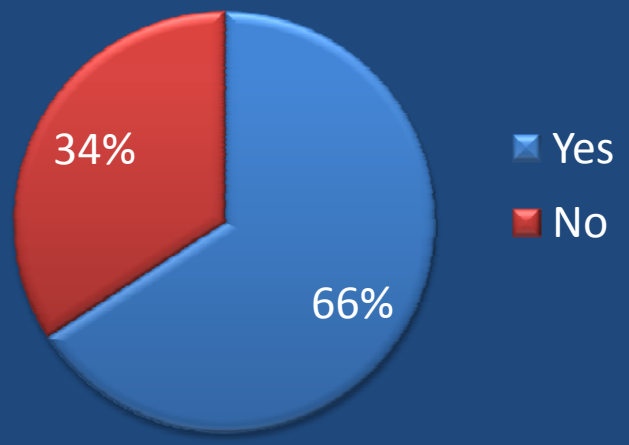


Did CSP Include Measures to Track Prevention Agenda Priorities?

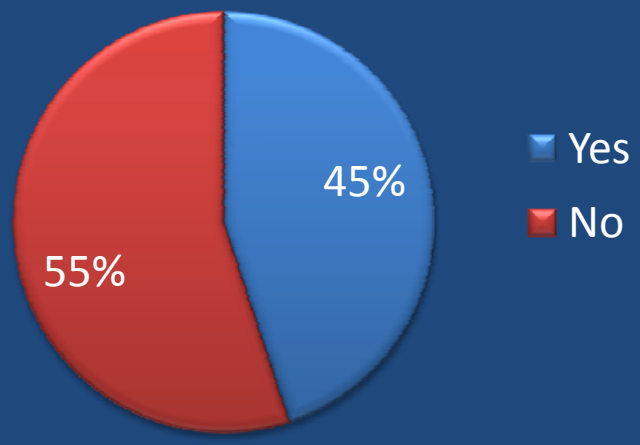


CHA Discussion of Disparities

Report discusses disparities

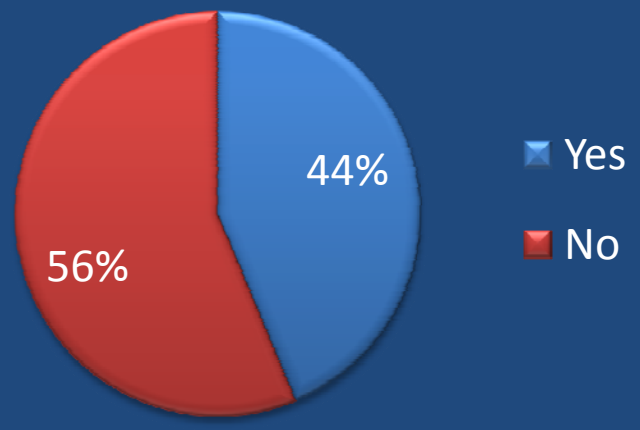


