2015 Prevention Agenda Annual Progress Report - Update

Introduction

New York State's Prevention Agenda is the state's public health improvement plan and a call to action to identify local health priorities and plan and implement a strategy for local health improvement that will contribute to improving the health status of New Yorkers and reducing health disparities through increased emphasis on prevention. To continue learning about your Prevention Agenda efforts, please report on the two interventions that are furthest along in the implementation process up to now. You have received an email that lists Intervention 1 and Intervention 2 that you reported on last year. Pleaserespondtoeachsurveyquestionbycarefullyreferencing Intervention 1andIntervention 2consistentwithhowtheyarelistedintheemailthatyoureceived.

The survey also asks you to review and if necessary update summary information about your Prevention Agenda plan. If this information needs to be updated please send updates to prevention@health.ny.gov.

The survey works with all browsers. Please use the survey "Next" and "Previous" buttons to move between pages rather than the browser buttons. When you click "Next", the content that you entered is automatically saved. If you exit before clicking the "Next" button, the content will not be saved.

Please complete this survey by ThursdayDecember31,2015. If you have questions please send an email to prevention@health.ny.gov or contact the NYS Department of Health Office of Public Health Practice at 518-473-4223.

A completed survey will serve as the 2015 Community Service Plan update for hospitals, and as a one-year update for local health departments.

Thank you for everything you are doing to improve the health of your community and for taking the time to complete this survey.

2015 Prevention Agenda Annual Progress Report - Update

Prevention Agenda Updates

* 1. Please refer to the email you received about reporting on Prevention Agenda Interventions 1 & 2. The interventions that are furthest along in implementation that are reported on in this update are:

- ◯ The same two interventions reported on in 2014.
- ◯ Different from last year. Only intervention 1 has changed.
- ◯ Different from last year. Only intervention 2 has changed.
- ◯ Different from last year. Both intervention 1 and 2 have changed.

2015 Prevention Agenda Annual Progress Report - Update

First Prevention Agenda Priority Area

* 2. What is the first Prevention Agenda Priority Area you are reporting on:
Select only one

- [ ] Prevent Chronic Diseases
- [ ] Promote a Healthy and Safe Environment
- [ ] Promote Healthy Women, Infants and Children
- [ ] Promote Mental Health and Prevent Substance Abuse
- [ ] Prevent HIV/STDs, Vaccine-Preventable Diseases, and Healthcare-Associated Infections

2015 Prevention Agenda Annual Progress Report - Update

Intervention 1 - Prevent Chronic Diseases

* 3. Within this Prevention Agenda priority area, which Focus Area are you reporting on?
Select only one

- [ ] Reduce Obesity in Children and Adults
- [ ] Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure
- ( ) Increase Access to High Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings

* 4. Please select your Intervention1 (from this list of most highly recommended evidence-based interventions included in the Prevention Agenda Action Plans) furthest along in implementation that you will be reporting on.

Select only one

- ○ Increase the number of public and private employers and service providers in your county to adopt standards for healthy food and beverage procurement.
- ○ Increase the number of passed municipal complete streets policies.
- ○ Recruit and encourage hospitals to participate in quality improvement efforts based on geographic location to increase breastfeeding exclusivity at discharge.
- ○ Encourage and recruit Pediatric, Family Practice, Obstetrics and Gynecology, and other primary care provider and clinical offices to become New York State Breastfeeding Friendly Practices.
- ○ Use the Business Case for Breastfeeding as a tool to assist employers in establishing lactation support programs.
- ○ Promote the "Making it Work: Returning to Work Toolkit" to empower women in hourly wage positions to speak with their employers about lactation support needs in the workplace.
- ○ Increase the number of employers with supports for breastfeeding at the worksite.
- ○ Promote smoke-free policies in multi-unit housing, including apartment complexes, condominiums and co-ops, especially those that house low-socioeconomic status (SES) residents.
- ○ Restrict tobacco marketing (including canceling store displays, limiting the density of tobacco vendors and their proximity to schools) in municipalities.
- ○ Increase participation of adult with arthritis, asthma, cardiovascular disease, or diabetes in a course or class to learn how to manage their condition.
- ○ Implement maternity care practices consistent with the World Health Organization's "Ten Steps to Successful Breastfeeding" and increase the number of Baby Friendly Hospitals in NYS.
- ○ Implement policies that restrict infant formula marketing and distribution of "gifts" through health care providers and hospitals.
- ○ Implement evidence-based activities that increase public awareness about colorectal cancer.
- ○ Implement policy, systems or environmental approaches (e.g., paid time off for cancer screening) to increase access to colorectal cancer screening services.
- ○ Create linkages with local health care systems to connect patients to community preventative resources.
- ○ Support use of alternative locations to deliver preventive services, including cancer screening.
- ○ Support training and use of community health workers and patient navigators.
- ○ Other (please specify):

2015 Prevention Agenda Annual Progress Report - Update

Other Intervention 1 - Prevent Chronic Disease

* 5. Is this 'other' intervention evidence-based? (Public health evidence is documentation in peer-reviewed studies, expert panel guidelines, CDC recommendations, etc., that an intervention is effective.)

- ◯ No
- ◯ Yes, please provide the web-link for your source of evidence for Intervention 1:

2015 Prevention Agenda Annual Progress Report - Update

Process Measures for Intervention 1- Prevent Chronic Disease

* 6. Please select all process measures being used to monitor progress on this intervention (This list represents the most highly recommended process measures included in the Prevention Agenda Action Plans).
Choose all that apply.

- ☐ Number of municipalities, community-based organizations, worksites and hospitals that develop and adopt policies to implement nutrition standards (i.e., in cafeterias, snack bars, vending)
- ☐ Number of individuals (and their demographic data if available) potentially accessing settings that have adopted policies to implement nutrition standards for healthy food and beverage procurement
- ☐ Number of municipalities where new or enhanced policies, plans and practices that promote Complete Streets were proposed
- ☐ Number of municipalities that adopted and implemented policies, plans, and practices that promoted Complete Streets
- ☐ Percent of roads in a jurisdiction that are subject to Complete Streets policies, plans, and practices
- ☐ Number or percentage of residents that reside in a jurisdiction with Complete Streets policies, plans, and practices
- ☐ Number of employers that have implemented lactation support programs
- ☐ Number of hospitals that have joined NYS Breastfeeding Quality Improvement Hospital Initiative, NYC Breastfeeding Hospital Collaborative, Great Beginnings NY, or Latch On NYC
- ☐ Number of primary care practices that are designated as NYS Breastfeeding Friendly
- ☐ Number and demographics of women reached by policies and practices to support breastfeeding
- ☐ Number of public housing authorities, nonprofit community development corporations and market-rate apartment management companies educated about the dangers of secondhand smoke exposure and benefits of smoke-free multi-unit housing
- ☐ Number of municipalities that restrict tobacco marketing in stores

- [ ] Number and type of evidence-based initiatives offered by partners
- [ ] Number of participants in evidence-based initiatives offered by partners
- [ ] Percent of adults with one or more chronic diseases who have attended a self-management program
- [ ] Number of referrals to evidence-based initiatives from health care professionals
- [ ] Number and percent of adults among targeted population(s) who have attended EBIs
- [ ] Number of partners, employers and local officials participating in colorectal cancer screening awareness events
- [ ] Number of media alerts related to colorectal cancer awareness event promotions
- [ ] Number of colorectal cancer awareness events held/promoted/attended
- [ ] Number of cancer screening events held in partnership with community providers
- [ ] Number of county worksites implementing paid time off or flex time policies for cancer screening
- [ ] Number of individuals navigated to and/or through cancer screening
- [ ] No process measures used
- [ ] Other (please specify):

Number of regular/repeat attendees.
Overall weight loss among all participants.
Number of participants who report that they are positively impacted by the program.

