New York State Prevention Agenda
Prevent Chronic Diseases Action Plan
Updated: April 27, 2021

Define the Priority:
Chronic diseases such as cancer, diabetes, heart disease, stroke, asthma and arthritis are among the leading causes of death, disability and rising health care costs in New York State (NYS). However, chronic diseases are also among the most preventable. Three modifiable risk behaviors – unhealthy eating, lack of physical activity, and tobacco use – are largely responsible for the incidence, severity and adverse outcomes of chronic disease. As such, improving nutrition and food security, increasing physical activity, and preventing tobacco use form the core of the *Preventing Chronic Diseases Action Plan*. The plan also emphasizes the importance of preventive care and management for chronic diseases, such as screening for cancer, diabetes, and high blood pressure; promoting evidence-based chronic disease management; and improving self-management skills for individuals with chronic diseases.

Some organizations and communities have found the 3-4-50 framework a helpful way to focus interventions on the **three** behaviors (unhealthy eating, lack of physical activity, and tobacco use) that contribute to **four** chronic diseases (cancer, heart disease and stroke, type 2 diabetes and chronic lung diseases) that cause over **50** percent of all deaths worldwide.[1]

Additional information about the burden of chronic diseases, underlying risk factors, associated disparities, and social determinants of health can be found at:
https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/docs/sha/contributing_causes_of_health_challenges.pdf#page=2

The *Preventing Chronic Diseases Action Plan* contains four focus areas, each with several goals:

Focus Area 1: Healthy Eating and Food Security
    Overarching Goal: Reduce obesity and the risk of chronic diseases
    Goal 1: Increase access to healthy and affordable foods and beverages
    Goal 2: Increase skills and knowledge to support healthy food and beverage choices
    Goal 3: Increase food security

Focus Area 2: Physical Activity
    Overarching Goal: Reduce obesity and the risk of chronic diseases
    Goal 1: Improve community environments that support active transportation and recreational physical activity for people of all ages and abilities

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[1] Several communities have implemented the 3-4-50 framework including the Population Health Collaborative in Western NY, the state of Vermont, and San Diego county.

Goal 2: Promote school, child care, and worksite environments that support physical activity for people of all ages and abilities

Goal 3: Increase access, for people of all ages and abilities, to safe indoor and/or outdoor places for physical activity

Focus Area 3: Tobacco Prevention

Goal 1: Prevent initiation of tobacco use, including combustible tobacco and electronic vaping products (electronic cigarettes and similar devices) by youth and young adults

Goal 2: Promote tobacco use cessation, especially among populations disproportionately affected by tobacco use including: low socioeconomic status; frequent mental distress/substance use disorder; lesbian, gay, bisexual and transgender; and disability

Goal 3: Eliminate exposure to secondhand smoke and exposure to secondhand aerosol/emissions from electronic vapor products

Focus Area 4: Preventive Care and Management

Goal 1: Increase cancer screening rates for breast, cervical, and colorectal cancer

Goal 2: Increase early detection of cardiovascular disease, diabetes, prediabetes and obesity

Goal 3: Promote the use of evidence-based care to manage chronic diseases

Goal 4: Improve self-management skills for individuals with chronic conditions

Focus Area 1: Healthy Eating and Food Security

Overarching Goal: Reduce obesity and the risk of chronic diseases
Goal 1: Increase access to healthy and affordable foods and beverages
Goal 2: Increase skills and knowledge to support healthy food and beverage choices
Goal 3: Increase food security

Combined Objectives for Focus Area 1

[Childhood Obesity]
By December 31, 2024, decrease the percentage of children with obesity:
- By 5% from 13.7% (2016) to 13.0% among children ages 2-4 years participating in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).
- By 5% from 17.3% (2014-16) to 16.4% among public school students in NYS exclusive of New York City (NYC).
- By 5% from 20.4% (2015-16) to 19.4% among public school students in NYC.

Data Sources: Pediatric Nutrition Surveillance System (PedNSS), Student Weight Status Category Reporting System (SWSCR), NYC Fitnessgram

[Adult Obesity]
By December 31, 2024, decrease the percentage of adults ages 18 years and older with obesity:
- By 5% from 25.5% (2016) to 24.2% among all adults.
- By 5% from 30.5% (2016) to 29.0% among adults with an annual household income of <$25,000.
- By 5% from 38.1% (2016) to 36.2% among adults living with a disability.

Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

[Sugary Drink Consumption]
By December 31, 2024, decrease the percentage of adults who consume one or more sugary drinks per day:
- By 5% from 23.2% (2016) to 22.0% among all adults.
- By 10% from 31.7% (2016) to 28.5% among adults with an annual household income of <$25,000.

Data Source: BRFSS

[Fruit and Vegetable Consumption]
By December 31, 2024, decrease the percentage of adults who consume less than one fruit and less than one vegetable per day:
- By 5% from 31.2% (2016) to 29.6% among all adults.
- By 5% from 41.2% (2016) to 39.1% among adults who are non-Hispanic black.
- By 5% from 41.2% (2016) to 39.1% among adults who are Hispanic.

[Fruit and Vegetable Purchasing]
By December 31, 2024, increase the percentage of adults who buy fresh fruits and vegetables in their neighborhood:
- By 5% from 86.3% (2015) to 90.6% among adults who are non-Hispanic black.

Data Source: BRFSS

[Food Security]
By December 31, 2024, increase the percentage of adults with perceived food security:
- By 5% from 76.4% (2016) to 80.2% among all adults.
- By 10% from 55.8% (2016) to 61.4% among adults with an annual household income of <$25,000.

Data Sources: BRFSS

Combined Interventions for Focus Area 1

Intervention: Adopt policies and implement practices to reduce (over)consumption of sugary drinks

Sugar-sweetened beverages (SSBs) are the largest source of added sugar and an important contributor of calories in the U.S. diet. Several social and environmental factors have been linked to the purchase and consumption of SSBs, and several mechanisms have been proposed to explain the association between SSB consumption and obesity. Research indicates that consumption of SSB is a modifiable behavior and that change in consumption is associated with change in body weight or obesity. There is growing evidence that adopting policies and implementing practices, such as limiting access to SSBs, promoting access to and consumption of more healthful alternatives to SSBs, limiting marketing of SSBs, and implementing differential pricing of SSBs to reduce the relative cost of more healthful beverages, are associated with reductions in the purchase and consumption of SSBs. Local health departments, other agencies, hospitals, businesses, community-based organizations (CBOs) and other stakeholders can collaboratively work to support promising policies, practices and environmental changes.

Evidence base:
- County Health Rankings and Roadmaps: Sugar Sweetened Beverage Taxes
- IOM: Preventing Childhood Obesity: Health in the Balance
- Public Health Law Center: Sickly Sweet: Why the Focus on Sugary Drinks
- Evidence that a tax on sugar sweetened beverages reduces the obesity rate: a meta-analysis
- Academy Health: Rapid Evidence Review: How do taxes on sugar-sweetened beverages affect health and health care costs?
- Cochrane Protocol: Taxation of sugar-sweetened beverages for reducing their consumption and preventing obesity or other adverse health outcomes

Resources:
- [CDC: Community Strategies and Measurements to Prevent Obesity in the United States](#)
- [IOM: Strategies to Limit Sugar-Sweetened Beverage Consumption in Young Children](#)
- [CDC: Guide to Strategies for Reducing the Consumption of Sugar-Sweetened Beverages](#)
- [CDC: A Toolkit for Creating Healthy Hospital Environments: Making Healthier Food, Beverage, and Physical Activity Choices](#)
- [ChangeLab Solutions: SSB Restrictions](#)
- [Public Health Law Center: Sugar-Sweetened Beverages](#)

Age range(s): All ages

Social Determinant of Health addressed: Food security; education; built environment

Sector(s) playing lead role: Policy makers and elected officials; employers, businesses and unions; schools; colleges and universities

Sector(s) playing contributing role: Media; governmental public health agencies; governmental agriculture agencies; agriculture organizations; urban planning agencies

Intermediate-level measure: Number of entities that adopt policies or implement practices to reduce consumption of sugary drinks
- [The Healthy Hospital Food, Beverage, and Physical Activity Environment Scans](#)
- [The Healthy Hospital Toolkit](#)
- [Nutrition Environment Measures Survey (NEMS)](#)

Intervention: Quality nutrition (and physical activity) in early learning and child care settings

As the obesity epidemic has grown, even the youngest children are affected. The prevalence of young children with obesity or overweight has increased, and for many, this will persist through childhood and adulthood. With the identification of risk factors and obesogenic environments, a growing body of evidence research identifies policy and environmental strategies that support improved nutrition, increased physical activity and reduced screen time to prevent and reduce early childhood overweight and obesity. Local health departments, other agencies, businesses, CBOs and other stakeholders can work with local child care providers to promote and support evidence-based policy and environmental changes.

