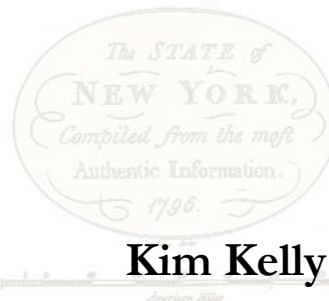




Integrating Vision into Public Health Programs: The New York State Story

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Integrating Vision into Public Health Programs The New York State Story



Kim Kelly

Diabetes Prevention and Control Program



Presentation Overview

- ❖ **Why Integrate?**
- ❖ **Vision Integration In Action**
 - ❖ Structure
 - ❖ Integration Activities (highlights)
 - ❖ Indicators Of Success
- ❖ **Critical Success Factors**
- ❖ **Challenges And Barriers**
- ❖ **Lessons Learned**

Why Integrate?

- ❖ Increasing prevalence of vision impairment and association with comorbid conditions.
- ❖ Currently, no categorical funding for vision programs in any state health department.
- ❖ Trend toward consolidated efforts for efficiency in public health initiatives.

What Is Integration?

The collaboration between formal units working together to achieve shared public health objectives without compromising the integrity of categorical program objectives.

Vision Integration In Action: Structure

❖ **Vision Health Integration and Preservation Program (VHIPP)**

A model collaboration between the New York State Department of Health (NYSDOH) and Prevent Blindness Tri-State (PBTS) established by a CDC grant awarded to Prevent Blindness America (PBA)

❖ **VHIPP Goals:**

- ❖ To integrate appropriate and effective vision preservation strategies into existing programs within a state health department.
- ❖ To promote public health strategies among community organizations and vision partners.

Vision Integration In Action: Structure

- ❖ **New York State Vision and Eye Health Collaborative (NYSVEHC)** – public and private entities that were brought together to define vision objectives and implement integration activities.
- ❖ **NYSVEHC Goals** – develop a strategic state vision integration plan.
 - ❖ Priority Areas – Prevention and Early Detection; Injury and Safety; Rehabilitation and Quality of Life.
 - ❖ Integration activities designed to meet objectives under these priority areas.

VISION INTEGRATION EXAMPLES

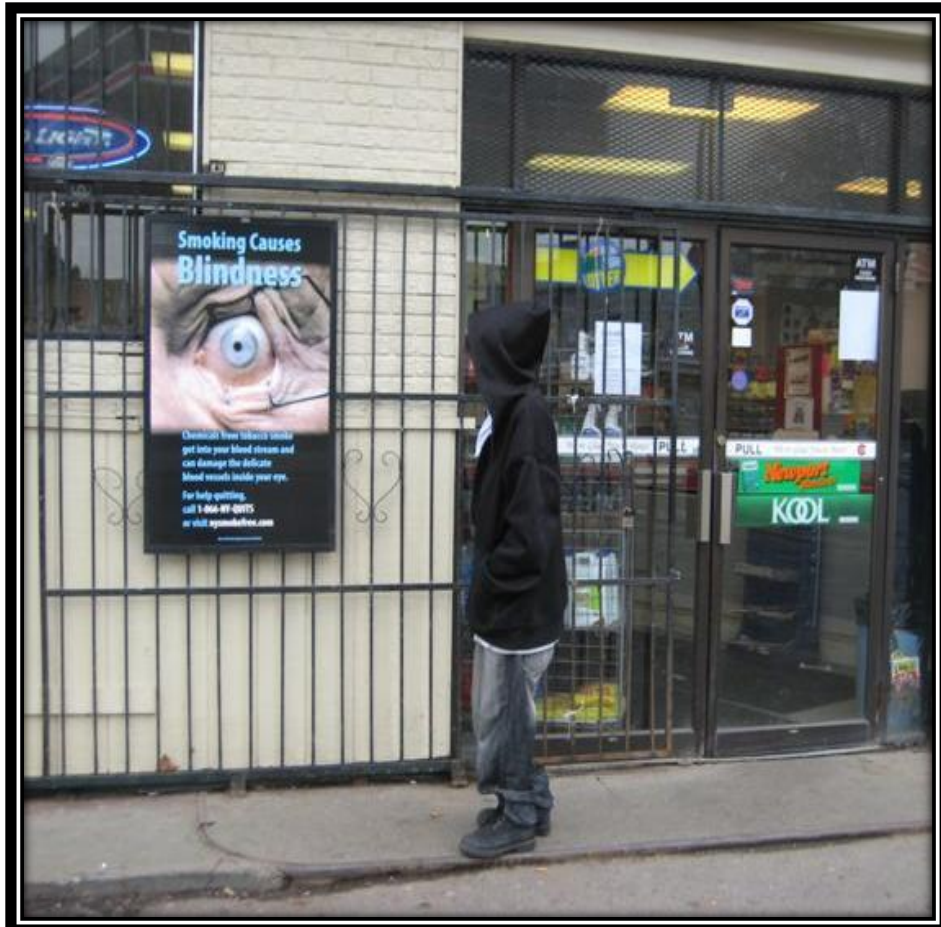
“Smoking Causes Blindness” Media Campaign

