

**THE METRICS MATRIX:  
EVIDENCE-BASED CARE-DELIVERY BASED INTERVENTIONS FOR ADVANCING  
POPULATION HEALTH**

**NYAM PRIMARY CARE AND POPULATION HEALTH WORKING GROUP**

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**“BETA-TESTING” VERSION**

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*The New York Academy of Medicine’s Primary Care and Population Health Working Group evaluated a spectrum of local, state, and national recommendations to create a “Metrics Matrix” of evidence-based interventions employable across a spectrum of clinical, community-based and health system actors. These interventions are organized around a common set of 11 high-priority population-based metrics, with a spotlight on health disparities. Taken together, the Metrics Matrix is intended to provide a framework to foster strategies to integrate evidence-based interventions that advance population health into primary care and other settings.*

The New York Academy of Medicine Primary Care and Population Health Working Group is comprised of representatives from academia, New York City and State health departments, payors, community health centers, and major hospital systems. The Working Group’s mission is to ensure that population health is central to the implementation of health care reform, with a special focus on urban communities.

Among the high-priority obstacles to greater collaboration between clinical and public health entities identified by the Working Group is the lack of an organizing framework for achieving mutually-valued population health goals. To this end, the PCPH Working Group set out to create a “Metrics Matrix” of evidence-based interventions employable across a spectrum of clinical- and community-based actors, and oriented around a set of high-priority population-based metrics.

In reviewing metrics, we evaluated multiple priority-setting agendas at the local, state, and national levels. We prioritized metrics that would be ambitious yet realistic for a broad range of community stakeholders, as well as those that articulated the most specific benchmarks. Almost all of the metrics utilized apply to total populations in a geographic area, rather than populations in care or subpopulations with already-diagnosed disease. In each case, the metrics proposed by New York City and New York State most explicitly met these organizing criteria and thus were used as the foundation for the matrix.

We also sought to separate out and elevate any metrics that specifically addressed the elimination of health disparities, which are pulled out and displayed separately in the bottom left of each figure. It should be emphasized that there was a notable lack of clear and specific metrics focused on health disparities to consider among national agendas.

Metric Sources Reviewed:

- New York State Prevention Agenda
- Take Care New York
- National Quality Forum
- National Prevention Strategy
- HHS Action Plan to Reduce Racial and Ethnic Health Disparities
- National Stakeholder Strategy for Achieving Health Equity

In our review of interventions, we considered both clinical and non-clinical approaches, with the highest priority reserved for interventions with the strongest supportive evidence base. Our intention was not to create an exhaustive database, but rather to propose a framework to build upon and to provoke conversation about how to create a collaborative and multi-disciplinary population health system.

Intervention Recommendation Sets Reviewed:

- CDC Community Guide
- U.S. Preventive Services Task Force
- Mobilizing Action Toward Community Health
- NYAM Compendium of Proven Community-Based Prevention Programs

Using the Take Care New York and New York State Prevention Agenda as foundational sources, a set of 11 metric domains was used to scaffold the matrix. These 11 domains were cross-checked with other priority-setting agendas—such as the National Prevention Strategy—and were demonstrated to be a “superset” of the domains used by other efforts. The accompanying literature survey conducted by the Working Group also informed the selection of these domains.

Domains:

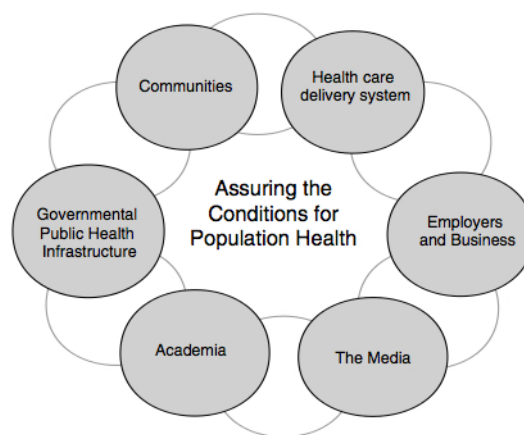
1. Tobacco
2. Chronic Disease Management
3. Access to Quality Health Care
4. Promote Physical Activity and Health Eating
5. Infectious Diseases
6. Mental Health
7. Alcohol and Substance Abuse
8. Cancer
9. Maternal and Child Health

- 10. Healthy Environment
- 11. Unintentional Injuries

Finally, interventions were stratified according to which actor in the health system bears primary responsibility for implementation. While some interventions are irreducibly cross-cutting across actors, it was attempted to assign *primary* responsibility where possible. Definitions for the various groups of actors were drawn from the literature and previous analyses as described below.

