

# Advancing the New York State Prevention Agenda to Improve Community Health

October 2019





# Background

PROJECT TITLE	ADVANCING THE NEW YORK STATE PREVENTION AGENDA TO IMPROVE COMMUNITY HEALTH
# OF GRANTS	19
GRANT PERIOD	APRIL 2014 – JULY 2018
GRANT AMOUNTS	\$1,049,977

While New York State ranks above average in addressing health issues such as insurance coverage expansion and smoking prevalence, it ranks below average on disparities in health status, cardiovascular disease, and low birth weight. One of the key drivers of poor health among New Yorkers is high rates of obesity. Approximately 25% of New Yorkers are overweight or obese and nearly 33% of children are overweight or obese.

Obesity and other underlying problems that lead to chronic health conditions such as diabetes, heart disease, stroke, and certain types of cancer take a tremendous toll on the health of New Yorkers. Diabetes remains the fastest growing chronic condition affecting New Yorkers, and the cost to treat it is a serious burden on our health care system. The good news is that both obesity and chronic conditions like diabetes are preventable. Programs and policies that address population health can help people lead healthier lives.

The New York State Department of Health (NYSDOH) created the *Prevention Agenda 2013–2017* to provide a framework and roadmap to foster statewide implementation of activities designed to improve population health in New York State.

The *Prevention Agenda* identified five priority areas for action:

- Prevent Chronic Diseases;
- Promote a Healthy and Safe Environment;
- Promote Healthy Women, Infants, and Children;
- Promote Mental Health and Prevent Substance Use; and
- Prevent HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases, and Health Care-Associated Infections.



## Background (continued)

By November 2013, all New York State counties were required to submit a Community Health Improvement Plan (CHIP) to NYSDOH, outlining their strategies for advancing the State's *Prevention Agenda*. The CHIPs mandated a collaboration among health care institutions, local health departments, and community-based organizations to identify two of the five health improvement priorities from the *Prevention Agenda* and commit to action steps toward generating those improvements. The launch of the *Prevention Agenda 2013–2017* provided NYSHHealth with a unique opportunity to advance its goals to improve public health. A number of the counties' plans, particularly in the area of preventing chronic disease, were aligned with NYSHHealth's efforts at the time focused on diabetes prevention.

Despite the *Prevention Agenda's* well-defined blueprint, it did not include State financial support for local health departments to implement their CHIPs. As the only statewide health foundation in New York, NYSHHealth realized it could play a leadership role in convening stakeholders focused on improving community health and coordinating activities to address the goals of the *Prevention Agenda*. To help energize the implementation of the CHIPs, NYSHHealth issued a Request for Proposals (RFP), "[Advancing New York State's Prevention Agenda: A Matching Funds Program to Implement Community Health Improvement Plans](#)," to support local health departments with the most innovative and feasible projects in executing their plans.

Priority for funding was given to applicants with established coalitions or workgroups that:

- Had a proven track record of working on prevention activities in areas aligned with the priority areas in the *Prevention Agenda*;
- Included representation from various sectors (e.g., businesses, media, academia, schools, local government) working toward the same goals; and
- Had the ability to help leverage additional funding beyond the NYSHHealth grant.

Working with an external review panel of NYSDOH staff and other public health experts, NYSHHealth selected the most comprehensive and feasible action plans for funding. In April 2014, NYSHHealth selected 17 organizations for grant awards totaling \$500,000 to help 27 local county health departments across the State advance the goals of the *Prevention Agenda*. To be considered for funding, applicants were required to raise matching grants from local funders or other private investors (e.g., local businesses, hospitals, academic institutions). As a direct result of this requirement, NYSHHealth leveraged an additional \$587,507 in matching funds for the grantees.



## Background (continued)

### OVERVIEW OF GRANT PROJECTS

NYSHealth investments supported a wide range of prevention efforts, such as increasing breast-feeding, reducing asthma-related emergency department visits, implementing Complete Streets policies, preventing falls among elderly New Yorkers, and providing nutrition education in schools. A full list of the grant recipients and their project goals are below.