Evidence base:
- [IOM: Early Childhood Obesity Prevention Policies](#)
- [Caring for Our Children: Preventing Childhood Obesity in Early Care and Education Programs](#)

Resources:
- [County Health Rankings & Roadmaps: Nutrition and physical activity interventions in preschool child care](#)
- [Caring for Our Children: Preventing Childhood Obesity in Early Care and Education Programs](#)

- CDC: The Spectrum of Opportunities Framework for State-level Obesity Prevention Efforts Targeting the Early Care and Education Setting
- CDC State Obesity Prevention Efforts Targeting Early Care and Education Setting
- University of North Carolina: Go NAP SACC

Age range(s): Children 6 weeks up to age 6 years
Social Determinant of Health addressed: Built environment
Sector(s) playing lead role: Governmental children's agencies; child care centers; day care homes; policy makers and elected officials
Sector(s) playing contributing role: Community and neighborhood residents; governmental public health agencies; parents
Intermediate-level measure: Number of early care and education sites that improve nutrition policies and practices

- Enrollment data from CACFP
- The Nutrition and Physical Activity Self-Assessment for Child Care (NAPSACC)

Intervention: Worksite nutrition and physical activity programs designed to improve health behaviors and results

Local health departments, hospitals, health centers, businesses, CBOs and other stakeholders can implement wellness programs at their own worksite and work with local worksites to implement nutrition and physical activity interventions as part of a comprehensive worksite wellness program. Recommended components include:

- Educating and informing through classes, distributing written information or utilizing educational software.
- Conducting activities that target thoughts and social factors to influence behavior change. Examples include individual or group behavioral counseling, skill-building activities, providing rewards, and building support systems among co-workers and family members.
- Changing physical or organizational structures that reach the entire workforce and make the healthy choice the easy choice. Examples include changing the options in cafeterias or vending machines; providing more opportunities for physical activity; modifying health insurance benefits; or offering memberships to health clubs.

Evidence base:
- The Community Guide: Obesity Worksite Programs
- County Health Rankings & Roadmaps: Worksite Obesity Prevention Interventions

Resources:
- CDC: Workplace Health Model
- CDC: Tips for Offering Healthier Options and Physical Activity at Workplace Meetings and Events
- CDC: Creating Healthier Hospital Food, Beverage and Physical Activity Environments
- CDC: A Step-by Step Guide Using the Healthy Hospital Food, Beverage, and Physical Activity Environment Scans

- [CDC: Workplace Health Promotion](#)
- [CDC: Smart Food Choices: How to Implement Food Service Guidelines in Public Facilities](#)
- [A Report and Recommendations by the Workgroup on Food Procurement Guidelines to the: New York State Council on Food Policy](#)
- [NYC Food Policy: Procurement Standards for Meals and Snacks](#)
- [CSPI: Healthy Meetings](#)
- [CSPI: Healthier Food Choices for Public Places](#)

Age range(s): Adolescents (13-21), adults (21-60), older adults (60+)
Social Determinant of Health addressed: Health care; built environment
Sector(s) playing lead role: Employers, businesses and unions
Sector(s) playing contributing role: Healthcare delivery system; insurers; governmental public health agencies
Intermediate-level measure: Number of worksites that improve nutrition policies and practices
- [The CDC Worksite Health ScoreCard](#)
- [Smart Food Choices: How to Implement Food Service Guidelines in Public Facilities-APPENDIX B](#)

Related to other interventions, focus areas and goals from other priorities: Promote a Healthy and Safe Environment; Promote Well-Being and Prevent Mental and Substance Use Disorders

Intervention: Multi-component school-based obesity prevention interventions

Local health departments, hospitals, health centers, insurers, businesses, CBOs and other stakeholders can collaborate to work with local school districts and parent-teacher organizations to support policy, and environmental changes that target physical activity and nutrition before, during or after school. Recommended components include:
- Increasing the availability of healthier foods and beverages.
- Selling healthier snack foods and beverages.
- Using strategies to market healthier foods and beverages.
- Limiting access to less healthy foods and beverages.
- Providing healthy eating learning opportunities.
- Creating school meal policies to ensure school breakfasts or lunches meet specific nutrition requirements.
- Providing fresh fruits and vegetables to students at lunch and/or snack.
- Increasing access to school breakfast.
- Participating in Farm to School Programs.

Evidence base:
- [The Community Guide: Multicomponent Interventions Increase Availability Healthier Foods and Beverages in Schools](#)

- [Obesity: Meal or Fruit and Vegetable Snack Interventions to Increase Healthier Foods and Beverages Provided by Schools](#)
- [County Health Rankings & Roadmaps: Multi-Component School-Based Obesity Prevention Interventions](#)
- [County Health Rankings & Roadmaps: School Breakfast Programs](#)

Resources:
- [CDC: School-Based Obesity Prevention Strategies for State Policymakers](#)
- [CDC: Healthy Schools - School Nutrition](#)
- [CDC: Comprehensive Framework for Addressing School Nutrition Environment and Services](#)
- [CDC: School Health Guidelines to Promote Healthy Eating and Physical Activity](#)
- [CDC: Healthy Schools - Parents for Healthy Schools](#)
- [IOM: Nutrition Standards for Foods in Schools: Leading the Way toward Healthier Youth](#)
- [Alliance for Healthier Generation - Schools](#)
- [USDA: School Breakfast Program](#)
- [FRAC: School Breakfast Program](#)
- [Hunger Solution New York's School Breakfast page](#)
- [Farm to School in New York - Resources](#)

Age range(s): Children up to age 12, adolescents (13-21)
Social Determinant of Health addressed: Food security; education, community cohesion
Sector(s) playing lead role: Governmental education agencies; governmental agricultural agencies; agricultural organizations; schools (K-12); policy makers and elected officials
Sector(s) playing contributing role: Community or neighborhood residents; media; CBOs and human service agencies; governmental public health agencies
Intermediate-level measure: Number of schools that improve nutrition policies and practices
- [School Health Index](#)
- [The Wellness School Assessment Tool, WellSAT 2.0](#) (The WellSAT-i measures implementation, and can be adapted for local use)
- [NYS Education Department, Average Daily Participation for School Meal Participation in NYS schools](#)
- [Hunger Solutions Annual Report, School Breakfast Participation Data: Bridging the Gap, Ending Student Hunger with Breakfast After the Bell](#)

Related to other interventions, focus areas and goals from other priorities: Promote a Healthy and Safe Environment, Promote Healthy Women, Infants and Children; Promote Well-Being and Prevent Mental and Substance Use Disorders

Intervention: Increase the availability of fruit and vegetable incentive programs

Systematic evidence reviews find that financial incentive programs can increase affordability, access, purchases, and consumption of fruits and vegetables. Incentive programs for the purchase of fruits and vegetables have also been shown to increase sales and use of food assistance benefits (e.g., SNAP or WIC) at farmers' markets. Financial incentives can be a dollar-for-dollar match or a set amount per dollar spent (i.e., $2 for every $5 spent). Local health departments, hospitals, health centers, insurers, businesses, CBOs, hunger prevention advocates and other stakeholders can collaborate with local agencies to increase the availability and/or provide matching funds for low-income persons to purchase healthy foods, especially fresh fruits and vegetables.

Evidence base:
- County Health Rankings & Roadmaps: Fruit and Vegetable Incentive Programs
- Pricing strategies to encourage availability, purchase, and consumption of healthy foods and beverages: A systematic review

Resources:
- How to Run a Nutrition Incentive Program: A toolkit for Wholesome Wave's National Nutrition Incentive Network
- How to Grow Your Nutrition Incentive Program: A toolkit for Wholesome Wave's National Nutrition Incentive Network

Age range(s): All ages

Social Determinant of Health addressed: Food security

Sector(s) playing lead role: Governmental public health agencies; governmental social support agencies; governmental agricultural agencies

Sector(s) playing contributing role: Healthcare delivery system; CBOs and human service agencies

Intermediate-level measure: Number of programs that adopt policies and practices to increase consumption of fruits and vegetables.
- How to Run a Nutrition Incentive Network-PAGE 34, 47, APPENDICES
- How to Grow Your Nutrition Incentive Program-CHAPTER 5 AND APPENDICES

Related to other interventions, focus areas and goals from other priorities: Promote Healthy Women, Infants, and Children

Intervention: Screen for food insecurity, facilitate and actively support referral

Effective systems for referral are necessary to help individuals and families access services and benefits for which they eligible. Screening for food insecurity in clinical settings has been recommended by several national organizations, as food insecurity can adversely impact a patient's health outcomes. Some studies have shown that screening for food insecurity is feasible and adds minimal time to the appointment. Screening can ensure timely referral to public health nutrition programs such as WIC, SNAP, CACFP and Commodity Supplemental Food Program (CSFP), and, if necessary, local emergency food services. Screening and referral alone, however, may not be sufficient. Successful case studies have included additional information

technology (IT), systems and/or staff resources to facilitate connection, application, and enrollment in the appropriate public health nutrition and/or community program(s).

