

# **Progress to date on the Prevention Agenda toward the Healthiest State**

**Presented  
February 1, 2012  
New York State Department of Health**

**Revised February 15, 2010**

# Prevention Agenda

## New York State 5-Year Public Health Improvement Initiative 2008-2012

A call to action to local health departments, health care providers, health plans, schools, employers, and businesses to collaborate at the community level to identify local priorities for improving the health of New Yorkers, and to work together to address them.

[http://www.health.state.ny.us/prevention/prevention\\_agenda/](http://www.health.state.ny.us/prevention/prevention_agenda/)

# Prevention Agenda

## Premises

- **Medical care, even primary care, cannot ensure all the conditions that enable people to live healthy lives.**
- **Community-based policies and systems designed to make the healthy choice the easy choice are essential to improve health.**
- **Health care reform will not be successful without greater attention and investment in community based public health.**

# 10 Prevention Agenda Priority Areas

- 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

# Prevention Agenda Kick Off Capitol Blue Room, April 2008



# Key Component: 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 and Municipal Health Services Plans 2010-2013
- **Non-profit hospitals** (n =165) asked to work with LHDs to assess community health issues and identify local priorities in Community Service Plans 2010-2012

# Additional Key Components

- On the Road Promotion and Media
- Technical Assistance Trainings, Webinars
- Outreach to Statewide Partner Organizations
- Funding: HEAL 9 funding for Community Health Planning for Select Communities
- Prevention Agenda Website
- Data, Data, Data
  - E-BRFSS
  - Obesity Fact Sheets
- Leadership Group promotion with local affiliates

# Key Component: Funding for Community Health Planning

- **\$7.1 million in HEAL 9 funds made available for 18 community health planning projects across NYS**
- **Goal:**
  - **create structured decision-making process in allocation of health care resources**
  - **enable communities to identify and address preventable health problems that affect the health of New Yorkers in conjunction with Prevention Agenda**



# HEAL 9 Grantees

- Rockland County Department of Health:  
Consortium of 7 LHDs to conduct regional assessment of health needs and develop performance monitoring tool
- Allegany/Western Steuben Rural Health Network:  
Strategic community health improvement effort using *“Mobilizing for Action through Planning and Partnerships”*
- Healthy Capital District Initiative:  
Use Prevention Quality Indicator data to identify and reduce overuse of inpatient and Emergency Departments.
- Chenango Health Network:  
focus on 3 Prevention Agenda priorities: Access to Quality Health Care; Chronic Disease; and Mental Health/Substance Abuse.

# **Public Health Council Ad Hoc Sub-Committee & Leadership Group**

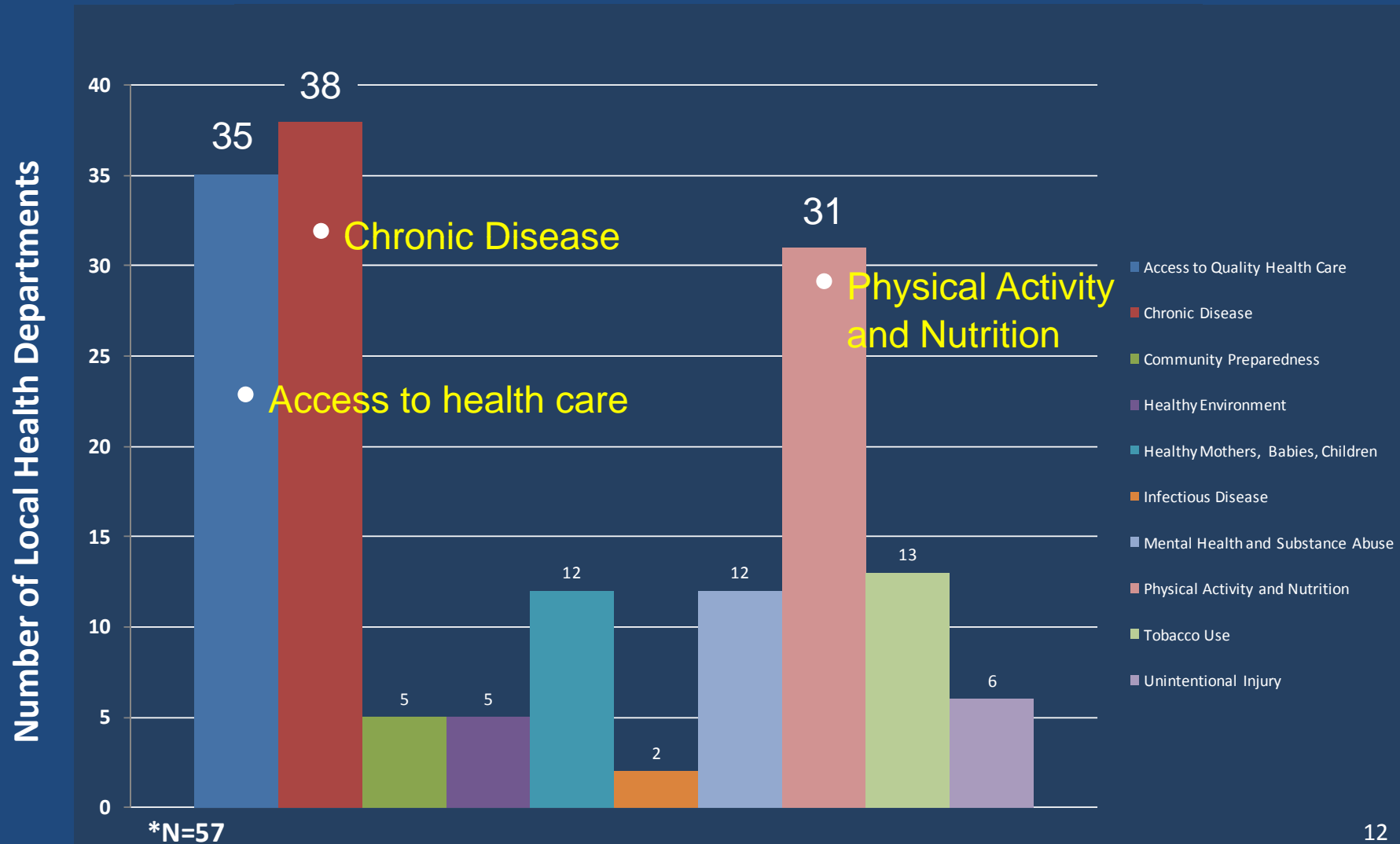
- **Communicate with policy makers about public health and prevention**
- **Recommend strategies for fostering coordinated engagement of business, government, academia, health care, media, and communities at all levels**
- **Provide technical assistance to local community collaborations on specific Prevention Agenda priorities**
- **Support regulatory, policy and budgetary changes needed to advance Prevention Agenda goals**
- **Mobilize local affiliates to participate in local planning**