GRANTEE	PROJECT	PREVENTION AGENDA GOAL
BROOME COUNTY HEALTH DEPARTMENT	Better Balance for Broome Fall Prevention Project	Decrease falls, fall-related hospital admissions, and deaths as a result of falls among adults age 65 and older.
CHAUTAUQUA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES	Creating Community Supports for Breast-Feeding in Chautauqua County	Increase breast-feeding resources for mothers of infants.
CLINTON COUNTY HEALTH DEPARTMENT	Building a Healthier Clinton County	Increase access to and affordability of physical activity and nutrition opportunities.
COLUMBIA COUNTY DEPARTMENT OF HEALTH	Columbia County Obesity Prevention	Decrease obesity/overweight in schoolchildren.
CORTLAND COUNTY DEPARTMENT OF HEALTH	Pump It Up for Health: A Program to Increase Breast-Feeding Duration and Exclusivity in Cortland County	Improve breast-feeding rates and duration among new mothers who plan to continue nursing after returning to work.
DELAWARE COUNTY PUBLIC HEALTH SERVICES	Complete Streets and Prescription Trails	Create a Complete Streets project targeting low-income adults and children in rural areas, with at least one municipality implementing this policy.
ERIE COUNTY DEPARTMENT OF HEALTH	Breast-Feeding Friendly Erie County	Increase rates of breast-feeding among mothers.
ESSEX COUNTY PUBLIC HEALTH	Expanding the Role of Schools and Employers in Providing Nutritionally Valuable Foods and Beverages	Create school environments that promote and support healthy food and beverage choices.
GENESEE VALLEY HEALTH PARTNERSHIP	Improving Health Outcomes in Livingston County	Improve breast-feeding rates for women, with a particular emphasis on low-income working mothers.



## Background (continued)

GRANTEE (CONT'D)	PROJECT	PREVENTION AGENDA GOAL
NASSAU-SUFFOLK HOSPITAL COUNCIL	Walk! Long Island	Improve health, fitness, and quality of life for residents through daily physical activity.
LERNER CENTER FOR PUBLIC HEALTH PROMOTION	Engaging the Community to Decrease Drug Dependent Newborns	Prevent perinatal substance use and reduce the number of drug-dependent babies in Onondaga County.
OSWEGO COUNTY HEALTH DEPARTMENT	Move More, Smoke Less – Phase 2	Address the county's high rates of overweight and obesity among school children and adults, as well as high rates of tobacco use.
P2 COLLABORATIVE OF WESTERN NEW YORK* (CATTARAUGUS, GENESEE, NIAGARA, ORLEANS, AND WYOMING COUNTY HEALTH DEPARTMENTS)	Collaborating to Promote Health in Western New York	Prevent chronic disease, promote mental health, and prevent substance use.
PUTNAM COUNTY DEPARTMENT OF HEALTH	Pilot Worksite Wellness Programs	Develop pilot worksite wellness programs to combat chronic disease.
S2AY RURAL HEALTH NETWORK (SCHUYLER, SENECA, STEUBEN, ONTARIO, WAYNE, AND YATES COUNTY HEALTH DEPARTMENTS)	Improving Health Outcomes in the Finger Lakes	Form two regionwide coalitions to address hypertension and breast-feeding.
SCHENECTADY COUNTY PUBLIC HEALTH SERVICES	Schenectady Asthma Support Collaborative	Reduce the burden of preventable symptoms and conditions related to asthma.
UNIVERSITY OF ROCHESTER MEDICAL CENTER	Monroe County Community Health Improvement	Prevent chronic disease through the promotion of smoking cessation programs.

\* P2 Collaborative is now known as the Population Health Collaborative.



# Project Highlights & Lessons Learned

All of the *Prevention Agenda* grantees were successful in leveraging additional funds (in-kind or dollar match) as required by the RFP, and most grantees accomplished the goals set forth in their proposals. Below are some featured project activities, outcomes, and lessons learned.