Local hospitals, health centers, businesses, and other stakeholders can partner with CBOs and governmental or private human services organizations to:

- Promote and support screening of pediatric patients by healthcare providers, facilitate referral and support active connection to WIC and/or SNAP;
- Promote screening of older-adult populations for food insecurity, facilitate referral and support active connection to SNAP; and
- Provide IT, systems and/or staff resources to help individuals and families access, connect and enroll in appropriate nutrition and/or community programs to receive the benefits for which they eligible.

Evidence base:
- [Addressing Social Determinants of Health at Well Child Care Visits: A Cluster RCT](#)
- [Clinicians' Perceptions of Screening for Food Insecurity in Suburban Pediatric Practice](#)
- [Screening for social determinants of health in clinical care: Moving from the margins to the mainstream.](#)
- [Taking action on the social determinants of health in clinical practice: a framework for health professionals](#)
- https://www.chcs.org/media/HFCO-Case-Study_080918.pdf
- [Hunger Free Colorado: Connecting Vulnerable Patients to Food and Nutrition Resources (Case Study)](#)

Resources:
- [AAP, FRAC: Addressing Food Insecurity: A Toolkit for Pediatricians](#)
- [AARP: Implementing Food Security Screening and Referral for Older Patients in Primary Care: A resource Guide and Toolkit](#)
- [FRAC: Free Online Course to Help Health Care Providers Address Senior Hunger](#)
- [Feeding America: Addressing Food Insecurity in Health Care Settings](#)
- [AARP, FRAC: Combating Food Insecurity: Tools for Helping Older Adults Access SNAP](#)
- [Nutrition & Obesity Network: Addressing Food Insecurity: Clinic-to-Community Treatment Models](#)

Age range(s): All ages
Social Determinant of Health addressed: Food security
Sector(s) playing lead role: Health care delivery system; CBOs and human service agencies
Intermediate-level measure: 1) Number of health practices that screen for food insecurity and facilitate referrals to supportive services; 2) Percent of eligible New Yorkers participating in SNAP; 3) Percent of eligible New Yorkers participating in WIC.
- [USDA Program Data Site: SNAP, WIC, School Lunch](#)
- [NYS OTDA Monthly Caseload Statistics](#)
- [NYS SNAP Data](#)

- [Feeding America: Assessment and Evaluation Resources](#)
- [USDA: Community Food Security Assessment Toolkit](#)

Related to other interventions, focus areas and goals from other priorities: Promote Healthy Women, Infants, and Children

Focus Area 2: Physical Activity

Overarching Goal: Reduce obesity and the risk of chronic diseases
Goal 1: Improve community environments that support active transportation and recreational physical activity for people of all ages and abilities
Goal 2: Promote school, child care, and worksite environments that support physical activity for people of all ages and abilities
Goal 3: Increase access, for people of all ages and abilities, to safe indoor and/or outdoor places for physical activity

Combined Objectives for Focus Area 2

[Childhood Obesity]
By December 31, 2024, decrease the percentage of children with obesity:
- By 5% from 13.7% (2016) to 13.0% among WIC children ages 2-4 years.
- By 5% from 17.3% (2014-16) to 16.4% among public school students in NYS exclusive of NYC.
- By 5% from 20.4% (2015-16) to 19.4% among public school students in NYC.
Data Sources: Pediatric Nutrition Surveillance System (PedNSS), Student Weight Status Category Reporting System (SWSCR), NYC Fitnessgram

[Adult Obesity]
By December 31, 2024, decrease the percentage of adults ages 18 years and older with obesity:
- By 5% from 25.5% (2016) to 24.2% among all adults.
- By 5% from 30.5% (2016) to 29.0% among adults with an annual household income of <$25,000.
- By 5% from 38.1% (2016) to 36.2% among adults living with a disability.
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

[Leisure-time Physical Activity]
By December 31, 2024, increase the percentage of adults age 18 years and older who participate in leisure-time physical activity:
- By 5% from 73.7% (2016) to 77.4% among all adults.
- By 10% from 53.4% (2016) to 58.7% among adults with less than a high school education.
- By 10% from 56.2% (2016) to 61.8% among adults with disabilities.
- By 10% from 69.0% (2016) to 75.9% among adults age 65 years or older.
Data Source: BRFSS

[Physical Activity Guidelines]

By December 31, 2024, increase the percentage of adults age 18 years and older who meet the aerobic and muscle strengthening physical activity guidelines:

- By 5% from 20% (2015) to 21.0% among all adults.
- By 10% from 10.9% (2015) to 12.0% among adults with less than a high school education.
- By 10% from 9.5% (2015) to 10.5% among adults with disabilities.
- By 10% from 16.4% (2015) to 18.0% among adults age 65 years or older.

Data Source: BRFSS

[Walking or Biking]

By December 31, 2024 increase the percentage of adults age 18 and over who walk or bike to get from one place to another

- By 5% from XX% (2018) to YY% among adults age 18 years and older.
- By 10% from XX% (2018) to YY% among adults with less than a high school education.
- By 10% from XX% (2018) to YY% among adults with disabilities.
- By 10% from XX% (2018) to YY% among adults age 65 years or older.

Data source: BRFSS (Baseline data will be collected in 2018)

[Physical Activity – High School Students]

By December 31, 2024, increase the percentage of high school students who were physically active for a total of at least 60 minutes/day on all 7 days:

- By 5% from 23.2% (2017) to 24.4% among high school students.
- By 10% from 17% (2017) to 18.7% among Black high school students.
- By 10% from 18.3% (2017) to 20.1% among Hispanic high school students.

Data source: Youth Risk Behavior Survey (YRBS)

Goal 1: Improve community environments that support active transportation and recreational physical activity for people of all ages and abilities.

Intervention: Implement a combination of one or more new or improved pedestrian, bicycle, or transit transportation system components (i.e., activity-friendly routes):

- Street pattern design and connectivity
- Pedestrian infrastructure
- Bicycle infrastructure
- Public transit infrastructure and access

with new or improved land use or environmental design components (i.e., connecting everyday destinations):

- Mixed land use
- Increased residential density
- Community or neighborhood proximity
- Parks and recreational facility access

through comprehensive master/transportation plans or Complete Streets resolutions, policies, or ordinances to connect sidewalks, multi-use paths and trails, bicycle routes, and public transit with homes, early care and education sites, schools, worksites, parks, recreation facilities, and natural or green spaces.

Evidence base:
- [Community Preventive Services Task Force Recommendation for Built Environment Interventions to Increase Physical Activity](#)

Resources:
- [Community Guide: Combined Built Environment Approaches](#)
- [The Surgeon General's Call to Action to Promote Walking and Walkable Communities](#)
- [Community Health Inclusion Sustainability Planning Guide](#)
- [Inclusive Community Health Implementation Package (iCHIP)](#)

Age range(s): All ages

Social Determinant of Health addressed: Built environment, economic stability, transportation, community cohesion

Sector(s) playing lead role: Governmental public health agencies

Sector(s) playing contributing role: Transportation agencies, urban planning agencies, policy makers, environmental agencies, employers, insurers, media, colleges and universities, schools (K-12), community or neighborhood residents, CBOs and human service agencies, housing agencies, economic development agencies, natural environment agencies

Intermediate-level measure: Number of places that implement new, or improve existing, community planning and transportation interventions that support safe and accessible physical activity

Related to other interventions, focus areas and goals from other priorities: Healthy Eating and Food Security; Promote a Healthy and Safe Environment; Promote Healthy Women, Infants, and Children; Promote Well-Being and Prevent Mental and Substance Use Disorders

Goal 2: Promote school, child care, and worksite environments that support physical activity for people of all ages and abilities.

Intervention (School): Implement the Centers for Disease Control and Prevention (CDC) Comprehensive School Physical Activity Program in school districts through Local School Wellness Policy Committees aligned with school district educational outcomes; Local School Wellness Policy requirements; School Health Improvement Plans; CDC's Whole School, Whole Community, Whole Child Model; New York State Education Department's Every Student Succeeds Act Plan; School Health Index and Wellness School Assessment Tool (WellSAT) assessments; school staff and teacher professional development and training standards, and with resource or materials support.