2015 Prevention Agenda Annual Progress Report - Update

Intervention 1 - Promote a Healthy and Safe Environment

* 7. Within this Prevention Agenda priority area, which Focus Area are you reporting on?
Select only one

- ◯ Outdoor Air Quality
- ◯ Water Quality
- ◯ Built Environment
- ◯ Injuries, Violence and Occupational Health

* 8. Please select your Intervention 1 (from this list of most highly recommended evidence-based interventions included in the Prevention Agenda Action Plans) furthest along in implementation that you will be reporting on.
Select only one

- ◯ Incorporate 'Healthy Homes' education and inspections into other (non-health) 'opportunity points' (e.g., building inspections, firefighters annual fall fund drives, installation and inspection of CO alarms).
- ◯ Provide communities interested in implementing fluoridation with outreach materials and resources to promote fluoridation as a significant health intervention.
- ◯ Support transportation options that reduce air pollution from mobile sources (e.g., support public transportation, community planning incorporating enhanced walkability or cycling, pricing strategies, greater diversification of transportation fuels).
- ◯ Promote community based programs for fall prevention.
- ◯ Develop multisector violence prevention programs (e.g., LHDs, criminal justice, social services, job training, CBOs) such as SNUG, Cure Violence or CEASEFIRE in highrisk communities.
- ◯ Other (please specify):

2015 Prevention Agenda Annual Progress Report - Update

Other Intervention 1 - (Promote a Healthy and Safe Environment)

* 9. Is this 'other' intervention evidence-based? (Public health evidence is documentation in peer-reviewed studies, expert panel guidelines, CDC recommendations, etc., that an intervention is effective.)

- ◯ No
- ◯ Yes, please provide the web-link for your source of evidence for intervention 1:

2015 Prevention Agenda Annual Progress Report - Update

Process Measures for Intervention 1- Promote and Healthy and Safe Environment

* 10. Please select all process measures being used to monitor progress on this intervention (This list represents the most highly recommended process measures included in the Prevention Agenda Action Plans).

Choose all that apply.

- [ ] Number of opportunities that incorporate 'Healthy Homes' education and inspections into other (non-health) interactions, e.g., building inspections, firefighters annual fall fund drives, installation and inspection of CO alarms
- [ ] Number of partners that have received fluoridation outreach resources
- [ ] Number of municipalities where new or enhanced policies, plans and practices that promote Complete Streets are proposed
- [ ] Number of municipalities that adopted and implemented policies, plans and practices that promote Complete Streets
- [ ] Percent of roads in a jurisdiction that are subject to Complete Streets policies, plans and practices
- [ ] Number or percent of residents that reside in a jurisdiction with Complete Streets policies, plans and practices
- [ ] Policies enabling reimbursement by health plans for indoor asthma trigger reduction and counseling by healthcare providers about reduction of asthma triggers
- [ ] Number of people surveyed regarding mass transit ridership (from different locations in the county)
- [ ] Number of meetings with the transportation authority regarding better access to bus routes
- [ ] Number of CPT-Codes submitted for falls risk assessment and/or plan of care
- [ ] Number of evidence-based, community fall prevention programs offered
- [ ] Number of practices educated about community fall prevention services/programs
- [ ] Number of people participating in evidence-based, community fall prevention programs
- [ ] Number of partnerships on fall prevention programs for older adults
- [ ] Number of partnerships developed to coordinate services around violence prevention (or number of meetings attended to coordinate services around violence prevention)
- [ ] No process measures used
- [ ] Other (please specify)

2015 Prevention Agenda Annual Progress Report - Update

Intervention 1 - Promote Healthy Women, Infants and Children

* 11. Within this Prevention Agenda priority area, which Focus Area are you reporting on?
Select only one

- ◯ Maternal and Infant Health
- ◯ Child Health
- ◯ Reproductive, Preconception and Inter-Conception Health

* 12. Please select your Intervention 1 (from this list of most highly recommended evidence-based interventions included in the Prevention Agenda Action Plans) furthest along in implementation that you will be reporting on.
Select only one

- ◯ Recruit and encourage hospitals to participate in quality improvement efforts based on geographic location to increase breastfeeding exclusively at discharge.
- ◯ Encourage and recruit Pediatric, Family Practice, Obstetrics and Gynecology and other primary care provider and clinical offices to become New York State Breastfeeding Friendly Practices.
- ◯ Use the Business Case for Breastfeeding as a tool to assist employers in establishing lactation support programs.
- ◯ Promote the Making it Work: Returning to Work Toolkit to empower women in hourly wage positions to speak with their employers about lactation support needs in the workplace.
- ◯ Increase the number of employers with supports for breastfeeding at the worksite.
- ◯ Implement maternity care practices consistent with the World Health Organization's Ten Steps to Successful Breastfeeding and increase the number of Baby Friendly Hospitals in NYS.
- ◯ Implement policies that restrict infant formula marketing and distribution of "gifts" through health care providers and hospitals.
- ◯ Implement enhancements to WIC Breastfeeding Food Package.
- ◯ Ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling for those who smoke.
- ◯ Identify and promote educational messages and formats that have been demonstrated to improve knowledge, attitudes, skills and/or behavior related to prenatal care and preterm birth among target populations, including high-risk pregnant women, women of childbearing age and women with disabilities.
- ◯ Provide timely, continuous and comprehensive prenatal care services to pregnant women in accordance with NYS Medicaid prenatal care standards and other professional guidelines.
- ◯ Provide education to health care providers, such as public health detailing, to improve their knowledge, beliefs and skills related to improved use of evidence-based clinical and community-based interventions to reduce preterm birth.
- ◯ Develop, disseminate, promote and utilize tools for providers to prompt or facilitate well-child visit components, including checklists, registries, data systems and electronic health records.
- ◯ Link children and families to dental services.
- ◯ Develop effective health marketing campaigns that promote norms of wellness, healthy behavior and regular use of preventive health care services throughout the lifespan.
- ◯ Integrate preconception and inter-conception care into routine primary care for women of reproductive age including screening and follow-up for risk factors, management of chronic diseases and contraception.
- ◯ Utilize evidence-based guidelines and tools for health care providers to promote optimal well-being through utilization of preventive health services to providers.

- [ ] Develop and disseminate to providers evidence-based clinical guidelines and tools to promote patients' optimal well-being through use of preventive health services.
- [ ] Train health practitioners on disability literacy regarding women's reproductive health.
- [ ] Conduct public health detailing to improve providers' knowledge, beliefs and skills related to delivery of comprehensive, integrated preconception and inter-conception preventive health care services.
- [ ] Create referral networks and practices to streamline and simplify enrollment and renewal of health insurance for low-income women.
- [ ] Provide comprehensive, evidence-based health education, including health literacy, for children and youth in schools.
- ( ) Other (please specify):

2015 Prevention Agenda Annual Progress Report - Update

Other Intervention 1 - Promote Healthy Infants, Women, and Children

* 13. Is this 'other' intervention evidence-based? (Public health evidence is documentation in peer-reviewed studies, expert panel guidelines, CDC recommendations, etc., that an intervention is effective.)

- ( ) No
- ( ) Yes, please provide the web-link for your source of evidence for intervention 1:

2015 Prevention Agenda Annual Progress Report - Update

Process Measures for Intervention 1 - Promote Healthy Infants, Women, and Children

* 14. Please select all process measures being used to monitor progress on this intervention (This list represents the most highly recommended process measures included in the Prevention Agenda Action Plans).
Choose all that apply

- [ ] Number of employers that have implemented lactation support programs
- [ ] Number of hospitals that have joined NYS BQIH (Breastfeeding Quality Improvement Hospital Initiative), NYC BHC, Great Beginnings NY, or Latch On NYC
- [ ] Number of primary care practices that are designated as NYS Breastfeeding Friendly
- [ ] Number and demographics of women reached by policies and practices to support breastfeeding
- [ ] Percentage of mothers receiving the fully breastfeeding food package at 30 days who were reached by WIC local agencies who participated in the Exclusive Breastfeeding Learning Community
- [ ] Inclusion of tobacco counselling in prenatal visits
- [ ] Number and percent of women within target population reached by educational campaign addressing the importance of receiving early prenatal care and attending prenatal visits
- [ ] Percentage of total prenatal patients enrolled in program
- [ ] Number and percent of women/families who participate in family education programs (e.g., Lamaze childbirth, pre-natal breastfeeding, sibling classes and a new mom support group)
- [ ] Number and percent of providers that offer the recommended clinical services
- [ ] Number of providers reached
- [ ] Number and percent of active pediatric patients who received reminders about recommended well-child-visits
- [ ] Number of regional school-based dental sealant programs
- [ ] Number of children enrolled in school-based dental sealant programs
- [ ] Number and percent of community residents reached by campaigns
- [ ] Number of primary care providers implementing appropriate screening, management, and follow-up for risk factors
- [ ] Number and percent of health care providers using evidence-based guidelines and tools to promote optimal well-being through utilization of health services
- [ ] Number and percent of target provider practices to which guidelines or tools have been disseminated
- [ ] Number of health practitioners trained on disability literacy regarding women's reproductive health
- [ ] Number and percent of targeted provider practices that received a detailing visit
- [ ] Number and percent of targeted provider practices that received a detailing visit and indicated a change in knowledge base on a pre/post questionnaire
- [ ] Number of referral networks established or expanded
- [ ] Number of organizations and agencies that participated in a referral network
- [ ] Percentage of low income women within identified target population who were enrolled in health insurance
- [ ] Number and percent of schools in catchment area that offer evidence-based health education that includes health literacy for children and youth
- [ ] No process measures used
- [ ] Other (please specify):

