

NEW YORK STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH AND HEALTH PLANNING COUNCIL
AD HOC COMMITTEE MEETING
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ESP, CONCOURSE LEVEL, MEETING ROOM 6 ALBANY
TRANSCRIPT

Dr. Boufford Thank you very much.

Dr. Boufford I want to call this meeting of the Ad Hoc Committee for the Prevention Agenda to order. I'm Jo Boufford. I'm the Chair of the Public Health Committee and I'm happy to be sort of co -chairing this meeting with Liza Whalen from the Department of Health. She'll be picking up a good bit of the presentation later on. I want to just go logistics of reminding everyone that we are webcasting, that we are live on the internet subject to the Open Meetings Law, that one can find the recording of this meeting on the Department of Health's website within about seven days, and it will be posted for about four months after that, retained for about four months after that. It would be great if people online, because there's so many of you, could insert your organizational affiliation after your name. Part of the Ad Hoc Committee is knowing which organizations are with us during this conversation. If you don't mind doing that, that would be great. And then the first time you speak, if you could just say your name and tell us whether you're a DOH staff member or a member of the council or what organization you're representing when you do speak, that would be great. Normally in the room, I guess there are a number of people in the room that there will be hot mics, so be careful. Those of you that are online, please be sure to keep yourselves muted unless you want to speak. Those are in person. There's a form you need to fill out to accommodate to the Joint Commission on Public Ethics, which will have been on a table probably outside the room. I imagine there, I don't know if there's something on online that the folks that are only joining us by website would need to fill out. It's really great for us to know if you are here, because we want to make sure that you get the advantage of getting the follow up minutes and everything. I don't think there's anything else official I need to say. Let me just give you, if I may just have a few kinds of background remarks. We want to have everyone introduce themselves. We have left a time slot for that, because that's kind of the core of our group here is knowing who's here. We'll turn the meeting at that point over to Liza Whalen, who will I'm sure her own opening remarks. She'll be leading us through the presentations for the meeting. Let me start by just orienting everyone who's here. The last meeting of the Ad Hoc Committee took place in July. And at that meeting, we did hear an overview of what is in effect quite a new framework for the Prevention Agenda that has been in development since the latter part of 2023 and the early part of 2024, moving into the current time. You'll see the timetable for completion during the presentation this morning. The framework was approved by the Public Health Committee over the Summer and adopted by the PHHPC in its Fall meeting. This is the official framework. We'll be presenting that to you today, the State Health Improvement Plan, the sort of framework, the Prevention Agenda is in effect, the State Health Improvement Plan. You'll be hearing that plan today. In the context of which I want to just revisit, remind everyone of the role of the Ad Hoc Committee. The Ad Hoc Committee is sort of the core. The core of the Ad Hoc Committee is the Public Health Committee of the PHHPC, the State Public Health and Health Planning Council. It is sort of a vehicle of that subcommittee. It was created probably eight or ten years ago to be the public engagement arm of the state's voluntary accreditation process and has continued in that role since then. It was revised in about a year, a little over a year ago now to deal with the new phase of the Prevention Agenda development, which is 2025 to 2030. The membership of the Ad Hoc Committee, we always welcome state agencies that are

interested. Many have been involved for a while and also state level nonprofits, advocacy groups, professional organizations. This group really focuses on state. Many of you as statewide organizations, state level organizations have chapters, have members in local communities. That's a really, really important part of your role with us is to both give us sort of public advice on the shaping of the Prevention Agenda and its implementation eventually, but also hopefully to provide a sort of two-way communication between your own chapters, members, et cetera, colleagues that are around the state and local communities on the Prevention Agenda and hopefully getting them involved as well. In past years, we've literally had some of you host public meetings and folks that are from the department have gone out to those meetings to answer questions about the Prevention Agenda or encourage engagement in its work. You're going to hear today about the state level engagement that we are hoping for from all of you in addition to being on this committee as the new cycle, the Prevention Agenda advances. Similarly, hoping for partnerships with your local representatives in the work that by design in the State Health Improvement Plan is led by local health departments with hospital and health system leadership, but also brings many more local stakeholders to the table in those conversations. The Public Health Committee, the stalwart Larry Eisenstein and Lindsay Farrell and I met with staff and colleagues in Albany last week to review a lot of what you'll be seeing today and suggest some tweaking of it. I'm glad to see they're here. The Public Health Committee is tracking three elements of this work. One is the State Health Improvement Plan/Prevention Agenda, which you'll hear about. The second area is the commitment to interagency engagement to support the work of the Prevention Agenda at the state level and statewide. You're going to hear about that. And then the third area, the Public Health Committee's tracking is community benefit, which you'll hear a little bit about today, but largely those are the agendas for the Public Health Committee and the focus for this committee is largely the State Health Improvement Plan and how it's being organized and implemented. I see Eugene Heslin is on and Liza maybe to make introductory remarks and then I'd like to have everyone introduce themselves, just briefly your name and your organization, starting with the members of the council.

Dr. Boufford Liza, do you want to say anything now or do you want to hold off on your remarks until you start sharing?

Dr. Whalen I can hold off till I start sharing. Thank you.

Dr. Boufford Great.

Dr. Boufford Jean, do you have any opening remarks you'd like to make to the group before we get started?

Dr. Heslin No, not really. I just want to thank everybody for coming both in Zoom and on person. I'm on Zoom today. I managed to sprain my ankle yesterday, so I'm not moving much. Welcome.

Dr. Boufford Great.

Dr. Heslin I'll just add that prevention is incredibly important. I'm working my way through the Master Plan for Aging, as many of you know, and it is a core element of what we look at for the master plan. Dr. Boufford's been integral in making sure we stay on task and so thank her personally for that. Welcome to all.

Dr. Boufford Thanks very much. Thanks for joining us.

Dr. Boufford I'll just call on the council members and then maybe Liza, you can introduce your colleagues that are in person in Albany and then we can go through the folks that are online.

Dr. Boufford I see Lindsay Farrell. Lindsay, you want to introduce yourself?

Ms. Farrell We're an FQHC in Westchester.

Dr. Boufford Okay.

Dr. Boufford Denise Soffel.

Dr. Soffel Good morning. Denise Soffel, a PHHPC member and a long -time consumer advocate here in New York State.

Dr. Boufford Okay.

Dr. Boufford Nilda Soto.

Ms. Soto Problems unmuting myself.

Ms. Soto Nilda Soto, council member.

Dr. Boufford I don't see any other council members online.

Dr. Yang Jo, it's Patsy Yang. I'm on.

Dr. Boufford Oh, Patsy, I didn't see you. Sorry, my screen is small. It's too small.

Dr. Boufford Patsy, please introduce yourself.

Dr. Yang Thank you.

Dr. Yang Patsy Yang, council member and committee member of New York City.

Dr. Boufford Okay.

Dr. Boufford Anybody else on the council that we should call on?

Dr. Torres Council member, PHHPC member.

Dr. Boufford Oh, Andy Torres. Sorry, so sorry. He's the Vice Chair of the Public Health Committee. How stupid of me not to introduce you first. Andy, sorry.

Dr. Boufford Anybody else on the council?

Mr. Friedrich Marcus Friedrich here from the Empire Plan.

Dr. Boufford Okay, we'll start with the other introductions shortly. I think Marcus, you're a new council member. That's right. Thank you for joining.

Mr. Friedrich Yes.

Dr. Boufford Anyone else on the council online?

Dr. Boufford Let me shift over to Liza and shall we introduce the people in the room?

Dr. Whalen Sure, why don't we get started at this end of the table and go around and have everyone say hello.

Jacob - Department of Health Jacob, Department of Health.

Mike - Department of Health Mike, Department of Health.

Ms. Leonard Colleen Leonard, Department of Health, Executive Secretary to PHHPC.

Mr. Morrison Alexander Morrison, New York State Department of Health, Office of Local Health Services.

Ms. Mazzetti Bella Mazzetti, New York State Department of Health, Office of Local Health Services.

Ms. Gillooley Good morning. Gina Gillooley, New York State Department of Health, Office of Local Health Services.

Ms. Alaali Good morning. Zahra Alaali, the Prevention Agenda Coordinator.

Ms. Santilli Good morning, everybody. Laura Santilli. I'm here from the Office of Mental Health representing Dr. Sullivan. Several of our team members are online as well and I'm sure will introduce themselves when we go through the online introductions. Also, a former DOH colleague. Happy to see some of my former colleagues. The Prevention Agenda was true to my heart when I was at DOH. Dr. Boufford, great to see you and the work that you and the team have completed. It's good to be at the table again.

Dr. Boufford Thanks, Laura. You gave us a good foundation.

Ms. Walsh Bridget Walsh, Senior Policy Analyst at the Schuyler Center for Analysis and Advocacy.

Mr. Bishop Lloyd Bishop, Greater New York Hospital Association.

Mr. Moore Jeff Moore.

Ms. Phillips Kristen Phillips, HANYS Health Care Association of New York State.

Dr. Whalen Great.

Dr. Whalen My name is Liza Whalen. I'm the Medical Director for the Office of Public Health. I'm very happy to be here this morning to speak to you about the 2025 Prevention Agenda. As Dr. Boufford indicated, this has been an amazing.

Dr. Boufford Liza, let me, sorry, let me interrupt you. I do want to get everybody to introduce themselves. So sorry.

Dr. Whalen Oh, I'm sorry.

Dr. Whalen Go ahead.

Dr. Boufford Is that okay?

Dr. Whalen Absolutely.

Dr. Boufford It's going to be difficult but if everybody can just say their name and their organizational affiliation if you haven't already. Because some of you are showing up online as well. I'm not quite sure how to do this.

Dr. Boufford Let me start with Damali Wynter from Ag and Markets. We welcome you. Damali worked with us on OASAS. I want to welcome her.

Ms. Wynter Yes.

Ms. Wynter I'm the Assistant Commissioner at New York State's Department of Agriculture and Markets. Thank you for having me.

Dr. Boufford Okay.

Dr. Boufford Wilma Alvarado-Little.

Dr. Boufford You're on mute, Wilma.

Ms. Alvarado-Little Geez Louise. Sorry. Happy Monday.

Ms. Alvarado-Little Wilma Alvarado-Little, Associate Commissioner in New York State Department of Health and the director of the Office of Minority Health and Health Disparities Prevention.

Dr. Boufford Okay.

Dr. Boufford And then Pat Zuber-Wilson, OASAS.

Ms. Zuber-Wilson Good morning, everyone. Patricia Zuber-Wilson. I'm the Associate Commissioner for the Division of Health Prevention Services here with the Office of Addiction Services and Supports. Thank you.