Actors:

- *Clinician*: any health care provider who is accountable for addressing a large majority of personal care needs, developing a sustained partnership with patients, and practicing in the context of family and community (Institute of Medicine, *Defining Primary Care*, 1994)
- *Patient-Centered Medical Home*: a health care setting for providing comprehensive primary care by facilitating partnerships between individual patients, their personal physicians, and the patient’s family (Patient-Centered Primary Care Collaborative, 2007)
- *Community Partners*: groups that collaborate due to affiliation by geographic proximity, special interests, or similar situations with respect to issues affecting their well-being (Centers for Disease Control and Prevention, *Principles of Community Engagement*, 1997, also Figure below)
- *Government*: local, state, and national agencies dedicated to public health or health care delivery, as well as activities of other agencies affecting broader determinants of health (e.g. housing, transportation, education, economic development etc.)
- *Payors*: public and private sources of funding for health care delivery and public health interventions (note that payors’ practices regarding covered services are not specifically included)



Institute of Medicine, *The Future of the Public’s Health in the 21<sup>st</sup> Century*, 2002.

# NYAM PRIMARY CARE AND POPULATION HEALTH WORKING GROUP

## Metrics Matrix

	Clinician	PCMH	Community Partners	Government	Payors
<h2 style="text-align: center;">Tobacco</h2> <p style="text-align: center;">Candidate metrics:</p> <p>TCNY – Be Tobacco Free</p> <ul style="list-style-type: none"> <li>•Reduce % adults who currently smoke</li> <li>•Reduce % high-school students who currently smoke</li> <li>•Reduce deaths from smoking-related illnesses</li> </ul> <p>NYP – Tobacco Use</p> <ul style="list-style-type: none"> <li>•Reduce % adults who currently smoke</li> <li>•Reduce % adolescents who smoked in past month</li> <li>•Reduce rate of COPD hospitalizations</li> <li>•Reduce lung cancer incidence</li> </ul> <p>Focus on Disparities</p> <ul style="list-style-type: none"> <li>•Reduce education-level disparity in smoking (TCNY)</li> </ul>	Screen for tobacco use, advise to quit, and provide cessation interventions (USPSTF A)	<p>Plug in to quit lines and support (CGR)</p> <p>Mobile phone-based cessation interventions (CGR)</p>	<p>Partnering with neighborhood retailers</p> <p>Community-based screening initiatives (NYAM)</p>	<p>Increasing the unit price for tobacco (CGR, MATCH, NYAM)</p> <p>Coordinated mass media education campaigns (CGR, NYAM)</p> <p>School-based education campaigns (CGR)</p> <p>Smoking bans and restrictions (CGR, MATCH)</p> <p>Offering free NRT (CGR)</p> <p>Mobile phone-based cessation interventions (CGR)</p> <p>Quit lines and support (CGR)</p>	<p>Reducing out-of-pocket costs for effective cessation therapies (CGR)</p> <p>Incentives and competitions to increase cessation (CGR)</p> <p>Funding worksite cessation programs (NYAM)</p>
	Screen all pregnant women for tobacco use and provide tailored counseling (USPSTF A)	<p>Healthcare provider reminder systems (CGR)</p> <p>Incentives and competitions to increase cessation (CGR)</p>	<p>Patient navigators to identify and connect with resources</p>	<p>Supporting/facilitating coalitions and community-wide strategy</p> <p>Retailer education</p>	<p>Funding community-based prevention initiatives</p> <p>Value-based purchasing</p>
	Connect to quit lines and support (CGR)	<p>Universal panel screening</p> <p>Data sharing with public health institutions</p> <p>Patient navigators to identify and connect with resources</p>	<p>Partnerships with schools, faith-based groups</p> <p>Community education to reduce exposure in the home</p>	<p>Reconciling community-wide metrics</p> <p>Community-wide data collection and surveillance</p> <p>Funding community-based prevention initiatives</p> <p>Data compilation and sharing with payors and providers</p>	<p>Data sharing with providers and public health institutions</p>