2015 Prevention Agenda Annual Progress Report - Update

Intervention 1 - Promote Mental Health and Prevent Substance Abuse

* 15. Within this Prevention Agenda priority area, which Focus Area are you reporting on?
Select only one

- ◯ Promote Mental, Emotional and Behavioral Well-Being in Communities
- ◯ Prevent Substance Abuse and other Mental Emotional Behavioral Disorders
- ◯ Strengthen Infrastructure across Systems

* 16. Please select your Intervention 1 (from this list of most highly recommended evidence-based interventions included in the Prevention Agenda Action Plans) furthest along in implementation that you will be reporting on.

Select only one

- ◯ Assess community well-being using a standardized survey tool (e.g., BRFSS, WHO [Five] Well-Being Index, Gallup, School climate survey etc.)
- ◯ Identify evidence-based programs or community action activities that promote well-being
- ◯ Pilot or implement evidence-based programs and community action activities
- ◯ Promote smoking cessation among people with mental health disabilities through partnerships with state/local offices of Mental Health.
- ◯ Mobilize community to reduce alcohol use
- ◯ Participate in community trial intervention to reduce high risk drinking
- ◯ Participation by providers in the Internet System for Tracking Over-Prescribing - Prescription Monitoring Program (I-STOP/PMP)
- ◯ Build community coalitions that advance the State's 'Suicide as a Never Event' through promotion and prevention activities
- ◯ Administer screening programs such as SBIRT, Symptom Checklist -90 etc.
- ◯ Educate to increase positive emotions and skills such as engagement, problem-solving, growth mindset, and decrease negative emotions and skills such as feelings of hopelessness, inadequacy.
- ◯ Identify and implement healthy public policies that enhance housing, employment and education opportunities as well as reduce poverty
- ◯ Engage communities in action and create supportive environments with the goal of improving social environment, which is known to impact physical and mental health
- ◯ Implement mental health promotion and anti-stigma campaigns
- ◯ Engage multidisciplinary primary health care teams and community mental health service providers in an integrated approach to prevent, screen and manage depression in people with chronic physical conditions
- ◯ Provide training in trauma-informed and/or trauma-sensitive approaches
- ◯ Collect data and information on utilization of trauma-informed and/or trauma-sensitive approaches
- ◯ Other (please specify):

2015 Prevention Agenda Annual Progress Report - Update

Other Intervention 1 - Promote Mental Health and Prevent Substance Abuse

* 17. Is this 'other' intervention evidence-based? (Public health evidence is documentation in peer-reviewed studies, expert panel guidelines, CDC recommendations, etc., that an intervention is effective.)

- ○ No
- ○ Yes, please provide the web-link for your source of evidence for Intervention 1:

2015 Prevention Agenda Annual Progress Report - Update

Process Measures for Intervention 1 - Promote Mental Health and Prevent Substance Abuse

* 18. Please select all process measures being used to monitor progress on this intervention (This list represents the most highly recommended process measures included in the Prevention Agenda Action Plans).

Choose all that apply

- ☐ Community well-being has been assessed using a standardized survey such as the Behavioral Risk Factor Surveillance System (BRFSS) or other standardized well-being surveys.
- ☐ Alcohol outlet density: Number of outlets per geographic unit (e.g., census tract, Zip code, etc).
- ☐ Youth and/or adult perception of harm of underage alcohol use or prescription drugs for non-medical use.
- ☐ Percent of participants who quit smoking three or six months after completing the smoking cessation program.
- ☐ Percent of participants with presence of suicide means in the home.
- ☐ Percent of participants with presence of meaningful supportive relationships.
- ☐ Use of systematic tools to screen individuals for mental health and substance abuse problems.
- ☐ Percent of staff and/or community members trained on trauma-informed and/or trauma sensitive approaches.
- ☐ No process measures.
- ☐ Other (please specify):

2015 Prevention Agenda Annual Progress Report - Update

Intervention 1 - HIV, STDs, Vaccine-Preventable Diseases and Healthcare Associated Infections

* 19. Within this Prevention Agenda priority area, which Focus Area are you reporting on?
Select only one

- ◯ Prevent HIV and STDs
- ◯ Prevent Vaccine-Preventable Diseases
- ◯ Prevent Health Care-Associated Infections

* 20. Please select your Intervention 1 (from this list of most highly recommended evidence-based interventions included in the Prevention Agenda Action Plans) furthest along in implementation that you will be reporting on.
Select only one

- ◯ Include at least two cofactors that drive the HIV virus, such as homelessness, substance use, history of incarceration and mental health, in community interventions
- ◯ Develop STD diagnosis and treatment capacity in settings beyond government clinics
- ◯ Support existing HIV/STD treatment guidelines by establishing computerized algorithms
- ◯ Enhance vaccination of adults with HPV, Tdap, influenza and pneumococcal vaccines.
- ◯ Enhance vaccination of children with HPV, Tdap, influenza and pneumococcal vaccines.
- ◯ Ensure that sinks and alcohol based hand rub are readily available for patients, visitors and health care personnel
- ◯ Other (please specify):

2015 Prevention Agenda Annual Progress Report - Update

Other Intervention 1-Prevent HIV/STD, Vaccine-Preventable Diseases, Health Care-Associated Infection

* 21. Is this 'other' intervention evidence-based? (Public health evidence is documentation in peer-reviewed studies, expert panel guidelines, CDC recommendations, etc., that an intervention is effective.)

- ○ No
- ○ Yes, please provide the web-link for your source of evidence for Intervention 1:

2015 Prevention Agenda Annual Progress Report - Update

Process Measures for Intervention 1 - Prevent HIV/STDs/ Vaccine-Preventable/ Health Care-Associated

* 22. Please select all process measures being used to monitor progress on this intervention (This list represents the most highly recommended process measures included in the Prevention Agenda Action Plans).

Check all that apply

- ☐ Number of co-factors addressed by each community intervention
- ☐ Number of primary care clinicians trained in treatment and diagnosis of STDs
- ☐ Availability of preferred treatment regimens in either hospitals or local pharmacies
- ☐ Protocols and supplies for preferred testing modalities according to current CDC treatment guidelines for syphilis, gonorrhea and chlamydia beyond government clinics
- ☐ Number of treatment scenarios for which there are established algorithms
- ☐ The percentage of 13-year-old children who have received the complete adolescent immunization series as indicated
- ☐ The percentage of children who have received the 4:3:1:3:3:1:4 immunization series between the ages of 19 to 35 months as indicated in NYSIS
- ☐ Immunization rates for health care personnel in hospitals and long-term care facilities
- ☐ Number of sinks and alcohol based hand rubs available
- ☐ No process measures
- ☐ Other (please specify)

2015 Prevention Agenda Annual Progress Report - Update

Data collection for Intervention 1

* 23. How have you used the process measures data that you have collected to make improvements to intervention implementation? *Check all that apply*

- [ ] Not used
- [ ] To track progress of intervention implementation (i.e., reaching target population)
- [ ] To engage stakeholders
- [ ] To leverage additional resources
- [ ] To change policy
- [ ] To make improvements to implementation of interventions
- [ ] Unsure
- [ ] Other (please describe):

2015 Prevention Agenda Annual Progress Report - Update

Disparities for Intervention 1

* 24. Are you addressing a disparity with this intervention?

- ◯ Yes
- ◯ No
- ◯ Unsure

2015 Prevention Agenda Annual Progress Report - Update

Disparities Detail for Intervention 1

* 25. Which of the following types of disparities are you addressing?