Dr. Boufford Great.

Dr. Boufford Vivian Tam from OHIP.

Ms. Tam Hi, everyone. My name is Vivian Tam. I'm here on behalf of Emily Engel from OHIP, Bureau of Social Care and Community Supports.

Dr. Boufford I'm just going to go on my screen here and hope it doesn't jump around too much.

Dr. Boufford Avital Havusha.

Ms. Havusha Hi everyone. Avital Havusha. I'm Vice President of Programs at the New York Health Foundation.

Dr. Boufford Beth Finkel.

Ms. Finkel Beth Finkel, State Director AARP New York.

Dr. Boufford Okay.

Dr. Boufford Linda Weiss. Her mic isn't working so she's representing the New York Academy of Medicine. Welcome.

Dr. Boufford Chelsea Lemon.

Ms. Lemon Chelsea Lemon, Director of Government Affairs at the Business Council of New York State. Thanks for having me.

Dr. Boufford Fantastic. Welcome. Welcome. We need more business council. This is great that you're here.

Dr. Boufford Jordan Goldberg.

Ms. Goldberg Hi. Jordan Goldberg, Director of Policy at the Primary Care Development Corporation. Thanks for having me.

Dr. Boufford Natasha.

Ms. Awasthi Good morning. Natasha Awasthi, Director of Health, Wealth and Well -Being, New York State Department of Health, Office of Public Health, Office of Science and Technology.

Dr. Boufford Maria McPherson.

Ms. McPherson Hi. Central New York Regional Office for New York State Department of Health.

Dr. Boufford Okay.

Dr. Boufford Let me see.

Dr. Boufford Sandra Ribeiro.

Ms. Ribeiro Good morning. Sandra Ribeiro, Director of State Government Affairs for GSK.

Dr. Boufford Great.

Dr. Boufford Welcome.

Dr. Boufford I spell out GSK for those that don't live and breathe, knowing what it is.

Dr. Boufford Tell us what GSK is just so everybody is aware.

Ms. Ribeiro We used to officially be called GlaxoSmithKline. A few years ago, they abbreviated it down to the official name. It's actually now GSK, but of course nobody knows what that is and always is like, is that GlaxoSmithKline? Yes, we're the same one.

Dr. Boufford Welcome.

Ms. Ribeiro Thank you.

Dr. Boufford Robin.

Ms. Sher Hi. I'm Robin Sher, a consultant with NYSTEC. We're working with OPH to support the workgroups that have put together the action plans and the development of the SHIP document.

Dr. Boufford Barbara Bennet.

Ms. Bennet Hi.

Ms. Bennet Can you hear me?

Dr. Boufford Yes.

Ms. Bennet I'm Barbara Benner, New York State OASAS.

Dr. Boufford I think you've got your phone on too, so there's an echo. Welcome.

Dr. Boufford Diane Oyler.

Ms. Oyler Hello, everybody. I'm Diane Oyler. I'm with the Health Foundation for Western and Central New York.

Dr. Boufford Joe Kerwin.

Mr. Kerwin Good morning, everyone. Joe Kerwin. I'm the Director of the AIDS Institute here at the State Health Department.

Dr. Boufford Great. Welcome.

Dr. Boufford Amy Gildemeister.

Ms. Gildemeister Hi. I'm Amy Gildemeister. I'm the Associate Director for Policy and Partnership in the Division of Nutrition in the Center for Community Health.

Dr. Boufford Great.

Dr. Boufford Guzik.

Dr. Boufford That's all I can see.

Ms. Guzik This is Joan Guzik from the United Hospital Fund.

Dr. Boufford Great.

Dr. Boufford You're incognito this morning anyway. Great to have you.

Dr. Boufford Did we get you before?

Ms. Harrison Good morning, folks. I'm a psychiatric medical director in the Office of Health Insurance Programs, otherwise known as OHIP at Department of Health on the Medicaid team.

Dr. Boufford Great.

Dr. Boufford Wendy Wilcox, I now see who's a council member and a member of the Public Health Committee.

Ms. Wilcox Good morning, everyone. PHHPC member, thank you.

Dr. Boufford Audrey Erazo-Trivino.

Dr. Erazo-Trivino Hi. Good morning, everyone. Dr. Audrey Erazo-Trivino, the Associate Commissioner for the New York State Office of Mental Health.

Dr. Boufford Thank you.

Dr. Boufford Barbara Wallace.

Ms. Wallace Hi, Barb Wallace. I'm the Director for the Division of Chronic Disease Prevention here at the State Health Department.

Dr. Boufford Janine Logan.

Ms. Logan Good morning. Janine Logan, Vice President of Communications and Population Health at Suburban Hospital Alliance of New York State and Director of the Long Island Health Collaborative.

Dr. Boufford Great.

Dr. Boufford Paul Beyer.

Mr. Beyer Hello, everybody. Hope you can hear me. I had some audio problems. I'm the Director of Smart Growth over at the Department of State.

Dr. Boufford A veteran of the prevention agenda. Thank you, Paul.

Mr. Beyer Thank you.

Mr. Beyer Amy Lynn Clark.

Ms. Clark Hi. Amy Lynn Clark, New York State DOH Western Regional Office.

Dr. Boufford Alexandra Morrison.

Dr. Boufford I can't remember if you've announced yourself or not.

Dr. Boufford Kelly Forenzi.

Ms. Forenzi Hi, there. Kelly Forenzi, New York State Department of Health in the Central New York Regional Office.

Dr. Boufford Welcome.

Dr. Boufford Lydia Johnson.

Ms. Johnson Hi. Good morning. Lydia Johnson, fellow for the Department of Ag and Market.

Dr. Boufford Rob Swider.

Mr. Swider Good morning. Rob Swider, Regional Director New York State Department of Health Capital District Regional Office.

Dr. Boufford Rebecca Friedman.

Ms. Friedman Hi. I'm Rebecca Friedman. I'm a Policy Manager at the New York City Department of Health and Mental Hygiene.

Dr. Boufford Great.

Dr. Boufford Melissa Hoffman.

Ms. Hoffman Hi. I'm Melissa Hoffman. I am the newly appointed Senior Director of Public Health at the Medical Society of the State of New York.

Dr. Boufford Welcome.

Dr. Boufford Oh, Marthe Ngwashi.

Ms. Ngwashi Good morning. I'm an attorney at the Department of Health.

Dr. Boufford Kathy Preston.

Ms. Preston Good morning. Kathy Preston from the New York Health Plan Association.

Dr. Boufford Anybody that I didn't call on since we have a floating screen here?

Dr. Boufford Liza, over to you.

Dr. Boufford Thanks very much.

Dr. Boufford Welcome, everybody. This is a great representation. We really, really appreciate your engagement. I think you're going to be even more enthusiastic about the ambitious agenda ahead.

Dr. Boufford Liza.

Dr. Whalen Thank you so much.

Dr. Whalen I'm so happy to be here this morning to talk to you all about the 2025 Prevention Agenda. As Dr. Boufford indicated, the last time we met with group was in July. And at the time, we really spent a lot of time considering the new framework, which I'm so pleased that everyone supported. It has been a tremendous amount of work by the Prevention Agenda team, by so many of you that are on this call to get to where we are now. We are now in the final stages of clearance for the SHIP document, which we hope will be out hopefully by the end of the month or beginning of March. With the new framework, there has been a tremendous buzz and interest in expansion of the partners that we're working with. We have had over...

Dr. Whalen How many people were in the workgroups all together?

Dr. Whalen Over 250 people come together to speak about how we can implement our goals for this cycle of the Prevention Agenda, including subject matter experts, from DOH, from other state agencies, from hospitals, local health departments, their associations, community-based organizations, and those from the public with lived experience on different things. There's been tremendous contributions. I want to first just thank everybody for the extensive amount of work that's been done to get to the point where we are now. I think we are really set up to make a difference in the health of New York State residents. This is with the help of everyone on this call in this room. Thank you all for all the work that you do every day to support the health of New Yorkers. Zahra and I are going to do this presentation. She's going to get started. We'll be going back and forth on the slides.

Ms. Alaali Thank you, Dr. Whalen.

Ms. Alaali Can you share your screen?

Ms. Alaali Great.

Ms. Alaali We will start with a quick introduction or background about the Prevention Agenda, and then we will move to the new framework, the priorities action plan, and then the next steps for implementation and monitoring and evaluation. Just a refresher, the Prevention Agenda is the New York State Health Improvement Plan, or what we call the SHIP. It is a six-year plan that aims to improve the population health and reduce disparities with a strong emphasis on prevention, and primary prevention and secondary prevention. The Prevention Agenda basically set the priorities for our public health system and provide a list of interventions to address these priorities. In general, it is the roadmap for our local and state health efforts, and it is connected also to the local effort where our partners, including local health departments and hospitals, they select priorities from the Prevention Agendas to address the local health needs in their jurisdictions. There is the linkage between the state and local plans, which enhance collaboration, reduce duplication of efforts, and ensure synergy of resources. This is really how do we reduce the disparities and address the population health in New York State by collaborating and linking our plans and address the same priorities at the state and local effort.

Ms. Alaali In the next slide, you will see some acronyms I might use over the presentation. This is just a reference slide in case I don't say the full terminology. You can go back to it if I fail to avoid using acronyms. The planning efforts of the 2025-2030 Prevention Agenda started in March 2023 almost two years since we started the planning efforts. During that

time, we have extensive assessment, data analysis, and partners engagement. We have identified twenty-four priorities for the Prevention Agenda new cycle. Currently, our team is finalizing the action plans for each of those priorities. The implementation will start on March 1st, 2025, and will continue through December 2030, which is six years implementation. For the new cycle, the Prevention Agenda planning team used several data sources to assess demographic changes and health status in New York State. This includes data profiles for New York State including birth, death, and hospital records, among other national surveys. We also reviewed the local health departments and hospital assessment and health improvement plans. We collected stakeholder and partners input on our finding for the state health assessment. Key partners include the following, the public health and health planning council members, the Ad Hoc Committee members, which is consisted of over 120 representatives from New York State Department of Health staff and other forty-eight agencies across various sector beyond health. The members of Ad Hoc Committee, I know many of you attended those meetings. Just a refresher, the members include local health departments and New York State Association of County Health Officials, or what we know as NYSACHO, representative from hospitals and hospitals associations. Other state agencies also including Office of Mental Health, New York State Office of Addiction Services and Support, or what we know as OASAS, Department of State, New York State Office of Aging. You can see it is really beyond health sector. There is a representative for the health system, but also there is the social determinant of health agencies. This is what we call our sister agencies at this point. We also have representation from local agencies and community -based organizations as well. In a nutshell, we started the planning two years ago and we have identified a total of forty-four health -related issues to be included in the Prevention Agenda. Those issues were ranked based on seven criteria such as the impact and availability of resources as well as the availability of evidence -based intervention to address these topics. We selected the top issues based on the ranking and based also on input from different partners and community partners. This is how we ended up with including twenty-four priorities in the prevention agenda for 2025 -2030. I will go over the new priorities in the next few slides. Each of the selected priority will have an action plan which include a statewide goal, objectives, interventions, and indicators to track the progress. Starting next month, the implementation phase will start, and we will continue with the implementation for six years until December 20, 2030. We will give more details about the implementation monitoring in the next few slides.