Evidence base:
- [Physical Activity: Enhanced School-Based Physical Education](#)
- [Behavioral Interventions that Aim to Reduce Recreational Sedentary Screen Time Among Children](#)

Resources:
- [Comprehensive School Physical Activity Programs: A Guide for Schools](#)
- [School Health Guidelines to Promote Healthy Eating and Physical Activity](#)
- [Strategies for Recess in Schools](#)
- [Parents for Healthy Schools](#)
- [WellSAT Physical Activity and Physical Education Items](#)

Age range(s): Children up to age 12, Adolescents (13-21)
Social Determinant of Health addressed: Education, community cohesion
Sector(s) playing lead role: Governmental public health agencies
Sector(s) playing contributing role: Schools (K-12), community residents, policy makers, governmental education agencies, media, colleges and universities, community or neighborhood residents, CBOs and human service agencies, housing agencies, economic development agencies
Intermediate-level measure: Number of schools with comprehensive school physical activity programs
Related to other interventions, focus areas and goals from other priorities: Promote a Healthy and Safe Environment; Promote Healthy Women, Infants, and Children; Promote Well-Being and Prevent Mental and Substance Use Disorders

Intervention (Child Care): Adopt and implement policies, programs, and best practices that meet QUALITYstars NY standards to provide infants daily opportunities to move freely under adult supervision to explore indoor and outdoor environments, including tummy time when awake; to provide opportunities for toddlers and/or preschoolers to have at least 15 minutes of developmentally appropriate, structured and unstructured, moderate to vigorous physical activity (both inside and outside) for every hour they are in care; and develop policies that limit screen time use of TV/video for children, including that TV/video is never used during nap and meal time or for children birth to age 2. For children ages 2 to 5 there is no more than 30 minutes once a week of high quality educational or movement-based commercial-free programming. Programs should also encourage parental involvement, provide portable play equipment on playgrounds and other play spaces, and provide staff with training in the delivery of structured physical activity sessions and increase the time allocated for such sessions.

Evidence base:
- [Childcare and Preschool Settings (pg.29)](#)
- [Caring for Our Children](#)
  - 3.1.3.1: [Active Opportunities for Physical Activity](#)
  - 3.1.3.4: [Caregivers'/Teachers' Encouragement of Physical Activity](#)
  - 2.2.0.3: [Screen Time/Digital Media Use](#)

Resources:

- [CDC Spectrum of Opportunities for Obesity Prevention in the Early Care and Education Setting (ECE)](#)
- [State Obesity Prevention Efforts Targeting the Early Care and Education Setting](#)
- [QUALITYstarsNY](#)
- [Nutrition and Physical Activity Self-Assessment in Childcare](#)
- [Early Care and Education State Indicator Report 2016](#)

Age range(s): Infants and toddlers up to age 5
Social Determinant of Health addressed: Education, community cohesion
Sector(s) playing lead role: Governmental public health agencies
Sector(s) playing contributing role: Governmental children and family services and state education agencies, media, colleges and universities, schools (K-12), community or neighborhood residents, CBOs and Human service agencies, Housing agencies, Economic development agencies
Intermediate-level measure: Number of early care and education sites that improve physical activity policies and practices using an evidence-based assessment tool
Related to other interventions, focus areas and goals from other priorities: Healthy Eating and Food Security; Promote a Healthy and Safe Environment; Promote Healthy Women, Infants, and Children; Promote Well-Being and Prevent Mental and Substance Use Disorders

Intervention (Worksites): Implement a combination of worksite-based physical activity policies, programs, or best practices through multi-component worksite physical activity and/or nutrition programs; environmental supports or prompts to encourage walking and/or taking the stairs; or structured walking-based programs focusing on overall physical activity that include goal-setting, activity monitoring, social support, counseling, and health promotion and information messaging.

Evidence base:
- [Physical Activity: Point-of-Decision Prompts to Encourage Use of Stairs](#)
- [Worksite Nutrition and Physical Activity Programs](#)
- [Technology-Supported Multicomponent Coaching or Counseling Interventions – To Reduce Weight](#)
- [Technology-Supported Multicomponent Coaching or Counseling Interventions – To Maintain Weight Loss](#)

Resources:
- [CDC Workplace Physical Activity Interventions](#)
- [CDC Worksite Physical Activity Resources](#)
- [CDC Worksite Health Scorecard-Physical Activity Module](#)

Age range(s): Adolescents (13-21), Adults (21-60), Older Adults (60+)
Social Determinant of Health addressed: Economic Stability, Health Care
Sector(s) playing lead role: Governmental Public Health Agencies
Sector(s) playing contributing role: Healthcare System, Employers, Unions, Insurers,

Intermediate-level measure: Number of worksites that improve physical activity policies and practices using an evidence-based assessment tool

Related to other interventions, focus areas and goals from other priorities: Promote a Healthy and Safe Environment, Promote Well-Being and Prevent Mental and Substance Use Disorders

Goal 3: Increase access, for people of all ages and abilities, to indoor and/or outdoor places for physical activity.

Intervention: Implement and/or promote a combination of community walking, wheeling, or biking programs, Open Streets programs, joint use agreements with schools and community facilities, Safe Routes to School programs, increased park and recreation facility safety and decreased incivilities (i.e., litter, graffiti, dogs off leash, unmaintained equipment), new or upgraded park or facility amenities or universal design features (i.e. playgrounds and structures; walking loops, recreation fields; gymnasiums; pools; outdoor physical activity equipment, fitness stations or zones; skate zones; picnic areas; concessions or food vendors; and pet waste stations); supervised activities or programs combined with onsite marketing, community outreach, and safety education.

(Note: Parks can include mini-parks, pocket parks, or parklets; neighborhood parks; community and large urban parks; sports complexes; and natural resource areas.)

Evidence base:
- Social Support Interventions in Community Settings
- Community Preventive Services Task Force Recommendation for Built Environment Interventions to Increase Physical Activity
- The First National Study of Neighborhood Parks

Resources:
- Community Guide: Combined Built Environment Approaches
- The Surgeon General's Call to Action to Promote Walking and Walkable Communities
- Community Health Inclusion Sustainability Planning Guide
- Inclusive Community Health Implementation Package (iCHIP)
- Parks for Inclusion

Age range(s): All ages

Social Determinant of Health addressed: Built environment, natural environment, economic stability, transportation, community cohesion

Sector(s) playing lead role: Governmental public health agencies

Sector(s) playing contributing role: Transportation agencies, urban planning agencies, policy makers, environmental agencies, employers, insurers, media, colleges and universities, schools (K-12), community or neighborhood residents, CBOs and human service agencies, housing agencies, economic development agencies, natural environment agencies

Intermediate-level measure: Number of indoor and/or outdoor facilities that can be accessed by walking, biking, or wheeling

Related to other interventions, focus areas and goals from other priorities: Healthy Eating and Food Security; Promote a Healthy and Safe Environment; Promote Healthy Women, Infants, and Children; Promote Well-Being and Prevent Mental and Substance Use Disorders

Focus Area 3: Tobacco

Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure. Tobacco products include combustible cigarettes, cigars, cigarillos, pipe, and hookah, electronic cigarettes and other vaping products, and smokeless tobacco. Novel tobacco products may be added as necessary.

Goal 1: Prevent initiation of tobacco use, including combustible tobacco and vaping products (defined as e-cigarettes and similar devices) by New York youth and young adults.

Objectives:
>   *[Any Tobacco Use-High School]*
>   By December 31, 2024, decrease the prevalence of any tobacco use by high school students by 22.4% from 25.4% (2016) to 19.7%.
>   *Data source: NYS Youth Tobacco Survey (NYS YTS)*
>
>   *[Cigarette Use-High School]*
>   By December 31, 2024, decrease the prevalence of combustible cigarette use by high school students by 23.3% from 4.3% (2016) to 3.3%.
>   *Data source: NYS YTS*
>
>   *[Electronic Vapor Products-High School]*
>   By December 31, 2024, decrease the prevalence of vaping product use by high school students by 22.8% from 20.6% (2016) to 15.9%.
>   *Data source: NYS YTS*
>
>   *[Cigarette Use -Young Adults]*
>   By December 31, 2024, decrease the prevalence of combustible cigarette use by young adults age 18-24 years by 22.2% from 11.7% to 9.1%.
>   *Data source: Behavioral Risk Factor Surveillance System (BRFSS)*
>
>   *[Electronic Vapor Products - Young Adults]*
>   By December 31, 2024, decrease the prevalence of vaping product use by young adults age 18-24 years by 23.1% from 9.1% (2016) to 7.0%.
>   *Data source: BRFSS*
>
>   *[Retail Environment Policy]*
>   By December 31, 2024, increase the number of municipalities that adopt retail environment policies, including those that restrict the density of tobacco retailers, keep the price of tobacco products high, and prohibit the sale of flavored tobacco products, from 15 (2018) to 30.
>   *Data Source: Community Activity Tracking (CAT) (Retail policies include restrictions on the number, type and location of licensed tobacco retailers including retailers that sell*

primarily electronic vapor products whether they are licensed or not. Flavored tobacco products include characterizing flavors and menthol used in combustible and non-combustible tobacco products and flavored liquids including menthol used in electronic cigarettes and similar products.)