	Clinician	PCMH	Community Partners	Government	Payors
<p><b>Chronic Disease Management</b></p> <p>Candidate metrics:</p> <p>TCNY Be Heart Healthy</p> <ul style="list-style-type: none"> <li>•Reduce rate of premature deaths from major CVD</li> <li>•Reduce racial/ethnic disparity</li> <li>•Increase % adults with HTN who need Rx getting Rx</li> <li>•Increase % adults with HLD who need Rx getting Rx</li> <li>•Reduce rate of preventable hospitalizations (from Promote Quality Health Care for All metric)</li> </ul> <p>NYPA Chronic Disease</p> <ul style="list-style-type: none"> <li>•Reduce % adults with DM</li> <li>•Reduce rate of hospitalization for short-term complications of DM</li> <li>•Reduce rate of hospitalization for CHD</li> <li>•Reduce rate of hospitalization for CHF</li> <li>•Reduce CVA mortality rate</li> </ul> <p>Focus on Disparities</p> <ul style="list-style-type: none"> <li>•Reduce racial/ethnic disparity in rate of premature deaths from major CVD (TCNY)</li> </ul>	Aspirin for indicated 45-79 men, 55-79 women (USPSTF A)	Disease management programs(CGR)	Self-management education in community gathering places (CGR)	Self-management education programs in schools, camps, worksites	
	Screen for HBP age ≥18 (USPSTF A)	Connect to tobacco quit lines and support (CGR)			
	Screen lipids men ≥ 35, women ≥25 (USPSTF A)	Case management interventions to improve glycemic control in DM (CGR)			
	Screen for tobacco use, advise to quit, and provide cessation interventions (USPSTF A)	Team-based care to improve blood pressure control (CGR)			
	AAA screen 65-75 male ever smokers (USPSTF B)	Intensive behavioral dietary counseling for those with HLD or other chronic disease risk factors (USPSTF B)			
	Screen lipids increased risk men 20-35, women 20-45 (USPSTF B)	Screen adults for obesity and offer weight loss counseling (USPSTF B)			
	Screen for DM in those with HTN (USPSTF B)	Healthcare provider reminder systems			
	Intensive behavioral dietary counseling in those with HLD or other Chronic disease risk factors (USPSTF B)	Patient navigators to identify and connect with resources and educate in the home			
	Screen adults for obesity and offer weight loss counseling (USPSTF B)	Data sharing with public health institutions			

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<p><b>Access to Quality Health Care</b></p> <p>Candidate metrics:</p> <p>TCNY Promote Quality Health Care for All</p> <ul style="list-style-type: none"> <li>•Reduce rate of preventable hospitalizations</li> <li>•Reduce % adults who did not get needed medical care</li> </ul> <p>NYPA Access to Quality Health Care</p> <ul style="list-style-type: none"> <li>•Eliminate uninsurance</li> <li>•Increase % with PCP</li> <li>•Increase % who have seen a dentist in past year</li> </ul> <p>Focus on Disparities</p> <ul style="list-style-type: none"> <li>•Reduce individual income-level disparity in % adults who did not get needed medical care (TCNY)</li> </ul>	<p>Reduce inappropriate care through patient shared decision making, by providing incentives for providers to educate patients about treatment alternatives through decision aids that help people understand options and consider the personal importance of possible benefits and harms (MATCH)</p>	<p>Expand scope of practice for nurse practitioners, i.e., expand the types of services nurse practitioners may provide and the settings where they may practice independently of a physician (MATCH)</p>	<p>Programs to recruit and retain staff who reflect the community's cultural diversity (MATCH)</p>	<p>Expand use of community health workers by improving role definition and education curricula and increasing funding (MATCH)</p>	<p>Implement payment reform to change incentives toward quality (MATCH)</p>
		<p>Cultural competency training for health care providers (MATCH)</p>		<p>Increase use of telemedicine as a way for patients to access qualified health and mental health professionals (MATCH)</p>	
		<p>Provide case management programs involving assignment of a single person (case manager) who coordinates all aspects of a patient's care, e.g., providing information to multiple providers, seeing that the patient receives services in a timely manner, etc (MATCH)</p>	<p>Culturally specific health care settings</p>	<p>Encourage enrollment in existing programs such as Medicaid via outreach/education and expedited enrollment (MATCH)</p>	
	<p>Link electronic health records across systems (MATCH)</p>				
	<p>Interpreter services or multilingual providers</p>		<p>Use of linguistically and culturally appropriate health education materials</p>	<p>Institute standardized quality/performance measurement and reporting, e.g., publicly releasing performance data stimulates quality improvement activity at the hospital level (MATCH)</p>	