# Progress to Date

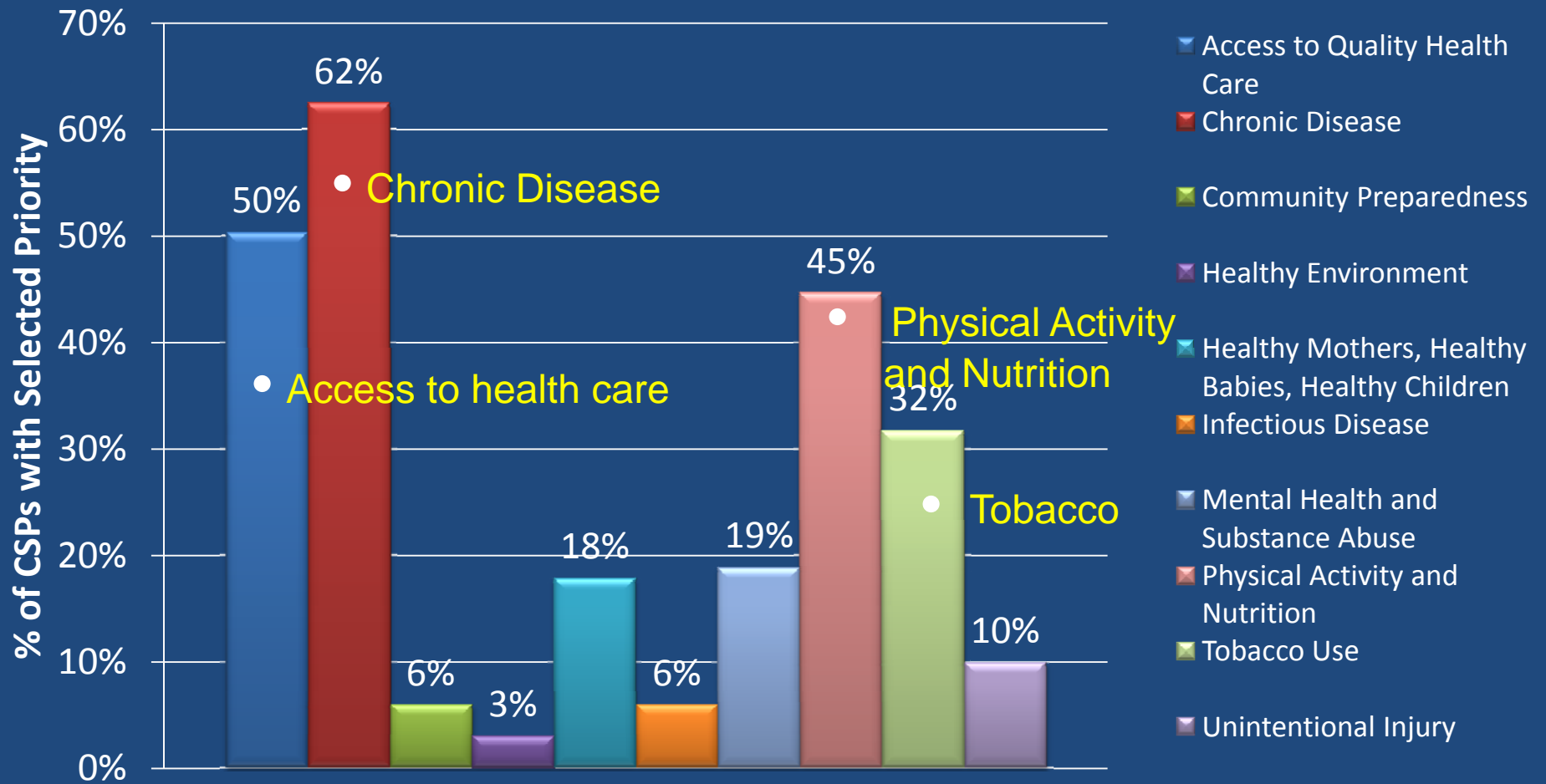
## Collaborative Planning

- All LHDs and Hospitals selected at least one Prevention Agenda priority, most picked two.
- Almost all LHDs/hospitals reported that they worked with partners to identify priorities.