Intervention: Increase Tobacco Control Program Funding to the CDC-Recommended level, to ensure a comprehensive tobacco control program.

Resources: [Best Practices]; 2016 Independent Evaluation Report of the New York Tobacco Control Program
https://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm
Age range(s): All ages
Social Determinant of Health addressed: Social and community context/health and health care
Sector(s) playing lead role: Advocates, state government
Sector(s) playing contributing role: Local government, community organizations and individuals
Intermediate-level measure: Raise program funding to $52 million, approximately 25 percent of recommended full funding

Intervention: Use media and health communications to highlight the dangers of tobacco, promote effective tobacco control policies and reshape social norms.

Resources: The Community Guide: The Role of the Media in Promoting and Reducing Tobacco Use https://www.thecommunityguide.org/topic/tobacco
Age range(s): All ages
Social Determinant of Health addressed: Social and community context: Social cohesion
Sector(s) playing lead role: Media, state and local health departments
Sector(s) playing contributing role: Advocates, community organizations and health department grantees
Intermediate-level measure: Evidence of increasing support for effective tobacco control measures that would reduce youth initiation

Intervention: Pursue policy action to reduce the impact of tobacco marketing in lower-income and racial/ethnic minority communities, disadvantaged urban neighborhoods and rural areas.

Resources: Public Health Law Center,
http://www.publichealthlawcenter.org/sites/default/files/resources/tclc-guide-pos-policy-WashU-2014.pdf
Age range(s): All ages
Social Determinant of Health addressed: Neighborhood and environment: Environmental conditions

Sector(s) playing lead role: Local government

Sector(s) playing contributing role: Advocates, community organizations, local business

Intermediate-level measure: Evidence of increasing support for effective tobacco control measures that would reduce youth initiation

Intervention: Keep the price of tobacco uniformly high by regulating tobacco company practices that reduce the real price of cigarettes through discounts.

Resources: Public Health Law Center

http://www.publichealthlawcenter.org/sites/default/files/resources/tclc-guide-pos-policy-WashU-2014.pdf

Age range(s): All ages

Social Determinant of Health addressed: Neighborhood and Environment: Environmental conditions

Sector(s) playing lead role: Local government,

Sector(s) playing contributing role: Advocates, community organizations, local business

Intermediate-level measure: Evidence of increasing support for effective tobacco control measures that restrict tobacco company practices that decrease the real price of tobacco products through industry discounts

Intervention: Decrease the availability of flavored tobacco products including menthol flavors used in combustible and non-combustible tobacco products and flavored liquids including menthol used in electronic vapor products.

Resources: Public Health Law Center

http://www.publichealthlawcenter.org/sites/default/files/resources/Regulating-Flavored-Tobacco-Products-2017.pdf

Age range(s): All ages

Social Determinant of Health addressed: Neighborhood and environment: Environmental conditions

Sector(s) playing lead role: Local government,

Sector(s) playing contributing role: Advocates, community organizations

Intermediate-level measure: Evidence of increasing support for effective tobacco control measures that would restrict the sale of flavored tobacco products and flavored liquids used in electronic vapor products

Intervention: Advocate with media parent companies to eliminate youth exposure to tobacco imagery and tobacco marketing in youth-rated movies.

Resources: University of California, San Francisco, https://smokefreemovies.ucsf.edu/

Age range(s): Birth - 18

Social Determinant of Health addressed: Social and Community Context: Social cohesion

Sector(s) playing lead role: Entertainment
Sector(s) playing contributing role: Advocates, community organizations, youth
Intermediate-level measure: Evidence of increasing support for effective tobacco control measures that would eliminate youth exposure to tobacco imagery and marketing in youth-rated movies

Goal 2: Promote tobacco use cessation, especially among populations disparately affected by tobacco use including: low SES, frequent mental distress or substance use disorders, LGBT, and disability.

Objectives:
[Health Care Provider Assist with Quitting]
By December 31, 2024, increase the percentage of smokers who received assistance from their health care provider to quit smoking by 13.1% from 53.1% (2017) to 60.1%.
Data Source: NY Adult Tobacco Survey; NYS ATS

By December 31, 2024, decrease the prevalence of cigarette smoking by adults ages 18 years and older by 23%:

- *[Cigarette Use-All Adults]* from 14.2% (2016) to 11.0% among all adults.

- *[Cigarette Use-Low Income Adults]* from 19.8% (2016) to 15.3% among adults with income less than $25,000.

- *[Cigarette Use-Less Educated Adults]* from 19.2% (2016) to 14.9% among adults with less than a high school education.

- *[Cigarette Use-Adults Reporting Frequent Mental Distress]* from 26.0% (2016) to 20.1% among adults who report frequent mental distress.

- *[Cigarette Use- Adults Identifying as LGBT]* from 19.3% (2014-2016 pooled) to 14.9% among adults who self-identify as LGBT.

- *[Cigarette Use-Adults Living with a Disability]* from 20.1% (2016) to 15.6% among adults who are living with any disability.

Data Source: BRFSS

[Utilization of Medicaid Cessation Benefits]
By December 31, 2024, increase the utilization of smoking cessation benefits (counseling and/or medications) among smokers who are enrolled in any Medicaid* program by 27.8% from 20.5% (2016) to 26.2%.

*Data source: Medicaid Program. *Any Medicaid includes managed care and fee for service and special population programs (HARP and SNIPS). Excludes dual-eligible enrollees (Medicaid/Medicare) and those under 18 or over 64.*

Intervention: Assist medical and behavioral health care organizations (defined as those organizations focusing on mental health and substance use disorders) and provider groups in establishing policies, procedures and workflows to facilitate the delivery of tobacco dependence treatment, consistent with the Public Health Service Clinical Practice Guidelines, with a focus on federally qualified health centers, community health centers and behavioral health providers.

> **Resources:** https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html
> https://talktoyourpatients.health.ny.gov/
> **Age range(s):** 18 years and older
> **Social Determinant of Health addressed**: Health and health care: Access to health care
> **Sector(s) playing lead role**: FQHCs, CHC, behavioral health clinics, provider practices
> **Sector(s) playing contributing role**: Local health departments, state health department
> **Intermediate-level measure:** Health care providers exhibit greater propensity to provide counseling and medications where appropriate to treat tobacco dependence in their patients

Intervention: Use health communications and media opportunities to promote the treatment of tobacco dependence by targeting smokers with emotionally evocative and graphic messages to encourage evidence-based quit attempts, to increase awareness of available cessation benefits (especially Medicaid), and to encourage health care provider involvement with additional assistance from the NYS Smokers' Quitline.

> **Resources:**
> https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html
> https://talktoyourpatients.health.ny.gov/
> https://www.nysmokefree.com/
> **Age range(s):** 18 years and older
> **Social Determinant of Health addressed:** Health and health care: Access to health care
> **Sector(s) playing lead role:** State health department, local health departments
> **Sector(s) playing contributing role:** Healthcare delivery system, media
> **Intermediate-level measure:** Promote and educate smokers about the benefits of evidence-based quitting approaches

Intervention: Use health communications targeting health care providers to encourage their involvement in their patients' quit attempts encouraging use of evidence-based

quitting, increasing awareness of available cessation benefits (especially Medicaid), and removing barriers to treatment.

Resources: https://talktoyourpatients.health.ny.gov/
Age range(s): 18 years and older
Social Determinant of Health addressed: Health and health care: Access to health care
Sector(s) playing lead role: Health care organizations and providers; NYS Smokers' Quitline; community based organizations
Sector(s) playing contributing role: County health departments; ACS, AHA, ALA
Intermediate-level measure: Work with departmental health system grantees to promote the delivery of evidence-based cessation services by health care providers

Intervention: Promote Medicaid and other health plan coverage benefits for tobacco dependence counseling and medications.