## Oswego County Health Department

With NYSHealth funding, Oswego County Health Department (OCHD) set out to prevent chronic disease in its region by addressing high rates of obesity among children and adults. OCHD used grant funds to implement the Healthy Highway program, which helps school-age children develop healthy eating habits and become physically fit. The program encourages schools to incorporate time into the school day for students to learn about and plan nutritious snacks and lunches and engage in physical activity.

Teachers and parents have reported that students are often heard using the program's terminology when referring to food, both in and out of school. A pre-test/post-test data analysis showed that participating schools saw a significant increase in students' knowledge of and ability to identify healthy and unhealthy foods. The Healthy Highway program was so successful that participating schools, as well as one additional school, continued with the project in subsequent school years.

## Broome County Health Department

Elderly residents of Broome County had one of the highest rates of falls in New York State. Broome County Health Department (BCHD) used NYSHealth funds in support of the Better Balance for Broome Project, a program that offers evidence-based interventions to identify older adults (ages 65 and older) at risk of falling or who fear falling. The program refers these seniors to appropriate programs and helps them build their strength and maintain their independence and quality of life. Under this project, BCHD set out to adopt the interventions at both the clinical and the community levels. It implemented fall-risk assessment protocols and expanded referrals to physical therapy services; expanded evidence-based fall prevention programs through various community partners; and developed a fall prevention communications plan.

BCHD not only expanded these evidence-based interventions in Broome County but also mobilized efforts in several contiguous counties—extending the project's reach and impact. At the end of the project period, data collected over a three-year period showed that:

- The fall rate in Broome County decreased by 10%;



## Project Highlights & Lessons Learned (continued)

- The number of provider sites screening older adults using evidence-based fall risk assessments increased by 25%; and
- One hospital trained 13 physical therapists in an evidence-based fall prevention exercise program that was integrated into the hospital's home care physical therapy programs designed for frail elderly individuals. The hospital worked with the State to approve continuing education credits for physical therapists trained in the program; it was also successful in getting Medicare to reimburse for the program.

### **P2 Collaborative of Western NY**

NYSHealth awarded funds to the P2 Collaborative of Western New York (now known as the Population Health Collaborative) to facilitate the local health departments in Cattaraugus, Genesee, Niagara, Orleans, and Wyoming counties' management of activities focused on preventing chronic disease, promoting mental health, and preventing substance use.

Cattaraugus County hired a consultant from the Cornell Cooperative Extension to create and assist in administering surveys on sugar-sweetened beverages to establish a baseline for the public's view of sugar-sweetened beverages. It also hired and trained a health education assistant who delivered informational presentations for the county. A media campaign promoting consumption of water over sugar-sweetened beverages was also developed and implemented. A public relations firm was hired to produce a print and digital social media campaign that included posters with informational links to the Cattaraugus County Health Department website on the dangers of sugary beverages. Although the firm and the P2 Collaborative conducted due diligence to confirm the ads were not infringing on any rights, the county attorney did not approve of these messages, so the posters were repurposed and the media campaign ceased. After this setback, new posters meeting very specific requirements were printed and redistributed to schools and agencies.

Genesee, Orleans, and Wyoming counties collaborated on increasing awareness of mental health services available in the tri-county area and how residents can navigate these services. Niagara County collaborated with providers and employers to increase enrollment and engagement of participants in the National Diabetes Prevention Program at community locations.