# County Health Department Priorities Prevention Agenda



# Hospital Priorities Prevention Agenda

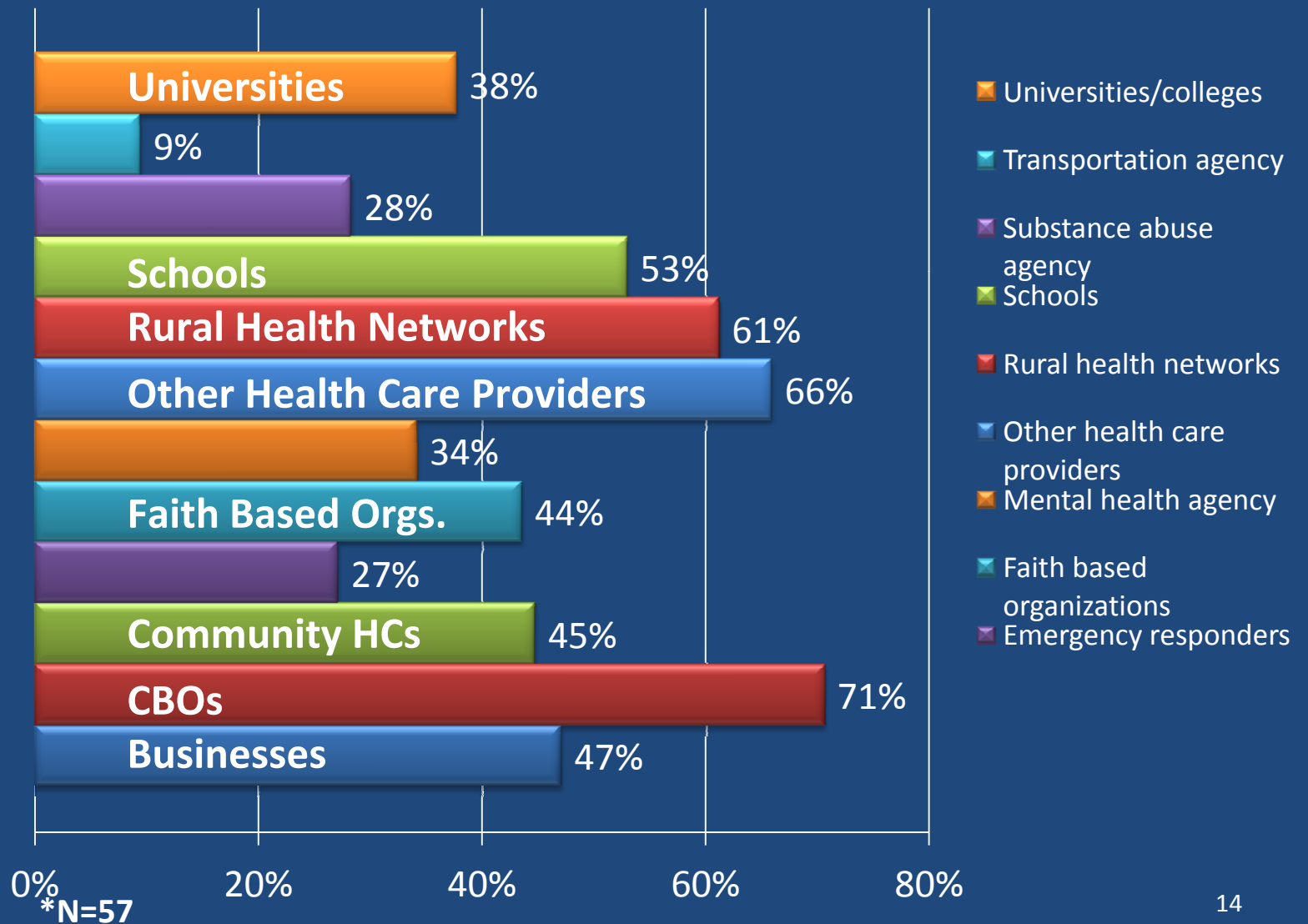


N\* (number of CSPs submitted) = 132

\* Multiple hospitals may have submitted one CSP

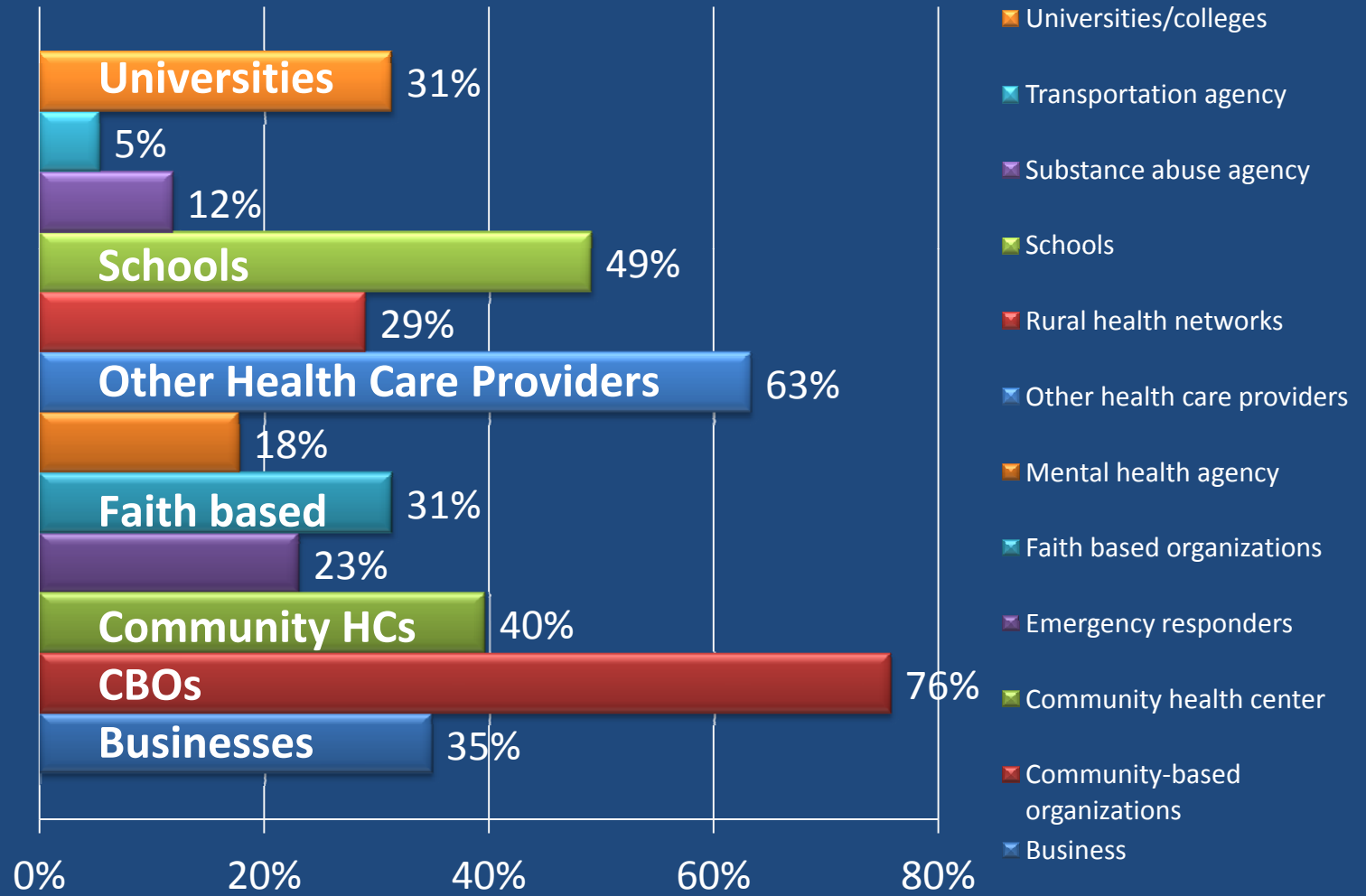
# County Health Department Partners

% of Counties Collaborating with Partners



# Hospital Partners

% of CSPs that indicate collaboration with partners



N\* (number of CSPs submitted) = 132

\* Multiple hospitals may have submitted one CSP

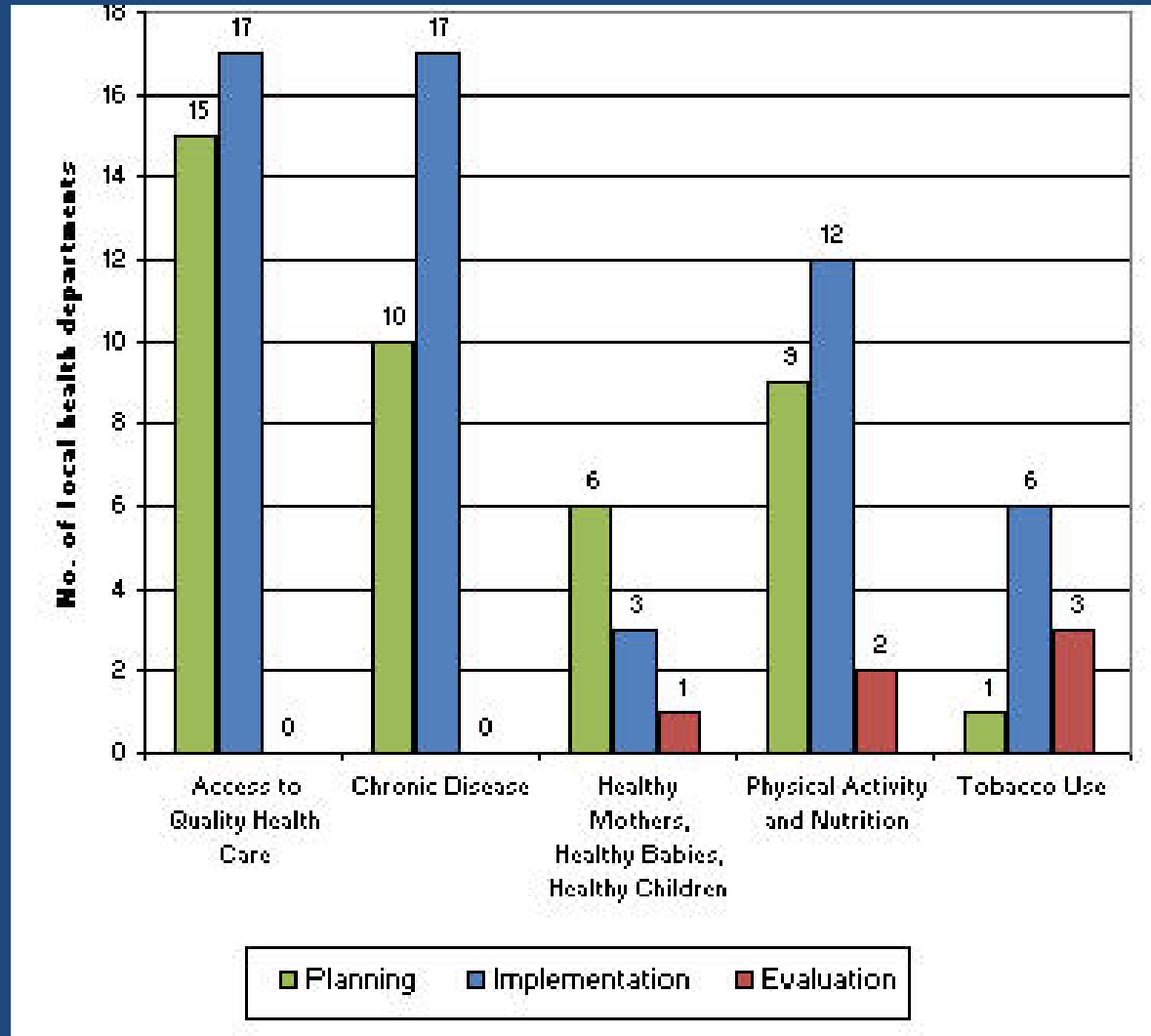
# Progress to Date

## Collaborative Planning

- Some but less than half of LHDs and hospitals forged strong partnerships that described specific roles for each organization on planning and implementation.
- Very few hospitals or LHDs reported on progress with specific process or outcome measures.



# LHD Progress on top five priorities 2010



## Steps taken to implement strategies, 2010

Steps taken to implement strategies	For Both Priorities	For Only One Priority	For Neither Priority
	#	#	#
Built or strengthened partnerships	55	0	1
Established measures to track progress	15	20	21
Started collecting baseline data for priority	24	16	16
Solicited community input	25	17	14
Selected interventions	24	22	10
Tested interventions	4	9	43
Evaluated interventions	2	8	46

# Challenges

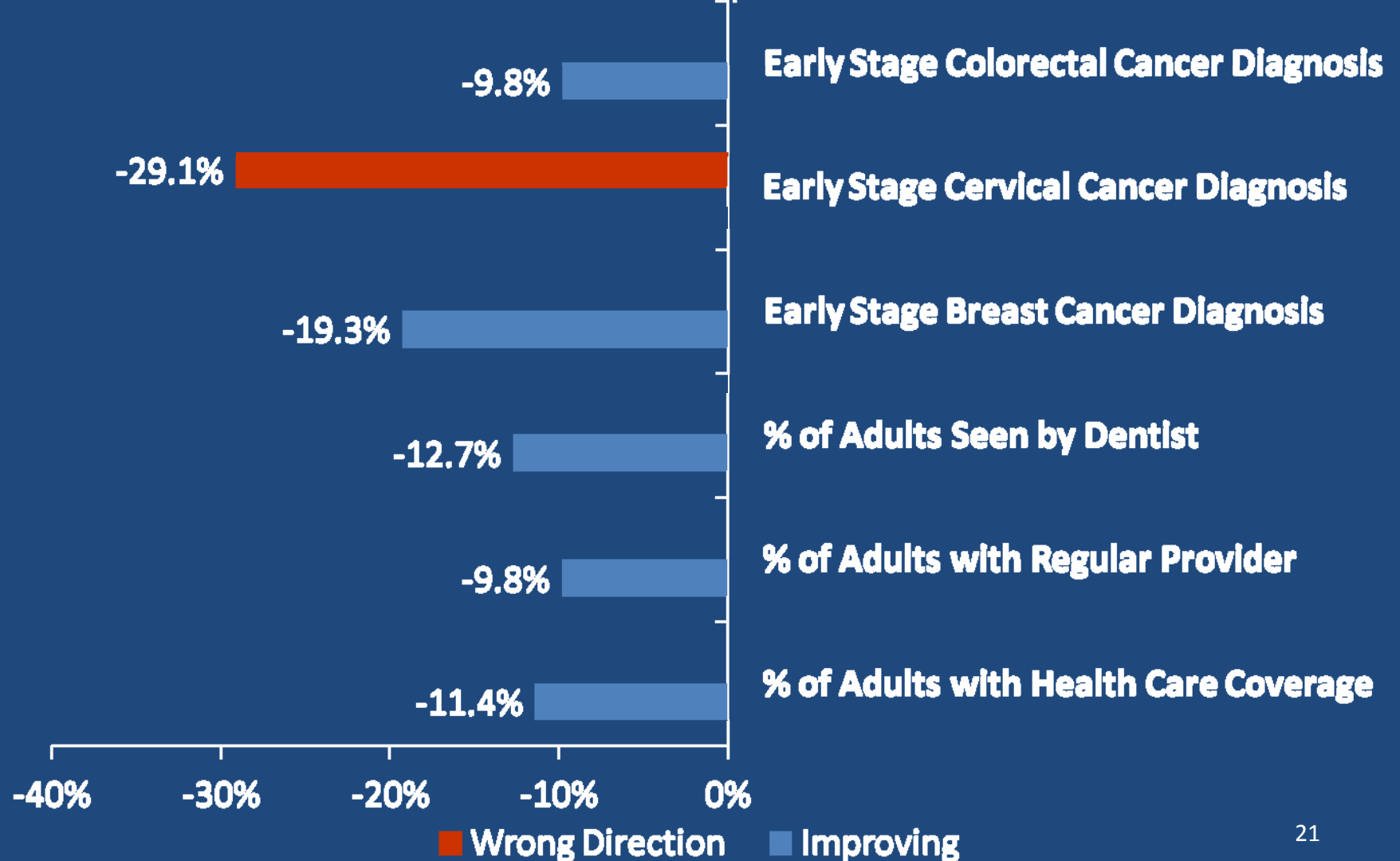
- Funding to carry out planning and implementation, especially for those counties/partnerships without Heal 9 grants,
- Competing public health challenges (H1N1),
- Adapting evidence-based intervention strategies to local communities,
- Identifying and using short-term improvement measures to assess progress toward Prevention Agenda goals.