Ms. Alaali At the top here, we can see the new vision for the Prevention Agenda. This is the prevention agenda framework in a nutshell. At the top, the vision which focus on health equity and move from being the healthiest state in the nation. The framework is built on four foundations. Number one is health equity. Number two is prevention across lifespan which focus on primary and secondary prevention for all ages. Number three is cross sector collaboration at the state level and also encouraging local collaboration building at the local level. The new framework has five domains. Focus on social determinants of health in alignment with Healthy People 2030. The twenty-four priorities are grouped under each of those domains. Priorities include social determinants of health such as poverty, unemployment, and opportunities for continued education. These are our new priorities. It didn't exist on the previous cycle. There is other health factors and health outcomes related priority areas in the new framework as well. Each priority has a statewide goal. The framework has ninety measurable objectives. Half of the objectives focus on general population and the other half are inclusive of population that experience disparities. Also, there is a total of ninety indicators to track the progress. The number is subjective to change. We are finalizing the action plans at this point. The number of the objectives and tracking indicators might be changing. Last, we have a list of evidence informed

interventions to maximize the impact of state and local action. For the next cycle, we prioritize evidence -based interventions, best practices, and innovative interventions to maximize the impact.

Ms. Alaali Now, I will hand it back to Dr. Whalen to talk about the action plan and provide some examples about how it looks like on the new cycle.

Dr. Whalen Thank you so much.

Dr. Whalen That was a great overview of how the framework has been developed, how we're looking at things in terms of domains that are reflective of the social determinants of health and how we've grouped health indicators within that. We thought it'd be good to kind of take a dive into looking at how this work began and how it evolved.

Dr. Whalen Do you have the slides?

Dr. Whalen For the domain work groups, which were the large number of individuals that we were talking about before, they came together to identify goals, objectives, indicators, and interventions for each of the five domains. As I said before, this was a very large group of individuals from multiple different agencies with multiple different levels of expertise, all of which brought incredible value into the discussions and the planning that occurred between October and January in the timeline you see below.

Dr. Whalen Let's dive in a little bit and look at how, as an example, one of the domains panned out. As Zahra indicated, each domain has a goal, priorities, and action plans. The domain goal is all people in New York have the financial security and support needed to thrive. We thought it would be good to go over this. As you all know, economic stability is one of the indicators that really hasn't been part of the Prevention Agenda previously, but we recognize the importance of it. The ability for us to kind of get a public health approach to this really allows us to work with so many different sectors and hopefully make a collective impact change. We're going to look at the priority of poverty. As you can see, there are four priorities under this domain: poverty, unemployment, nutrition, security, housing, stability, and affordability. The action plan consists of a priority narrative, one priority goal, two objectives, an indicator. For this one, there were twenty-two interventions. This is an example of what a narrative looks like. What is poverty? Why is it important? It's helpful to level set for those that are working on this across the state to understand why poverty is particularly important to health. This narrative outline that. Each priority is introduced with a goal and a narrative. I'll give you time to read that on your own now and afterwards. And then once that narrative and that case has been built, it is about developing objectives and indicators. One of the hallmarks of this new Prevention Agenda was the ability to incorporate both SMART and SMARTIE goals with SMARTIE goals having inclusivity and equity in their verbiage and as an outcome. For all of these objectives, there's a desired outcome which you see, reduce the number of people living in poverty, the indicator, the percentage of people living in poverty. This is the selected metric to track the process, the progress, the data source that we're going to be using, the population that we are going to be hopefully making an impact on, including priority populations. There are the specifics, numbers that quantify the desired outcome. That is how it is all laid out. From that, we then develop interventions. Interventions were selected using rigorous criteria. We wanted to make sure that we were suggesting evidence -based resources or promising practices at the very least that were in alignment with state and national health initiatives and feasibility. You can see on the right -hand side some of the interventions and in these interventions is color coded at what level these interventions

could occur, whether it's a local health department, hospital or other, and a community - based organization, for example. From these interventions, some ideas of what people could choose to do. What are the intermediate measures of those interventions?

Ms. Alaali I will just add one more thing here for the new cycle of the Prevention Agenda, we added a new featured intervention. It is two interventions, or three interventions and they are highly rated by an evidence registry, and they are connected directly to the indicator to track the progress. This is something new with the new action plans. It didn't exist in the previous cycle. I just wanted to highlight that.

Dr. Whalen Thank you.

Dr. Whalen With all of the domains, it's incredibly important, as we've said, to work with partners and to be able to identify resources. So, for poverty, these are some of the leading partners. There was a tremendous amount of people that worked together on this. We are also looking at implementation resources. Those are listed here on this slide.

Dr. Whalen In all of the work throughout the 2025 Prevention Agenda, there is a focus on health equity. This is particularly aligned with Healthy People 2030 to address the root cause of disparities and to define SMARTIE objectives as discussed and prioritizing evidence -informed interventions that consider potential impacts on disparities and inequities by racial, ethnic, socioeconomic, geographic and other characteristics and cross -sector collaboration. All of this work needs to be done with multiple partners to bring the resources and expertise that they have to the table to make a difference.

Dr. Whalen I'm going to turn over the next part of the presentation to Zahra on how the 2025 -2030 Prevention Agenda will be implemented.

Ms. Alaali Thank you, Dr. Whalen.

Ms. Alaali Moving to the implementation, the Prevention Agenda list of priorities, goals, objectives and interventions can be implemented by a wide range of public and private partners at the state and local level. This includes but not limited to the list of organizations and organization type you have here in the list. Hospitals and local health departments who are leaders in local community health improvement planning. State agencies, as you know, in the previous cycle we have worked with different state agencies on implementing the prevention agenda such as Office for Mental Health, OASAS, Department of State, among others. We will continue partnering with the state agencies in the next cycle as well. The list also has different type of organizations such as health care providers, health care plans, among other. We aim to continue the collaboration during the implementation phase of the Prevention Agenda. Given the complexity of the Prevention Agenda priorities, cross -sector collaboration at the state and local level is a key for successful implementation. Currently, we are working on identifying other organizations that plan to support the Prevention Agenda priorities and goals and how would they support it. Our team created an online survey, and the survey will be distributed to the Ad Hoc Committee members. Stay tuned. You will receive an email probably next week or by the end of this week. We will distribute the survey to domains, working group members who are external to New York State Department of Health, and they are not part of the Ad Hoc Committee as well as the inter -agency task force members.

Ms. Alaali In the next slide here, you will see a list of the Ad Hoc members. This is just a refreshment like who is participating in the Ad Hoc members in case you think there is

someone else who should receive the survey. Please take a look at the list of the organization and let us know. For our discussion basically, we would like to know if you have any additional suggestion about who should be participating in the implementation.

Ms. Alaali You can go to the next slide.

Ms. Alaali Perfect.

Ms. Alaali The survey question includes information about the contact information of the organization, who should be receiving correspondence from the Prevention Agenda and the organization type. We also included questions where survey respondents will indicate which of the priority areas and goals their organization will support and how they will support it. Whether with funds, program initiatives or partnership or other means. I'm reviewing the questions with you in case if you have any suggestions also or any recommendation of questions we should include in this survey before it goes out.

Ms. Alaali You can go to the next slide.

Ms. Alaali Last, and this is something we receive from the Public Health Committee members as suggestion to ask about whether the organization has a local infrastructure to support the local level implementation. These are the type of questions we added to the survey to identify the organization, what level of support they can provide to the Prevention Agenda priority and goals and if they have a local infrastructure to support the local implementation. During the discussion let us know who should be receiving it and if you have any suggestions and what type of question you think should be included in the survey as well.

Ms. Alaali Going back to the implementation, I mentioned that the hospitals and local health departments in New York State are the main partners of implementation at the local level. In New York State both local health departments and hospitals are required to submit community health assessment and community health improvement planning or what we call also community service plans. Hospitals, they will continue to submit those plans every three years to meet the federal requirements for tax exempted status. However, local health departments starting next cycle or starting March they will conduct the Community Health Improvement Plan every six years instead of three years.

Ms. Alaali In this slide, you can see the submission timeline for both the hospitals and local health department plans. First submission will be in December 2025. Hospitals are asked to submit both the assessment and community service plans by December 2025. However, local health departments have more flexibility and were asked to submit the assessment by December 2025 and six months after which is June 2026 they will submit their Community Health Improvement Plan. Since local health departments are moving to a six-year submission, they are required to submit a mid -cycle assessment update to ensure their priorities did not change and also to ensure collaboration with hospitals across the whole six years of the Prevention Agenda. There is also another requirement which is the annual progress reports to track the progress toward the selected interventions and those plans and both hospitals and local health departments are required to submit an annual progress report.

Ms. Alaali I'll hand it back to Dr. Whalen to talk about an exciting activity we will be conducting in the next cycle of the Prevention Agenda.

Dr. Whalen Thank you Zahra.

Dr. Whalen As we discussed when we were here in July one of the new things with the new framework is really looking at how we can assemble a large inter -agency work group to be able to take a macro focus on the work of the Prevention Agenda and to have conversations occurring at a different level that can inform the work that's going on and in the localities. The Social Determinants of Health Inter-agency Work Group was established to lead the collaborative work and efforts at state level. The purpose of this is to promote a culture of health and equity across policy areas, integrate health and equity into organizational practices and to facilitate collaboration to identify shared goals and opportunities to enhance performance and the success of the Prevention Agenda across the state.

Dr. Whalen Next slide please.

Dr. Whalen As a framework for this an existing inter -agency task force on health equity and diversity, equity and inclusion to serve as the base for the Prevention Agenda Implementation Planning Group. This group is established and includes experts in social determinants of health, health equity, health disparities, economics and vulnerable populations. It meets quarterly. We had an initial introductory meeting in February and our next meeting will occur on May 27th.

Dr. Whalen On the next slide, you can see a list of task force members, the agencies that they represent. It is a very diverse group of individuals that work across multiple disciplines, all of which are important in the work of the broad focus of the Prevention Agenda.