### **Clinton County Health Department**

The Clinton County Health Department (CCHD) used NYSHealth funds to focus on promoting a healthy and safe environment. Specifically, it set a goal to increase by 10% the number of



## Project Highlights & Lessons Learned (continued)

Clinton County Public Transportation (CCPT) riders from rural communities using the bus system to access to local grocery/food stores. To achieve this goal, CCHD collected baseline ridership data from the CCPT and conducted a survey of low-income households to refine the direction of food access strategies. CCHD used the data to determine who uses the CCPT system, what keeps riders from using the system, whether riders use the system to get to grocery stores, and what other transportation alternatives they use when purchasing food. The survey found that the primary barriers to using the bus to access grocery stores were a lack of: **(1)** frequency and proximity of bus stops to where riders live, **(2)** information on bus routes and schedules, and **(3)** information available on how to ride the bus. CCHD intended to use this information to work with CCPT on transportation changes that better reach and serve riders, as well as get a clearer picture of the food environment in Clinton County. Subsequent data maps detailing WIC and Supplemental Nutrition Assistance Program (SNAP) vendors, food pantries, and congregate meal offerings also helped shed light on gaps in areas of food access, which could help make further improvements to transportation routes.

However, unforeseen fiscal and management problems resulted in CCPT not being able to add new bus routes; consequently, CCHD was unable to conduct a post-implementation survey. At the end of the project, there were actually fewer bus routes serving the county than before the data collection began. As a result, CCHD had to put this project on hold until additional buses were secured, routes were restored, and a subsequent driver shortage was alleviated—all of which were not resolved until after the grant period had ended.

### Essex County Public Health

With NYSHealth support, Essex County Public Health (ECPH) set out to increase the number of schools and worksite/community environments that are actively creating and providing healthy food and beverage choices. ECPH provided education and technical assistance to schools so they could adopt policies and practices in support of healthy nutrition, including rules under the Healthy Hunger Free Kids Act and programs such as My Plate. Two school districts employed strategies that improved nutrition standards, increased the availability of healthier foods and beverages, and facilitated education and awareness of policies and practices that establish healthy school environments. Each school expanded the knowledge base and skill level of cafeteria/kitchen staff to increase efficiencies in food ordering, preparation, storage, and documentation practices—resulting in healthier foods and recipes being served to students. Environmental supports were also implemented to help school staff prepare, store, and display healthier food and beverage options.





# Technical Assistance Activities

Although most of the local health departments ultimately achieved their goals, many of the grantees struggled in the beginning phases of their projects with implementing and navigating their CHIPs. There was a general need among the grantees for information and guidance on how to monitor and evaluate plans; use place-based approaches to address health disparities; foster multisector partnerships and coalitions; and work with decision-makers to advance policy.

NYSHealth recognized that, in addition to financial support for the CHIPs, technical assistance would be imperative in setting up the local health departments for success as they implemented their projects. The challenge was how to address statewide gaps in knowledge and capacity as they related specifically to the goals of the *Prevention Agenda*. At the time, NYSDOH was not able to offer this kind of support to local health departments. In response, NYSHealth provided two grants totaling \$549,977 to the New York Academy of Medicine (the Academy) to offer technical assistance to the local health departments and their community-based counterparts as they launched and carried out their CHIPs.

The Academy identified and supported the needs of the local health departments through a mix of individual and group technical assistance opportunities that were informed by evidence-based interventions to reduce health disparities. The support was responsive in nature and included:

- **Peer-to-peer learning collaboratives** that included dynamic virtual meetings covering topics such as strategic interventions, evaluation, multisector partnerships, resource sharing, and solutions to shared challenges;
- **Topical Web-based presentations** conducted by subject-matter experts, facilitated by staff from the Academy via videoconferencing;
- **Curated resources** on relevant trainings and publications; and
- **Personalized assistance** from implementation experts.

The Academy began by developing and implementing a needs assessment of the grantees. All New York State counties were contacted, with the Academy compiling a database of contacts, details on CHIPs, and the needs of each county.

After an initial assessment of each of the grantees, the Academy found that support would be most useful when combined with an overall learning opportunity for the cohort. Such a



## Technical Assistance Activities (continued)

structure allowed participants to learn together and then bring up more specific questions and challenges that could then be addressed through one-on-one support. The Academy initially conducted nine webinars on five major topics: opioids, suicide prevention, trauma-informed care, the food environment, and infrastructure and coalition building. Additional topic areas were later developed on breast-feeding, Complete Streets, health communications, place-based approaches to address health disparities, nutrition standards implementation, program evaluation, and community-hospital partnerships to address food insecurity. The Academy also launched three learning collaboratives focused on chronic disease prevention, healthy hospital food, and trauma-informed care. These learning collaboratives provided opportunities for local health departments and their partners to learn about and discuss strategic approaches for implementing interventions to achieve their *Prevention Agenda* goals.