Check all that apply

- [ ] Race/ethnicity
- [ ] Income/SES
- [ ] Gender
- [ ] Disability
- [ ] Geography
- [ ] Age
- [ ] Unsure
- [ ] Other (please specify):

* 26. Please describe the activities that you are doing to address disparities:

We offer our Dance Your Heart Health program in two neighborhoods that are adversely affected by diabetes and obesity, Flatbush and Bedford-Stuyvesant. These neighborhoods have populations largely made up of low-income, racial and ethnic minority groups. See the following for source information: http://www.nyc.gov/html/doh/downloads/pdf/data/2015chp-bk3.pdf and http://www.nyc.gov/html/doh/downloads/pdf/data/2015chp-bk14.pdf

2015 Prevention Agenda Annual Progress Report - Update

Status of Implementation Efforts for Intervention 1

27. What is the current status of your implementation efforts related to this intervention?

Select only one

- ◯ Ahead of projected implementation schedule
- ◯ On track with implementation schedule
- ◯ Behind projected implementation schedule
- ◯ Have not started. If so, describe why:

2015 Prevention Agenda Annual Progress Report - Update

Overall Successes and Challenges of Implementing Intervention 1 Strategies

* 28. What have been the successes in implementing Intervention 1?

Check all that apply

- [ ] Identifying burden/problem to be addressed
- [ ] Educating the community about the problem
- [ ] Engaging community leaders to address problem
- [ ] Defining target population
- [ ] Establishing clear goals
- [ ] Researching evidence-based interventions to address problem among target population
- [ ] Identifying process and outcome measures to monitor progress toward reaching goals
- [ ] Developing data collection methods
- [ ] Establishing clear implementation timelines/milestones
- [ ] Reviewing and monitoring progress with partners
- [ ] Making adjustments to implementation plan/timeline based on progress
- [ ] Disseminating results broadly through a variety of methods
- [ ] Maintaining involvement of the majority of stakeholders at all stages throughout intervention implementation
- [ ] None
- [ ] Other (please specify):

* 29. What challenges are you facing in the implementation of Intervention 1?

Check all that apply

- [ ] Identifying burden/problem to be addressed
- [ ] Educating the community about the problem
- [ ] Engaging community leaders to address problem
- [ ] Defining target population
- [ ] Establishing clear goals
- [ ] Researching evidence-based interventions to address problem among target population
- [ ] Identifying process and outcome measures to monitor progress toward reaching goals
- [ ] Developing data collection methods
- [ ] Establishing clear implementation timelines/milestones
- [ ] Reviewing and monitoring progress with partners
- [ ] Making adjustments to implementation plan/timeline based on progress
- [ ] Disseminating results broadly through a variety of methods
- [ ] Maintaining involvement of the majority of stakeholders at all stages throughout intervention implementation
- [ ] None
- [ ] Other (please specify):

One of the major organizations, the Greater Brooklyn Health Coalition (GBHC), we partnered with for our Dance Your Heart Healthy series dissolved early in 2015. The program partner is now CAMBA, a large social service organization but we've had some communication and responsiveness challenges as a result of the turnover.

2015 Prevention Agenda Annual Progress Report - Update

Second Prevention Agenda Priority Area

* 30. What is the second Prevention Agenda Priority Area you are reporting on?

Select only one

- ◯ Prevent Chronic Diseases
- ◯ Promote a Healthy and Safe Environment
- ◯ Promote Healthy Women, Infants and Children
- ◯ Promote Mental Health and Prevent Substance Abuse
- ◯ Prevent HIV/STDs, Vaccine-Preventable Diseases, and Healthcare-Associated Infections

Intervention 2 - Prevent Chronic Diseases

* 31. Within this Prevention Agenda priority area, which Focus Area are you reporting on?
Select only one

- ◯ Reduce Obesity in Children and Adults
- ◯ Reduce Illness, Disability and Death Related to Tobacco Use and Secondhand Smoke Exposure
- ◯ Increase Access to High Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings

* 32. Please select your Intervention 2 (from this list of most highly recommended evidence-based interventions included in the Prevention Agenda Action Plans) furthest along in implementation that you will be reporting on.

Select only one

- ◯ Increase the number of public and private employers and service providers in your county to adopt standards for healthy food and beverage procurement.
- ◯ Increase the number of passed municipal complete streets policies.
- ◯ Recruit and encourage hospitals to participate in quality improvement efforts based on geographic location to increase breastfeeding exclusivity at discharge.
- ◯ Encourage and recruit Pediatric, Family Practice, Obstetrics and Gynecology, and other primary care provider and clinical offices to become New York State Breastfeeding Friendly Practices.
- ◯ Use the Business Case for Breastfeeding as a tool to assist employers in establishing lactation support programs.
- ◯ Promote the Making it Work: Returning to Work Toolkit to empower women in hourly wage positions to speak with their employers about lactation support needs in the workplace.
- ◯ Increase the number of employers with supports for breastfeeding at the worksite.
- ◯ Promote smoke-free policies in multi-unit housing, including apartment complexes, condominiums and co-ops, especially those that house low-socioeconomic status (SES) residents.
- ◯ Restrict tobacco marketing (including canceling store displays, limiting the density of tobacco vendors and their proximity to schools) in municipalities.
- ◯ Increase participation of adults with arthritis, asthma, cardiovascular disease, or diabetes in a course or class to learn how to manage their condition.
- ◯ Implement maternity care practices consistent with the World Health Organization's Ten Steps to Successful Breastfeeding and increase the number of Baby Friendly Hospitals in NYS.
- ◯ Implement policies that restrict infant formula marketing and distribution of "gifts" through health care providers and hospitals.
- ◯ Implement evidence-based activities that increase public awareness about colorectal cancer.
- ◯ Implement policy, systems or environmental approaches (e.g., paid time off for cancer screening) to increase access to colorectal cancer screening services.
- ◯ Create linkages with local health care systems to connect patients to community preventative resources.
- ◯ Support use of alternative locations to deliver preventive services, including cancer screening.
- ◯ Support training and use of community health workers and patient navigators.
- ◯ Other (please specify):

Promote and offer culturally relevant chronic disease self-management education.

2015 Prevention Agenda Annual Progress Report - Update

Other Intervention 2 - Prevent Chronic Disease

* 33. Is this 'other' intervention evidence-based? (Public health evidence is documentation in peer-reviewed studies, expert panel guidelines, CDC recommendations, etc., that an intervention is effective.)

- ○ No
- ○ Yes, please provide the web-link for your source of evidence for Intervention 2:

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2134805/
http://www.researchgate.net/publication/7508502_Evaluating_a_problem_based_empowerment_program_for_African_Americans_with_diabetes_Results_of_a_randomized_controlled_trial
http://www.ncbi.nlm.nih.gov/pubmed/16172441
http://www.ncbi.nlm.nih.gov/pubmed/16100331

2015 Prevention Agenda Annual Progress Report - Update

Process Measures for Intervention 2 - Prevent Chronic Disease

* 34. Please select all process measures being used to monitor progress on this intervention (This list represents the most highly recommended process measures included in the Prevention Agenda Action Plans).
Choose all that apply.

- ☐ Number of municipalities, community-based organizations, worksites and hospitals that develop and adopt policies to implement nutrition standards (cafeterias, snack bars, vending)
- ☐ Number of individuals (and their demographic data if available) potentially accessing settings that have adopted policies to implement nutrition standards for healthy food and beverage procurement
- ☐ Number of municipalities where new or enhanced policies, plans and practices that promote Complete Streets were proposed
- ☐ Number of municipalities that adopted and implemented policies, plans, and practices that promoted Complete Streets
- ☐ Percent of roads in a jurisdiction that are subject to Complete Streets policies, plans, and practices
- ☐ Number or percentage of residents that reside in a jurisdiction with Complete Streets policies, plans, and practices
- ☐ Number of employers that have implemented lactation support programs
- ☐ Number of hospitals that have joined NYS Breastfeeding Quality Improvement Hospital Initiative, NYC Breastfeeding Hospital Collaborative, Great Beginnings NY, or Latch On NYC
- ☐ Number of primary care practices that are designated as NYS Breastfeeding Friendly
- ☐ Number and demographics of women reached by policies and practices to support breastfeeding
- ☐ Number of public housing authorities, nonprofit community development corporations and market-rate apartment management companies educated about the dangers of secondhand smoke exposure and benefits of smoke-free multi-unit housing

- [ ] Number of municipalities that restrict tobacco marketing in stores
- [ ] Number and type of evidence-based initiatives offered by partners
- [ ] Number of participants in evidence-based initiatives offered by partners
- [ ] Percent of adults with one or more chronic diseases who have attended a self-management program
- [ ] Number of referrals to evidence-based initiatives from health care professionals
- [ ] Number and percent of adults among population(s) of focus who have attended EBIs SKIP TO #51.
- [ ] Number of partners, employers and local officials participating in colorectal cancer screening awareness events
- [ ] Number of media alerts related to colorectal cancer awareness event promotions
- [ ] Number of colorectal cancer awareness events held/promoted/attended
- [ ] Number of cancer screening events held in partnership with community providers
- [ ] Number of county worksites implementing paid time off or flex time policies for cancer screening
- [ ] Number of individuals navigated to and/or through cancer screening
- [ ] No process measures used
- [ ] Other (please specify):

- Number of attendees at diabetes, cardiovascular disease and cancer health events.
- Number of people screened at events, number of people counseled on disease self-management.