Dr. Whalen Next slide, please.

Dr. Whalen What we are doing within this work group, the first meeting that we had was an introductory meeting. It was really going over the framework of the Prevention Agenda, how it was developed, what its aim is, what the work of this will be over the next five years. What we're going to do is take these groups and each one of the meetings focus on a particular domain. Economics is, as you just saw, is the first domain. We'll have a meeting with them in May to start to assemble sub work groups as needed to work on finding what's going on across the state in these particular efforts and how can we elevate work that is going on or create new channels of work that's going on. What we want to do is develop a compendium of activities and funding across the state to support Prevention Agenda implementers. This has got a large group of people that are going to be working on this.

Dr. Whalen Next slide.

Dr. Whalen For each domain, the members will develop recommendations and strategies to reduce health inequities, enhance collaboration and resource allocation. It's very important that we look at where there might be some low -hanging fruit, particularly with resources and funding that those that are implementing this on the ground can help build work around. We also want to improve data collection and analysis. There is a bit of siloing with data across the state as we're talking about addressing root causes of health. It's important that we can identify and work together with the data that we have to strengthen the health data systems. We also want to be able to track progress. We're going to ask this group to contribute to annual reports and refine strategies based on lessons learned and

to strengthen partnerships and engagement. We really want to make sure that within localities as this great work is being done across the state, people are aware of partners that may be working on similar things so that they can join hands and resources to affect this work.

Dr. Whalen The next thing I wanted to update this group on is community benefit spending. This is a discussion that we have had for a long period of time about how this could help inform work of the Prevention Agenda. I wanted to share with this group that there is from chamber a new budget proposal for financial year 2026 in the executive budget. It includes a community benefit spending proposal as an amendment to Article 7 legislation. This is that all nonprofit hospitals must reinvest in their communities through the community benefit spending. The requirement at this point it would be a reporting requirement which specifically asks about coordination with local health departments and aligning community benefit spending of hospitals with the Prevention Agenda and how such community benefit expenses support priorities of New York State as outlined in guidance including but not limited to New York State's Prevention Agenda as developed by the department.

Dr. Whalen Next slide, please.

Dr. Whalen This is in legislative process. It's a proposal at this stage. It will require approval from both houses, but we believe it has great potential to address the social determinants of health. We know a lot of our hospital partners are doing a great job partnering with the local health departments. This can help tease out how that's happening across the state and where there may need to be more efforts in that realm. We believe this can improve health equity prevent certain diseases and promote well -being of community members across the state.

Dr. Whalen I'm going to ask Zahra to take the next slide on the dashboard.

Ms. Alaali Thank you, Dr. Whalen.

Ms. Alaali Moving to the monitoring and evaluation of the Prevention Agenda. We have the Prevention Agenda Dashboard, which is an interactive platform that provides an overview of the progress of the Prevention Agenda objectives and indicator. It will be updated with the new indicators and the 2030 targets. The dashboard provides basically an overview of the most recent data trends and visualization of the indicators and whenever available it also provides data at county, sub -county level with maps, graphs and comparison. The Prevention Agenda Dashboard will be updated with the new indicators, priorities and domains. Hopefully, this work will be done by end of Summer or beginning of Fall.

Ms. Alaali Next.

Ms. Alaali For the monitoring and evaluation at the local level, the Prevention Agenda team will continue to review and evaluate the submitted community health assessment, community health improvement plans and community service plans from local health departments and hospitals. Our team review each of those plans and identify whether the local health department and hospital collaborated on the work and which priority area they have selected. In addition to that, we have the requirement of the annual progress report where local health department hospitals will provide updates on the implementation of interventions and the progress made toward the achievement of selected objectives.

Finally, we still encourage local health departments and hospitals and their implementation partners to extend monitoring and evaluation activities as feasible and appropriate.

Ms. Alaali This is our last slide before we open the floor for questions and feedback and suggestion. I just want to take a moment to express my gratitude for all the support we got from everyone who supported the Prevention Agenda planning in the last two years and especially thanks to the PHHPC members, the Ad Hoc members and the Domain Working Group members as well as our Prevention Agenda team and our colleagues from the Office of Science and Technology and they are the one who's doing an amazing work updating the Prevention Agenda Dashboard. This work wouldn't be done without all the continued support from all the members here and others. Thank you, everyone.

Ms. Alaali I will give it back to Dr. Boufford.

Dr. Boufford Thanks, Zahra. I appreciate it. I didn't mean to cut you off.

Dr. Boufford What we'd like to do now is this a lot of input. I thought it might be useful to go back to one or two key slides. On the agenda, we want to do a deeper dive into three questions. I think it's probably useful to get some questions out just in general information/clarification et cetera before we go into the specialized questions. I'm going to suggest maybe that Liza you could manage discussion in person, and we'll ask people who have questions to put them into the chat. I'll call on you as I see them. Maybe we could go back to Slide Number 7 whoever is on the I.T.. This is sort of the money document as they say that puts all the pieces together and sort of as Zahra and Liza laid out really clarifies how this new approach is going to be different and the importance I think.

Dr. Boufford We can make it a little bit bigger if possible.

Dr. Boufford At any rate, the big change here and that came up by way of background this has been discussed very extensively with the Public Health Committee and to some degree the Public Health Council adopting the new framework is understanding that historically the local health departments and hospitals have been requested to collaborate on their respective required community health plans and community health improvement plans and their community service plans, the community service plans for hospitals come out of the federal legislation around the Affordable Care Act every three years. We've tried to align the timing here, but they were designated as sort of lead partners at the local level usually counties sometimes multiple counties and upstate have been working together on this. As to really bring multiple stakeholders around the table this has been going on the last eight or ten years under sort of different arrangements. What's very new is also trying to tackle as part of this the broader domains on the left and these are the five social determinants of health that the Healthy People 2030 process decided had a significant sufficient evidence base to include as goals and objectives in the Healthy People 2030 process. What we have tried to do is draw on Healthy People in historically really in shaping the Prevention Agenda in New York state and I think some thirty odd states have used the Healthy People 2030 to kind of adapt the available data there over national priorities and issues to the needs in their own state. On the right side, you see really sort of objectives that are generated from the survey the earlier survey that Zahra mentioned which largely are engaging with local health departments hospitals and staff and the departments of health, which are more sort of I would say focused on public health. There are a few other extras there. Public health approach shall we say. On the left hand side, the areas that really require which are the questions we want to talk to you about require

greater engagement of state level nonprofits that we may have or advocacy groups or associations than we have had historically and certainly greater engagement of agencies than we have had historically in order to begin to align the work statewide from other agencies in partnership with the department to achieve these broader social determinants in these five domains. I think in the slide set that went out Liza presented the approach to poverty. I think in the slide set at the end, you see the current standing of the approach to the other domains which as Liza mentioned will be taken up with the inter -agency group. We hope with your engagement many of your engagement in the working groups that will emerge from that.

Dr. Boufford Let me just see if there are any questions about this.... The new Excel work plan. I don't know. Let me ask here just for a minute.

Dr. Boufford Are there any questions about that are what this slide means because this really is kind of putting it all together in one place?

Dr. Boufford Liza, I'll count on you to pick up anybody in the room

Dr. Whalen I think Ms. Santilli has a question

Ms. Santilli I do.

Ms. Santilli It's not a question but just more of a comment. I know we all had the opportunity to weigh in. I weighed in very strongly on this new framework. I really like this new framework. It's something that you know we were even thinking about back in the day when we were starting to think about what the new framework would look like. It's so difficult to tackle any one issue without really looking at these underlying social determinants of health. So, to see this which I recognize was a complete flip of what the Prevention Agenda looked like, so I was saying the same thing to Zahra before we started is I know the level of work to flip this on end to look at it in this way, but it truly is the way public health prevention and activating these outcomes. It really needs to be done this way. Kudos to the team for really looking at it this way. The other thing that I really love is how you're looking at actually weighting those evidence pieces. That was new. That was really neat. It's always a balance between what are those new innovative pilot type things that are so great at the grassroots level. We want to continue to encourage. Looking at it from a planning perspective, I don't think we would ever think we'd be doing any more work with any less resources but every year we're doing more work with less resources. It really does make sense for us to be focusing on the things that we know are going to work in this avenue.

Dr. Boufford Just to build on your point, if I may, I think especially at the local community level with multiple stakeholders, and our colleague from the business council and some others, I think local businesses tend to be super active in many areas that have real community benefit, benefits to their community, some of them in health, some of them in other sectors. I think the role here of some of the representation of the organizations in this group is really, really important. I don't want to single the business council out, but I think it was... If we look, every time we did an annual report, we asked who had been around the table at the local level. I think our representation of the business community had not been as great as we hope it will be going forward, because so many of these areas more directly bring the business community in, especially at the local level.

Dr. Boufford Other questions or comments here?

Dr. Whalen I don't see anybody's hand up here. I just want to agree with what you're saying. I think that specifically the work that we're doing with our partners, if you look at this new framework, there are things that historically public health hasn't touched. We've been bringing a lot of wonderful collaborative partners in. Some of them have said, well, this is the work that we always do. Why are you interested in our work? I really think that what the answer to that is, is we love their expertise. What we are trying to do is implement this using a public health framework. That is the strength of public health, to be able to convene groups together to create this collective impact.

Dr. Boufford Also, I think the invitation also is given what all the other agencies and sectors are doing, we now have a sufficient evidence base, as I said, in the domain area to sort of if people look at what they're doing in the areas of transportation and housing and urban planning and green space and blue space. Where could those interventions be health promoting and healthy aging promoting for that matter, if they were done a little bit? You'll continue to do them. Those agencies are the ones that have the responsibility for doing them. But then the issue is, if you could, if you have the flexibility in policy or program or investment, how can you begin to increasingly move towards the sort of health promoting investments in the sectors that you're in? This health in all frameworks, I think, is also very, very broad based as we look at public health going forward.

Dr. Whalen Sorry, Dr. Boufford. Mr. Bishop had his hand up in the room as well.

Mr. Bishop Yeah, sorry, a late hand up.

Mr. Bishop Thank you.

Mr. Bishop We obviously supported and support the new Prevention Agenda. I do have a detailed question. There was a reference, Jo, you mentioned to, and this is very fine detail, to a new Excel work plan. Maybe I missed what that was.

Dr. Boufford I certainly did not make an allusion to that, but somebody may have it. If they would explain it, I have no idea.

Ms. Logan Thank you.