Interested local health departments applied to a specific learning collaborative by submitting descriptions of their projects, their intended outcomes, methods for data collection, and information about their project team. At each learning collaborative meeting, a content expert presented information on relevant topics and allowed participants to brainstorm and problem-solve challenges they faced with a particular project. The local health departments and their partners also had opportunities for program-specific consultation and assistance in reviewing program data to inform future project steps.

The Academy maintained and regularly updated a website with additional funding and training opportunities for the local health departments. It also included resources and content with a strong focus on sharing best practices and evaluating outcomes in topic areas. Through this centralized platform, the local health departments could learn about their peers' successes and challenges and how those might inform their own work.

"It was really helpful to hear what other counties were doing and having success with and what wasn't working as well, so that we could take that feedback and decide what would work here and what wouldn't work here." —*Grantee*

Additionally, a webinar series on program evaluation trained local health departments and community-based organization staff on the basics of quantitative and qualitative data collection, logic models, and conducting evaluations in low-resourced settings.



## Technical Assistance Activities (continued)

One challenge for the Academy was securing buy-in from some of local health departments, some of which did not believe they had a need for this kind of assistance. Some participants were unaware of capacity issues until they actually attempted to implement their CHIPs. However, once participants were engaged around a specific issue area, they became more interested and proactive about seeking support from the Academy. Competing demands for attention and emerging priorities also kept some local health departments from finding sufficient time for staff members to focus fully on *Prevention Agenda* activities and technical assistance participation.

The Academy also faced some delays in its program implementation as a result of staffing changes and because some local health department staff and partners at the NYSDOH's Office of Public Health Practice were heavily engaged with submitting and reviewing the latest round of county-level CHIPs in mid-2017. Some local health departments had limited programmatic budgets for interventions, and therefore opted not to participate in the technical assistance program. To address these time and resource constraints, the Academy offered recordings for those who could not attend the online sessions and focused resources on those counties that were ready to make changes to maximize impact. For example, while all participants had access to expert advice on health communications, the Academy's technical content expert delivered much more intensive support to Putnam County, which was rebranding its health department's communications. Similarly, the technical expert for Complete Streets worked closely with Rockland County on language and support for a new Complete Streets policy in one of its townships.

"The technical expert was able to do the analysis much more quickly than we could, which meant we could keep the ball rolling on making the case for healthy snacks and keep the county executive and vendor engaged." —*Grantee*

Ultimately, the technical assistance reached every county in New York State. The Academy is maintaining its website in perpetuity and continues to respond by phone and e-mail as questions arise from local health departments across the State. Its webinar recordings, slide decks, fact sheets, toolkits, and other resources are maintained online and are publicly accessible. The Academy has left an enduring program that has been recognized in terms of both quality and user experience.



## Conclusion

NYSHealth's *Prevention Agenda* initiative helped the State advance its goal for local health care institutions, health departments, and community-based groups to work collaboratively on identifying and implementing solutions to the major health risks in their communities. The process emphasized cross-sector collaboration, which also gave communities a voice in the development of prevention-oriented strategies.

The *Prevention Agenda* initiative not only complemented other health reform efforts across New York State but also reinforced a national trend for creating incentives in support of prevention efforts. NYSHealth used the successes and lessons learned from this initiative to help inform some of the work of its Building Healthy Communities priority area, which launched in 2015 and focuses on improving access to healthy, affordable foods and safe places for physical activity in six diverse neighborhoods throughout New York State. Building Healthy Communities grantees are also partnering with community-based organizations, government agencies, local businesses, advocacy groups, additional funders, and other stakeholders on a range of efforts to empower residents to lead healthier, more active lives.



Improving the state of  
New York's health

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