Resources: CDC: https://www.cdc.gov/mmwr/volumes/67/wr/mm6713a3.htm
Age range(s): 18 years and older
Social Determinant of Health addressed: Health and health care: Access to health care
Sector(s) playing lead role: Medicaid offices, county health departments,
Sector(s) playing contributing role: Community based organizations, ACS, AHA, ALA
Intermediate-level measure: Increase awareness of Medicaid benefits for tobacco use cessation among Medicaid enrollees and health care providers

Goal 3: Eliminate exposure to secondhand smoke and exposure to secondhand aerosol/emissions from electronic vapor products.

Objectives:
[Secondhand Smoke Exposure-Multiunit Housing]
By December 31, 2024, decrease the percentage of adults (non-smokers) living in multi-unit housing who were exposed to secondhand smoke in their homes by 22.7%, from 35.2% (2017) to 27.2%.
Data source: NYS ATS

[Secondhand Smoke Exposure -Middle School & High School Age Youth]
By December 31, 2024, decrease the percentage of youth (middle and high school students) who were in a room where someone was smoking on at least 1 day in the past 7 days by 22.5% from 23.1% (2016) to 17.9%.
Data source: NYS YTS

[Secondhand Smoke Policies]
By December 31, 2024, increase the number of multi-unit housing units (focus should be on housing with higher number of units) that adopt a smoke-free policy by 5000 units each year.

Data source: CAT (Note: Smoke-free units count only when all units in a building are smoke-free. Units in buildings partially smoke-free do not count.)

Intervention: Promote smoke-free and aerosol-free (from electronic vapor products) policies in multi-unit housing, including apartment complexes, condominiums and co-ops, especially those that house low-SES residents.

> **Resources**: HUD Smoke Free Public Housing
> https://www.hud.gov/program_offices/healthy_homes/smokefree
> **Age range(s)**: All
> **Social Determinant of Health addressed:** Neighborhood and environment: Environmental conditions
> **Sector(s) playing lead role:** Housing
> **Sector(s) playing contributing role:** Advocates, community organizations
> **Intermediate-level measure:** Increase the number of 100% smoke-free public housing units. Increase the proportion of leases that require that smoking policies be transparent
> **Related to other interventions, focus areas and goals from other priorities:** Related to tobacco free outdoor areas, as many policies include both

Intervention: Increase the number of smoke-free parks, beaches, playgrounds, college and other public spaces.

> **Resources:** Public Health and Tobacco Policy Center
> http://tobaccopolicycenter.org/tobacco-control/tobacco-free-outdoor-areas/
> **Age range(s):** All
> **Social Determinant of Health addressed:** Neighborhood and environment: Environmental conditions
> **Sector(s) playing lead role:** Government, business, educational institutions, healthcare institutions
> **Sector(s) playing contributing role:** Advocates, community organizations
> **Intermediate-level measure:** Increasing support for or actual policies passed that increase the number of smoke-free parks, beaches, playgrounds and other public spaces

Intervention: Educate organizational decision makers, conduct community education, and use paid and earned media to increase community knowledge of the dangers of secondhand smoke exposure and secondhand aerosol/emission exposure from electronic vapor products.

> **Resources:**
> https://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/general_facts/index.htm
> **Age range(s):** All ages

Social Determinant of Health addressed: Neighborhood and environment: Environmental conditions

Sector(s) playing lead role: Business, government, educational institutions

Sector(s) playing contributing role: Advocates, health care, community organizations

Intermediate-level measures:

- Number of times decision makers were educated about secondhand smoke and aerosol/emissions
- Number of community education forums or media campaigns conducted

Focus Area 4: Chronic Disease Preventive Care and Management

Goal 1: Increase cancer screening rates for breast, cervical and colorectal cancer screening

Objectives:

[Breast Cancer Screening]
By December 31, 2024, increase the percentage of women with an annual household income less than $25,000 who receive a breast cancer screening based on most recent guidelines (women aged 50 to 74 years who have received a mammogram in the past two years) by 5% to 79.7%. (Baseline: 75.9%; Year 2016)
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

[Cervical Cancer Screening]
By December 31, 2024 increase the percentage of women with an annual household income less than $25,000 who receive a cervical cancer screening based on the most recent guidelines (women ages 21 to 65 years who have received a Pap test within the past three years or women ages 30 to 65 years who have received a Pap and HPV co-test within the past five years from) by 5% to 80.0%. (Baseline: 76.1%; Year 2016)
Data Source: BRFSS

[Colorectal Cancer Screening]
By December 31, 2024, increase the percentage of adults who receive a colorectal cancer screening based on the most recent guidelines (adults ages 50 to 75 years who received either a blood stool test within the past year, or a sigmoidoscopy within the past 5 years and a blood stool test within the past 3 years, or a colonoscopy within the past 10 years) by 17% to 80%*. (Baseline: 68.5%; Year 2016)
- By 5% from 60.7% (2016) to 63.7% for adults with an annual household income less than $25,000.
- By 5% from 63.1% (2016) to 66.3% for adults aged 50-64.
  Data Source: BRFSS

*The NYS 80% target is set to align with National goals

Intervention: Work with health care providers/clinics to put systems in place for patient and provider screening reminders (e.g., letter, postcards, emails, recorded phone messages, electronic health records [EHR] alerts).

Evidence: [The Community Guide](#)
Age Range(s): See objectives
Social Determinants of Health addressed: Health care
Sector(s) playing lead role: Healthcare delivery system, insurers
Sector(s) playing contributing role: Governmental public health agencies
Intermediate-level measures:

- Number of health systems that implement or improve provider and patient reminder systems
- Number of patients reached through patient reminder systems
- Compliance with screening guidelines among patients reached through patient reminder systems/among patients of health systems that adopted systems
- Provider, clinic or insurer breast, cervical and colorectal cancer screening rates

Intervention: Conduct one-on-one (by phone or in-person) and group education (presentation or other interactive session in a church, home, senior center or other setting).

Evidence: The Community Guide
Age Range(s): See objectives
Social Determinants of Health addressed: Education
Sector(s) playing lead role: Governmental public health agencies, health care delivery system, CBOs and human service agencies
Sector(s) playing contributing role: Employers, businesses and unions, insurers, community or neighborhood residents
Intermediate-level measures:
- Number of individuals reached through one-on-one or group education that were referred to health providers for cancer screening
- Change in knowledge and awareness of need for cancer screening among individuals reached through one-on-one or group education
- Compliance with screening guidelines among individuals that were reached through one-on-one or group education

Intervention: Use small media such as videos, printed materials (letters, brochures, newsletters) and health communications to build public awareness and demand.

Evidence: The Community Guide
Age Range(s): See objectives
Social Determinants of Health addressed: Education
Sector(s) playing lead role: Governmental public health agencies, health care delivery system, insurers, CBOs and human service agencies
Sector(s) playing contributing role: Employers, businesses and unions
Intermediate-level measures:
- Number and type of locations where materials were distributed
- Change in knowledge and awareness of need for cancer screening among groups reached through small media dissemination

Intervention: Work with clinical providers to assess how many of their patients receive screening services and provide them feedback on their performance (Provider Assessment and Feedback).

Evidence: The Community Guide
Age Range(s): See objectives
Social Determinants of Health addressed: Health care
Sector(s) playing lead role: Healthcare delivery system, insurers
Sectors playing a contributing role: Governmental public health agencies
Intermediate-level measures:
- Number of health systems or providers that adopt or improve provider assessment and feedback systems for cancer screening
- Provider or clinic-level breast, cervical, and colorectal cancer screening rates

Intervention: Remove structural barriers to cancer screening such as providing flexible clinic hours, offering cancer screening in non-clinical settings (mobile mammography vans, flu clinics), offering on-site translation, transportation, patient navigation and other administrative services and working with employers to provide employees with paid leave or the option to use flex time for cancer screenings.

Evidence: The Community Guide
Age Range(s): See objectives
Social Determinants of Health addressed: Health care, transportation
Sector(s) playing lead role: Governmental public health agencies, health care delivery system, employers, businesses, unions, CBOs and human service agencies, transportation agencies
Intermediate-level measure:
- Number of organizations that adopt practices and policies that reduce structural barriers to cancer screening

Intervention: Ensure continued access to health insurance to reduce economic barriers to screening.