2015 Prevention Agenda Annual Progress Report - Update

Intervention 2 - Promote a Healthy and Safe Environment

* 35. Within this Prevention Agenda priority area, which Focus Area are you reporting on?
Select only one

- ◯ Outdoor Air Quality
- ◯ Water Quality
- ◯ Built Environment
- ◯ Injuries, Violence and Occupational Health

* 36. Please select your Intervention 2 (from this list of most highly recommended evidence-based interventions included in the Prevention Agenda Action Plans) furthest along in implementation that you will be reporting on.
Select only one

- ◯ Incorporate 'Healthy Homes' education and inspections into other (non-health) 'opportunity points' (e.g., building inspections, firefighters annual fall fund drives, installation and inspection of CO alarms).
- ◯ Provide communities interested in implementing fluoridation with outreach materials and resources to promote fluoridation as a significant health intervention.
- ◯ Support transportation options that reduce air pollution from mobile sources (e.g., support public transportation, community planning incorporating enhanced walkability or cycling, pricing strategies, greater diversification of transportation fuels).
- ◯ Promote community based programs for fall prevention.
- ◯ Develop multisector violence prevention programs (e.g., LHDs, criminal justice, social services, job training, CBOs) such as SNUG, Cure Violence or CEASEFIRE in highrisk communities.
- ◯ Other (please specify):

2015 Prevention Agenda Annual Progress Report - Update

Other Intervention 2 - Promote a Healthy and Safe Environment

* 37. Is this 'other' intervention evidence-based? (Public health evidence is documentation in peer-reviewed studies, expert panel guidelines, CDC recommendations, etc., that an intervention is effective.)

- ◯ No
- ◯ Yes, please provide the web-link for your source of evidence for Intervention 2:

2015 Prevention Agenda Annual Progress Report - Update

Process Measures for Intervention 2 - Promote a Healthy and Safe Environment

* 38. Please select all process measures being used to monitor progress on this intervention (This list represents the most highly recommended process measures included in the Prevention Agenda Action Plans).

Choose all that apply.

- [ ] Number of opportunities that incorporate 'Healthy Homes' education and inspections into other (non-health) interactions (e.g., building inspections, firefighters annual fall fund drives, installation and inspection of CO alarms)
- [ ] Number of partners that have received fluoridation outreach resources
- [ ] Number of municipalities where new or enhanced policies, plans and practices that promote Complete Streets are proposed
- [ ] Number of municipalities that adopted and implemented policies, plans and practices that promote Complete Streets
- [ ] Percent of roads in a jurisdiction that are subject to Complete Streets policies, plans and practices
- [ ] Number or percent of residents that reside in a jurisdiction with Complete Streets policies, plans and practices
- [ ] Policies enabling reimbursement by health plans for indoor asthma trigger reduction and counseling by healthcare providers about reduction of asthma triggers
- [ ] Number of people surveyed regarding mass transit ridership (from different locations in the county)
- [ ] Number of meetings with the transportation authority regarding better access to bus routes
- [ ] Number of CPT Codes submitted for falls risk assessment and/or plan of care
- [ ] Number of evidence-based, community fall prevention programs offered
- [ ] Number of practices educated about community fall prevention services/programs
- [ ] Number of people participating in evidence-based, community fall prevention programs
- [ ] Number of partnerships on fall prevention programs for older adults
- [ ] Number of partnerships developed to coordinate services around violence prevention (or number of meetings attended to coordinate services around violence prevention)
- [ ] No process measures used
- [ ] Other (please specify):

2015 Prevention Agenda Annual Progress Report - Update

Intervention 2 - Promote Healthy Women, Infants and Children

* 39. Within this Prevention Agenda priority area, which Focus Area are you reporting on?
Select only one

- ◯ Maternal and Infant Health
- ◯ Child Health
- ◯ Reproductive, Preconception and Inter-Conception Health

* 40. Please select your Intervention 2 (from this list of most recommended evidence-based interventions included in the Prevention Agenda Action Plans) furthest along in implementation that you will be reporting on.
Select only one

- ◯ Recruit and encourage hospitals to participate in quality improvement efforts based on geographic location to increase breastfeeding exclusivity at discharge.
- ◯ Encourage and recruit Pediatric, Family Practice, Obstetrics and Gynecology, and other primary care provider and clinical offices to become New York State Breastfeeding Friendly Practices.
- ◯ Use the Business Case for Breastfeeding as a tool to assist employers in establishing lactation support programs.
- ◯ Promote the Making it Work: Returning to Work Toolkit to empower women in hourly wage positions to speak with their employers about lactation support needs in the workplace.
- ◯ Increase the number of employers with supports for breastfeeding at the worksite.
- ◯ Implement maternity care practices consistent with the World Health Organization's Ten Steps to Successful Breastfeeding and increase the number of Baby Friendly Hospitals in NYS.
- ◯ Implement policies that restrict infant formula marketing and distribution of "gifts" through health care providers and hospitals.
- ◯ Implement enhancements to WIC Breastfeeding Food Package.
- ◯ Ask all pregnant women about tobacco use and provide augmented, pregnancy tailored counseling for those who smoke.
- ◯ Identify and promote educational messages and formats that have been demonstrated to improve knowledge, attitudes, skills and/or behavior related to prenatal care and preterm birth among target populations, including high-risk pregnant women, women of childbearing age and women with disabilities.
- ◯ Provide timely, continuous and comprehensive prenatal care services to pregnant women in accordance with NYS Medicaid prenatal care standards and other professional guidelines
- ◯ Provide education to health care providers, such as public health detailing, to improve their knowledge, beliefs and skills related to improved use of evidence-based clinical and community-based interventions to reduce preterm birth.
- ◯ Develop, disseminate, promote and utilize tools for providers to prompt or facilitate well-child visit components, including checklists, registries, data systems and electronic health records.
- ◯ Link children and families to dental services
- ◯ Develop effective health marketing campaigns that promote norms of wellness, healthy behavior and regular use of preventive health care services throughout the lifespan
- ◯ Integrate preconception and inter-conception care into routine primary care for women of reproductive age including screening and follow-up for risk factors, management of chronic diseases and contraception.
- ◯ Utilize evidence-based guidelines and tools for health care providers to promote optimal well-being through utilization of preventive health services.

- [ ] Develop and disseminate to providers evidence-based clinical guidelines and tools to promote patients' optimal well-being through use of preventive health services.
- [ ] Train health practitioners on disability literacy regarding women's reproductive health.
- [ ] Conduct public health detailing to improve providers' knowledge, beliefs and skills related to delivery of comprehensive, integrated preconception and inter-conception preventive health care services.
- [ ] Create referral networks and practices to streamline and simplify enrollment and renewal of health insurance for low-income women.
- [ ] Provide comprehensive, evidence-based health education, including health literacy, for children and youth in schools.
- ( ) Other (please specify):

2015 Prevention Agenda Annual Progress Report - Update

Other Intervention 2 - Promote Healthy Women, Infants and Children

* 41. Is this 'other' intervention evidence-based? (Public health evidence is documentation in peer-reviewed studies, expert panel guidelines, CDC recommendations, etc., that an intervention is effective.)

