Interim Strategy Map: Cardiometabolic Disease Management and Prevention

This strategy map outlines the **priority strategies** the City and its partners will focus on to address HealthyNYC's loss in life expectancy related to cardiometabolic disease. This map is not inclusive of all possible strategies; it is a living document and will be updated as new research, initiatives, and interventions are identified.

Content experts have identified the top three to five modifiable contributing factors of high mortality rates for each HealthyNYC driver and the key strategies to address these factors. This strategy map will be used to track metrics over time within the NYC Health Department, across city agencies, and across sectors and to inform the priorities of the HealthyNYC campaign. It will also be used as an accountability tool to ensure the City is staying on track.

HealthyNYC Goal for Cardiometabolic Disease Management and Prevention

Reduce deaths due to cardiovascular disease and diabetes by 5% by 2030.

Contributing Factors and Priority Strategies

The three contributing factors, which unfairly burden some groups more than others, for deaths related to cardiometabolic disease and our strategic interventions for each are:

1. Contributing factor: Unmet material needs.
    - Priority strategy: Improve access to food, housing, health care, and financial and social supports.

2. Contributing factor: Limited infrastructure for healthy opportunities in communities.
    - Priority strategy: Invest time, attention, and resources in facilitating and building community capacity.
3. Contributing factor: Commercial practices, which drive exposure to and consumption of unhealthy products.
    - Priority strategy: Counter commercial actions to reduce exposures to and deter consumption of unhealthy products, such as highly processed unhealthy foods and tobacco and alcohol products.

Sources Informing Our Priority Strategies

Sources that inform the City's strategies surrounding loss in life expectancy due to cardiometabolic disease include:

- New York State Department of Health's Prevention Agenda for 2019-2024
- U.S. Department of Health and Human Services' Healthy People 2030 Initiative
- Bundy, Mills, He et al. Social determinants of health and premature death among adults in the USA from 1999 to 2018: A national cohort study. Lancet Public Health, 2023.
- Gilmore, Fabbri, Baum et al. Defining and conceptualising the commercial determinants of health. The Lancet, 2023.
- World Health Organization's (WHO) Commercial Determinants of Health, March 2023
- New York State Cancer Registry and Cancer Statistics Homepage, May 2023
- New York State's Cancer Consortium Comprehensive Cancer Control Plan
- WHO report on the global tobacco epidemic, 2023: Protect people from tobacco smoke, July 2023
- Willett, Rockstrom, Loken et al. Food in the Anthropocene: The EAT–Lancet Commission on healthy diets from sustainable food systems. The Lancet, 2019.
- WHO's Global Strategy to Reduce the Harmful Use of Alcohol, May 2010
- American Heart Association's Target: BP Initiative
- Citywide Diabetes Reduction Plan, 2024

Strategy Map for Cardiometabolic Disease by Priority Strategy and Sub-strategy, Including Actor and Activity

Reduce deaths due to cardiovascular disease and diabetes by 5% by 2030.			
Priority Strategy	**Sub-strategy**	**Actor**	**Activity**
1. Improve access to food, housing, health care, and financial and social supports.	1.1 — Advance health insurance policies that reduce the financial burdens of health care and ensure universal health insurance.	Policymakers and government agencies	• Expand eligibility and coverage for health insurance to all New Yorkers regardless of immigration status. • Expand coverage of preventive services, including programs such as the National Diabetes Prevention Program, and tools such as home blood pressure monitoring. • Eliminate policies that perpetuate medical debt accumulation.
	1.2 — Increase health insurance enrollment.	Community supports	• Expand community-based insurance enrollment programs in which individuals have access to a navigator that guides them through health insurance options.
		Policymakers and government agencies	• Increase the size and scope of public health education campaigns designed to increase awareness of health insurance options and how to enroll.
	1.3 — Better understand impacts of inequitable health system policies.	Policymakers and government agencies	• Identify ways to document the magnitude and differential patterns of health care debt as part of ongoing infrastructure improvement.
		Health systems and clinical providers	• Identify admission and referral patterns across different hospitals for specific conditions to ensure equitable access to high-quality care.

