

State Burden

NPAO:

- In 2007, 62% of adults in New York were overweight or obese and 16% of high schools students were overweight, based on self-reported height and weight.
- 73% of adults in New York consumed fewer than 5 fruits and vegetables per day.
- 9% of New York high school students did not attend physical education classes.
- 51% of adults in New York were not engaged in sufficient moderate or vigorous physical activity.

Excerpt from CDPHP State Profiles at www.cdc.gov

Diabetes:

- 4,051 adults in New York died from diabetes mellitus in 2005.
- In 2007, 8% of adults in New York reported being diagnosed with non-pregnancy related diabetes.

Excerpt from CDPHP State Profiles at www.cdc.gov

Heart Disease:

- Heart disease accounted for 34% of deaths in New York in 2005, while stroke caused 4% of deaths.
- In 2007, 27% of adults in New York reported having high blood pressure (hypertension) and 38% of those screened reported having high blood cholesterol, which puts them at greater risk for developing heart disease and stroke.

Excerpt from CDPHP State Profiles at www.cdc.gov

Poverty:

% of people living below the poverty level (2007-2011) = 14.5(*US Dept of Commerce, US Census Bureau*)

Funding

FFY 2012 funding level:

FY12 Estimated total: \$3,585,451

FY 2014 funding level

SPHA Basic Award: \$ 584,335
Enhanced Award Requested: \$2,750,000
SPHA Enhanced Award: \$1,603,540

Staffing Impact:

Total FTEs lost 9

Program Impact:

- Negative - This reduction dismantles New York's chronic disease infrastructure to support ongoing surveillance, evaluation, partnership development and interventions to reach a population of 19.3 million
- Negative - This reduction jeopardizes New York's ability to effectively manage over 64 state-funded chronic disease prevention contracts that have deliverables directly supporting the objectives of the SPHA cooperative agreement

- Negative - This reduction will prevent NYS from fully implementing the required strategies and achieving the required performance measures outlined in the SPHA funding opportunity announcement. Overall, the reduction will force New York to change the scope of work outlined in its application, and limit New York's ability to conduct innovative work that contributes to the evidence base and influences large scale population health improvement
- Negative - This reduction significantly limit New York's ability to conduct innovative work with federally qualified health centers and other healthcare systems to test and establish new metrics and methods for identifying adults with undiagnosed hypertension
- Negative - This reduction will significantly limit New York's ability to conduct innovative work on testing a community pharmacist model to promote hypertension and diabetes medication adherence and self-management support
- Negative - This reduction will significantly limit New York's ability to work with employers and worksites to develop and adopt policies to implement food service guidelines, including sodium standards in cafeterias, vending machines and snack bars