	Clinician	PCMH	Community Partners	Government	Payors	
<p><b>Physical Activity and Healthy Eating</b></p> <p>Candidate metrics:</p> <p>TCNY</p> <p>Promote Physical Activity and Healthy Eating</p> <ul style="list-style-type: none"> <li>•Reduce % adults who consume ≥ 1 SSB/day</li> <li>•Reduce % adults eating 0 servings fruits/vegetables previous day</li> <li>•Reduce % adults physically inactive</li> <li>•Stabilize % adults who are obese</li> </ul> <p>NYPA</p> <p>Physical Activity and Nutrition</p> <ul style="list-style-type: none"> <li>•Reduce % WIC-enrolled children 2-4y who are obese</li> <li>•Reduce % children 6-11y who are obese</li> <li>•Reduce % children 12-19y who are obese</li> <li>•Reduce % adults who are obese</li> <li>•Increase % adults engaged in leisure-time physical activity</li> <li>•Increase % adults who consume fruits/vegetables ≥5 times/day</li> <li>•Increase % mothers who breastfeed at 6 months</li> </ul> <p>Focus on Disparities</p> <ul style="list-style-type: none"> <li>•Reduce neighborhood income-level disparity in % adults eating 0 servings fruits/vegetables previous day (TCNY)</li> </ul>	Intensive behavioral dietary counseling in those with HLD or other chronic disease risk factors (USPSTF B)	Allied health professional-led weight loss counseling and behavioral interventions (USPSTF B, CGR, NYAM)	Social support interventions in community settings (CGR, NYAM)	<p>Worksite nutrition and physical activity programs (CGR)</p> <p>Street-scale urban design and land use policies (CGR)</p>	Worksite nutrition and physical activity programs (CGR, MATCH)	
	Screen adults for obesity and offer weight loss counseling (USPSTF B)	Behavioral interventions to reduce screen time (CGR)	Promote exercise and recreation in communities, e.g., by allowing evening access to school recreational facilities (MATCH)	Social support interventions in community settings (CGR, NYAM)	Enhanced school-based physical education (CGR, NYAM)	Reduce health insurance premiums for fitness club members (MATCH)
	Screen children ≥6y for obesity and offer weight loss behavioral interventions (USPSTF B)	Mobile phone-based weight loss interventions	Allied health professional-led intensive behavioral dietary counseling in those with HLD or other Chronic disease risk factors (USPSTF B)	Promotion of reduced screen time	Community-scale urban design and land use policies (CGR)	Incentives and competitions to increase healthy behaviors
		Proactive panel screening		Partnering with neighborhood retailers; e.g., provide point-of-purchase prompts to highlight healthier alternatives such as fruits and vegetables (MATCH)	Campaigns to reduce screen time (CGR)	
		Health care provider reminder systems			Supporting/facilitating coalitions and community-wide strategy (CGR, NYAM)	
					Point-of-decision prompts to encourage use of stairs (CGR, MATCH)	
					Label foods to show serving size and nutritional content (MATCH)	
					Make water available and promote consumption of water in place of sweetened beverages (MATCH)	
					Tax on sugar-sweetened beverages	
					Trans fat ban	
					Subsidizing healthy foods (MATCH)	
					Coordinated mass media education campaigns (NYAM)	
		Community-based screening initiatives (NYAM)	Negotiate salt reduction in food supply			
		Partnerships with schools, faith-based groups	Sugar-sweetened beverage size limits			
			Limit access to non-nutritious food in schools (MATCH, NYAM)			
		Incentives and competitions to increase healthy behaviors	Community education to support healthy lifestyle (NYAM)	Retailer education	Data sharing with providers and public health institutions	
		Data sharing with public health institutions		Transportation and travel policies and practice		