Evidence: The Community Guide
Age Range(s): Adults ages 21-64
Social Determinants of Health addressed: Economic stability, health care
Sector(s) playing lead role: Governmental public health agencies, health care delivery system, employers, businesses and unions, insurers, CBOs and human service agencies, policy makers and elected officials
Intermediate-level measure:
- Change in the percent of NYS population that has health insurance coverage

Resources:
- https://www.thecommunityguide.org/sites/default/files/assets/What-Works-Factsheet-CancerScreening.pdf
- https://rtips.cancer.gov/rtips/topicPrograms.do?topicId=102265&choice=default (Colorectal)

- https://www.ncbi.nlm.nih.gov/pubmed/29304835 (Colorectal)
- https://rtips.cancer.gov/rtips/topicPrograms.do?topicId=102263&choice=default (Breast)
- https://rtips.cancer.gov/rtips/topicPrograms.do?topicId=102264&choice=default (Cervical)

Goal 2: Increase early detection of cardiovascular disease, diabetes, prediabetes and obesity

Objectives:

[Diabetes Early Detection]
By December 31, 2024, increase the percentage of adults 45+ who had a test for high blood sugar or diabetes within the past three years by 5%.
(Baseline: 68.3%; Year 2016. Target: 71.7%)
Data Source: BRFSS

[Diabetes Early Detection, Disparity – Low-Income Adults]
By December 31, 2024, increase the percentage of low-income (<$25,000) adults 45+ who had a test for high blood sugar or diabetes within the past three years by 5%.
(Baseline: 64.2%; Year 2016. Target: 67.4%)
Data Source: BRFSS

[Weight Status Assessment – Children]
By December 31, 2024 increase the percentage of children and adolescents ages 3 -17 years with an outpatient visit with a primary care provider or OB/GYN practitioner during the measurement year who received appropriate assessment for weight status during the measurement year by 5%. (Baseline: 77% [HMO]; 77% [MMC]; Year 2016. Target: 80.6% [HMO]; 80.6% [MMC])
Data Source: Quality Assurance Reporting Requirements (QARR)

Intervention: Promote strategies that improve the detection of undiagnosed hypertension in health systems.

Resources: Million Hearts
Age Range(s): Adults, with a focus on those over 45 years
Social Determinants of Health addressed: Health care
Sector(s) playing lead role: Healthcare delivery system, insurers
Sector(s) playing contributing role: Governmental public health agencies
Intermediate-level measures:
- Number of health systems with policies/practices to identify patients with undiagnosed hypertension
- Number/percentage of patients served by health systems with policies/practices in place
- Number of patients identified with undiagnosed hypertension

Related to other interventions, focus areas and goals from other priorities: Delivery System Reform Incentive Payment (DSRIP) Program: 3bi Project - Evidence-based strategies for disease management in high risk/affected populations (adult only)

Intervention: Promote testing for prediabetes and risk for future diabetes in asymptomatic adults of any age with obesity or overweight (i.e., BMI ≥25 kg/m^2 or ≥23 kg/m^2 in Asian Americans) who have one or more additional risk factors for diabetes, including first degree relative with diabetes, high risk race/ethnicity, and history of cardiovascular disease. Promote testing for all other patients beginning at 45 years of age. Promote repeat testing at a minimum of 3-year intervals, with consideration of more frequent testing depending on initial results and risk status.

Resources:
- https://www.cdc.gov/sixeighteen/diabetes/index.htm
- http://clinical.diabetesjournals.org/content/36/1/14

Age Range(s): Adults, with a focus on those over 45 years
Social Determinants of Health addressed: Health Care
Sector(s) playing lead role: Healthcare delivery system, insurers
Sector(s) playing contributing role: Governmental Public Health Agencies
Intermediate-level measures:
- Number of health systems with policies/practices to identify patients with diabetes or prediabetes
- Number/percentage of patients served by health systems with policies/practices in place
- Number of patients identified with diabetes/prediabetes

Goal 3: Promote evidence-based care to prevent and manage chronic diseases in the clinical setting including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity.

Objectives:
[Diabetes Control - Adults]
By December 31, 2024, decrease the percentage of adult members with diabetes whose most recent HbA1c level indicated poor control (>9%) by 5%. (Baseline: 28% [HMO]; 33% [MMC]; Year 2016. Target: 26.6% [HMO]; 31.4% [MMC])
Data Source: QARR

[Diabetes Control, Disparity – Adult Black Medicaid Members]
By December 31, 2024, decrease the percentage of adult Black Medicaid members with diabetes whose most recent HbA1c level indicated poor control (>9%) by 5%. (Baseline: 40%; Year 2016. Target: 38%)
Data Source: QARR

[Diabetes Control, Disparity – Medicaid Members Aged 18-44]

By December 31, 2024, decrease the percentage of adult Medicaid members aged 18-44 with diabetes whose most recent HbA1c level indicated poor control (>9%) by 5%. (Baseline: 41%; Year 2016. Target: 39%)
Data Source: QARR

[Hypertension Control - Adults]

By December 31, 2024, increase the percentage of adult members who had hypertension whose blood pressure was adequately controlled during the measurement year by 5%. (Baseline: 63% [HMO]; 62% [MMC]; Year 2016. Target: 66.2% [HMO]; 65.1% [MMC])
Data Source: QARR

[Hypertension Control, Disparity - Adult Black Medicaid Members]

By December 31, 2024, increase the percentage of adult Black Medicaid members who had hypertension whose blood pressure was adequately controlled during the measurement year by 5%. (Baseline: 54%; Year 2016. Target 56.7%)
Data Source: QARR

[Hypertension Control, Disparity - Medicaid Members Aged 18-44]

By December 31, 2024, increase the percentage of adult Medicaid members 18-44 who had hypertension whose blood pressure was adequately controlled during the measurement year by 5%. (Baseline: 50%; Year 2016. Target 52.5%)
Data Source: QARR

[Asthma - Emergency Department Visits]

By December 31, 2024, decrease the Asthma ED rate for those aged 0-4, 0-17, and all age groups by 5%. (Baseline: 0-4: 185.1 per 10,000; 0-17: 138.0 per 10,000; all: 76.8 per 10,000; Year 2016. Target: 0-4: 175.8 per 10,000; 0-17: 131.1 per 10,000; all: 73.0 per 10,000)
Data Source: SPARCS

[Asthma - Hospitalizations]

By December 31, 2024, decrease the Asthma hospitalization rate for those aged 0-4, 0-17, and all age groups by 10%.
(Baseline: 0-4: 42.9 per 10,000; 0-17: 23.5 per 10,000; all: 10.7 per 10,000; Year 2016. Target: 0-4: 38.6 per 10,000; 0-17: 21.2 per 10,000; all: 9.6 per 10,000)
Data Source: SPARCS

[Asthma - Controller Medications]

By December 31, 2024, increase the percentage of members (ages 5-64) who were identified as having persistent asthma and were dispensed appropriate asthma controller medications for at least 50% of the treatment period during the measurement year by 10%. (Baseline: 5-18: 54%; 19-64: 68%; Year 2016. Target: 5-18: 59%; 19-64: 75%)

Data Source: QARR

[Asthma – Ratio of Controller to Total Medications]
By December 31, 2024, increase the percentage of members (ages 5 to 64), who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year by 10%. (Baseline: 5-18: 63%; 19-64: 56%; Year 2016. Target: 5-18: 69%; 19-64: 62%)
Data Source: QARR
[Hypertension - Medication Use]
By December 31, 2024, increase the percentage of adults with hypertension who are currently taking medicine to manage their high blood pressure by 5%. (Baseline: 76.90%; Year 2016. Target: 80.70%.)
Data Source: BRFSS

[Arthritis – Physical Activity/Exercise]
By December 31, 2024, increase the percentage of adults with arthritis who have been told by their doctor or health professional to be physically active/exercise to help with arthritis or joint symptoms by 5%. (Baseline: 63.40%; Year 2015. Target: 66.60%)
Data Source: BRFSS

Intervention: Promote a team-based approach (which may include pharmacist, community health worker, registered dietitian, podiatrist, and other health workers) to chronic disease care to improve health outcomes.

Resources:
- Million Hearts
- CDC Best Practice Guide for CVD

Age Range(s): All ages
Social Determinants of Health addressed: Health care
Sector(s) playing lead role: Health care delivery system
Sector(s) playing contributing role: Governmental public health agencies; insurers
Intermediate-level measures:
- Number of health systems that implement policies/practices to promote team-based care
- Number/percentage of patients in health systems with policies/practices in place

Related to other interventions, focus areas and goals from other priorities: DSRIP 3bi Project - Evidence-based strategies for disease management in high risk/affected populations (adult only)

Intervention: Promote evidence-based medical management in accordance with national guidelines.