- ( ) No
- ( ) Yes, please provide the web-link for your source of evidence for Intervention 2:

2015 Prevention Agenda Annual Progress Report - Update

Process Measures for Intervention 2 - Promote Healthy Women, Infants, and Children

* 42. Please select all process measures being used to monitor progress on this intervention (This list represents the most highly recommended process measures included in the Prevention Agenda Action Plans).
Choose all that apply

- [ ] Number of employers that have implemented lactation support programs
- [ ] Number of hospitals that have joined NYS BQIH (Breastfeeding Quality Improvement Hospital Initiative), NYC BHC, Great Beginnings NY, or Latch On NYC
- [ ] Number of primary care practices that are designated as NYS Breastfeeding Friendly
- [ ] Number and demographics of women reached by policies and practices to support breastfeeding
- [ ] Percentage of mothers receiving the fully breastfeeding food package at 30 days who were reached by WIC local agencies who participated in the Exclusive Breastfeeding Learning Community
- [ ] Inclusion of tobacco counselling in prenatal visits
- [ ] Number and percent of women within target population reached by educational campaign addressing the importance of receiving early prenatal care and attending prenatal visits
- [ ] Percentage of total prenatal patients enrolled in program
- [ ] Number and percent of women/ families who participate in family education programs (e.g., Lamaze childbirth, pre-natal breastfeeding, sibling classes and a new mom support group)
- [ ] Number and percent of providers that offer the recommended clinical services
- [ ] Number of providers reached
- [ ] Number and percent of active pediatric patients who received reminders about recommended well-child-visits
- [ ] Number of regional school-based dental sealant programs
- [ ] Number of children enrolled in school-based dental sealant programs
- [ ] Number and percent of community residents reached by campaigns
- [ ] Number of primary care providers implementing appropriate screening, management, and follow-up for risk factors
- [ ] Number and percent of health care providers using evidence-based guidelines and tools to promote optimal well-being through utilization of health services
- [ ] Number and percent of target provider practices to which guidelines or tools have been disseminated
- [ ] Number of health practitioners trained on disability literacy regarding women's reproductive health
- [ ] Number and percent of targeted provider practices that received a detailing visit
- [ ] Number and percent of targeted provider practices that received a detailing visit and indicated a change in knowledge base on a pre/post questionnaire
- [ ] Number of referral networks established or expanded
- [ ] Number of organizations and agencies that participated in a referral network
- [ ] Percentage of low income women within identified target population who were enrolled in health insurance
- [ ] Number and percent of schools in catchment area that offer evidence-based health education that includes health literacy for children and youth
- [ ] No process measures used
- [ ] Other (please specify)

2015 Prevention Agenda Annual Progress Report - Update

Intervention 2 - Promote Mental Health and Prevent Substance Abuse

* 43. Within this Prevention Agenda priority area, which Focus Area are you reporting on?
Select only one

- ◯ Promote Mental, Emotional and Behavioral Well-Being in Communities
- ◯ Prevent Substance Abuse and other Mental Emotional Behavioral Disorders
- ◯ Strengthen Infrastructure across Systems

* 44. Please select your Intervention 2 (from this list of most highly recommended evidence-based interventions included in the Prevention Agenda Action Plans) furthest along in implementation that you will be reporting on.

Select only one

- ◯ Assess community well-being using a standardized survey tool (e.g., BRFSS, WHO [Five] Well-Being Index, Gallup, School climate survey etc.)
- ◯ Identify evidence-based programs or community action activities that promote well-being
- ◯ Pilot or implement evidence-based programs and community action activities
- ◯ Promote smoking cessation among people with mental health disabilities through partnerships with state/local offices of Mental Health.
- ◯ Mobilize community to reduce alcohol use
- ◯ Participate in community trial intervention to reduce high risk drinking
- ◯ Participation by providers in the Internet System for Tracking Over-Prescribing - Prescription Monitoring Program (I-STOP/PMP)
- ◯ Build community coalitions that advance the State's 'Suicide as a Never Event' through promotion and prevention activities
- ◯ Administer screening programs such as SBIRT, Symptom Checklist -90 etc.
- ◯ Educate to increase positive emotions and skills such as engagement, problem-solving, growth mindset, and decrease negative emotions and skills such as feelings of hopelessness, inadequacy.
- ◯ Identify and implement healthy public policies that enhance housing, employment and education opportunities as well as reduce poverty
- ◯ Engage communities in action and create supportive environments with the goal of improving social environment, which is known to impact physical and mental health
- ◯ Implement mental health promotion and anti-stigma campaigns
- ◯ Engage multidisciplinary primary health care teams and community mental health service providers in an integrated approach to prevent, screen and manage depression in people with chronic physical conditions
- ◯ Provide training in trauma-informed and/or trauma-sensitive approaches
- ◯ Collect data and information on utilization of trauma-informed and/or trauma-sensitive approaches
- ◯ Other (please specify):

2015 Prevention Agenda Annual Progress Report - Update

Other Intervention 2 - Promote Mental Health and Prevent Substance Abuse

* 45. Is this 'other' intervention evidence-based? (Public health evidence is documentation in peer-reviewed studies, expert panel guidelines, CDC recommendations, etc., that an intervention is effective.)

- ◯ No
- ◯ Yes, please provide the web-link for your source of evidence for Intervention 2:

2015 Prevention Agenda Annual Progress Report - Update

Process Measures for Intervention 2 - Promote Mental Health and Prevent Substance Abuse

* 46. Please select all process measures being used to monitor progress on this intervention (This list represents the most highly recommended process measures included in the Prevention Agenda Action Plans).

Select all that apply

- ☐ Community well-being has been assessed using a standardized survey such as the Behavioral Risk Factor Surveillance System (BRFSS) or other standardized well-being surveys.
- ☐ Alcohol outlet density: Number of outlets per geographic unit (e.g., census tract, Zip code, etc).
- ☐ Youth and/or adult perception of harm of underage alcohol use or prescription drugs for non-medical use.
- ☐ Percent of participants who quit smoking three or six months after completing the smoking cessation program.
- ☐ Percent of participants with presence of suicide means in the home.
- ☐ Percent of participants with presence of meaningful supportive relationships.
- ☐ Use of systematic tools to screen individuals for mental health and substance abuse problems.
- ☐ Percent of staff and/or community members trained on trauma-informed and/or trauma sensitive approaches.
- ☐ No process measures.
- ☐ Other (please specify):

2015 Prevention Agenda Annual Progress Report - Update

Intervention 2 - HIV, STDs, Vaccine-Preventable Diseases and Healthcare Associated Infection

* 47. Within this Prevention Agenda priority area, which Focus Area are you reporting on?
Select only one

- ◯ Prevent HIV and STDs
- ◯ Prevent Vaccine-Preventable Diseases
- ◯ Prevent Health Care-Associated Infections

* 48. Please select your Intervention 2 (from this list of most highly recommended evidence-based interventions included in the Prevention Agenda Action Plans) furthest along in implementation that you will be reporting on.
Select only one

- ◯ Include at least two cofactors that drive the HIV virus, such as homelessness, substance use, history of incarceration and mental health, in community interventions
- ◯ Develop STD diagnosis and treatment capacity in settings beyond government clinics
- ◯ Support existing HIV/STD treatment guidelines by establishing computerized algorithms
- ◯ Enhance vaccination of adults with HPV, Tdap, influenza and pneumococcal vaccines.
- ◯ Enhance vaccination of children with HPV, Tdap, influenza and pneumococcal vaccines.
- ◯ Ensure that sinks and alcohol-based hand rub are readily available for patients, visitors and health care personnel
- ◯ Other (please specify):

2015 Prevention Agenda Annual Progress Report - Update

Other Intervention 2 - Prevent HIV/STD, Vaccine-Preventable Diseases, Health Care-Associated Infect.

* 49. Is this 'other' intervention evidence-based? (Public health evidence is documentation in peer-reviewed studies, expert panel guidelines, CDC recommendations, etc., that an intervention is effective.)

- [ ] No

Yes, please provide the web-link for your source of evidence for Intervention 2:

2015 Prevention Agenda Annual Progress Report - Update

Process Measures for Intervention 2 - Prevent HIV/STD/Vaccine Prevent. Dis./ Hospital-Assoc. Infect.

* 50. Please select all process measures being used to monitor progress on this intervention (This list represents the most highly recommended process measures included in the Prevention Agenda Action Plans).