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<p><b>Infectious Diseases</b></p> <p>Candidate metrics:</p> <p>TCNY Stop the Spread of HIV and Other STIs</p> <ul style="list-style-type: none"> <li>•Increase % MSM reporting 100% condom use with anal sex</li> <li>•Reduce rate of HIV/AIDS-related deaths</li> <li>•Increase % adults ever tested for HIV</li> <li>•Increase % sexually active women &lt;26yo screened for chlamydia</li> <li>•Increase % girls ages 13-17 who have received HPV vaccination</li> </ul> <p>NYPA Infectious Disease</p> <ul style="list-style-type: none"> <li>•Reduce incidence of HIV</li> <li>•Reduce incidence of gonorrhea</li> <li>•Reduce incidence of TB</li> <li>•Increase % adults &gt;65y who receive recommended vaccines</li> </ul> <p>Focus on Disparities</p> <ul style="list-style-type: none"> <li>•Reduce racial/ethnic disparity in rate of HIV/AIDS-related deaths (TCNY)</li> </ul>	Screen for chlamydia in sexually active women ≤ 24y (USPSTF A)	Home visits to increase vaccination rates (CGR)	Worksite, free or reduced-cost, actively promoted vaccination campaigns (CGR)	Free vaccination programs (CGR)	Reducing out-of-pocket costs for vaccinations (CGR)
	Screen for HIV in all adolescents and adults at increased risk (USPSTF A)				
	Screen for syphilis for all at increased risk (USPSTF A)				
	Screen all pregnant women for syphilis (USPSTF A)	Partner notification by provider referral for HIV-positive people (CGR)	Offer condom availability programs that provide condoms free of charge or at a reduced cost and that can be implemented in a variety of settings (MATCH, NYAM)	Comprehensive sexual health risk reduction interventions for adolescents (CGR)	Interventions coordinated with community service to reduce sexual risk behaviors in adolescents (CGR)
	Behavioral interventions to increase barrier protective behaviors among MSM (CGR)				
	High-intensity behavioral counseling to prevent STIs for adolescents and adults at increased risk (USPSTF B)		Implement service learning programs, i.e., youth development programs that include a volunteer component (often linked to academic instruction) and that may include a health curriculum but also address nonsexual factors (MATCH)	Outreach campaigns to increase barrier protective behaviors among MSM (CGR)	
	Screen for chlamydia in pregnant women ≤ 24y (USPSTF B)				
	Screen for gonorrhea in all sexually active women (USPSTF B)	Provide behavioral counseling to prevent STIs for adolescents and adults at increased risk (USPSTF B)	Behavioral intervention program to reduce the risk of contracting HIV among high-risk individuals and to reduce risk of transmission among people living with HIV (NYAM)	Abstinence education interventions for adolescents	
	Vaccinate males and females for HPV	Provide partner counseling and referral services for HIV-positive people and their sexual or needle-sharing partners (MATCH)			

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<p><b>Mental Health</b></p> <p>Candidate metrics:</p> <p>TCNY – Recognize and Treat Depression</p> <ul style="list-style-type: none"> <li>•Reduce % adults with psych distress not receiving Tx</li> <li>•Reduce rate of suicide</li> <li>•Stabilize % adults with psych distress interfering with life or activities</li> </ul> <p>NYPA – Mental Health</p> <ul style="list-style-type: none"> <li>•Reduce suicide mortality rate</li> <li>•Reduce rate of self-reported poor mental health</li> </ul> <p>Focus on Disparities</p> <ul style="list-style-type: none"> <li>•Reduce racial/ethnic disparity in % adults with psych distress not receiving Tx (TCNY)</li> </ul>	<p>Screen all adolescents for depression and offer behavioral and pharmacologic treatments (USPSTF B)</p>	<p>Collaborative care for the management of depressive disorders (CGR)</p>			
	<p>Screen all adults for depression and offer behavioral and pharmacologic treatments (USPSTF B)</p>	<p>Clinic-based depression care management (CGR)</p>	<p>Home-based depression care management (CGR)</p>	<p>Community-based exercise interventions to reduce depression</p>	