# Progress to Date: 2010 Status Of 51 Prevention Agenda Indicators

- **35 Indicators improving**
  - **3 Indicators achieved target:**
    - Coronary Heart Disease Hospitalizations
    - Newly Diagnosed HIV Case Rate
    - Motor Vehicle Related Mortality
- **14 Indicators moving in the wrong direction**
- **1 Indicator unchanged**
- **1 Indicator no new data**
- **Disparities not improving**

# 1. Access to Quality Health Care

Percentage Difference From Current Rate to PA Objective  
Goal: Increase <|> Goal: Decrease



# Access to Quality Care

Percentage Change From Baseline to Current

## Indicators with Improvement

- % of Adults with Health Care Coverage (+2.4%)
- % of Adults with Regular Provider (+1.9%)\*
- % of Adults who Saw Dentist Past Year (+1.0%)
- Early Stage Cancer Diagnosis: Breast (+0.9%) and Colorectal (+12.8%)

## Indicators Moving in the Wrong Direction

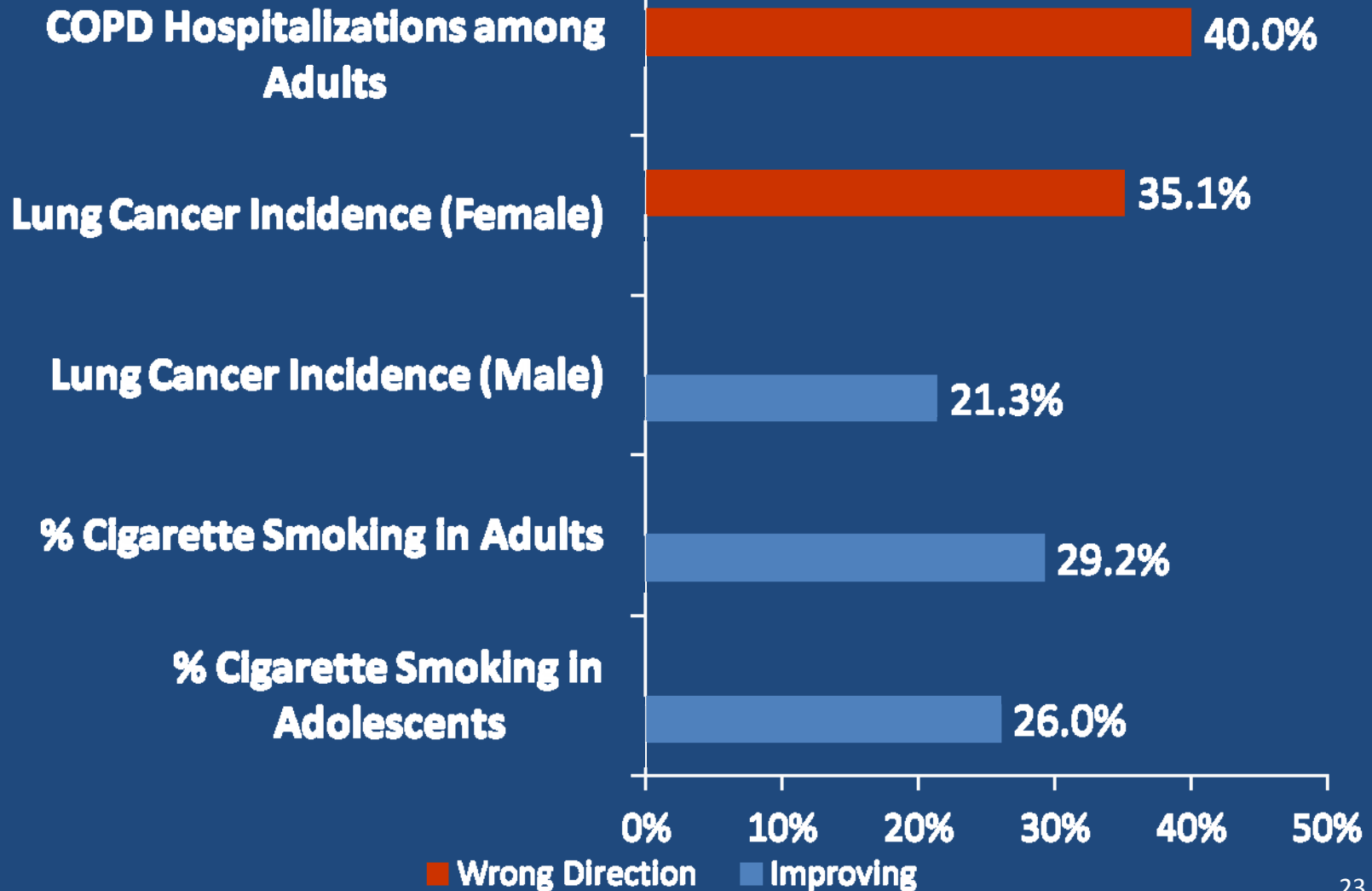
- Early Stage Cervical Cancer Diagnosis (-11.3%)

\*Meets HP2020 Target

## 2. Tobacco Use

Percentage Difference From Current Rate to PA Objective

Goal: Increase <|> Goal: Decrease



# Tobacco Use

Percentage Change From Baseline to Current

## Indicators with Improvement

- % Cigarette Smoking in Adolescents (-22.7%)\*
- % Smoking in Adults (-14.8%)
- Lung Cancer Incidence: Male (-8.5%)

## Indicators Moving in the Wrong Direction

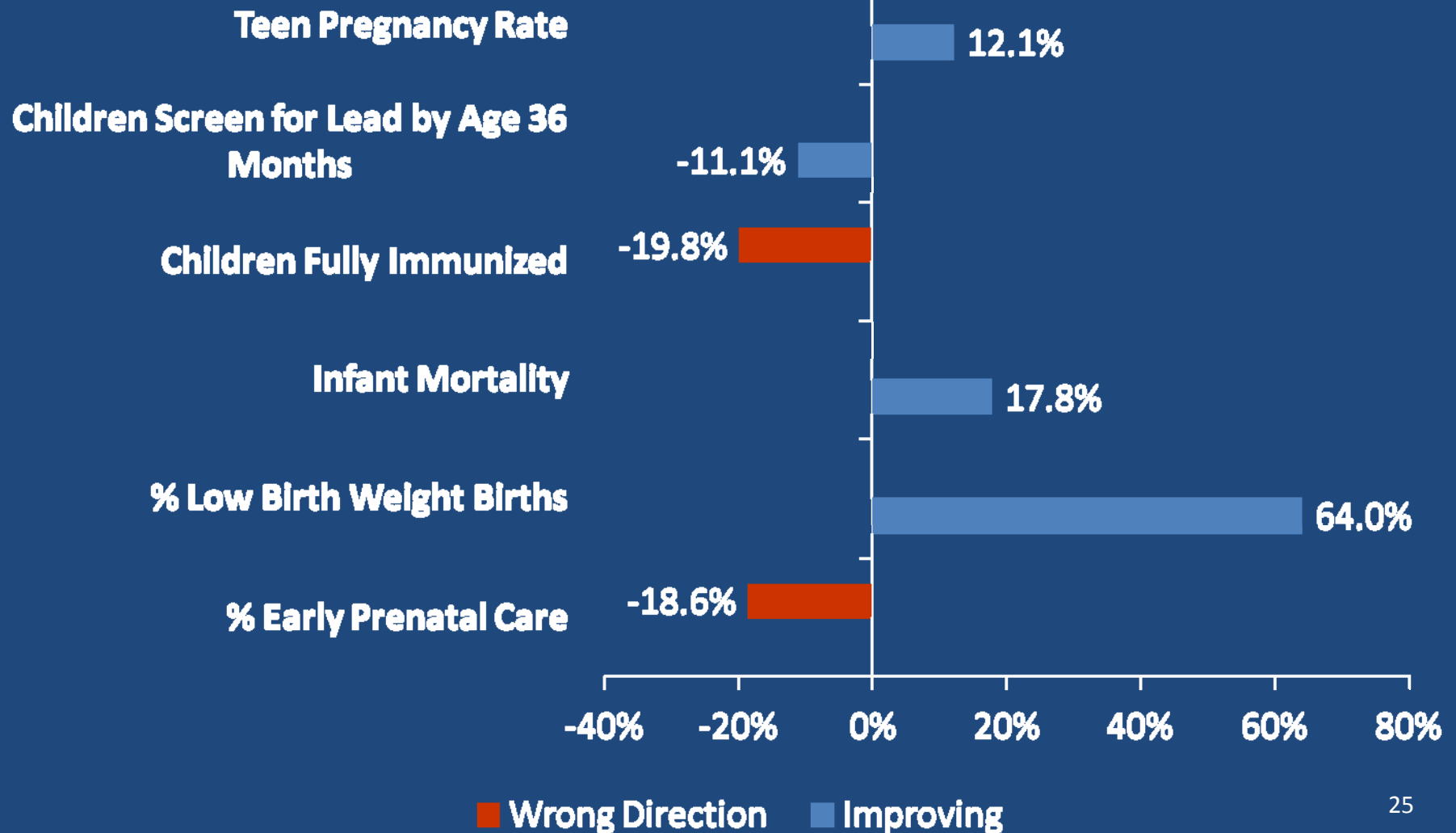
- COPD Hospitalizations among Adults (+3.8%)
- Lung Cancer Incidence: Female (+2.8%)