Report specifies how they are planning to address disparities



CSP Discussion of Disparities

Report Discusses Disparities



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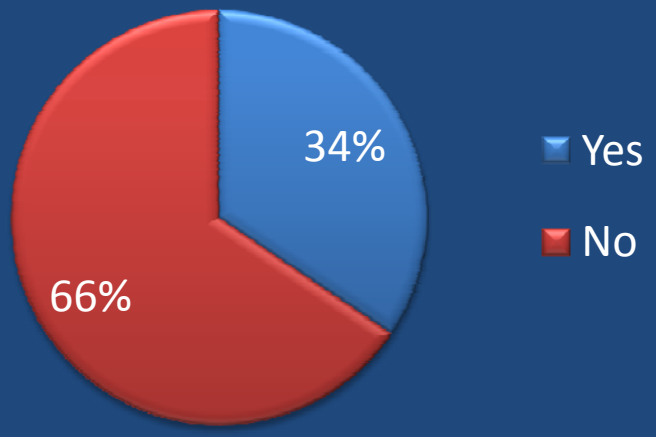
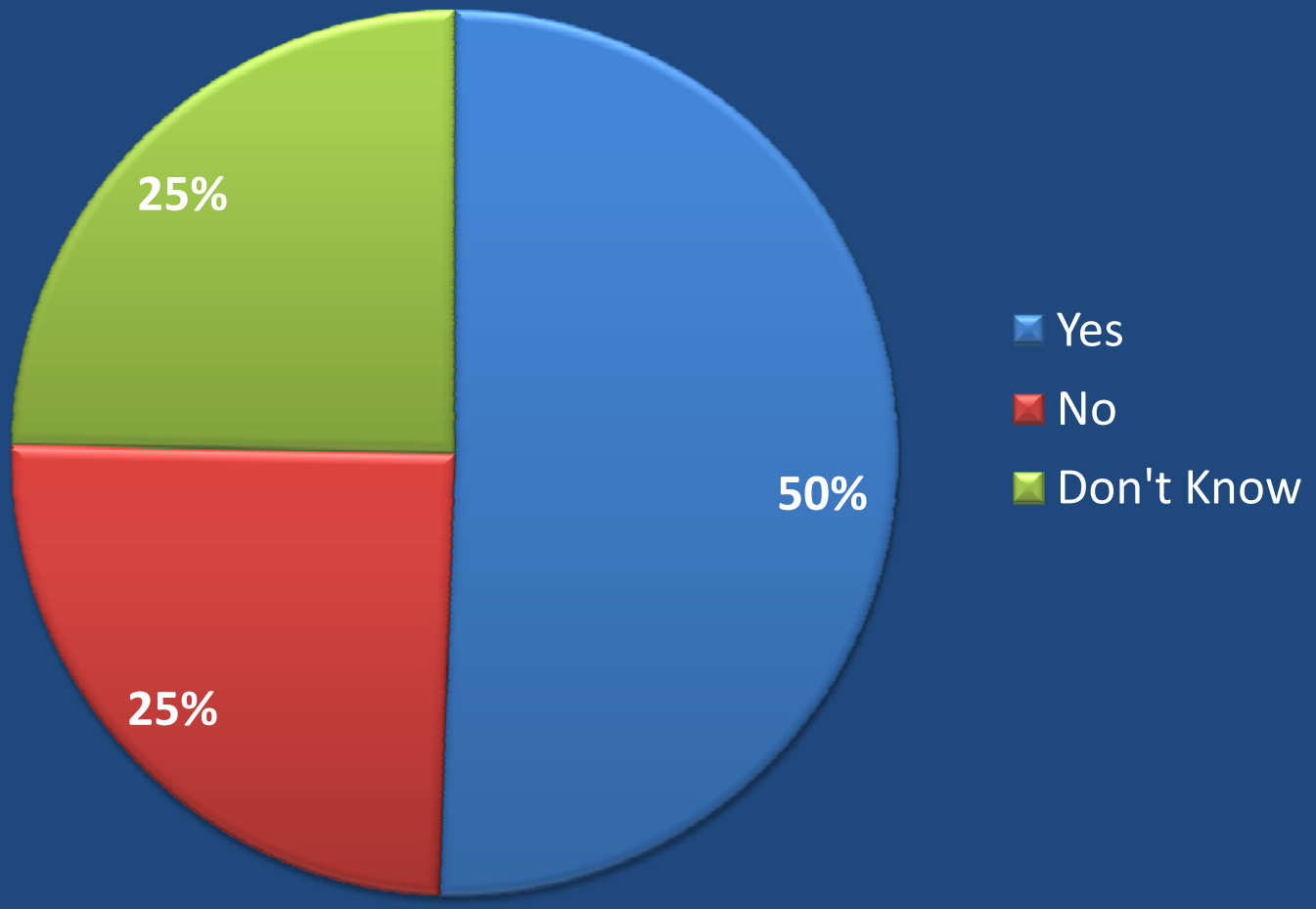
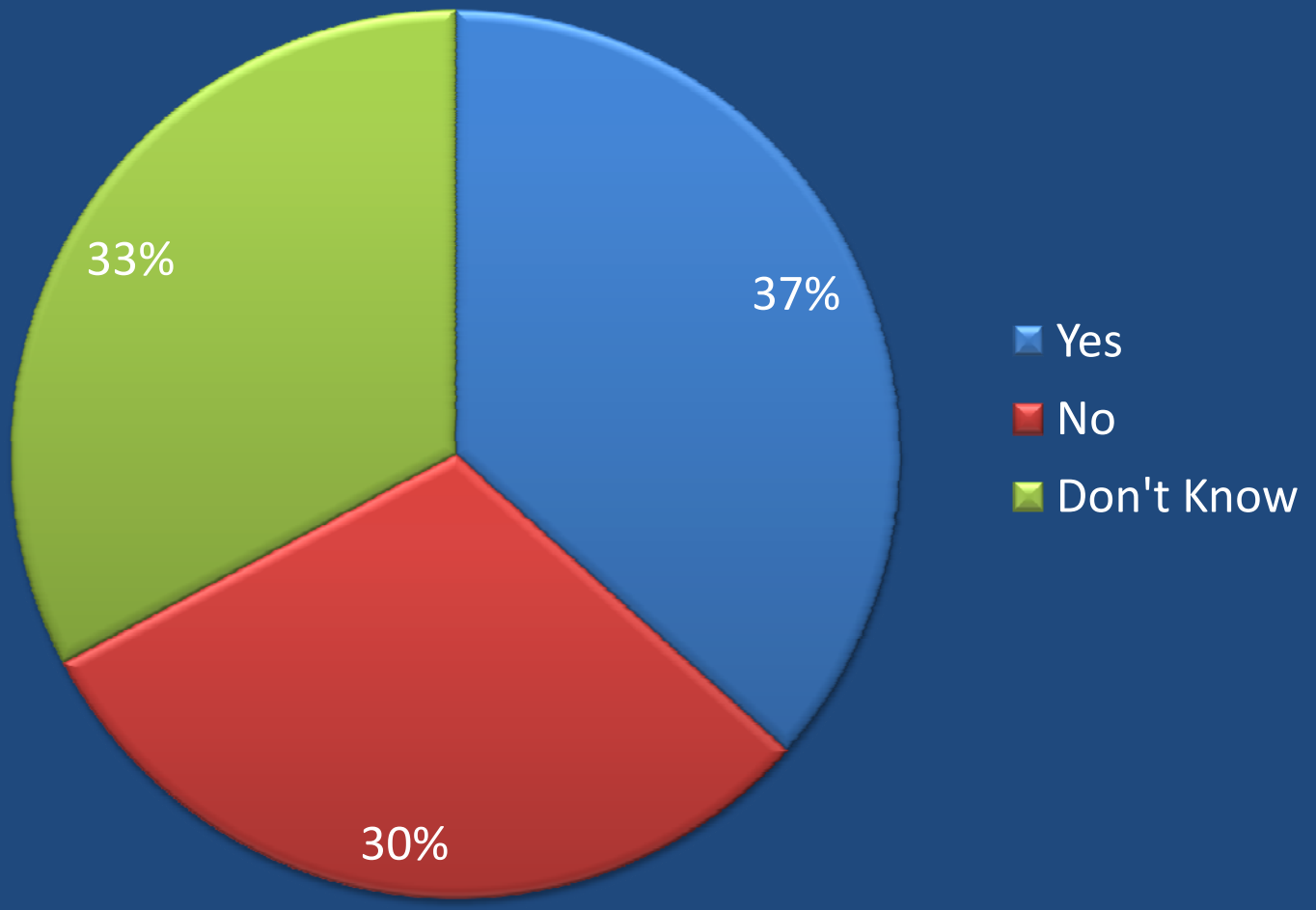