Ms. Logan I can explain my question. At least in the last cycles that there was a work plan, Excel work plan with drop down items for the different objectives and measures and what not that had to be submitted along with the narrative plan. Are you going to have an updated Excel work plan for this new Prevention Agenda or is that not going to happen this time around? I'm working with several hospitals, and they've been asking me about it.

Ms. Alaali It is happening. We are finalizing the Excel work plan. We are just updating the work plan with the new priority areas and the objectives, and it will be released at the same time the Prevention Agenda will be released.

Mr. Bishop Thank you.

Ms. Logan So the end of this month, beginning of March?

Ms. Alaali Correct.

Ms. Logan Thank you.

Dr. Boufford Thank you for that question because I would not have known what that was.

Dr. Boufford On the implementation side, obviously really critical.

Dr. Boufford I don't see any other questions from the online folks.

Dr. Boufford Before we go into the questions that were on your agenda, I wanted also to maybe, I think it might be useful to put. I don't see the numbers on the slide, but the slide that has the banner headline roles and responsibilities because I think this is sort of fundamental to the questions to the next step relative to sort of using the inter -agency group as a basis for multiple working groups. I think people want to know what they're getting into here. We'll come back to the slides that are listed on the agenda, but before we do that.

Dr. Boufford That's the one.

Dr. Boufford Liza mentioned that in order to get this far, there have been very extensive engagement with many of your organizations, members from your organizations, as well as other agencies and others within the Department of Health to get to where we are now. The next step is really more specific engagement of the Ad Hoc Committee and its membership chapters, organizations, and similarly, health and giving your advice. We'll have that general discussion today. We're recording this meeting so that we will have some record, but obviously you'll need to respond to the survey that Zahra alluded to that you'll be sending out. She'll be sending out shortly to be more specific. Really understanding that this next phase will be working with appropriate state agencies, multiple other actors, community engagement to really develop the domain areas. I believe that was develop these sort of action steps within the domain areas on broader implementation and obviously get commitments to those. That process is about to start, I think. Let me go through this and then, Liza, you could just give people a timetable for engagement after today's meeting. This is for each of the domains, which are these folks down the left -hand column there. That would be the work of these special working groups, these new set of working groups working with the interagency group. You want to just elaborate a little bit on this so people know what they're signing up for when they get involved in this next stage.

Dr. Whalen In terms of the interagency task force, what we are looking at is quarterly meetings. From those meetings, we are going to look at planning subgroups. We haven't yet figured out the cadence for those. I think it will be something that we get an organic sense of who has interest and who has expertise and how we can best share that. We want this group as well to be able to kind of give information to those that are implementing the work of the Prevention Agenda at the local level and for the locals to be able to work up. This should be kind of bi -directional communication so that we have kind of an inventory of what's going on from the interagency task force around the state. Those resources can be plugged into at the local level. Similarly, if we know at the local level that there's some really innovative strategy that's being implemented, this can go up so that partners in the larger group can be aware of that and perhaps augment that across the state. That is the real genesis and the mission behind getting these groups together. We really want to be mindful of people's time. We do not want everyone to feel like they need to come to every meeting. This is why we are trying to take one domain at a time so that people that feel like that is their wheelhouse can be part of that effort, but not necessarily

part of another domain that they may not have as much either interest or expertise or volition to be part of. That is, we will have our core group and then we will have the group that is going to focus on the particular domains.

Dr. Boufford Great.

Dr. Boufford Any questions about this? Because I think this is really important as we move into the questions that were set out ahead of time on the agenda. Maybe we could look at the slide that has the list of the interagency task force members to start. I think that may be a little easier. The other one may have a longer conversation.

Dr. Boufford These are the current members, Liza. Again, as Liza said, this group existing and was created initially to really focus on broad-based engagement on the health equity, the overall government's focus on health equity, inclusion and disparities issues. We have a couple of agencies that are online here that have been involved in the Prevention Agenda historically and part of what we wanted to do with one of the questions on the... I'll start with the one on interagency, which is Slide 29, which is what we're looking at now. From all of the work you all have been doing... Are there other agencies that you work with regularly that ought to be included as these work groups are going on? They wouldn't necessarily be part of the existing kind of equity focus, a part of that going on. I'm going to call on the people I know that are from other agencies not listed here.

Dr. Boufford You want to kick off and then maybe Paul Beyer after her?

Ms. Wynter My apologies, Jo. Could you please repeat that question?

Dr. Boufford I was going to ask, I mean, you're from the Department of Agriculture, Ag and Markets. In the past, we've had representation of Ag and Markets on there. That's why you're here, you're on the Ad Hoc Committee. Obviously, the issue of food security is an enormous issue that shows up in a lot of these domain areas. We need to have you on this. I assume you are, by being here, you'll show up in one place or another willing to be involved going forward as an agency in this work.

Ms. Wynter I couldn't say definitively. There's always surprises. I would say, yes, Ag and Markets wants to be involved for, as we were speaking earlier, for a lot of kind of conversations. People don't appreciate how much your agriculture; your food system literally intersects with everything. Somewhere down the line, we come into play. For example, for the work that we were doing for the Master Plan of Aging and all of that. Everyone's talking about here, people having access to nutritious food. What does it look like, the delivery system, when yes, you can get to that farmer's market and it's at that front soup, but now you have to go up five flights of stairs. What does it look like when you are chopping up those vegetables that you were able to get for free, but now you have arthritis. We are having some of those conversations. We also are talking about different programs to complement what's happening with a lot of the other agencies as well and trying to get the word out, so people know stuff that we're doing. I think we can help everyone else's communities will access a lot of the food needs out there.

Dr. Boufford This is great. I'm not saying you have to join this group. I'm saying you're willing to work as a state agency instead of this next phase of the development work.

Ms. Wynter Okay.

Dr. Boufford I know you're very careful about that.

Dr. Boufford Paul, you've been with us for a very long time and obviously have played an important role. Paul's group, the Department of State, along with NYSOFA historically has supported actually technical assistance and the time was provided a lot by the New York Academy of Medicine to local health departments and hospitals in the development of elements of the Prevention Agenda.

Dr. Boufford Paul, you want to tell us what you're doing and how you see yourself, your agency getting involved here?

Mr. Beyer Oh, definitely.

Mr. Beyer Thanks, Dr. Boufford.

Mr. Beyer This is a definite match for Department of State, especially our Office of Planning and Development. We've incorporated food access, preserving not just agricultural land, but local agriculture, local agriculture that feeds communities around them into our community development work. One really good example is in the first couple of rounds of our downtown revitalization initiative, we actually had a healthy foods match grant where communities that were awarded a DRI grant could also access this money if they incorporated food access and local nutrition. It's embedded in land use writ large. We're the agency, the entity that handles land use.

Dr. Boufford Could you also talk a little about your environmental justice area of work?

Mr. Beyer It's huge here. It really cuts across many of our planning and development programs. I'll just pick one out. I think it most clearly represents the equity EJ component and that's our Brownfield Opportunity Area Program. I think close to 85 % of the communities that are awarded through that program are environmental justice communities. You could probably imagine why they're the ones that suffered most disproportionately from industrial and other contaminants. We had that built into almost everything we do. Equity is an equity EJ component of our downtown revitalization program. We funnel a huge percentage of our grants to environmental justice. What they're known now as disadvantaged communities.

Dr. Boufford And what about the other funding that you all manage, I believe, are the urban development areas and then the economic development zones, the regional economic development communities, the relics funding from the state government budget every year?

Mr. Beyer Well, the REDCs, also known as RED C's, they handle a huge chunk of money on their own, but we participate in the consolidate funding application each year. Many of our programs are administered by the REDCs. Even in some of them, the REDCs weigh in for 20 % of the grading. The big program that requires the REDCs participation right from the beginning is the Downtown Revitalization Initiative. The REDCs were actually charged with reviewing the applications and recommending winners. That's not even in agencies' hands. It goes right to the REDCs. That's \$200 million a year for communities in each region. It's a partnership. We are one in the same with some of the programs.

Dr. Boufford I think one of the things that was helpful during a period of time was some of the language in the RFA that might go out that I've sat in a number of commerce meetings

that could encourage maybe extra bounty points for communities that engage in things like active transport or green space, blue space, other kind of area health promoting areas would be possible, right?

Mr. Beyer No question and participating in both this exercise and the Master Plan for Aging has really elevated that in our agency. Moving forward, we're hopefully going to load up more on the health and equity and aging side of the equation.

Dr. Boufford Great.

Dr. Boufford I'm going to maybe ask for a quick comment just from our, there's sort of OASAS, NYSOFA, OMH have been really core partners. I know they're here. Let me see if there's anyone from one of the other agencies like Ag and Market, State, I think there's somebody else, but I can't remember that isn't on this list. Any other suggestions on agencies that Liza might reach out to base on folk's experience working with promoting health in whatever area you're in.

Dr. Yang Are you speaking specifically around state agencies that we need to have as partnerships?

Dr. Boufford I think just for this list. We're going to get into the broader issues of who else needs to come into the Ad Hoc Committee, et cetera, but as long as you answered, Pat. Do you want to just make a comment or two about OASAS has been a core partner along with OMH and NYSOFA. Maybe you could address this question of how you all, how OASAS is, briefly how Oasis is tackling the issue of prevention and your local infrastructure that fits really nicely, I think, with the design of the Prevention Agenda going forward.

Dr. Yang OASAS is 145 individual programs throughout the state, providers throughout the state to deliver prevention services across the lifespan. Our work has primarily had, had in the past, primarily been in the space with youth, but now we are working across the lifespan with young adults, with families, with older adults and communities. This has really expanded our reach. Also, we work very closely with our partners, of course, within our agency in our treatment system, which is another layer of promoting wellness and services across our system. There are a couple of agencies, and I don't know how they would fit in. I'm thinking this through or talking this through as part of this. The Office of Cannabis Management and the State Liquor Authority. We have priorities within the Prevention Agenda around alcohol. We have priorities around primary prevention. I think having their partnership, we at OASAS meet regularly with the Office of Cannabis Management and the State Liquor Authority to talk about how we can work together to look at underage use. That's where our focus is around underage use. I think that could be an important partnership to add to our conversation. As we do prevention in communities, we look at twelve sectors, what we call the twelve sectors and that includes law enforcement, schools. I see we have state ed. I didn't notice. Do we have the state university system or the CUNY system here?

Dr. Boufford I don't see it. I mean, that's another one. I think the point of this conversation, which is great exactly what you're doing is agencies that you work regularly with you could bring to the table if needed.

Dr. Yang Oh, absolutely, absolutely.