	Clinician	PCMH	Community Partners	Government	Payors
<p><b>Alcohol and Substance Abuse</b></p> <p>Candidate metrics:</p> <p>TCNY – Reduce Risky Alcohol Use and Drug Dependence</p> <ul style="list-style-type: none"> <li>•Reduce rate of alcohol-related hospitalizations</li> <li>•Reduce rate of unintentional drug-related overdose deaths</li> <li>•Reduce high-school students who consumed alcohol in past 30d</li> </ul> <p>NYPA – Substance Abuse</p> <ul style="list-style-type: none"> <li>•Reduce % adults reporting episode of binge drinking in past month</li> <li>•Reduce rate of drug-related hospitalizations</li> </ul> <p>Focus on Disparities</p> <ul style="list-style-type: none"> <li>•Reduce neighborhood-level disparity in rate of unintentional drug-related overdose deaths (TCNY)</li> </ul>	<p>Screen for alcohol misuse and provide behavioral counseling (USPSTF B)</p>	<p>Behavioral counseling for alcohol misuse (USPSTF B)</p>	<p>Introduce school- and community-based prevention programs such as instructional programs, peer organizations such as Students Against Destructive Decisions (SADD), social norming campaigns, and restricting alcohol advertising placement (MATCH)</p>	<p>Dram shop liability (CGR, MATCH)</p>	
				<p>Increasing alcohol taxes (CGR, MATCH)</p>	
				<p>Maintaining limits on days of alcohol sale (CGR, MATCH)</p>	
				<p>Maintaining limits on hours of alcohol sale (CGR, MATCH)</p>	
				<p>Public control of retail alcohol sales (CGR, MATCH)</p>	
				<p>Regulation of retail alcohol outlet density (CGR, MATCH)</p>	
				<p>Overservice law enforcement initiatives (MATCH)</p>	
				<p>Responsible beverage service training (MATCH)</p>	
				<p>Counter-advertising media campaigns</p>	
				<p>Increase job placement services and alternatives to incarceration programs</p>	
	<p>Increase use of buprenorphine, suboxone for opioid dependence</p>	<p>Social worker support</p>		<p>Use sobriety checkpoints where law enforcement officers can stop drivers to assess their level of alcohol impairment (officers must have reason to suspect a driver has been drinking before testing) (MATCH)</p>	

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<p><b>Cancer</b></p> <p>Candidate metrics:</p> <p>TCNY – Prevent and Detect Cancer</p> <ul style="list-style-type: none"> <li>•Increase % adults ≥50y who have had colonoscopy in past 10y</li> <li>•Reduce rate of CRC deaths</li> <li>•Increase % girls 13-17y who have received HPV vaccination</li> </ul> <p>NYPA – Access to Quality Health Care</p> <ul style="list-style-type: none"> <li>•Increase % breast, cervical, and colorectal CA diagnosed at early stage</li> <li>•Reduce mortality rate for breast, cervical, and colorectal CA</li> </ul> <p>Focus on Disparities</p> <ul style="list-style-type: none"> <li>•Reduce racial/ethnic disparity in rate of CRC deaths (TCNY)</li> </ul>	Screen for colorectal cancer ages 50-75 (USPSTF A)	Provider reminder and recall systems (CGR)		Subsidize or provide free screening interventions (CGR)	Reduce or eliminate client out-of-pocket costs for screening interventions (CGR)
		Reducing structural barriers to screening (CGR)			
	Pap smear every 3 years women ages 21-65 (USPSTF A)	Provider assessment and feedback (CGR)		Mass media education campaigns on screening interventions (CGR)	
	BRCA screening and genetic counseling in women with high risk breast cancer family history (USPSTF B)	Proactive panel identification of patients due for screening			
		Provider incentives for screening		Skin cancer education in primary school settings (CGR)	
	Discuss chemoprevention for women at high risk for breast cancer (USPSTF B)	Social media materials to promote screening			
	Mammograms every 2 years for women ages 50-74 (USPSTF B)	Skin cancer behavior education		Skin cancer education in outdoor recreation settings (CGR)	