Check all that apply

- [ ] Number of co-factors addressed by each community intervention
- [ ] Number of primary care clinicians trained in treatment and diagnosis of STDs
- [ ] Availability of preferred treatment regimens in either hospitals or local pharmacies
- [ ] Protocols and supplies for preferred testing modalities according to current CDC treatment guidelines for syphilis, gonorrhea and chlamydia beyond government clinics
- [ ] Number of treatment scenarios for which there are established algorithms
- [ ] The percentage of 13-year-old children who have received the complete adolescent immunization series as indicated
- [ ] The percentage of children who have received the 4:3:1:3:3:1:4 immunization series between the ages of 19 to 35 months as indicated in NYSIS
- [ ] Immunization rates for health care personnel in hospitals and long-term care facilities
- [ ] Number of sinks and alcohol based hand rubs available
- [ ] No process measures
- [ ] Other (please specify)

2015 Prevention Agenda Annual Progress Report - Update

Data collection for Intervention 2

* 51. How have you used the process measures data that you have collected to make improvements to intervention implementation? *Check all that apply*

- [ ] Not used
- [ ] To track progress of intervention implementation (i.e. reaching target population)
- [ ] To engage stakeholders
- [ ] To leverage additional resources
- [ ] To change policy
- [ ] To make improvements to implementation of interventions
- [ ] Unsure
- [ ] Other (please describe):

2015 Prevention Agenda Annual Progress Report - Update

Disparities for Intervention 2

* 52. Are you addressing a disparity with this intervention?

- ◯ Yes
- ◯ No
- ◯ Unsure

2015 Prevention Agenda Annual Progress Report - Update

Disparities Detail for Intervention 2

* 53. Which of the following types of disparities are you addressing?

Check all that apply

- [ ] Race/ethnicity
- [ ] Income/SES
- [ ] Gender
- [ ] Disability
- [ ] Geography
- [ ] Age
- [ ] Unsure
- [ ] Other (please specify):

* 54. Please describe the activities that you are doing to address disparities:

We offer culturally sensitive information to people who attend our diabetes support groups. These participants represent many different races/ethnicities. The education includes lessons in how to understand a nutrition label (of typical foods consumed by varying cultural groups), how to manage eating out in local restaurants (frequented by patients of varying races/ethnicities and socioeconomic backgrounds), and how to navigate cooking and eating during the holidays. We also offer community lectures to senior groups addressing cooking and eating for one, as well as the benefits of adopting a Mediterranean diet, with sample menus and recipes distributed to attendees.

2015 Prevention Agenda Annual Progress Report - Update

Status of Implementation Effort for Intervention 2

* 55. What is the current status of your implementation efforts related to this intervention?
Select only one

- ◯ Ahead of projected implementation schedule
- ◯ On track with implementation schedule
- ◯ Behind projected implementation schedule
- ◯ Have not started. If so, describe why:

2015 Prevention Agenda Annual Progress Report - Update

Overall Successes and Challenges of Implementing Intervention 2 Strategies

* 56. What have been the successes in implementing Intervention 2?

Check all that apply

- [ ] Identifying burden/problem to be addressed
- [ ] Educating the community about the problem
- [ ] Engaging community leaders to address problem
- [ ] Defining target population
- [ ] Establishing clear goals
- [ ] Researching evidence-based interventions to address problem among target population
- [ ] Identifying process and outcome measures to monitor progress toward reaching goals
- [ ] Developing data collection methods
- [ ] Establishing clear implementation timelines/milestones
- [ ] Reviewing and monitoring progress with partners
- [ ] Making adjustments to implementation plan/timeline based on progress
- [ ] Disseminating results broadly through a variety of methods
- [ ] Maintaining involvement of the majority of stakeholders at all stages of throughout intervention implementation
- [ ] None
- [ ] Other (please specify)

* 57. What challenges are you facing in the implementation of Intervention 2?

Check all that apply

- [ ] Identifying burden/problem to be addressed
- [ ] Educating the community about the problem
- [ ] Engaging community leaders to address problem
- [ ] Defining target population
- [ ] Establishing clear goals
- [ ] Researching evidence-based interventions to address problem among target population
- [ ] Identifying process and outcome measures to monitor progress toward reaching goals
- [ ] Developing data collection methods
- [ ] Establishing clear implementation timelines/milestones
- [ ] Reviewing and monitoring progress with partners
- [ ] Making adjustments to implementation plan/timeline based on progress
- [ ] Disseminating results broadly through a variety of methods
- [ ] Maintaining involvement of the majority of stakeholders at all stages throughout intervention implementation
- [ ] None
- [ ] Other (please specify):

2015 Prevention Agenda Annual Progress Report - Update

Location

* 58. In what county is your hospital or local health department (LHD) located?

Kings

* 59. Are you reporting from a LHD or hospital?

Select one

- ◯ LHD
- ◯ Hospital

2015 Prevention Agenda Annual Progress Report - Update

LHD Contact Information Verification

* 60. Please review contact information for your LHD liaison at:
http://www.health.ny.gov/prevention/prevention_agenda/contact_list.htm and provide correction if needed.

- ◯ The contact information posted is accurate.
- ◯ Contact information has to be corrected.

2015 Prevention Agenda Annual Progress Report - Update

LHD Liasion

* 61. LHD liaison
Please provide the name, title, phone (with area code) and email contact of your CHA-CHIP liaison.

Name:	Ana Garcia
Title:	Executive Director, Policy, Planning & Strategic Data Use at New York City DOHMH
Phone:	(347) 396-7964
Email:	agarcia@health.nyc.gov

2015 Prevention Agenda Annual Progress Report - Update

Hospital Name

* 62. Please select hospital(s) that you are reporting on: (Choose all that apply)

- ☐ Adirondack Medical Center
- ☐ Albany Medical Center Hospital
- ☐ Albany Memorial Hospital – Northeast Health System
- ☐ Alice Hyde Medical Center
- ☐ Arnot Ogden Medical Center
- ☐ Auburn Memorial Hospital
- ☐ Mount Sinai Beth Israel
- ☐ Mount Sinai Hospital, Manhattan/Mount Sinai Queens
- ☐ Mount St Marys Hospital and Health Center
- ☐ Nassau University Medical Center
- ☐ Nathan Littauer Hospital
- ☐ New Hyde Park Hospital - North Shore LIJ Health System

- [ ] Aurelia Osborn Fox Memorial Hospital
- [ ] Bassett Medical Center, Cooperstown
- [ ] Benedictine Hospital – Health Alliance of the Hudson Valley
- [ ] Bertrand Chaffee Hospital
- [ ] Blythedale Childrens Hospital
- [ ] Bronx Lebanon Hospital Center
- [ ] Brookdale Hospital Medical Center
- [ ] Brookhaven Hospital Medical Center
- [ ] Brooks Memorial Hospital
- [ ] Burke (Winifred Masterson) Rehabilitation Hospital
- [ ] Calvary Hospital Inc Canton-
- [ ] Potsdam Hospital Carthage
- [ ] Area Hospital Inc Cobleskill
- [ ] Regional Hospital
- [ ] St. Francis Hospital (Roslyn) Catholic Health Services
- [ ] St. Catherine of Siena Catholic Health Services
- [ ] St. Charles Hospital Catholic Health Services
- [ ] Catskill Regional Medical Center
- [ ] Cayuga Medical Center at Ithaca
- [ ] Champlain Valley Physicians Hospital Medical Center
- [ ] Chenango Memorial Hospital Inc
- [ ] Claxton-Hepburn Medical Center
- [ ] Clifton Springs Hospital and Clinic
- [ ] Clifton-Fine Hospital
- [ ] Columbia Memorial Hospital
- [ ] Community Memorial Hospital
- [ ] Corning Hospital
- [ ] Cortland Regional Medical Center Inc
- [ ] Crouse Hospital
- [ ] Cuba Memorial Hospital Inc
- [ ] Delaware Valley Hospital Inc (United Health Services)
- [ ] New Island Hospital – Catholic Health Services
- [ ] New York Community Hospital of Brooklyn
- [ ] New York Eye and Ear Infirmary of Mount Sinai
- [ ] New York Hospital Queens
- [ ] New York Methodist Hospital
- [ ] New York Presbyterian Hospital - Westchester Division
- [ ] New York University Langone Medical Center
- [ ] Newark-Wayne Community Hospital - Rochester General Health System
- [ ] Niagara Falls Memorial Medical Center
- [ ] Nicholas H Noyes Memorial Hospital
- [ ] North Shore University Hospital
- [ ] Northern Dutchess Hospital
- [ ] Northern Westchester Hospital
- [ ] Nyack Hospital
- [ ] NYU Hospital for Joint Diseases
- [ ] NYU Hospitals Center
- [ ] O'Connor Hospital – Bassett Healthcare Network
- [ ] Olean General Hospital Oneida
- [ ] Healthcare Center Orange
- [ ] Regional Medical Center
- [ ] Oswego Hospital
- [ ] Our Lady of Lourdes Memorial Hospital
- [ ] Peconic Bay Medical Center – Peconic Health System
- [ ] Phelps Memorial Hospital Assn
- [ ] Plainview Hospital - North Shore LIJ Health System
- [ ] Putnam Hospital Center – HealthQuest
- [ ] Richmond University Medical Center
- [ ] River Hospital, Inc
- [ ] Rochester General Hospital
- [ ] Rockefeller University Hospital