- Collaboration with the NYSDOH Tobacco Control Program (TCP).
- Supportive print campaign conducted in Buffalo, NY to complement smoking and eye health TV, radio, and internet campaign conducted by the TCP.
- Fact sheet developed; mailed to all Quitline callers. Media developed into physician office poster; available via TCP and Quitline Websites.

“Smoking Causes Blindness” Campaign



Airport Back-lit Diorama



Store Front

“Smoking Causes Blindness” Campaign



Billboard

“Smoking Causes Blindness” Campaign



http://www.health.ny.gov/prevention/tobacco_control/smoking_can_lead_to_vision_loss_or_blindness.htm

“Smoking Causes Blindness” Campaign

Results:

- Posters displayed in 72 stores; 50 bus shelters; 50 bus side panels; 25 metro rail; 1 mall barricade; 2 mall directories; 5 airport dioramas
- Increase of Quitline calls referring to print media from 3.9% pre-campaign to 9.0% during the campaign, then decrease to 4.5% during the post-campaign period in target population.
- 20,000 factsheets distributed during campaign. Quitline will continue to include factsheets in all future mailings.

“Vision Impairment and Diabetes: 5 Key Messages” Fact Sheet

- The “5 Key Messages” fact sheet was developed in collaboration with the Diabetes Prevention and Control Program (DPCP).
- The document is geared toward educating the provider community and government decision-makers about the increasing rates of this blinding eye disease.
- The NYS BRFSS data documented that diabetic retinopathy is a growing public health concern among adult New Yorkers.
- <http://www.health.ny.gov/publications/0939/index.htm>

“Vision Impairment and Diabetes: 5 Key Messages” Fact Sheet

1. New Yorkers with diabetes and pre-diabetes are at high risk for diabetic eye diseases such as retinopathy, glaucoma, and cataracts.
2. An annual dilated eye exam is essential for all New Yorkers with diabetes to prevent or slow the progression of vision loss.
3. People with diabetes need more education about potential vision loss and the need for yearly dilated eye exams.
4. Diabetic retinopathy is a growing public health concern for New York State.
5. Blindness and vision impairment are major public health problems, causing a substantial human and economic toll on individuals and society.

Diabetes Complications Prevention Campaign

- Collaboration with the Chain Pharmacy Association of NYS and the Diabetes Prevention and Control Program.
- Developed and disseminated 5 key messages about prevention of diabetes complications.
- Prescription bag inserts printed, or message could be incorporated into a pharmacy's existing diabetes campaign.

Messages:

- ✓ Don't Lose Sight of Diabetes
- ✓ Know Your Number – Check Your A1C
- ✓ Diabetes and the Flu: A Dangerous Duo
- ✓ Manage Diabetes And Save Your Kidneys
- ✓ Learning the ABCs Can Save Your Life

Diabetes Complications Prevention Campaign

Vision Message

**Don't Lose
Sight
of
Diabetes**

E
F P
T O Z
L P E D
R U C F B
E D F A Z P Z
T E P O L F

Diabetes can lead to serious vision problems or even blindness. Talk to your health care provider to get a dilated eye exam once a year. Early detection could save your sight!

Developed through a collaboration of the New York State Department of Health, Prevent Blindness Tri-State, the Chain Pharmacy Association of New York State and the New York Diabetes Coalition.

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Results:

- 2 supermarkets with chain pharmacies signed on
- Current distribution: >12,000

“Vision, Aging, and Public Health” Module

Collaboration of VHIPP, CDC, and American Council of the Blind to develop and deliver a pilot educational module to public health graduate students at the State University of New York at Albany.