Dr. Yang I think it's really important. There's a group of us that meet regularly, especially as we talk about things like educational attainment with youth and the importance of delaying initiation and reducing misuse. Again, I see some key partners that probably need to be at the table on the university, the state university system, the city university system, Office of Cannabis Management, State Liquor Authority, all are partners that we work with.

Dr. Boufford Perfect.

Dr. Boufford Again, we're not adding people to this because this is a big group, but for Liza's purposes going forward relative to the working groups we're talking about. OMH briefly, Laura, you all have got a prevention plan within OMH, maybe just speak to that a little bit and who else you work with regularly that you might bring to the table for these working groups going forward.

Ms. Harrison Audrey Erazo Trivino is our prevention expert extraordinaire on the OMH side. She's on as well and can certainly add in. When I think of agencies, when I look first at the task force members, overarching, once we even fill this task force, my instinct as I'm looking at all of them is they should all be added to the Prevention Agenda, like the broader list as well, right? All of these state agencies that we're mentioning and that are here in some way have a link to the Prevention Agenda. They should potentially be invited. Maybe they won't all accept the invitation, but to be invited, because sometimes that's what we do in prevention. They may actually say, well, I don't see where Department of Transportation fits in. Oh yes, as I look at Gina across the table when we started back in the 1990's about how important developing the roads are for our older adults crossing the road and pedestrian safety, right? Department of Transportation absolutely is needed, right? How they cross a highway where then people can't get to the river and now we don't have the healthy spaces. That leads me to link in Parks and Rec, which isn't here and how do we have those safe, accessible spaces for those healthy environments that we're looking for, right? Those green spaces that help clean our air where the kids can play safely.

Dr. Boufford Right, right, right. You can give us a talk on how to do this, but we need to have a talk.

Ms. Harrison Exactly, that's what I'm thinking of. Anybody that we identify for the task force, we should then look at that list and see who we need to bring in for the Prevention Agenda.

Dr. Boufford Liza's job here, and as she said, she's had one meeting with this group, is in fact to do exactly that, is to sort of engage them. It's a really, really important discussion. Could you talk just a little bit about the OMH infrastructure at the local level?

Ms. Harrison Very similar to what we have on the health side, there are local departments of DCSs, we call them. They are sometimes one in the same, right? We may have some local commissioners of health that are also our commissioners of mental health or mental hygiene often that it's called. Sometimes they are two independent agencies, but of course, just like at the state level, they work very closely together. Just like on the state health side where there's a statewide organization called NYSACHO that then supports all of the local health departments, we also have a similar agency. They are, I see, already represented on the Prevention Agenda list. They're called the Conference of Local Mental Health, Mental Hygiene. I don't know why they use hygiene. I keep using health, but I think that's an old term.

Dr. Boufford It's a historical word.

Ms. Harrison Yeah, it is, it really is. Local mental health, mental hygiene directors. I do see them already actively involved or on the list. I hope they continue to be actively involved broader. I know we've pulled them in for those topic areas, depression and suicide and local services in the small domains that we're working in. They're very active there as well as on the provider side. This is where I may need to go back to our clinicians to see if there is just like where we look at Academy of Pediatrics and the family physicians. Is there an organization for the clinicians on the mental health side? I have to find out because I'm not a mental health clinician. I'm not as familiar with that. We have a whole clinical group that we can tap into from that perspective. I may link Audrey in who is on the phone because she comes in from the school psychologist perspective. There may be agencies, statewide agencies that support the school psychologist because that is very much on a prevention end where we really want to look at the kids building their resilience, dealing with the early anxiety and depressions before they become full-blown clinical cases.

Dr. Boufford Audrey, you want to make a comment on this?

Unknown Speaker I just wanted to also make sure everyone understands at the Conference of Local Mental Hygiene Directors and our local county mental hygiene directors not only work on the area of mental health, but also substance use disorders and vulnerable disabilities. We have a planning process between what we call the O - Agencies, OMH, OASIS and OPWDD that is separate from apart from this where we take local data and our local LGUs develop plans for various services, prevention, treatment, recovery, a wide range of services in the mental health base. Thank you.

Dr. Boufford That's great.

Dr. Boufford I think this is key is the agencies that have their own networks bringing them to the table. I want to make a comment on the clinical side because there is a new domain which has been, the previous prevention agendas have been, as I sort of say, stopping at the doorstep of the clinical enterprise because there's so many programs going on within hospitals, clinics and others in terms of quality assurance and others. The domain of access to care is now one of the focuses of the new Prevention Agenda. This issue of access to all of these services will be an important thing to talk about and a lot of good input here.

Dr. Boufford Is there anybody here from NYSOFA? I didn't see anyone. One thing I've learned from working on the Master Plan on Aging is the offices on aging are incredibly important and incredibly important potential resources for working across the lifespan for working at the local level. I know Liza knows that as well.

Dr. Boufford Any other comments on agencies that are just as focused, so we'll move on to the other two questions that we wanted to pick your brains on.

Dr. Whalen We have two comments in the room.

Mr. Lebwohl Good morning. Andy Lebwohl, the Director of the Center for the Master Plan for Aging in DOH. Laura mentioned Parks and Rec and Paul Beyer from Department of State also brought them into the conversation about the MPA. On the community design

topic, I think they are an important part of this and would be good for inclusion. And then also DEC, because obviously environmental factors are such a big part of prevention and should be in the conversation about what we're doing and how what they're doing informs priorities and how what Prevention Agenda is doing can guide them.

Dr. Whalen Dr. Moore.

Dr. Moore Two things. One, you're getting to where I was curious about, which is, again, sorry if you're not real familiar, I'm representing. Certainly, has mechanisms that I can't speak for, but there are interested members who I think probably would be able to participate. That actually gets to my other question, which is inclusion of the private sector. If it's a public-private partnership, then we really need to include the private sector. Probably, it's beyond my pay grade, but I would say they probably should be at the task force and not just at the subcommittee level. You need to see some people, some private agency representation at task force. Again, I can't speak for them, but with the HANYS people right next to me, I can't imagine that they're not interested in that. Anyway, that's just my suggestion.

Dr. Boufford I think you're right. And this is the governmental side of this conversation. The next side, which is the people that are on this call, is the private sector. We now happily have representatives of the business community. Maybe we can move on then. I think the heading for the members of the Ad Hoc Committee, the list is pretty much shorter probably than the folks on this call, and the heading may be.

Dr. Soffel I'm sorry, Jo. There are several people whose hands have been raised to ask questions.

Dr. Boufford Oh, I'm sorry. I was asking people to put them in the chat because I can't see the hands.

Dr. Soffel Well, I was wondering, but there were several others as well. I'm sorry.

Dr. Boufford I'm sorry, go ahead.

Dr. Boufford Denise, please.

Dr. Soffel I have a question for Liza. It's more about intra-agency communication collaboration rather than inter-agency. One of the things that has been a concern of mine since I've been on the PHHPC is that because the Department of Health is so large, effective communication across its different pieces can be really challenging, and some pieces can sometimes feel siloed. I feel like we've learned so much about these sets of issues between the work, between the ongoing waiver work. I am concerned that that wisdom and knowledge are being pulled in to enhance the conversations around the Prevention Agenda. I just wanted to ask, what's being done within DOH to assure that all of the knowledge across its many pieces is being tapped appropriately to really enhance the prevention agenda work?

Dr. Whalen Thank you so much for asking that question, Denise. It's a great question. When we started to talk about having the inter-agency task force, we realized, and this was a particular commitment of the Commissioner, that within the Department of Health, since it is such a large agency, that we are leveraging conversations and support of the other major health initiatives that are going on, including the 1115 waiver, including the

New York State of Health, including our quality staff. We have had meetings with those groups and many others as kind of preparation to lay the groundwork for establishing ongoing communications as we roll things out. Those meetings took place in December and January. What we did was decide to come back once the release of the SHIP takes place. We will be circling around with those groups. We really think it's an important opportunity to be able to join forces, and the timeline is right for the 1115 waiver as well. We are very committed to working with that staff within the department and with many others as well.

Dr. Boufford We're glad to have OHIP members on this call, I noticed, which is great.

Dr. Boufford I don't see any other hands up. I've changed my screen, so now I can scroll and see.

Dr. Boufford Were their other hands up?

Unknown Speaker I know the list is getting increasingly long, but for anything we're talking about to overlap, we have Office of Language Access that comes into play, Office of New Americans, because that community is obviously going to get overlapping with this work as well. There's a monthly meeting of the Ad Hoc Anti -Hunger Group that focuses on state agencies. It might be one of those things where if you wanted to tap into that and just do a presentation, you have at least twenty state agencies that kind of check in with each other. You can have them opt in as opposed to trying to figure out what we don't know.

Dr. Boufford Thank you.

Dr. Boufford Any other comments on this?

Dr. Boufford This is really helpful. The big message here being that there's access to enormous resources here, depending on how you choose to go, how you're going forward, Liza, the model looks really good bringing people in as they relate to the domain areas. It's complicated, but really looks like a good place to go with it.

Dr. Boufford The next question, I think if we could put up, since we're recording this, we'll get everybody's comments. There's another slide which includes a list of the Ad Hoc members, which I think is incomplete. I think the heading of it's a bit confusing because it talks about inter -agency work groups, so this refers to really the fact that you would be creating these working groups with some of the core agencies and other members. This is the private sector here. We know there are people on this call that aren't listed here, but maybe we could enlighten, especially of the domain areas, not -profit networks, advocacy networks that are part of. Does this include both of the others? This is the new list.

Dr. Boufford Other Ad Hoc members, private sector members?

Dr. Boufford We have someone from the business council here. Maybe I could ask if you're still on the call, because we're delighted to have you with us, and maybe how you see yourself, you might work with your members around the state.

Dr. Boufford Other Ad Hoc Committee members that will help out? Our notion would be that this group might meet one or two more times during the year as the whole progress goes forward with the Prevention Agenda, because that's our job is focusing on the

Prevention Agenda, but just for purposes of informing or giving ideas to Liza as she moves forward?

Dr. Torres I just had a question.

Dr. Torres What do you think about the New York City Department for the aging as an Ad Hoc member?

Dr. Boufford If they're willing. We want this for all ages. We've got AARP, Andy, the other Andy tuned in for the master plan. We could certainly invite them and see if they're interested. I'm delighted there are a couple people from New York City Health Department on the call today.

Unknown Speaker There are a couple of agencies that are partnership groups that aren't on here. He mentioned this aging. I don't see New York City Department of Health and Mental Hygiene on here. Also, there are associations that represent the addiction and mental health field that are key in the work, in particular, in unity, which represents the providers of mental health and substance use services, and COMPA, which is our association that represents those providers that provide medication -assisted treatment programs, such as our opioid treatment programs and all other providers. I think they really need to be part of the conversation, especially as we talk about overdose prevention and primary prevention and our work with the mental health section.