CHA Utilization of Prevention Quality Indicators



CSP Utilization of Prevention Quality Indicators



Strengths

- CHAs and CSPs promoted formation of new collaborations
- New strategies to address Prevention Agenda priorities
- Mobilizing for Action through Planning and Partnerships (NACCHO-sponsored process) utilized in many counties
- Community involvement through surveys and focus groups

Opportunities for Improvement

- Strategies don’t always include clear objectives and indicators
- Data presentation not always explained or correlated with actions
- Collaborations are listed but involvement of organizations is not clearly defined

Examples of Local Efforts

- Chautauqua County
- Westchester County

Chautauqua County

- Priority: Chronic Disease

  Goal: Reduce burden of diabetes by creating county Diabetes Prevention Task Force

  Objectives:

  - Identify 10 local agencies to participate
  - Identify one evidence-based strategy that improves diabetes outcomes
  - Locate one funding source that allows for implementation

Westchester County

Priority: Chronic Disease

Goal: Reduce sodium intake

- Measures: Rates of stroke mortality, hospitalizations due to CHF and coronary heart disease
- 15 hospitals have signed on to take actions to reduce sodium intake including:
  - Reducing sodium content of foods served in hospital cafeteria, labeling nutritional content
  - Hospital vending machines with low-sodium snack choices (e.g., White Plains Hospital)