Eight lessons delivered:

1. Prevalence of vision loss
2. Context of chronic conditions
3. Chronic conditions and vision loss
4. ICF
5. Application of ICF
6. Vision loss surveillance
7. Public health model
8. The fit between public health and vision loss

“Vision, Aging, and Public Health” Module

Results:

- ❖ Quantitative: Results of pre- and post- knowledge questionnaires:
 - Average score pre-delivery = 37%
 - Average score post-delivery = 71%
- ❖ Qualitative: Overwhelmingly positive
 - Do you think this presentation should become a permanent part of this class? 100% Yes
- ❖ Professor has integrated module into curriculum of the Public Health and Aging Course.

Other Activities

- ❖ Created web page on NYSDOH public website dedicated to vision and eye health
http://www.health.ny.gov/diseases/conditions/vision_and_eye_health/
- ❖ Ran the “Visual Impairment and Access to Eye Care” BRFSS module from 2006-2008; again in 2010
- ❖ Developing three guidance / informative documents:
 - Vision Integration 101: The New York State Experience
 - Vision and Eye Health Integration Plan
 - Vision Loss Among New York Adults: Results from the BRFSS Visual Impairment and Access to Eye Care module

Vision Integration Assessments

❖ Developed assessments to identify opportunities for activities, capture existing vision health activities, and get feedback on activities conducted.

Instrument	Purpose
NYSDOH and External Organization Screener 1 surveys	Baseline inventory: Collect information on reach and work. Assess status of vision-related activities (current and future) and interest in integration.
Comprehensive Baseline Screener 2 surveys (NYSDOH and External)	Comprehensive inventory: Collect information on staffing, activities, collaborations, care coordination (external), databases, and outcomes.
VHIPP Integration Evaluation Form	Individual assessments of vision integration initiatives with NYSDOH programs: Collect information on estimated staff time and costs, reach, and value and enrichment to program as result of integration. This informs the integration effectiveness analysis.

Indicators of Success

- ❖ Development of a systematic approach to integrating vision health activities into NYSDOH program.
 - Prioritized program based on national articles, local data
 - Presented data to program leadership; importance of vision health
 - Programs completed surveys; identified projects where vision could fit
- ❖ Sustainability of the integration.
- ❖ Building of partnerships and initiatives and fostering the interest around vision and eye health.
- ❖ Reach and output of integration activities.

Critical Success Factors

What worked...

- ❖ Identify a Champion (or Champions!)
- ❖ Identify an Organizational Home
- ❖ Establishing a Public -Private Partnership
- ❖ Build Strong Foundational Partnerships
- ❖ Make Integration Meaningful to Leadership

In NYS...

- ❖ A chronic disease epidemiologist led the way for data collection (BRFSS) which showed the significant impact that vision impairment and its associated risk factors have on adults living in New York.
- ❖ Diabetes Prevention and Control Program
- ❖ Prevent Blindness Tri-State and PBA brought to the table a strong background in provision of innovative vision screening services, information and education programs, and advocacy at the state and national levels.
- ❖ Used baseline surveys to start conversation and Key Informant Guiding Document to identify priorities important to the stakeholders. Built foundation of trust.
- ❖ BRFSS data was paramount to show the relationship between vision health and chronic disease among target populations and demonstrate how vision health fits within the agency's overall objectives and deliverables.

Challenges & Barriers

- ❖ Varying degrees of participation from NYSVEHC members
- ❖ Too many great ideas and not enough time to do it all
- ❖ Reaching consensus
- ❖ Competing priorities due to funding streams
- ❖ Lack of control over data collection to support evaluation of initiatives

Lessons Learned

- ❖ Opportunities exist to bring vision issues to the public health forefront.
- ❖ Departmental leadership and support critical to success and program adoption. Integration needs institutional buy-in early on.
- ❖ Integration and collaboration is important for several reasons:
 - Collaboration gives a stronger voice to vision issues.
 - Integration strengthens external collaboration.
 - Integration enriches program materials and activities.
 - Integration leads to better coordination of staff resources and material content.
- ❖ Much can be accomplished with limited or no funding through integration.
- ❖ Challenges of starting a vision integration program are not insurmountable!

Thank You!



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