	Clinician	PCMH	Community Partners	Government	Payors
<p><b>Maternal and Child Health</b></p> <p>Candidate metrics:</p> <p>TCNY</p> <p>Raise Health Children</p> <ul style="list-style-type: none"> <li>•Reduce rate of teen pregnancies</li> <li>•Reduce infant mortality rate</li> <li>•Increase % mothers who breastfeed exclusively for 2 months</li> </ul> <p>NYPA</p> <p>Healthy Mothers, Healthy Babies, Healthy Children</p> <ul style="list-style-type: none"> <li>•Increase % women receiving 1st trimester prenatal care</li> <li>•Reduce % low birthweight births</li> <li>•Reduce infant mortality rate</li> <li>•Increase % 19-35 months who are fully immunized</li> <li>•Increase % children with a lead screening by 36 months</li> <li>•Reduce prevalence of tooth decay among 3<sup>rd</sup> graders</li> <li>•Reduce rate of adolescent pregnancy</li> <li>•Increase % mothers who breastfeed at 6 months</li> </ul> <p>Focus on Disparities</p> <ul style="list-style-type: none"> <li>•Reduce racial/ethnic disparity in rate of teen pregnancy (TCNY)</li> </ul>	Provide 0.4-0.8mg folic acid supplement to women capable of pregnancy (USPSTF A)	Health care system-based interventions for increase vaccination rates (CGR)	Center-based, comprehensive early childhood development programs for low income children aged 3-5y (CGR)	Center-based, comprehensive early childhood development programs for low income children aged 3-5y (CGR)	Child/family incentive rewards for vaccinations
	Prophylactic ocular topical anti-gonorrheal for newborns (USPSTF A)	Immunization information systems (CGR)		Vaccination programs in schools and child care centers (CGR)	
	Screen for PKU in newborns (USPSTF A)	Provider assessment and feedback (CGR)		Vaccination programs in WIC settings (CGR)	
	Rh blood testing at first prenatal visit (USPSTF A)	Standing vaccination orders (CGR)		Community water fluoridation (CGR)	
	Urine culture for pregnant women 12-16 weeks gestation (USPSTF A)	Person-to-person interventions to improve caregivers' parenting skills (CGR)		Vaccination requirements for child care, school, and college attendance (CGR)	
	Screen pregnant women for syphilis (USPSTF A)	Reminder and recall systems for vaccinations (CGR)		Immunization information systems (CGR)	
	Screen for HBV in pregnant women at 1st prenatal visit (USPSTF A)	Support for breastfeeding counseling (USPSTF B)		School-based dental sealant delivery programs (CGR)	
	Screen for sickle cell disease in newborns (USPSTF A)	Client-held immunization record		Community-wide campaigns to promote the use of folic acid supplements (CGR)	
	Screen newborns for congenital hypothyroidism (USPSTF A)	Promote awareness of fluoridated water sources	Interventions to fortify food products with folic acid (CGR)		
	Iron supplementation for children 6-12months if increased risk (USPSTF B)		Full day kindergarten (CGR)		
	Screen for iron-deficiency anemia in all pregnant women (USPSTF B)	Clinic-based vaccine education	Community-wide vaccination education programs		
	Promote and support breastfeeding (USPSTF B)				
	Repeat Rh testing in unsensitized Rh (-) women at 24-28 weeks (USPSTF B)				
	Oral fluoride supplementation for children > 6 months whose primary water source is deficient in fluoride (USPSTF B)				
	Screen for hearing loss in newborns (USPSTF B)				
	Visual acuity screening in children < 5y (USPSTF B)				