- [ ] Eastern Long Island Hospital
- [ ] Eastern Niagara Hospital
- [ ] Edward John Noble Hospital of Gouverneur
- [ ] Elizabethtown Community Hospital
- [ ] Ellenville Regional Hospital
- [ ] Ellis Hospital
- [ ] Erie County Medical Center
- [ ] F F Thompson Hospital
- [ ] Flushing Hospital Medical Center
- [ ] Forest Hills Hospital – North Shore LIJ Health System
- [ ] Franklin Hospital – North Shore LIJ System
- [ ] Geneva General Hospital - Finger Lakes Health
- [ ] Glen Cove Hospital – North Shore LIJ Health System
- [ ] Glens Falls Hospital
- [ ] Good Samaritan Hospital Medical Center
- [ ] Good Samaritan Hospital, Rockland County
- [ ] Gouverneur Hospital
- [ ] Hospital for Special Surgery
- [ ] Hudson Valley Hospital Center
- [ ] Huntingdon Hospital – North Shore LIJ Health System
- [ ] Interfaith Medical Center
- [ ] Ira Davenport Memorial Hospital Inc
- [ ] Jamaica Hospital Medical Center
- [ ] John T Mather Memorial Hospital of Port
- [ ] Buffalo General Medical Hospital Kaleida Health System
- [ ] Kenmore Hospital - Catholic Health System:
- [ ] Kenmore Mercy Hospital
- [ ] Kingsbrook Jewish Medical Center
- [ ] Lake Shore Hospital - TLC Health Network
- [ ] Lawrence Hospital Center
- [ ] Little Falls Hospital
- [ ] Rome Memorial Hospital, Inc
- [ ] Samaritan Hospital – Northeast Health System
- [ ] Samaritan Medical Center, Watertown
- [ ] Saratoga Hospital
- [ ] Schuyler Hospital
- [ ] Seton Health System-St Mary's – St Peter's Health Partners
- [ ] Sisters of Charity Hospital – Catholic Services
- [ ] Soldiers & Sailors Memorial - Finger Lakes Health
- [ ] South Nassau Communities Hospital
- [ ] Southampton Hospital
- [ ] Southside Hospital - North Shore LIJ Health System
- [ ] St Anthony's Hospital in Orange County
- [ ] St. Barnabas Hospital
- [ ] St Charles Hospital
- [ ] St Elizabeth Medical Center
- [ ] St James Mercy Hospital in Hornell
- [ ] St John's Episcopal Hospital South Shore
- [ ] St Johns Riverside Hospital - SJRH
- [ ] St Joseph Hospital of Cheektowaga New York
- [ ] St Josephs Hospital Health Center
- [ ] St Josephs Hospital Yonkers
- [ ] St Luke's Healthcare – Faxton Division
- [ ] St Luke's-Cornwall Hospital
- [ ] St Marys Hospital at Amsterdam
- [ ] St Peters Hospital – St Peter's Health Partners
- [ ] St. Catherine of Siena Medical Center - Catholic Health Services
- [ ] St. Charles Hospital
- [ ] St. John's Riverside Hospital – Dobbs Ferry Pavilion
- [ ] Staten Island University Hospital - North Shore LIJ Health System
- [ ] Strong Memorial Hospital

- [ ] Lutheran Medical Center
- [ ] Maimonides Medical Center
- [ ] Margaretville Hospital – Health Alliance of Hudson Valley
- [ ] Mary Imogene Bassett Hospital
- [ ] Massena Memorial Hospital
- [ ] Medina Memorial Hospital
- [ ] Memorial Hosp of Wm F & Gertrude F Jones a.k.a. Jones Memorial Hosp
- [ ] Memorial Hospital for Cancer and Allied Diseases
- [ ] Mercy Hospital - Catholic Health System
- [ ] Westchester Medical Center St James Mercy Hospital Mid-Hudson Regional
- [ ] Montefiore Medical Center
- [ ] Montefiore Mount Vernon Hospital
- [ ] Montefiore Mount Vernon
- [ ] Montefiore - New Rochelle
- [ ] Moses-Ludington Hospital – Inter Lakes Health
- [ ] Sunnyview Rehabilitation – Northeast Health System
- [ ] SUNY Downstate Medical Center
- [ ] SVCMC-St Vincents Westchester
- [ ] Syosett Hospital in Manhasset - North Shore LIJ Health System
- [ ] The Unity Hospital of Rochester
- [ ] Tri-County Memorial - TLC Health Network
- [ ] United Health Services Hospitals Inc (Binghamton General, CS Wilson)
- [ ] United Memorial Medical Center
- [ ] Vassar Brothers Medical Center
- [ ] Westchester Medical Center
- [ ] Westchester Square Campus – Montefiore Medical Center
- [ ] Westfield Memorial Hospital Inc
- [ ] White Plains Hospital Center
- [ ] Winthrop-University Hospital
- [ ] Woman's Christian Association
- [ ] Other

Other (please specify):

* 63. Hospital liaison

Please provide the name, title, phone (with area code) and email contact of your CSP liaison.

Name of Hospital CSP Liaison	Lyn Hill
Title	Vice President for Communication and External Affairs
Phone (with area code)	718.780.3301
Email Contact	Lyh9001@nyp.org

* 64. Are the two interventions you provided detail on this report described as a community benefit in the Schedule H tax form?
Select only one

- ◯ Yes, both interventions are described as a community benefit in the Schedule H tax form
- ◯ Yes, only the first intervention is described as a community benefit in the Schedule H tax form
- ◯ Yes, only the second intervention is described as a community benefit in the Schedule H tax form
- ◯ No, neither intervention is described as a community benefit
- ◯ Unsure

Additional Comments:

* 65. If reporting for a hospital, are any of your Prevention Agenda activities incorporated in your DSRIP projects?
Select only one

- ◯ Yes
- ◯ No
- ◯ Unsure
- ◯ No DSRIP projects

2015 Prevention Agenda Annual Progress Report - Update

DSRIP Activities

* 66. Please list the DSRIP projects you are working on by DSRIP Project Number. For example, 3.b.ii: implementation of evidence based strategies to address chronic disease, or 4.b.i. Promote tobacco use cessation. A complete list of DSRIP project numbers is available here: https://www.health.ny.gov/health_care/medicaid/redesign/docs/dsrip_project_toolkit.pdf

3.b.ii: implementation of evidence based strategies to address chronic disease

2015 Prevention Agenda Annual Progress Report - Update

Review Summary of Plan

* 67. Please review the summary of your CHIP/CSP at http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/implementation/chip_csp/index.htm by clicking the name of the county on the map where your LHD or Hospital is located. Is this description up to date?

- ◯ Yes, this description is up to date.
- ◯ No, a revised description will be submitted by 12/31/2015 to prevention@health.ny.gov. (Please email the necessary changes in a word document. You may copy the text from the page into word, turn on track changes and make edits. Alternatively you can describe the changes to be made in text.) EMAIL ADDRESS UPDATE ALREADY SUBMITTED
- ◯ Other (please specify)

2015 Prevention Agenda Annual Progress Report - Update

Needs and Comments

68. Is there anything else you would like us to know or any other information you would like to share?

No.

2015 Prevention Agenda Annual Progress Report - Update

Final Page

* 69. Are you ready to submit your survey? Changes can no longer be made after you click “done”.

- ◯ Yes

SUBMITTED NYS DOH VIA SURVEY MONKEY LINK ON MONDAY, DECEMBER 21, 2015 AT 12:10PM.