\*Meets HP2020 Target



# 3. Healthy Mothers, Babies & Children

Percentage Difference From Current Rate to PA Objective  
Goal: Increase <|> Goal: Decrease



# Healthy Mothers, Babies, and Children

## Percentage Change From Baseline to Current

### Indicators with Improvement

- % Low Births Weight Births (-1.2%)
- Infant Mortality (-8.6%)\*
- % Children Screened for Lead by Age 3 (+10.8%)
- Teen (Ages 15-17) Pregnancy Rate (-14%)

### Indicators Moving in the Wrong Direction

- % Early Prenatal Care (-2.8%)
- % Children 19-35 months Fully Immunized (-12.4%)

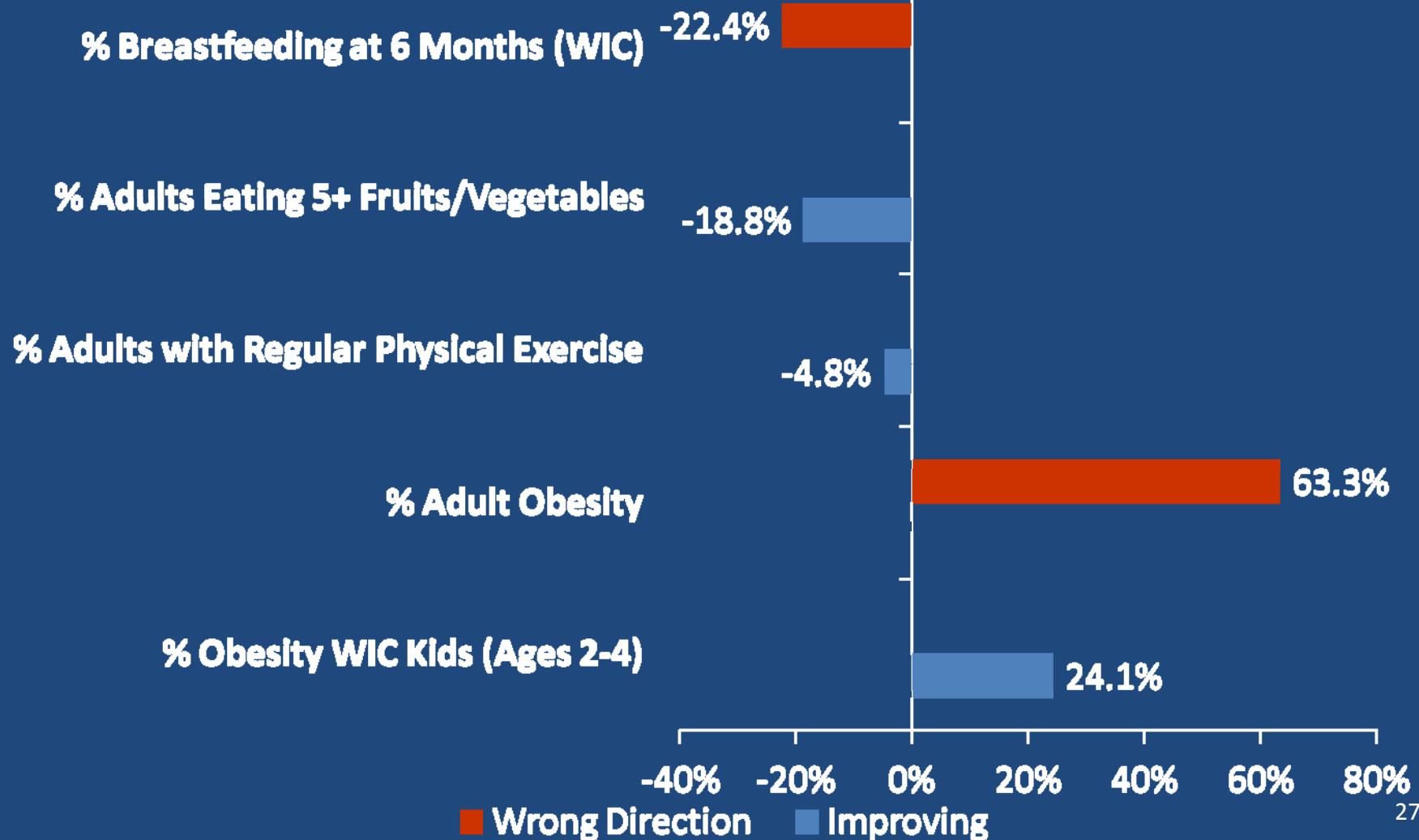
### Indicator with No New Data

- Prevalence of tooth decay in 3<sup>rd</sup> Grade Children

\*Meets HP2020 Target

# 4. Physical Activity and Nutrition

Percentage Difference From Current Rate to PA Objective  
Goal: Increase <|> Goal: Decrease



# Physical Activity and Nutrition

Percentage Change From Baseline to Current

## Indicators with Improvement

- % Obesity WIC Kids (ages 2-4) (-3.4%)
- % Adults with Regular Physical Activity (+3.0%)\*
- % Adults Eating 5 or More Fruits/Vegetables (+3.1%)

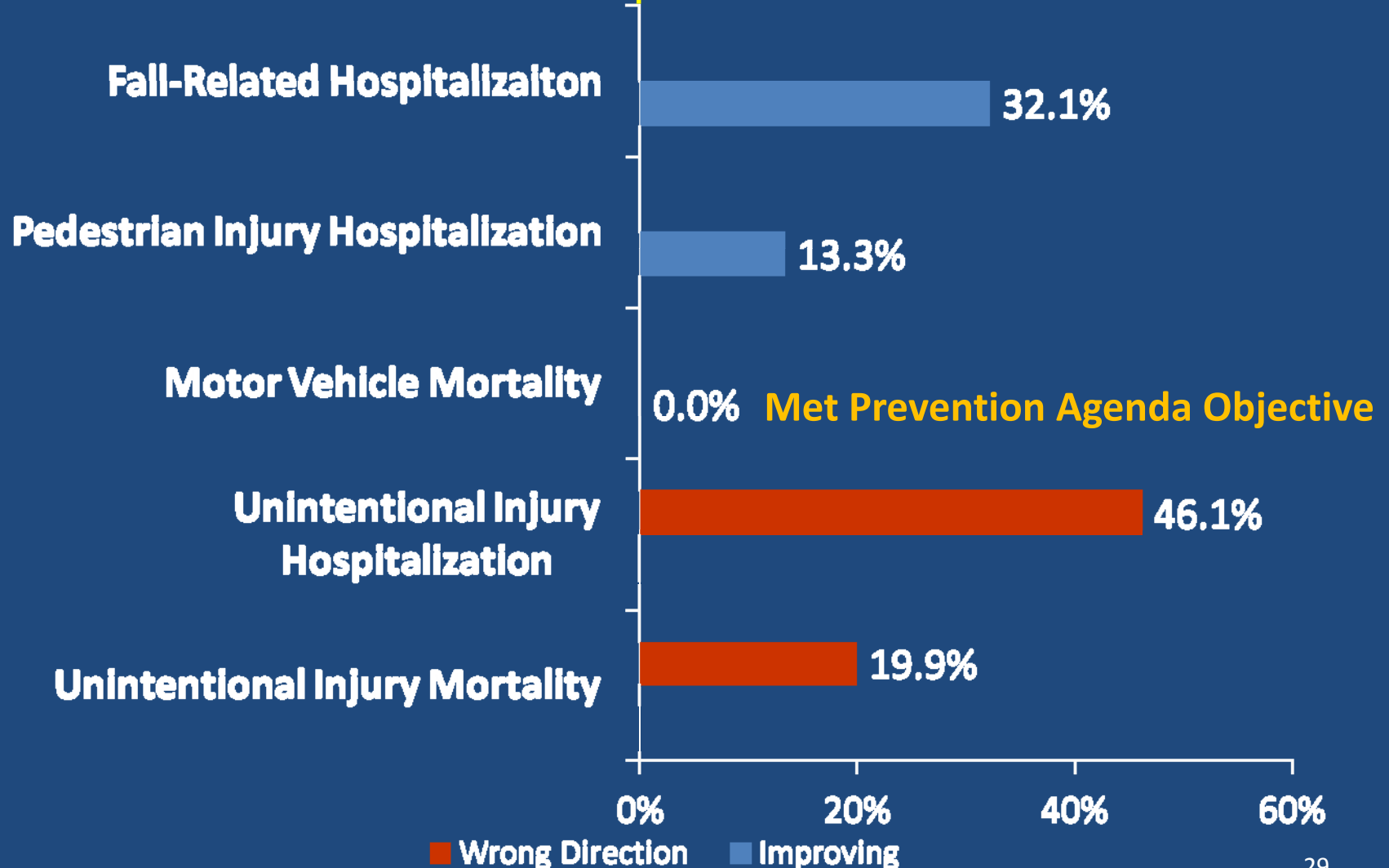
## Indicators Moving in the Wrong Direction

- % Adult Obesity (+7%)\*
- % of WIC Mothers Breastfeeding at 6 Months (-1.8%)

\*Meets HP2020 Target

# 5. Unintentional Injury

Percentage Difference From Current Rate to PA Objective  
Goal: Increase <|> Goal: Decrease



# Unintentional Injury

Percentage Change From Baseline to Current

## Indicators with Improvement

- Motor Vehicle related Mortality (-24.7%)\*^
- Pedestrian Injury Hospitalization (-15%)
- Fall-related Hospitalization (-0.8%)