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<p><b>Healthy Environment</b></p> <p>Candidate metrics:</p> <p>TCNY – Make All Neighborhoods Healthy Places</p> <ul style="list-style-type: none"> <li>•Reduce % inspected properties with signs of rats</li> </ul> <p>NYPA – Healthy Environment</p> <ul style="list-style-type: none"> <li>•Reduce incidence of elevated lead levels in children and adults in workforce</li> <li>•Reduce rate of asthma-related hospitalizations</li> <li>•Reduce work-related hospitalization</li> </ul> <p>Focus on Disparities</p> <ul style="list-style-type: none"> <li>•Reduce housing quality disparity between high and low income neighborhoods (TCNY)</li> </ul>			Center-based, comprehensive early childhood development programs for low income children aged 3-5y (CGR)	Smoking bans and restrictions (CGR)	Assessments of Health Risks with Feedback to change employee health at the workplace (CGR)	
				Home-based multi-trigger, multicomponent environment interventions for children and adolescents with asthma (CGR, NYAM)		Streetscape design to encourage walking (MATCH)
						Engineering and traffic calming measures to reduce speed (MATCH)
				Develop pedestrian/bicycle master plans that work to increase walking and biking trails and improve connectivity of non-auto paths and trails. (MATCH)		Require vehicle inspection and maintenance as part of vehicle registration programs (MATCH)
						Retrofit buses to reduce emissions (MATCH)
						Institute pricing policies to reduce road congestion (MATCH)
						Offer financial and other incentives for energy efficient buildings (MATCH)
				Encourage zoning that enables physical activity, e.g., high-density mixed use zoning. (MATCH)		Promote Energy Star Program energy-efficient consumer products (MATCH)
						Implement or expand Groundwater Stewardship (MATCH)
						Implement or expand the Conservation Reserve Enhancement Program (MATCH)
						Implement or expand Conservation Tillage or No-till (zero-fill) farming (MATCH)
						Bus pass incentive programs or deep discounting (MATCH)
						Carpooling and rideshare programs (MATCH)
				Increase access to healthy foods, including promotion of local food systems and farmers' markets. (MATCH)		Mixed-income housing developments
				Tenant-based rental assistance programs		

	Clinician	PCMH	Community Partners	Government	Payors
<p><b>Unintentional Injuries</b></p> <p>Candidate metrics:</p> <p>NYPA – Unintentional injuries</p> <ul style="list-style-type: none"> <li>•Reduce rate of unintentional injury-related hospitalizations</li> <li>•Reduce rate of unintentional injury-related mortality</li> <li>•Reduce rate of motor vehicle-related injury mortality</li> <li>•Reduce rate of pedestrian injury hospitalizations</li> <li>•Reduce rate of fall-related hospitalizations in age 65 and older</li> </ul> <p>Focus on Disparities</p> <ul style="list-style-type: none"> <li>•Reduce child pedestrian injury rate disparity between high and low income neighborhoods (TCNY)</li> </ul>	<p>Screen for osteoporosis in women ≥65y or younger if high risk (USPSTF B)</p>	<p>Counseling to use seat belts, child safety seats, avoid drunk driving, avoid texting while driving</p>	<p>Multicomponent fall prevention program for the elderly integrating awareness raising, community education, policy development (with both state and local governments), home hazard reduction, media campaigns, and working with clinicians (NYAM)</p>	Laws mandating use of child safety seats (CGR)	
				Laws mandating use of seat belts (CGR)	
				Primary (vs. Secondary) seat belt enforcement laws (CGR)	
				Blood alcohol concentration (BAC) laws (CGR)	
				Lower BAC laws for young or inexperienced drivers (CGR)	
				Enhanced seat belt law enforcement programs (CGR)	
		Community-wide information and enhanced enforcement campaigns for child safety seats (CGR)			
		Distribution and education programs for child safety seats (CGR)			
		Incentive and education programs for child safety seats (CGR)			
		Sobriety checkpoints (CGR)			
		Mass media campaigns against drunk driving (CGR)			
		Multicomponent drunk driving interventions with community mobilization (CGR)			
		Maintaining current minimum legal drinking age laws (CGR)			
		Ignition interlocks (CGR)			
		School-based drunk driving educational programs (CGR)			
Drunk driving peer organizing interventions					
Drunk driving social norming campaigns					
Designated driver incentive programs					
Population-based interventions to encourage use of helmets, facemasks, and mouthguards in contact sports					
Population-based interventions to encourage use of helmets, facemasks, and mouthguards in contact sports					