Dr. Boufford Thank you.

Dr. Boufford The reality is that every agency has its own affiliated networks of nonprofits, academic institutions, and others, and this is the chance to bring them to the table.

Dr. Boufford Andy, you said NAMI, do you want to clarify?

Dr. Torres National Alliance for Mental Illness.

Dr. Boufford Oh, okay.

Dr. Boufford Business Council, I think, is back I was calling on. We were just talking about the Business Council has been courted. We're delighted that you're here, maybe just talk a little bit about how you see this might, your role might play out, because this is a really important sector to get engaged, especially at the local level.

Unknown Speaker I think at the local level, we could have some conversations with our chambers. I apologize. I had to hop off for like the core part of the presentation. I had another meeting I couldn't say no to, but I think we could have conversations with our local chambers there.

Dr. Boufford That's great. I think it's really important. I think at some local levels, there were examples that came out of earlier Prevention Agenda initiatives where local business was very involved in supporting initiatives. I remember a couple in Syracuse especially.

Dr. Boufford Other private sector nonprofits, for -profits, advocacy groups, medical associations that aren't listed here? Maybe the other group is, whatever was the longest one, the one, the other one you had, which I guess is more current.

Ms. Alaali We have Dr. Moore here.

Dr. Moore Jeff Moore here. Because I'm a close friend of the director there, Cooperative Extension comes to mind.

Dr. Boufford Oh, interesting. Really important Cooperative Extension Service. Is that in Department of Agriculture or not?

Dr. Moore I don't know. Is it?

Dr. Boufford Sorry, Dr. Moore, was that Cornell Cooperative Extension?

Dr. Moore Yeah, that's Cornell Cooperative Extension.

Dr. Boufford Excellent.

Dr. Boufford They were actually super involved in a Syracuse project. That's great to recall. We ought to definitely get them back in.

Unknown Speaker I believe most local health departments work with Cornell Cooperative Extension quite a lot.

Dr. Soffel I'll just say it seems to me that one of the things that is really missing from this list, and I don't quite know how to get around this, is local community -based organizations, which are so essential to all of these initiatives, but they're not statewide organizations. They are grass -leaved local communities. I don't know how we step back and say, we can't do this without the on -the -ground foot soldiers who do this work every day in their communities. Yet, I don't know how you represent them effectively as a statewide entity, because they aren't.

Dr. Boufford I think we decided to go, this is when this was first initiated was the statewide entities who arguably, many of whom have local presence. That's one thing. The very clear messages to the local health departments and hospitals are engaging multiple stakeholders at local level that are local in the way that you talk about it. I think a lot of, in some of our past experience, some of the state -level organizations that have local presence have been super helpful in getting the word out and bringing people in. It's an important question just to indicate. We probably ought to be more explicit about how that needs to happen at the local level.

Ms. Alaali We do have comments also here from Dr. Moore.

Dr. Moore Another thing that really pops to mind is Rotary.

Dr. Boufford Good point, very good point.

Dr. Boufford We had in the past also at NAACP and urban health, you know, the sort of national, the National Urban, whatever the national organization is that has a state -level pattern. We might want to go back and look at some of the earlier members that maybe didn't respond when they were invited to re -up and just give them a sense of what the new agenda is here. Veterans is good, good suggestion. Lions Club, Masons. Urban League, thank you very much for ever put that in. They had been part of an earlier conversation.

Dr. Boufford Other groups like that just to finish this off?

Ms. Harrison Dr. Boufford, this is Laura. When we were talking about Cornell Cooperative Extension, I was brought back to my Division of Nutrition days. We worked really closely with them, and they received some funding from OTADA. I realized OTADA wasn't on our state agency list.

Dr. Boufford What is OTADA for those of us that don't know what it is?

Ms. Harrison Sorry, Office of Temporary and Disability Assistance. They are the funders of SNAP, which is also known as food stamps. When you think of nutrition security from the Department of Health side, we have WIC, which is Women, Infants and Children, but non-parenting families can receive food stamps through SNAP, which is OTADA. They also have a component, not just the benefits like the EBT card, but they also have the SNAP education where they talk about healthy food purchases. When I think of nutrition, OTADA comes to mind, not private, but back on the public. Sorry, I'm public, born and bred, so it keeps popping up.

Dr. Boufford Let me just mention some things coming up. The YMCA, YWCA, JCCs are all great ideas. They must have statewide organizations. Boy Scouts and Girl Scouts. The veterans' organizations were also mentioned. Vivian, since you're with us with OHIP and you're managing the largest amount of money in the state relative to kind of engaging, with a mechanism to engage non-profits in the work, could you talk a little bit about how you see the social care networks and the structure, OHIP structure, other than your being here, which is fantastic, linking up to the, regional level or local level to the prevention agenda goals.

Vivian Through the 1115 waiver, we're having nine regional organizations or social care networks across the state, and these are the lead entities that are contracting with smaller local CBOs who may not previously engage with Medicaid and now through this waiver amendment, they have the opportunity to do so. With these organizations, we've been working very closely with them to understand their network composition, the network adequacy to address housing, nutrition, transportation and care management so these organizations really have the insight into what the CBOs are doing on the ground and they're across the state so can have insight into what's happening in different regions.

Dr. Boufford Maybe you could help connect Liza to the nine regional point people there. This is a really important area. I mean, Andy was on the call. Andy and Jean both, during the sort of Master Plan on Aging conversations but I think the real, the structure of the waiver is very targeted. The infrastructure that's being mobilized is terrific. The eligible populations are fairly targeted but nevertheless, I think we're beginning to think about prevention in the work of the current waiver and making it more of an important part of, well, making it an important part of the waiver. I won't say more of because I don't know the details but making it a part of the waiver going forward and some of the planning. It's a really important baseline, you know, Liza, for some of the medium and long-term results that you want to see. We thank Amir for you all coming and we will sort of try to get him involved in these conversations. I think Liza, that's really an important point.

Dr. Yang This is Pat.

Dr. Yang I put it in the chat. It's really important that we get some people with lived experience. New York Friends of Recovery. It's an association of individuals who are in recovery. It's an important voice. I don't know what other agency connections that we have with people with lived experience, be it parents who used to be in the child welfare system, all of those are so important. Families together, actually, I don't see families together up here. Those are parents whose children have been touched by either child welfare, juvenile justice, disability services and are a key part.

Dr. Boufford Again, I just, no, I think this important, these other, these are probably state -level organizations. I think bringing them in is really important. One of the questions I think we have to be really focused because I know this is the, especially now that we have these big domains and the objectives within the Prevention Agenda, the challenge for Liza is going to be maintaining alignment and focus. As she said earlier, we don't want to ask people to work on things where they really, you know, there are a lot of demands on their time. Within that focus of advancing the Prevention Agenda, these are great ideas, really important ones.

Dr. Boufford Any other final comments on other state -level engagement or other thoughts about organizations?

Dr. Boufford This is the part where I think we'll just maybe go to all pictures. We wanted, because part of this is just really helping each other understand the more we know about what each of the organizational members of the Ad Hoc Committee, I think we can take the slides down and just have as many of the pictures on as we can. Really asking those of you that haven't spoken, especially that are on the Ad Hoc Committee. I'm especially thinking about our colleagues from the health plans, some of the others. Lloyd, you had an initial conversation. You may want to speak a little bit more or HANYs a little bit more about what hospitals are doing. I didn't see anyone here today, but maybe they are. Getting a little bit more idea about how you see your state -level organization engaging with your members and engaging them, especially without you would be the ones to engage at the state level, but at the local level down the road as things develop or working in these domains that you may be taking on that you hadn't historically done. Maybe health plans, we have this state -wide association for health plans.

Ms. Alaali We do have HANYs and Greater New York here in the person.

Dr. Boufford I was interested in the health plans first, because they're...

Dr. Boufford Is the health plan person still on or not?

Dr. Boufford Maybe not.

Dr. Boufford Go ahead, Zahra or Liza in the room if you want. I think that's a good, introduce them or invite them to make comments.

Ms. Phillips Hi. Kristen Phillips from HANYs. Thank you for the comprehensive update on the progress of the Prevention Agenda today and all the great discussion. Thank you for keeping the hospital voice as part of the process in the development of the Prevention Agenda. I have a few different thoughts. First, a question about, I'd like some clarification on the CBOs that we end up identifying. Do you see as adding them to the list of leading partners that would be provided to the local health departments and hospitals as options for collaboration? Are we going to utilize that information to help them in that area?

Dr. Boufford I can just speak to the past and like the maybe developing or thinking on this, but in the past we have relied on the state -level partners in the Ad Hoc Committee to help get the information out to their local members, their local branches, their local chapters, however they're organized, and connecting the dots, especially at county level where it's a little bit easier to do in the past. That would be one of the things we'd hope you would do and provide those resources would be part of the partnership resource that I think Liza mentioned they're compiling both at state level and local level.

Dr. Boufford Liza, you may want to comment on that.

Ms. Alaali The current Action of Plans have a section for leading partners and some of them at the federal level, others at state and other at local. And it will be really helpful to have the list. If not in the Action of Plan, we can definitely share it on our website for hospitals and local health departments.

Dr. Boufford I think somebody mentioned community service society and that's terrific suggestion, absolutely important suggestion, very important. We have United Way, but not Community Service Society. We'll put those back on the other list.

Dr. Boufford What about other people that are on the phone?

Dr. Boufford Please tell us who you are so that we can We can't see you, at least we'll know who's talking

Dr. Boufford I don't see you. I've got to shift my screen.

Dr. Boufford Go ahead.

Dr. Torres Just an observation that there are a lot of amazing organizations that are doing what we would call traditionally underground work, impactful work, and they don't often get recognized or registered or just seen as an official entity. They tend to also do work off churches or places of worship as well, just as a point there to make.

Dr. Boufford Thank you, Andy.

Dr. Boufford I went back to the other screen which has more people on it, sorry about that.

Dr. Boufford Other comments?

Dr. Boufford I think one of the groups, the other group that's really important going forward, I think it's the Dental Association, we've tried, they're listed, but I think they've been involved in some work the planning committee's done, but I didn't want to leave them off the list.

Dr. Yang Jo, it's Patsy Yang.

Dr. Yang Please, Patsy.

Dr. Yang I apologize if I missed this part, but I know the Plan Association isn't on yet, again, still, but whether OHIP can speak to how they may be coaching, reexamining their

priorities relative to the priorities of the Prevention Agenda to support that, that moving forward.

