



## Adirondack Health Institute

February 5, 2019

Members of the Legislature:

My name is Theresa Paeglow, Manager of the North Country Population Health Improvement Program (NC PHIP) at the Adirondack Health Institute. The Adirondack Health Institute, based in Glens Falls, NY, is an independent, non-profit organization supporting hospitals, physician practices, behavioral health providers, community-based organizations, patients and others in our region to transform health care and improve population health. I'm honored to speak to you today about the assets the NC PHIP funding has brought to our region, which includes Clinton, Essex, Franklin, Hamilton, Warren and Washington Counties.

AHI was selected by the Department of Health in 2015 to serve as a regional PHIP. Since then we have received three renewal contracts. We recently received a fully executed contract which runs from January 15, 2019 through January 14, 2020. However, if PHIP funding is not restored in this year's state budget, the NC PHIP will be terminated and its population health work across the six-county region will come to a halt in just 54 days - on March 31, 2019.

If the NC PHIP is eliminated, local and regional efforts to improve population health will be severely impacted. The NC PHIP supports local health departments and hospitals with essential state-required planning efforts; promotes and supports New York State Prevention Agenda priorities and is a vital resource to the community convening diverse stakeholders as a neutral convener, to enable coordinated community-wide planning to best meet region-specific needs and support the health of all residents.

The NC PHIP supports local health departments and hospitals in their Community Health Assessments, Community Service Plans and Community Health Improvement Plans by providing all current and relevant data needed for planning. 2019 is a planning year for these entities with Community Service Plans and Community Health Improvement Plans due in December 2019. Losing the comprehensive data backbone provided by the NC PHIP will place an additional burden on local health departments and hospitals to secure data independently and from a variety of sources. Additionally, The NC PHIP assists partners with implementation of their identified priorities from the New York State Prevention Agenda by providing comprehensive resources and best practices via its website, *HealthyADK.org* and through expert guidance provided by NC PHIP staff. With the release of the 2019 – 2024 Prevention Agenda, the NC PHIP stands ready to continue to provide this support. However, losing the NC PHIP support so suddenly during this critical time of public health planning

will impact our ability to continue important work to reduce health disparities and improve population health. Tobacco cessation and obesity are two key public health challenges and priorities that were identified in the region and supported by the NC PHIP as described below. NC PHIP's smoking reduction efforts are of critical import and support the Governor's recent proposal to raise the age of sale of tobacco products from 18 to 21 throughout the State. Smoking is the leading cause of preventable disease and mortality in the United States, resulting in more than \$300 billion in health care costs and lost productivity and roughly 480,000 premature deaths annually<sup>1</sup>. While smoking rates in New York State have dropped, the North Country region has some of the highest smoking rates in the state.

The need to address extremely high rates of tobacco use in the region was identified as a key public health issue by groups convened by the NC PHIP. In response, the NC PHIP created the North Country Tobacco Use Reduction Task Force. The Task Force identified three priorities: Raising the sale age of tobacco products to 21; expanding availability and access to tobacco cessation programs and providing resources to educators to stem use by youth of tobacco and electronic nicotine devices. All three priorities were addressed, in large part through the work of the NCPHIP. Most importantly, Essex County enacted a T-21 law which went into effect on January 1, 2019. Essex is the first county to enact such legislation but other counties in our region are watching carefully and being provided essential supports and information by the NC PHIP.

The NC PHIP provided ongoing support to county-based committees convened to promote adoption of local laws to raise the sale age of tobacco products to 21. Presentations by NC PHIP staff were made in each of its six counties, to wide array of stakeholders including but not limited to legislators, health committees, school districts, Lions Clubs and veterans' groups. This effort raised awareness and understanding of the importance of T-21, an important and needed support for our local public health departments. To further support tobacco reduction efforts across the North Country, the NC PHIP produced a series of seven comprehensive data reports, "*Adult Cigarette Smoking in the North Country*". One report summarized the impact of smoking across the entire region and six individual county reports were created and disseminated to localities to use in education and outreach efforts. Again, the PHIP was the sole entity able to produce these reports in these counties.

The NC PHIP addressed the Task Force's three identified priorities through the following actions.