## Indicators Moving in the Wrong Direction

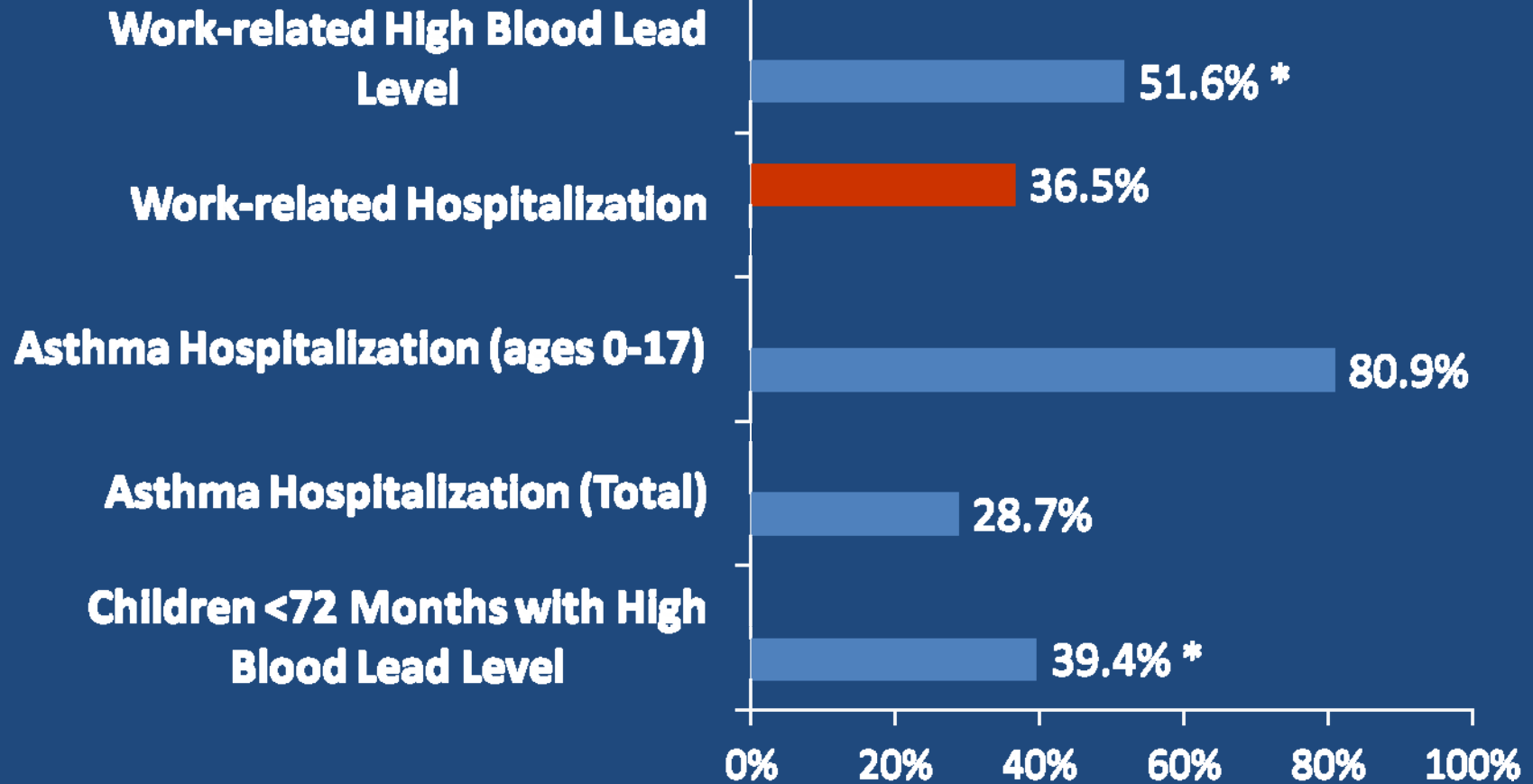
- Unintentional Injury Mortality (+3.0%)
- Unintentional Injury Hospitalization (+9.6%)

^ Meets Prevention Agenda Objective

\* HP2020 Target

# 6. Healthy Environment

Percentage Difference From Current Rate to PA Objective  
Goal: Increase <|> Goal: Decrease



• Percentage reflects additional progress needed from baseline to meet PA objective, percentage difference could not be calculated because the PA objective is 0.

■ Wrong Direction ■ Improving

# Healthy Environment

Percentage Change From Baseline to Current

## Indicators with Improvement

- Children <72 months with High blood lead level (-60.6%)
- Asthma Hospitalizations among Children (-8.2%) and Total Population (-3.2%)
- Worked-Related Elevated Blood Lead Level (-48.4%)

## Indicators Moving in the Wrong Direction

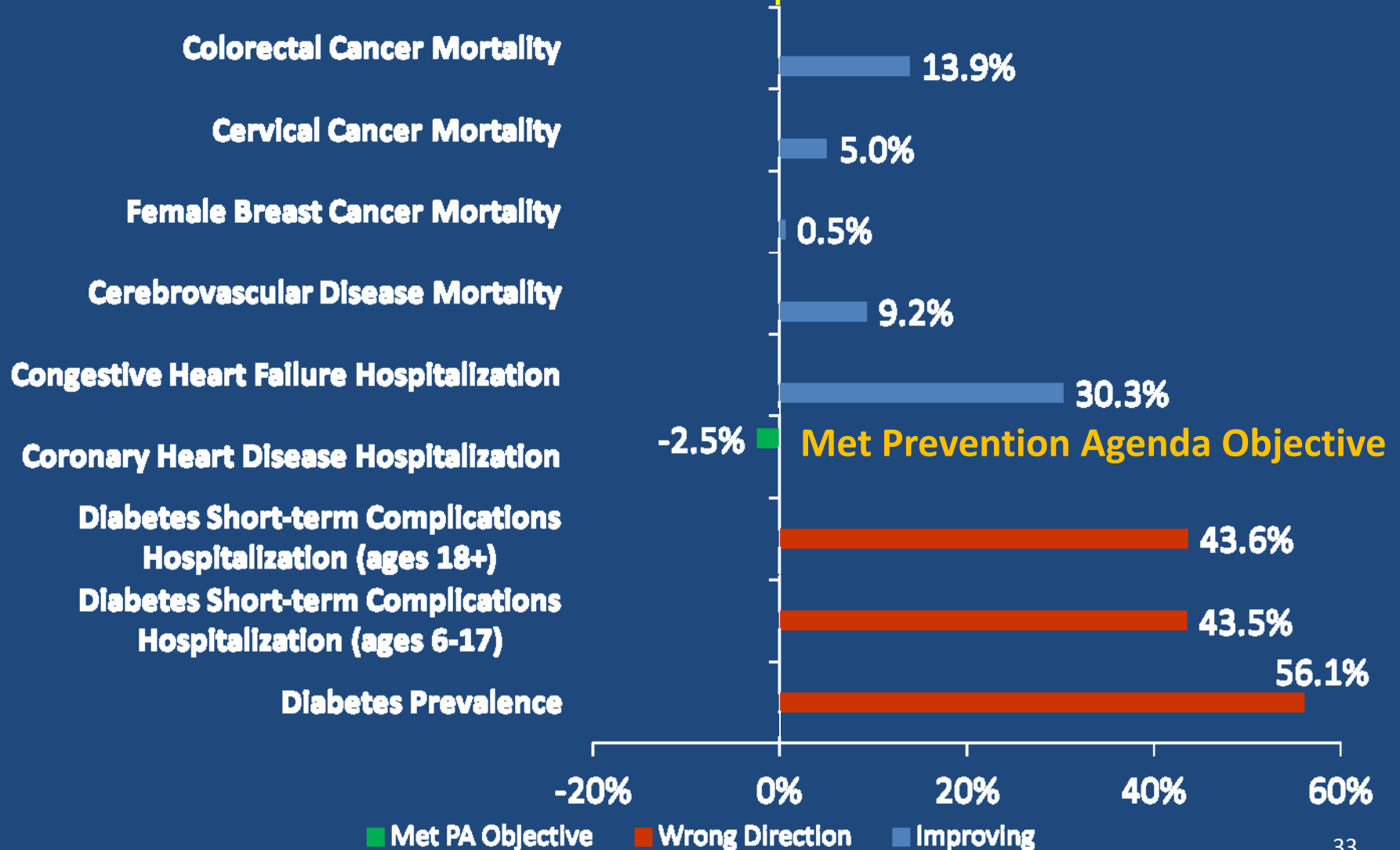
- Work-related Hospitalizations (+2.6%)



# 7. Chronic Disease

Percentage Difference From Current Rate to PA Objective

Goal: Increase <|> Goal: Decrease



# Chronic Disease

## Percentage Change From Baseline to Current

### Indicators with Improvement

- Coronary Heart Disease Hospitalizations (-26.5%) ^
- Congestive Heart Failure Hospitalizations (-2.9%)
- Cerebrovascular (Stroke) Disease Mortality (-19.6%)\*
- Cancer Mortality: Female Breast (-18.0%); Cervical (-19.2%)\*; Colorectal (-22.4%)