Summary of CHA Strategies for DOH

- Spreadsheet created for each priority area
  - Contains strategies from every county that chose the priority
  - Provides way for Prevention Agenda leader organizations and others to get involved in specific county efforts
- Link to LHDs to get involved:
  - http://www.nyhealth.gov/prevention/prevention_agenda/contact_list.htm

Prevention Agenda Home Page

http://www.health.state.ny.us/prevention/prevention_agenda/index.htm

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Prevention Agenda

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News

2009 PQI AND COMMUNITY HEALTH DATA WEBINAR: JAN 22, JAN 30, 9:00 - 10:00 A.M.

The webinars will assist local health departments and hospitals in accessing data for community health planning efforts including the recently released Prevention Quality Indicator (PQI) tool. Interested participants should register for one of the webinars.

COMMUNITY HEALTH: COLLABORATION IN ACTION

Check out the eight-minute video Community Health: Collaboration in Action listed under the Prevention Agenda Toward the Healthiest State. It shows a local health department

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Prevention Agenda Toward the Healthiest State

"Too many New Yorkers experience poor health as a result of obesity, tobacco use, and lack of preventive health services. The Prevention Agenda is a call to action to local health departments, health care providers, health plans, schools, employers, and businesses to collaborate at the community level to improve the health status of New Yorkers through increased emphasis on prevention."

- Richard F. Daines, M.D., State Health Commissioner

Priorities

The Prevention Agenda identifies ten priorities for improving the health of all New Yorkers and asks communities to work together to address them.

- Access to Quality Health Care
- Chronic Disease
- Community Preparedness
- Healthy Environment
- Healthy Mothers, Healthy Babies, Healthy Children
- Infectious Disease
- Mental Health and Substance Abuse
- Physical Activity and Nutrition
- Tobacco Use
- Unintentional Injury

Search

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- Health & Safety in the Home, Workplace & Outdoors
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General Resources

Prevention Agenda Toward the Healthiest State - Microsoft Internet Explorer

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Address http://www.nyhealth.gov/prevention/prevention_agenda/index.htm Go Links

anniversary program that looks at how Public Health Live!, a televised 60-minute program, has advanced the goals of New York State Department of Health's Prevention Agenda for the last ten years. To see the broadcast, click on the "blip.tv" link on the right hand column. This anniversary program broadcast on December 17, 2009 has short clips of past programs celebrating public health practice in the community.

PREVIOUS NEWS ITEMS

See all of the previous Prevention Agenda news items.

Prevention Works

A goal of the Prevention Agenda is to prevent health problems before they occur, or before they worsen.

The things we do, the food we eat, the air, water around us, and the design of our communities contribute to the majority of deaths in New York and the nation.

And, believe it or not, that's good news, because health promotion and disease prevention can help us eat healthier foods, successfully quit smoking, and enjoy living in safe environments with clean air and water.

Health promotion and disease prevention activities might include investigating disease outbreaks, labeling foods that are high in fat, counseling and drug treatments to help people quit smoking, and testing water supplies to make sure they are free from chemicals or other pollution. Laws such as the Clean Indoor Air Act that bans smoking in public buildings, bars and restaurants protect people's health.

Keeping people healthy by preventing illness in the first place makes much more sense than having to treat them when sick. Community-based prevention can yield a return on investment through savings in health care and Medicaid budgets.

That's what New York's Prevention Agenda is all about.

Community Health Planning Approach

Another goal of the Prevention Agenda is to involve a wide range of organizations and community members in developing community health plans that identify and address problems that affect the health of New Yorkers.

The Prevention Agenda calls on local health departments and hospitals to identify two or three of the ten Prevention Agenda priorities and to work with community providers, insurers, community based organizations and others to address them. Statewide program and policy initiatives will complement local efforts.

Over the next year, local health departments and hospitals will join together in community health planning. Each local health department will describe community needs and program initiatives in their Community Health Assessments and Municipal Public Health Services Plans for the period 2010-2013. Each hospital will show how they will meet community needs in their Community Service Plan for 2010-2012.

The Department of Health will share information about programs and strategies that have been shown to promote health and prevent illness. Some of this comes from actions taken right here in New York's cities, towns and village, or in similar communities elsewhere. Recommendations from national public health groups will also be shared. The use of this information in planning and conducting effective programs is called evidence based public health.

Tracking Public Health Priorities

Selected Indicators for Tracking Public Health Priority Areas, along with measurable Prevention Agenda 2013 objectives, provide information to plan prevention programs, develop new policies, and measure our progress. Tables are available at the New York State and county level.