**Certified Tobacco Treatment Specialists.** The NC PHIP applied and received funds through AHI's PPS Workforce initiative to support a region-wide CTTS training. The NC PHIP worked with members of the Task Force to plan and conduct the training, and subsequently posted a CTTS locator map on the NC PHIP website *HealthyADK*.

**Availability of community-based cessation programs.** The NC PHIP again applied and received funding through AHI's PPS Workforce Initiative to support a train-the-trainer workshop in collaboration with the

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<sup>1</sup> <https://www.618resources.chcs.org/priority-conditions/reduce-tobacco-use/>

Glens Falls Hospital Health Promotion Center, for the community-based cessation program, *“The Butt Stops Here”*. Twenty-eight individuals were trained as leaders in this evidence-based cessation program, and deployed across the region to host workshops in their communities.

**Resources for educators:** At the request of the Task Force the NC PHIP researched tobacco cessation programs for youth and resources on e-cigarettes and vaping. Each School district superintendent across the region received program implementation resources on the youth tobacco cessation program *“Adolescent Cessation in Every School”* and the e-cigarette and JUUL prevention program *“CATCH My Breath”*. Additionally, back-to-school packets inclusive infographics for teachers and parents on JUUL and vaping were sent to every school district in the region.

One key example of the NC PHIP’s support for local tobacco reduction was the passage of the Essex County T-21 law which went into effect on January 1, 2019. AHI was a constant contributor to this effort, making multiple presentations to a variety of key decision makers in the county, providing summary data reports and creating educational materials. AHI’s NC PHIP efforts to advance passage of the law was acknowledged by the [Adirondack Daily Enterprise](#) on September 14, 2018; and also noted that Essex County was AHI’s first victory in the North Country, and is supporting other counties in its catchment area to follow. The NC PHIP support of Essex County in this endeavor did not end with the passage of the law. The NC PHIP, in collaboration with the Adirondack Rural Health Network, was able to award a grant to Essex County Public Health to educate retailers about the parameters and provisions of the law, and provide signage for use in their businesses to ease implementation of the law.

More recently, NC PHIP stakeholders have focused on the high rates of obesity across the North Country. In response to this newly identified priority, the NC PHIP developed the regional report *“Obesity in the North Country”*, which is a comprehensive overview by county and region, in comparison to New York State as a whole, on the burden of obesity, related risk factors and co-occurring poor health outcomes. As a complement to this report, the NC PHIP has developed interactive maps that depict obesity, diabetes and hypertension rates, down to the zip code level, for each of its six counties. To assist local consideration of initiatives to counter disease burden, the maps also depict the presence or absence of healthy food outlets, access to grocery stores, and drive time to reach a healthy food retail outlet.

As we know, health outcomes are influenced by where people live, work, learn and play. To ensure the health of all residents the NC PHIP is building capacity across the region to achieve healthy community design through providing educational resources, training and tools to support the development of community initiatives to increase access to physical activity and healthy and affordable foods.

PHIPs have developed the knowledge, expertise and experience needed in regions throughout the State to promote essential public health initiatives inclusive of social determinants of health that impact the well-being of all. Continued progress in meeting Prevention Agenda goals and objectives requires dedicated regional resources able to convene multiple disparate parties; provide essential data and analyses and conduct community-level health planning. The investment

made to date in PHIPs has resulted in significant return in terms of health, health care and overall well-being. If PHIPs are eliminated, we will be asking communities across the state to develop public health initiatives without readily available data-driven support for decision making, and in some cases, without the necessary clarity of expected outcomes.

Efforts to improve health will lack coordinated, inclusive support and community engagement. Without PHIPs, duplication of effort in regions, counties and towns is probable, resulting in already limited resources being spent ineffectually and improvement of population health will likely decline.

Improving the health of New Yorkers can only be achieved through continued funding and the opportunity to realize sustainability of programs like the PHIPs.

I urge you to restore funding for New York's Population Health Improvement Program and allow PHIPs to continue to actively engage all sectors of our communities for population health improvement, aligned with the Department's and the Governors vision to make New York the Healthiest State.

On behalf of the NC PHIP and the other ten PHIPs across the state, I thank you for your consideration.

Respectfully submitted by:

Theresa Paeglow  
Adirondack Health Institute  
Population Health Improvement Program Manager  
101 Ridge Street  
Glens Falls, NY 12801  
518-480-0111 x 318  
tpaeglow@ahihealth.org