### Indicators Moving in the Wrong Direction

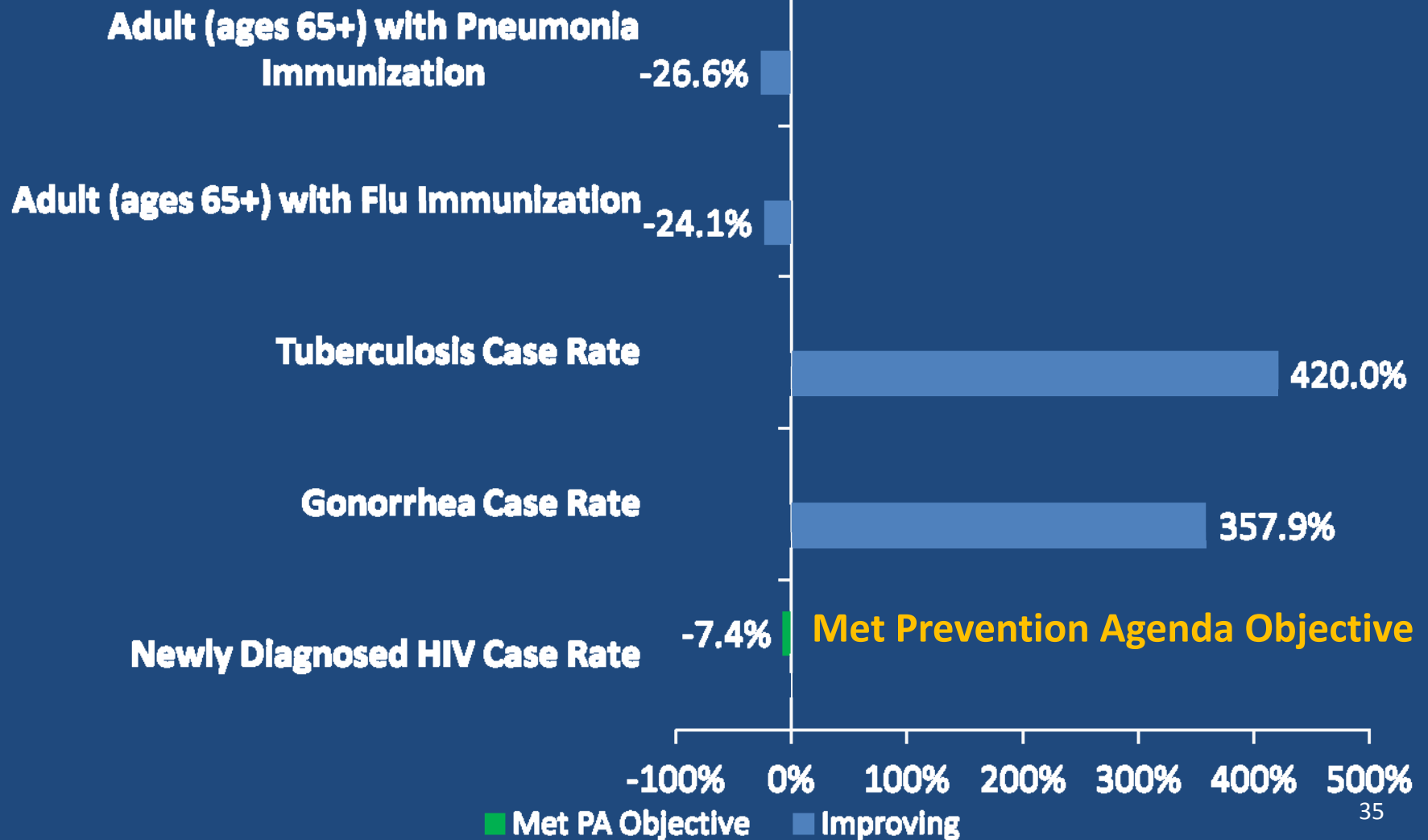
- Adult Diabetes Prevalence (+8.5%)
- Diabetes Short-Term Complications Hospitalizations: Ages 6-17 (+6.5%); Ages 18+ (+7.7%)

\*Meets HP2020 Target

^ Meets Prevention Agenda Objective

# 8. Infectious Disease

Percentage Difference From Current Rate to PA Objective  
Goal: Increase <|> Goal: Decrease



# Infectious Disease

Percentage Change From Baseline to Current

## Indicators with Improvement

- Newly Diagnosed HIV Case Rate (-16.5%)<sup>^</sup>
- Gonorrhea Case Rate (-4.1%)
- Tuberculosis Case Rate (-27.8%)
- Adult (ages 65+) Immunizations: Flu in Past Year (+5.6%); Pneumonia Ever (+8.4%)

## Indicators Moving in the Wrong Direction

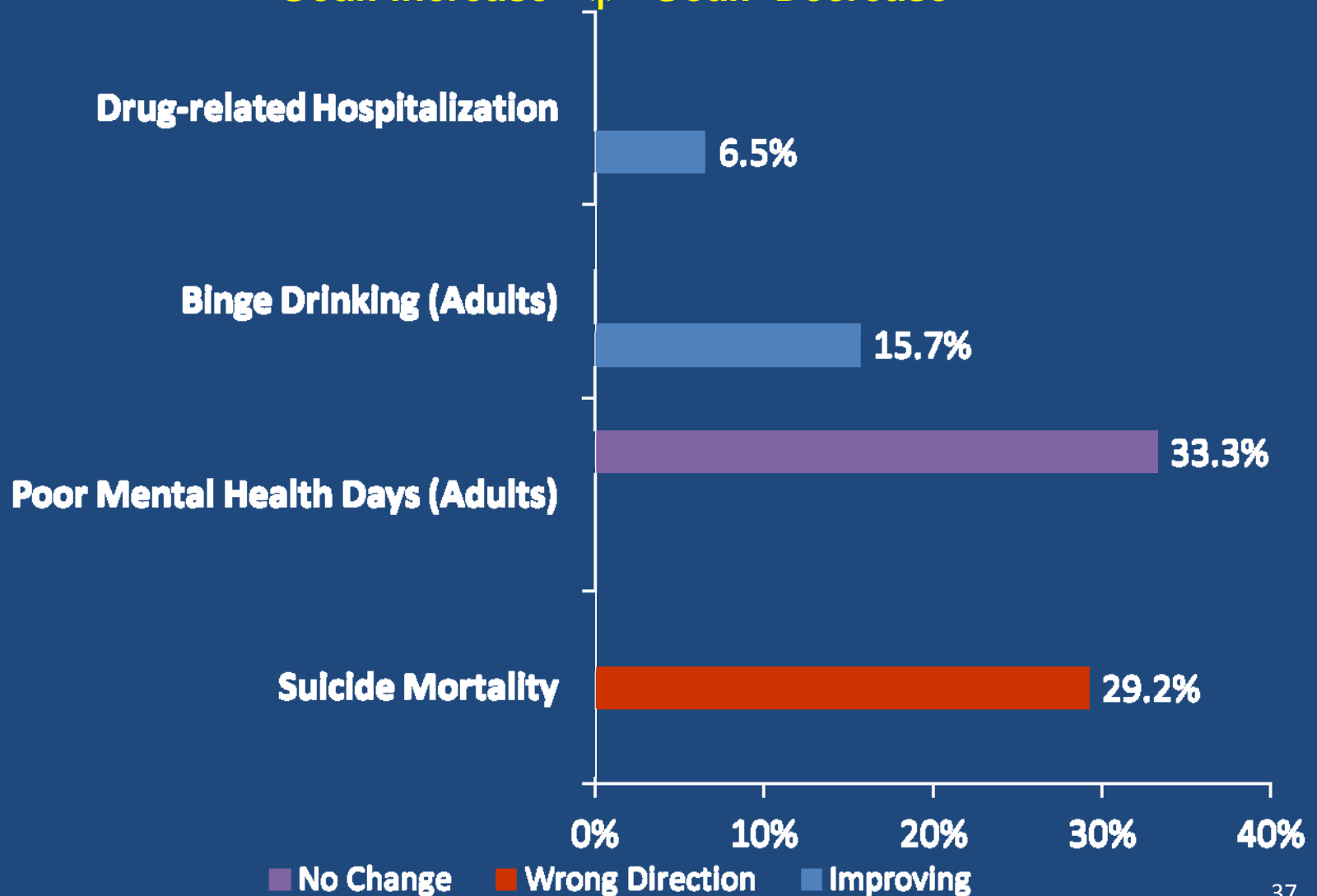
- None

<sup>^</sup> Meets Prevention Agenda Objective

# 9. Mental Health/ Substance Abuse

Percentage Difference From Current Rate to PA Objective

Goal: Increase <|> Goal: Decrease



# Mental Health and Substance Abuse

Percentage Change From Baseline to Current

## Indicators with Improvement

- Adult Binge Drinking (-1.9%)\*
- Drug-related Hospitalization (-19.9%)