The Prevention Agenda aims to reduce or eliminate racial, ethnic and socioeconomic health disparities where they exist. Information about health disparities is included in the New York State table.

Permits, Licenses & Certification

Health Information Technology (Health IT)

Press Releases & Reports

Freedom of Information Law

Webcasts

Related Sites

Local intranet

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Data, Data, Data…

http://www.nyhealth.gov/statistics/chac/

http://www.nyhealth.gov/prevention/prevention_agenda/indicator_map.htm

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Indicators For Tracking Public Health Priority Areas

- Indicators For Tracking Public Health Priority Areas is available in Portable Document Format (PDF, 121KB, 5pg.)

Indicator	Prevention Agenda 2013 Objective	US	NYS	White non-Hispanic	Black non-Hispanic	Asian non-Hispanic	Hispanic
ACCESS TO QUALITY HEALTH CARE							
% of adults with health care coverage [1]	100%†	85.5% (2006)	86.5% (2006)	89.6% (2003-2005)	82.9% (2003-2005)	78.4% (2003-2005)	65.3% (2003-2005)
% of adults with regular health care provider [1]	96%†	80% (2006)	85.0% (2006)	87.9% (2003-2005)	84.2% (2003-2005)	78.7% (2003-2005)	64.8% (2003-2005)
% of adults who have seen a dentist in the past year [1]	83%†	70.3% (2006)	71.8% (2006)	75.1% (2004)	68.8% (2004)	69.7% (2004)	65.6% (2004)
Early stage cancer diagnosis [2]:							
Breast	80%	63%	64%	64.2%	50.7%	63.8%	58.0%
Cervical	65%	53%	52%	53.5%	41.6%	55.6%	53.9%
Colorectal	50%	40% (1996-2003)	40% (2000-2004)	43.8% (2005)	37.8% (2005)	38.7% (2005)	38.5% (2005)
TOBACCO USE							
% cigarette smoking in adolescents [3] (past month)	12%	23.0% (2005)	16.3% (2006)	20.5% (2005)	9.6% (2005)	8.7% (2005)	12.3% (2005)
% cigarette smoking in adults [1]	12%†	20.1% (2006)	18.2% (2006)	21.0% (2003-2005)	22.0% (2003-2005)	12.3% (2003-2005)	19.0% (2003-2005)
COPD hospitalizations among adults 18 + years [4] (per 10,000)	31.0	23.0 (2004)	41.8 (2004-2006)	35.4 (2004-2006)	53.5 (2004-2006)	7.4 (2004-2006)	35.8 (2004-2006)
Lung cancer incidence [2] (per 100,000)							
Male	62.0*	85.3*	82.2*	82.3*	78.4*	55.2*	48.8*
[illegible]	*	54.2*	53.9*	57.7*	40.6*	23.7*	23.1*

Example: Tobacco Priority Page on Website

Priority Area: Tobacco Use

The Burden of Tobacco Use and Secondhand Smoke

Preventing and reducing tobacco use are extremely important public health actions that can be taken to improve the health of New Yorkers. Tobacco use and dependence is the leading preventable cause of morbidity and mortality in New York State (NYS) and in the U.S. Cigarette use alone results in an estimated 438,000 deaths each year in the U.S., including 25,500 deaths in New York State. Second-hand smoke kills another 2,500 New Yorkers every year. There are 389,000 children alive today who will die prematurely from smoking. More than half a million New Yorkers currently suffer from serious smoking caused diseases, at a cost of $8.17 billion in health care expenditures annually. The list of illnesses caused by tobacco use is long and contains many of the most common causes of death, including heart disease and stroke, many forms of cancer, and lung and vascular diseases.

Objectives

- By the year 2013, reduce the prevalence of smoking in New Yorkers so that:
  - The percent of adults who smoke is no more than 12%* (Baseline: 18.2%, BRFSS, 2006)
  - The percent of adolescents who smoked in the past month is no more than 12.0%.** (Baseline: 16.3%, New York State Youth Tobacco Survey, 2006)
- By the year 2013, reduce the chronic obstructive pulmonary disease (COPD)/chronic lower respiratory disease (CLRD) hospitalization rate in adult New Yorkers 18+ years of age to no more than 31 per 10,000* (Baseline: 41.8 per 10,000, 2004-06)
- By the year 2013, reduce the age-adjusted incidence of lung cancer in New Yorkers to no more than:
  - 62 per 100,000 for males* (Baseline: 82.2 per 100,000, NYS Cancer Registry, 2000-04)
  - 41 per 100,000 for females* (Baseline: 53.9 per 100,000, NYS Cancer Registry, 2000-04)