Resources:
- Cardiovascular Disease: [2017 Hypertension Guidelines](#), [2013 Cholesterol Guidelines](#)
- Chronic Kidney Disease:
  https://kdigo.org/wp-content/uploads/2017/02/KDIGO_2012_CKD_GL.pdf
  https://www.ahajournals.org/doi/abs/10.1161/01.cir.0000437738.63853.7a
- Diabetes:
  https://professional.diabetes.org/content-page/standards-medical-care-diabetes
  http://www.nyspma.org/aws/NYSPMA/pt/sp/diabetes
- Asthma: https://www.nhlbi.nih.gov/health-topics/guidelines-for-diagnosis-management-of-asthma

Age Range(s): All ages
Social Determinants of Health addressed: Health care
Sector(s) playing lead role: Healthcare delivery system
Sector(s) playing contributing role: Governmental public health agencies; insurers
Intermediate-level measures:
- Number of health systems that implement policies/practices to promote guideline-concordant chronic disease care
- Number/percentage of patients in health systems with policies/practices in place

Related to other interventions, focus areas and goals from other priorities:
DSRIP 3bi & 3diii Projects

Intervention: Promote the use of Health Information Technology for: Measurement, Registry Development, Patient Alerts, Bi-Directional Referrals, Reporting.

Resources: [Merit-Based Incentive Payment System (MIPS)](#)
Age Range(s): All ages
Social Determinants of Health addressed: Health care
Sector(s) playing lead role: Healthcare delivery system
Sector(s) playing contributing role: Governmental public health agencies; insurers
Intermediate-level measures:
- Number of providers using a registry to identify patients with a chronic condition
- Number/percentage of health systems with certified EHRs
- Number/percentage of health systems with connections to a Qualified Entity
- Number/percentage of patients served by health systems with a certified EHR and/or QE connected health system

Related to other interventions, focus areas and goals from other priorities: Medicare Access and CHIP Reauthorization Act (MACRA) and Merit-Based Incentive Payment System (MIPS)

Intervention: Promote strategies that improve access and adherence to medications and devices.

Resources:

- Cardiovascular: CDC 6/18 Intervention
- Asthma: https://www.cdc.gov/sixeighteen/asthma/index.htm

Age Range(s): All ages
Social Determinants of Health addressed: Health care
Sector(s) playing lead role: Healthcare delivery system
Sector(s) playing contributing role: Governmental public health agencies; insurers
Intermediate-level measures:

- Number of health systems that implement policies/practices to encourage self-management behaviors, including adherence to medication
- Number of health systems that include pharmacists as members of the care team
- Number/percentage of patients served by health systems with policies/practices related to self-management behaviors, including adherence to medication
- Number of patients identified with a self-management plan

Related to other interventions, focus areas and goals from other priorities: DSRIP 3bi & 3diii Projects - Evidence-based strategies for disease management in high risk/affected populations (adult only) and Implementation of evidence-based medicine guidelines for asthma management

Intervention: Promote referral of patients with prediabetes to an intensive behavioral lifestyle intervention program modeled on the Diabetes Prevention Program to achieve and maintain 5% to 7% loss of initial body weight and increase moderate-intensity physical activity (such as brisk walking) to at least 150 min/week.

Resources: http://clinical.diabetesjournals.org/content/36/1/14
Age Range(s): Adults, including those over 65 years old
Social Determinants of Health addressed: Health care
Sector(s) playing lead role: Healthcare delivery system
Sector(s) playing contributing role: Governmental public health agencies; insurers; CBOs and human service agencies
Intermediate-level measures:

- Number of health systems that have policies/practices for identifying and referring patients to National DPP programs
- Number of National DPP programs in community settings
- Number patients referred to National DPP
- Number of patients who participate in National DPP
- Percentage of patients who complete National DPP

Intervention: Counsel and refer patients with arthritis to increase physical activity, including participation in arthritis-appropriate evidence-based interventions and walking.

Resources:
https://www.cdc.gov/mmwr/volumes/67/wr/mm6717a2.htm?s_cid=mm6717a2

Age Range(s): Adults with arthritis, including those over 65 years old
Social Determinants of Health addressed: Health care
Sector(s) playing lead role: Healthcare delivery system
Sector(s) playing contributing role: Governmental public health agencies; insurers; employers, businesses and unions; media; CBOs and human service agencies; colleges and universities; community and neighborhood residents; policy-makers and elected officials; transportation agencies; housing agencies; natural environment agencies; urban planning agencies
Intermediate-level measures:

- Number of health systems that have policies/practices for identifying and counseling patients with arthritis on PA
- Number patient with arthritis identified and counseled
- Number of patients referred to evidence-based walking programs
- Number evidence-based walking programs in the community
- Number of patients who participate in programs/percentage who complete

Goal 4: In the community setting, improve self-management skills for individuals with chronic diseases including asthma, arthritis, cardiovascular disease, diabetes and prediabetes and obesity.

Objectives:

[Self-Management]
By December 31, 2024, increase the percentage of adults with chronic conditions (arthritis, asthma, CVD, diabetes, CKD, cancer) who have taken a course or class to learn how to manage their condition by 5%. (Baseline: 10.10%; Year 2016. Target: 10.60%)
Data Source: BRFSS

[Asthma Action Plan]
By December 31, 2024, increase the percentage of children (0-17) and adults (18+) with asthma who were ever given an asthma action plan by a doctor or health professional by 10% in both groups. (Baseline: 0-17: 48.3%; 18+: 24.21%. Year 2011-2013 (0-17); 2014 (18+). Target: 0-17: 53.1%; 18+: 26.6%.)
Data Source: BRFSS Asthma Call-Back Survey

Intervention: Expand access to home-based multi-trigger, multicomponent visits by licensed professionals or qualified lay health workers to provide targeted, intensive asthma self-management education and to reduce home asthma triggers for individuals whose asthma is not well-controlled with NAEPP Guidelines' medical management and asthma self-management education (ASME).

Resources:

- https://www.cdc.gov/sixeighteen/asthma/index.htm

- https://www.thecommunityguide.org/findings/asthma-home-based-multi-trigger-multicomponent-environmental-interventions-children-and
- https://www.epa.gov/sites/production/files/2018-05/documents/asthma_home_environment_checklist.pdf

Age Range(s): All, with focus on ages 0-17
Social Determinants of Health addressed: Health Care; Housing
Sector(s) playing lead role: CBOs and human service agencies;
Sector(s) playing contributing role: Governmental public health agencies; insurers; employers, businesses and unions; media; colleges and universities; community and neighborhood residents; policy-makers and elected officials; transportation agencies; housing agencies; economic development agencies
Intermediate-level measures:
- Number of providers trained on NAEPP Guidelines including ASME and home-based interventions
- Number of health systems that have policies/practices for referring patients with asthma to home-based services
- Number of patients referred to home-based services

Related to other interventions, focus areas and goals from other priorities: DSRIP 3dii Project - Expansion of asthma home-based self-management program

Intervention: Expand access to evidence-based self-management interventions for individuals with chronic disease (arthritis, asthma, cardiovascular disease, diabetes, prediabetes, and obesity) whose condition(s) is not well-controlled with guidelines-based medical management alone.

Resources:
- Arthritis: http://www.ymca.net/enhancefitness
- https://www.selfmanagementresource.com/programs/small-group/chronic-disease-self-management/
- Asthma: https://www.cdc.gov/sixeighteen/asthma/index.htm
- Cardiovascular Disease: Million Hearts Self-Measured BP
- Diabetes: http://care.diabetesjournals.org/content/41/Supplement_1/S38

Age Range(s): All, including those over 65 years old and children age 0-17 for asthma only
Social Determinants of Health addressed: Health care
Sector(s) playing lead role: CBOs and human service agencies
Sector(s) playing contributing role: Governmental public health agencies; insurers; employers, businesses and unions; colleges and universities; community and neighborhood residents; policy-makers and elected officials; transportation agencies; housing agencies; economic development agencies
Intermediate-level measures:
- Number of health systems that have policies/practices for identifying and referring patients to evidence-based self-management education (EBSMPs) programs
- Number and type of EBSMP programs in community settings

- Number patients referred to EBSMP
- Number of patients who participate in EBSMP
- Percentage of patients who complete EBSMP
- Number of schools using the NYSDOH Guide for Asthma Management in Schools

Related to other interventions, focus areas and goals from other priorities: DSRIP 3bi Project - Evidence-based strategies for disease management in high risk/affected populations (adult only)

Intervention: Expand access to the National Diabetes Prevention Program (National DPP), a lifestyle change program for preventing type 2 diabetes.

Resources: https://www.cdc.gov/sixeighteen/diabetes/index.htm
Age Range(s): Adults, including older adults 65+ years
Social Determinants of Health addressed: Health care
Sector(s) playing lead role: CBOs and human service agencies
Sector(s) playing contributing role: Governmental public health agencies; insurers; employers, businesses and unions; community and neighborhood residents
Intermediate-level measures:
- Number of health systems that have policies/practices for identifying and referring patients to National DPP programs
- Number of National DPP programs in community settings
- Number patients referred to National DPP
- Number of patients who participate in National DPP
- Percentage of patients who complete National DPP