Dr. Boufford Vivian, I welcome you commenting if you'd like, or maybe that's a follow -up conversation to be sure that that is happening.

Vivian That's, I think, more of a follow -up that I can bring back to the team. Thank you.

Dr. Boufford We're glad you're here. That's the important thing.

Ms. Alaali We have Lloyd Bishop here from Greater New York.

Mr. Bishop Yes, Lloyd Bishop from Greater New York Hospital Association. I mean, not surprising to those who know the work we do with our members. We'll be continuing to provide technical assistance on community service plans throughout the process, from the development to implementation, sharing common interventions that members are doing by region and by community. I've learned a lot about SMARTIE. We had to explain what SMARTIE was. We have a great little tool we use to talk to SMARTIE because our members, of course, as HANYS knows, are not public health experts, so bringing that level. We're also going to be providing a forum to the New York City Department of Health for the Healthy NYC. Just an example of some of the things we're doing.

Dr. Boufford Lloyd.

Mr. Bishop Yes.

Dr. Boufford You reminded me, it might be good to, we do have a couple people here from New York City Health Department. Might want to just let people know what the focus of the Healthy NYC is. It's shifted a bit from the earlier. They've also done a new strategic plan for Healthy NYC. Anybody able to talk about that? I think their overall goal is equal longevity. I think it's everybody lives to be 82 or 83 or something, and then they have eight priority areas, I think, that they're working on, which are all very. They're always similar to the state level, but not the same as. They're some of the same as, but not all the same as.

Mr. Bishop Right, it's about length of life, and what we've done is sort of done a crosswalk between Healthy NYC and the Prevention Agenda to make it easier for our members as well.

Dr. Boufford Maybe you could share that, that would be fantastic.

Mr. Bishop Sure.

Dr. Whalen I'd be very happy to see that.

Mr. Bishop It's not that complicated, but sure, okay. I don't know if you want to say something more.

Ms. Phillips Hi. Kristen again from HANYS. HANYS is doing similar things to support our members as Greater New York Hospital Association is doing. One new thing that we actually launched last week is our new community health initiative tool. HANYS offers a community health improvement award every year. We gather information on successful community health initiatives that our hospitals have implemented. We have a lot of data on

what the hospitals are doing. We decided to take that information. We publish it in an annual profile book that we have available on our website. We decided to take that information and put it into an online tool that can easily be filtered and searched. We organized it by the new Prevention Agenda domains and priority areas so our members can go to the website and search different interventions based on the priority area that they're focusing on. We're hoping that our hospitals, the local health departments, and their partners can all utilize this tool if they're looking for examples of interventions.

Dr. Whalen Thanks so much for bringing that up. I think it's a tremendous resource. Zahra has just put it in the chat as a link if anybody wants to have a look at it.

Dr. Boufford Great.

Dr. Boufford What about other comments, ideas, sort of ways in which you see your organization linking more looks? I didn't see you earlier on. You're a very important partner as we know at the local level. You want to talk for a bit?

Ms. Mbogori Yes, thank you so much.

Ms. Mbogori Good afternoon, everyone. I'm Mercy Mbogori with the Community Health Care Association of New York State. Really great to see the Prevention Agenda and the great presentation that you all put together for us. Just thinking about the FQHCs that we serve, a large membership of over seventy community health centers. You may be aware that they focus on social determinants of health and have done that work for a long time. We're pivoting to align that work with the 1115 waiver, just being part of those social care networks just looking forward to that partnership as well as finding ways and other partners to align with the Prevention Agenda overall. Some of the promising practices that we will identify through this work. We provide training and technical assistance and are happy to bring that forth to our membership as well.

Dr. Boufford That's great.

Dr. Whalen Thank you.

Dr. Boufford That's great, really important.

Dr. Boufford I think there was somebody early on for PCDC. I don't know if they're still here. Again, in the primary care area, a lot of technical assistance work and then financial support for capital investment as well.

Dr. Boufford Go ahead.

Ms. Goldberg PCDC is happy to be engaged. I should note that I felt like during the bell sheet process that we were doing primary care was sort of not named as often as it could be, but we're very excited to participate and support the work as it's going forward. We believe that primary care is very critical to all of the provision agenda goals. Thank you for calling it out.

Dr. Boufford No, it's great. We're glad that both of you are there, especially community level, it's really, really, really critical.

Dr. Boufford Anybody in the room, any more in the room there?

Dr. Whalen Nope.

Dr. Boufford I was going to maybe ask, I see Amy Lynn Clark from the Western Region. I don't think we know as much about the department regional offices as we should, maybe we can use this as a chance for you to tell us about it. I know Liza could do that for the one she used to be. Maybe Amy Lynn, if you say something about the regional offices and how you all see yourselves getting engaged.

Ms. Clark The regional offices cover multi -county regions for the Department of Health. We have staff that tend to be a lot of field staff. They're actually out in the communities to take a look at the work that's being done in the communities. If there's questions, especially about those local community -based organizations, a lot of the regional offices will have some connection and understanding of how those community -based organizations may fit into the picture to help with the Prevention Agenda.

Dr. Boufford I know you all were mobilized early on. Somebody just inserted Healthy NYC.

Dr. Boufford Anybody else, anybody in one of the organizations that hasn't spoken want to say anything that it's online?

Dr. Boufford This is a great conversation. As I said we're recording it. We know where to go back to you and to follow up with this. Liza maybe just reiterating how you see the next three months or so going, if you would, just to sort of give people a rhythm for the first quarter of your work.

Dr. Whalen Sure.

Dr. Whalen I think the next big step for us is to get the SHIP out. Hopefully, as we said, that's going to be in the next coming weeks to really give everybody an opportunity to look at the document, to dive into the document, to spend time deciding where they think that their agencies, their expertise could best contribute to these efforts going forward. I think that's our next big step and then really looking at how we take the interagency task force and utilize that to address these issues one domain at a time. It's going to be very important for us to continue the collaborative work with our hospitals and our local health departments, working with the agencies that are here and also NYSACHO to make sure that our local health departments are best positioned to begin this work and begin their planning efforts that should be deliverable to us by hopefully the end of this year. There's a tremendous amount of work that has been done. We really are looking at developing the plans for where the rubber meets the road basically. That will be the work of a lot of 2025 and going into 2026.

Dr. Whalen Zahra, do you have anything additional to add to that?

Ms. Alaali Yes.

Ms. Alaali Currently, we are developing some technical assistance resources. We are planning also to schedule some webinars for our local partners to orient them about the new Prevention Agenda and to walk them through the new domain's priorities and the requirement as well.

Dr. Boufford I think what maybe just also on the survey, I think the survey is in the slide set and I think Zahra invited others. I mean this group may be in the next week or so, but maybe not after Friday. I can't cover everything. If anybody has suggestions about items that ought to be included in the survey that would go out to each of you and also to the other partner organizations that have been mentioned here.

Dr. Boufford Zahra, do you want to say anything else about that?

Ms. Alaali I muted myself on the computer.

Ms. Alaali In general, we will send the survey by the end of this week or next week. I would like to hear your thoughts about the questions, if there is anything you think is important for the local implementation specifically. Currently, we are asking questions about what priority area the organization could support and how they could support it. This will be the first step for mapping who could participate in the implementation and what kind of resources are available for those priority areas. If there is anything you could think about or you think is missing from the survey, let us know. You have my direct email. I believe everyone have my direct email by now. Feel free to reach out to me with any suggestions.

Dr. Boufford Maybe if you send the draft, maybe if it's not too difficult, maybe just send the draft out or the relevant. I don't know if it's all on every slide, you put into more detail, but if the whole thing is there, maybe then people could just respond back.

Ms. Alaali Sure.

Ms. Alaali We can send the draft in an email after the meeting.

Dr. Boufford Somebody is asking about the slides. I think if we did not know you were coming, I don't know how. I don't know. Maybe ask Colleen or Michael or somebody. I don't know how those that were not expected to be here or haven't been on the traditional list who didn't get the slides in advance, I guess they'll be posted, right? They'll all be posted on the New York State website.

Ms. Alaali Yes, Dr. Boufford. They're already posted so they could go to our main PHHPC page.

Dr. Boufford You didn't get them in advance.

Dr. Boufford Thank you so much for putting that in.

Ms. Alaali I just added this slide link to the chat.

Dr. Boufford Perfect.

Dr. Boufford Thank you very much.

Dr. Boufford Let me invite you if you have any other final wrap -up comments you'd like to make and maybe I'll remember what I was going to say before.

Dr. Whalen I think the discussion has been very helpful here today. This group of partners were really lucky to be able to get your expertise and your feedback as we go forward. I think this is a really exciting process and I think if we look at the last iteration of the

Prevention Agenda, there were so many plans and hopes and aspirations and then COVID hit. This is a wonderful opportunity for us to really start to assemble a meaningful effort to address the social determinants of health with such a great group of partners across the state. I'm really looking forward to continuing this work with all of you and with your underpinning help to this effort. Thank you.

Dr. Boufford Thank you Liza and all the staff. I think Zahra listed a lot of the details, but we know certainly if there's any evidence from previous prevention agendas, all the folks from the Department of Health were really front and center helping enormously. I know you're under a lot of pressure and obviously we're all dealing with existential anxieties of many kinds. I really appreciate your focus on this. Congratulations to Liza for her leadership. It's really been a pleasure working with her going forward. We're glad Heslin is tuning in and Andy, relative to the Master Plan on Aging. As I said before, we'll figure out what the right interval is, but the Public Health Committee meets fairly regularly. We like to have a meeting of that Public Health Committee before we convene you folks. You're not signed up to be involved too much, but you're all voluntary. I thought it would be maybe about three or four months from now we'd have one meeting and maybe another one before the end of the year of the Ad Hoc Committee. We'll see how the flow goes. Because many of you will be invited to be involved over the next month's really, depending on the domain that Liza's working on the process, we'll sort of keep you posted on everything. I noticed the Ad Hoc, and this is to Michael and the other folks that may have helped staff us on the PHHPC. I noticed the Ad Hoc Committee website hasn't been updated. It's time to do that with new members and new connections. We can put some of the materials that are part of these meetings there so people can keep track of what's going on even if we're not in a formal meetings mode. Thank you to colleagues to Andy Torres, our Vice Chair of Public Health and colleagues on the Public Health Committee. They have been meeting a lot over the last twelve to fourteen months to help shape this. We really appreciate it. Anyway, we'll give you back fifteen minutes or so or twenty minutes. What is a better way to be involved in a meeting than to get time back? Thank you all very much, appreciate it.

Dr. Whalen Thank you.

Dr. Boufford So long.