## Indicators Moving in the Wrong Direction

- Suicide Mortality (+3.3%)\*

## No Change

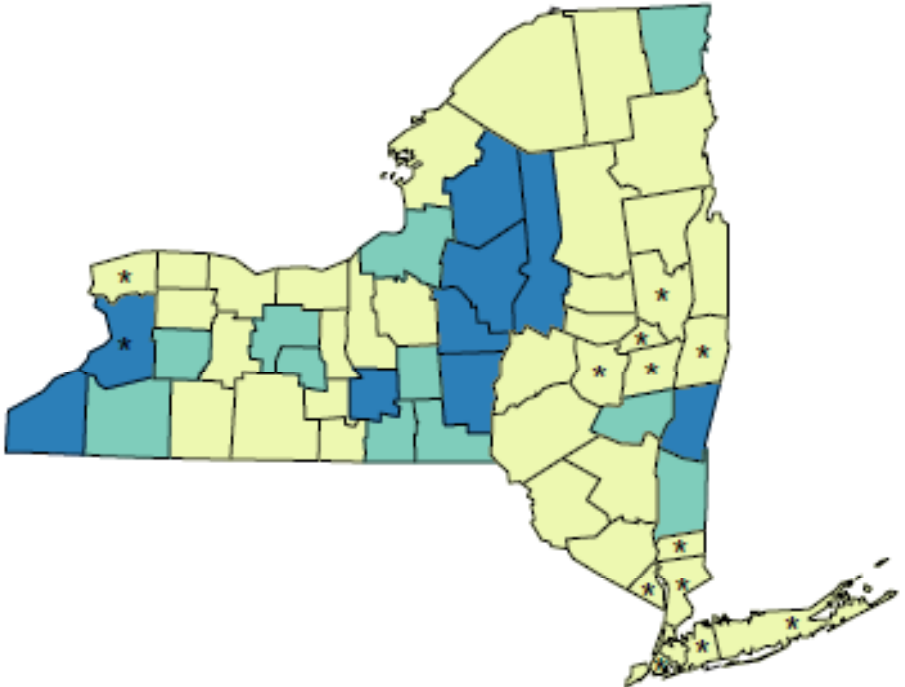
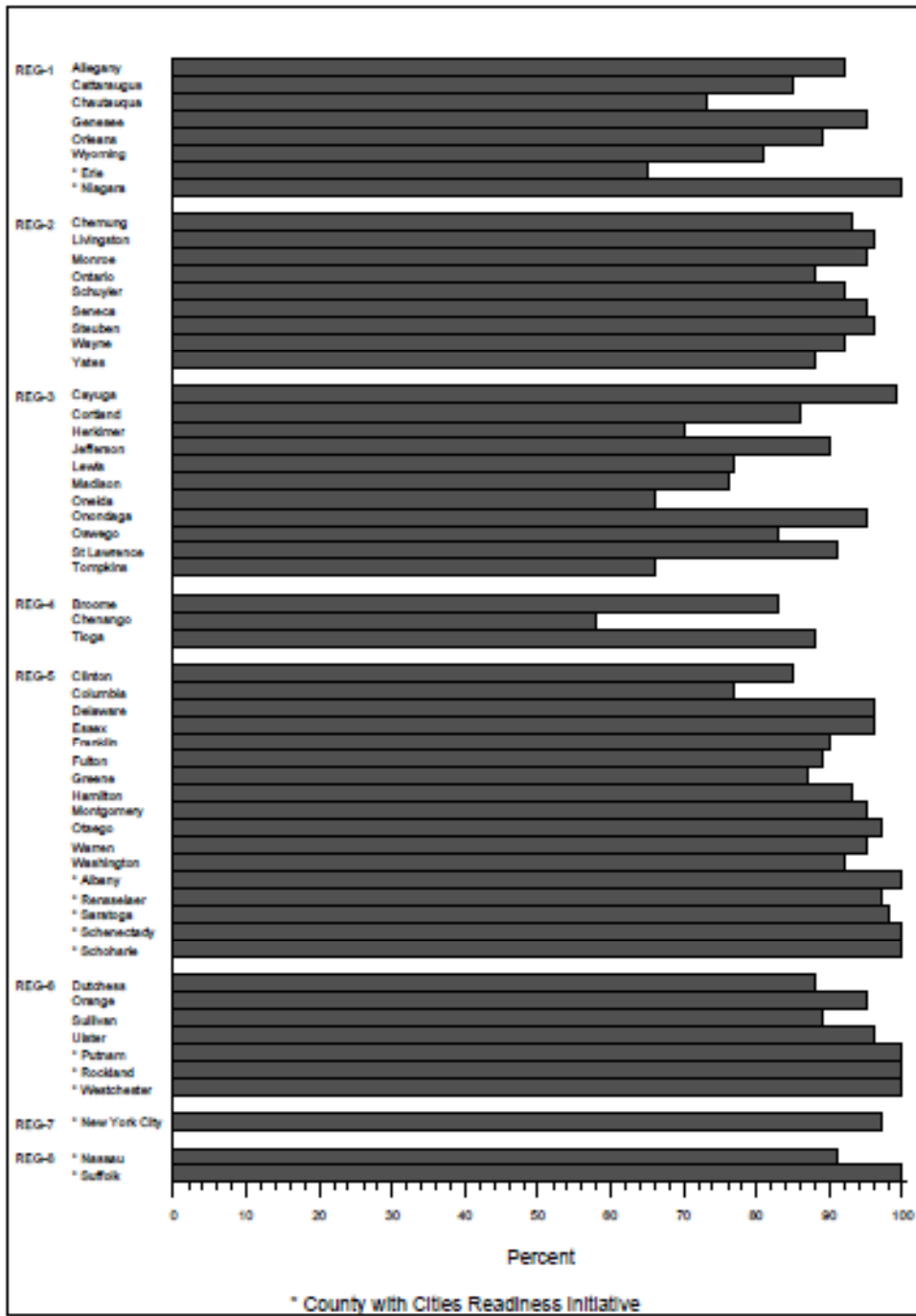
- Adults with Poor Mental Health (0.0%)

\*Meets HP2020 Target

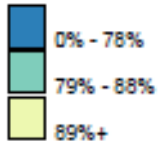
## 10. Community Preparedness

- **100% of the population living within jurisdictions with emergency preparedness plans that address:**
  - Comprehensive, all-hazards planning;
  - Isolation and quarantine of persons exposed to, or infected with, a communicable disease;
  - Pandemic influenza; and
  - Continuity of operations to maintain essential public health services for the public during emergencies.
- **84% of LHDs (outside of New York City) that have aggregate overall scores of at least 79 out of 100 for their Strategic National Stockpile (SNS) Technical Assistance Reviews (TAR)**
- **100% of LHDs that have involved the public in preparedness initiatives to educate, promote resilience, and/or solicit feedback on local health emergency planning.**

# Local Health Department's Strategic National Stockpile (SNS) Technical Assistance Reviews (TAR) Score, 2011



\* County with Cities Readiness Initiative



Source: Office of Health Emergency Preparedness, NYSDOH



# 10 Largest Disparities\* Among Prevention Agenda Indicators

- Tuberculosis Case Rate per 100,000 (ID 194%)
  - White NH 1.2, Black NH 9.8, **Asian NH 39.1**, Hispanic 13.8
- Gonorrhea Case Rate per 100,000 (ID 140%)
  - White NH 11.8, **Black NH 436.7**, Asian NH 8.1, Hispanic 61.9
- HIV-New Case Rate per 100,000 (ID 103%)
  - White NH 7.6 , **Black NH 71.8**, Asian NH 7.1, Hispanic 38.7
- Teen (ages 15-17) Pregnancy Rate per 1,000 (ID 83%)
  - White NH 11.4, **Black NH 67.3**, Asian NH 9.7, **Hispanic 64.3**
- Asthma Hospitalization rate per 10,000 (ID 78%)
  - White NH 9.3, **Black NH 45.5**, Asian NH 7.6, **Hispanic 35.4**

# 10 Largest Disparities\* Among Prevention Agenda Indicators

- Asthma Hospitalization rate per 10,000, ages 0-17 (ID 65%)
  - White NH 10.8, **Black NH 58.3**, Asian NH 11.4, Hispanic 37.5
- Drug-related hospitalization rate per 10,000 (ID 65%)
  - White NH 21.9, **Black NH 58.8**, Asian NH 3.1, Hispanic 16.2
- Diabetes Short-term Complications, ages 18+ (ID 64%)
  - White NH 3.5, **Black NH 13.5**, Asian NH 1.5, Hispanic 5.8
- Infant Mortality Per 1,000 (ID 53%)
  - White NH 4.2, **Black NH 11.8**, Asian NH 2.5, Hispanic 4.5
- Diabetes Short-Term Complications, Ages 6-17 (ID 44%)
  - White NH 2.5 , **Black NH 5.6**, Asian NH 0.6, Hispanic 3.3

*\* Based on Index of Disparity (ID)*

## Ten Prevention Agenda Indicators With Largest Number of New Yorkers Potentially Impacted by Race/Ethnic Disparities

If all race/ethnic groups experienced rates equal to the best performing group, NYS would prevent:

- 937,500 adults binge drinking (ID 20%)
- 510,991 adults without health care coverage (ID 7%)
- 401,464 adults with no leisure time physical activity (ID 7%)
- 343,263 adults without a regular health care provider (ID 6%)
- 237,800 adults who did not see a dentist in past year (ID 4%)
- 226,017 adults who smoke (ID 6%)
- 215,021 adults who are obese (ID 12%)
- 146,214 adults who do not eat 5+ fruits and veggies per day (ID 8%)
- 160,953 adults who have diabetes (ID 23%)
- 90,185 adolescents who smoke (ID 32%)