* Healthy People 2010 Objective

Evidence Based Interventions

Strategies – The Evidence Base for Effective Interventions

Guide to Community Preventive Services (The Community Guide)

http://www.thecommunityguide.org/tobacco/

The Guide presents systematic reviews of the effectiveness of interventions to reduce or prevent tobacco use that are focused on three areas. The Department of Health implements all of the interventions that are recommended in the Community Guide, which are listed below.

1. Preventing tobacco product use initiation
   - Increasing the unit price for tobacco
   - Mass media education campaigns when combined with other interventions
   - Community mobilization when combined with additional interventions (stronger local laws directed at retailers, active enforcement of retailer sales laws, retailer education with reinforcement)
2. Increasing cessation
   - Increasing the unit price for tobacco
   - Reducing out-of-pocket costs for effective cessation therapies
   - Multicomponent interventions that include client telephone support
   - Mass media education campaigns combined with other interventions
   - Healthcare provider reminder systems
   - Healthcare provider reminder systems with provider education, with or without client education
3. Reducing exposure to environmental tobacco smoke (ETS)
   - Smoking bans and restrictions

Best Practices for Comprehensive Tobacco Control Programs (2007) - The Centers for Disease Control and Prevention

http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices/index.htm

This evidence-based guide can help states plan and establish effective programs to prevent and reduce tobacco use. This document describes an integrated programmatic structure for implementing interventions proven to be effective. It also recommends the level of state investment to reach these goals and reduce tobacco use in each state. Based on the evidence

Data and Statistics

Data and Statistics

- Smoking prevalence for pregnant women, adults and teens, NYS and NYS (excluding NYC):
  - NYS Department of Health, Community Health Data Set
- Smoking prevalence among adults (four levels of smoking status), NYS and US:
  - Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System
- Smoking prevalence for youth and adults, cigarette sales statistics, NYS and US:
  - Centers for Disease Control and Prevention, Chronic Disease Indicators
- Tobacco-related county level health indicators by health topic:
  - NYS Department of Health, County Health Assessment Indicators
- Tobacco-related diseases and conditions; Cancer, Chronic Conditions, Oral Health, Heart Disease and Stroke, NYS and counties:
  - NYS Department of Health, NYS Community Health Data Set
- Comprehensive cancer statistics and reports:
  - NYS Department of Health, Cancer Data and Statistics
- State Cancer Profiles:
  - Cancer Control P.L.A.N.E.T.

Tobacco Control Program Partner Organizations

Partners

Partners include community partner organizations that are engaged in tobacco control efforts.

- American Lung Association
  - General
  - Tobacco Specific: Quit Smoking
- American Cancer Society
  - General
  - Tobacco and Cancer
- American Heart Association
  - General
  - Smoking and CVD
- Campaign for Tobacco-free Kids

More Information

- *Tobacco Use Prevention and Control Program*
  Corning Tower, Room 710
  Empire State Plaza Albany, NY 12237
  Email: tcp@health.state.ny.us
  Voice: 518-474-1515
  Fax: 518-486-1684

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Prevention Agenda Partners

Academy of Pediatrics - District II

The Academy of Pediatrics is a membership organization that works with individuals, government and non-governmental organizations to secure access to and delivery of high quality care in a medical home for all children.

American Academy of Family Physicians

The American Academy of Family Physicians is the national association of family doctors that promotes and maintains high quality standards for family doctors who are providing continuing comprehensive health care to the public.

American Cancer Society

The American Cancer Society is the nationwide community-based voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service.

American Heart Association's

The American Heart Association's mission is to build healthier lives, free of cardiovascular diseases and stroke.

American Lung Association in New York

The American Lung Association works to save lives by improving lung health and preventing lung disease.

Next Steps

- Support local partnerships to implement evidence-based strategies to achieve priorities
- Encourage people/organizations to contact LHDs
- Share *Prevention Agenda* activities with DOH programs, regional offices, and LHDs
- Offer technical assistance
- Update and promote website

Updating the Website

- Annual review of content
- Additions/deletions can be made at any time
- Partner links
- Evidence-based practices
- Data and Statistics
- Tracking progress