	1.4 — Reduce inequities in quality of care.	Health systems and clinical providers	• Adopt evidence-based prescribing algorithms to enhance quality of care with a race-conscious lens rather than race-based clinical care. • Improve communication across inpatient, primary, and specialist care to avoid missed opportunities in care transitions for chronic specialist care. • Focus clinical systems on early intervention for diabetes remission and prevention of complications, including amputations and vision loss. • Use clinical data to assess rates of and inequities in hypertension control at the practice level and to drive quality improvement measures. • Create Diabetes Centers of Excellence in safety-net hospitals that center the patient care experience while reducing health care costs.
		Policymakers and government agencies	• Disseminate diabetes information through public health education campaigns.
		Health systems and clinical providers	• Promote and facilitate uptake of patient-centered, supportive treatment approaches to tobacco use through electronic health record improvement, technical assistance, and resources.
	1.5 — Increase access to community services and "out-of-office" health care supports.	Health systems and clinical providers	• Increase health system use of home blood pressure monitoring and improve access to obtaining validated blood pressure monitors for home use.
		Policymakers and government agencies	• Increase insurance reimbursement of and simplify access to validated home blood pressure monitors.

	1.6 — Provide financial resources to New Yorkers to access healthier foods.	Policymakers and government agencies	• Advocate for expansion and strengthening of state and federal food benefits, such as SNAP and WIC, and other income supports to those who are eligible. • Support healthy food purchases through incentives and produce prescription programs and discounts.
		Health systems and clinical providers; community supports	• Set up programs to help individuals navigate benefits, such as WIC and SNAP, that offer access to healthy foods and expand eligibility for such programs.
	1.7 — Increase investments in systems and initiatives providing material needs, such as the Medicaid 1115 waiver, and guaranteed-income pilots.	Policymakers and government agencies	• Fund evidence-informed initiatives to meet material needs that improve nutrition security, financial security, and health.
		Health systems and clinical providers; community supports	• Increase participation in evidence-informed initiatives to meet material needs such as participation in the Medicaid 1115 waiver care networks and food access programs. • Conduct screenings and referrals for social determinants of health.

2. Invest time, attention, and resources in facilitating and building community capacity.	2.1 — Improve quality of and access to lifestyle medicine, and ensure continuity of care.	Policymakers and government agencies	• Increase accountability of health care businesses' continuum of care, affordability, and quality for patients with chronic conditions. • Advance payer policies that remove financial barriers for patients and optimize financial incentives for the health systems to promote lifestyle medicine.
		Health systems and clinical providers	• Increase access to cardiac rehabilitation programs. • Increase access to lifestyle medicine focused on cardiovascular disease prevention and management.
		Community supports	• Enhance collaborations between community organizations and clinical sites in neighborhoods with high premature mortality from cardiovascular disease and diabetes to address social determinants of health including food, transportation, and housing.
	2.2 — Advance community-led and community-tailored health interventions and resources, including by establishing community health workers as an essential aspect of public health and health care infrastructure.	Health systems and clinical providers	• Integrate the work of community health workers into chronic disease and mental health prevention and management interventions.
		Policymakers and government agencies	• Support expansion of community health worker integration into public health and health care efforts. • Expand the diabetes workforce development by training additional peer leaders and community health workers in priority neighborhoods. • Expand training and technical assistance to implement new community-led diabetes programs such as the CDC's National Diabetes Prevention Program and the Diabetes Self-Management Education and Support Program.

	2.3 — Increase and promote physical activity initiatives such as exercise classes and walking and biking groups.	Health systems and clinical providers; policymakers and government agencies	• Increase the number of free exercise and fitness programs while ensuring equitable access across NYC.
	2.4 — Adopt and advance policies and practices that prioritize design strategies of the built environment that promote health and physical activity.	Policymakers and government agencies	• Propose and implement policy to support a built environment that facilitates physical activity through active design, particularly in historically disinvested communities. • Adopt Active Design Guidelines to advance equitable approaches to the design of the built environment that promote physical activity, mental health, and social cohesion.
		Health systems and clinical providers; community supports	• Collaborate with community groups and health systems to equitably implement Active Design Guidelines into processes and investments that shape neighborhoods and communities to increase resources that support health.
	2.5 — Build knowledge, skills, and an interest in healthy eating patterns that are rich in plants.	Health systems and clinical providers; community supports	• Conduct trauma-informed, culturally responsive nutrition education and activities, and disseminate resources to support healthy eating.
		Policymakers and government agencies; health systems and clinical providers	• Provide trainings and supports to public health and health care staff including community health workers, clinical staff, and others to facilitate the dissemination of healthy eating resources and education.

	2.6 — Adopt policies and standards that emphasize whole and minimally processed plant foods for food service operations and events.	Policymakers and government agencies	• Advocate for federal policies that support minimally processed plant foods such as fruit and vegetable crop subsidies. • Provide trainings and disseminate resources to support institutions and agencies in offering more whole and minimally processed plant foods, including adopting and complying with the NYC Food Standards.
		Community supports	• Provide cooking and nutrition classes to promote plant-based food.
3. Counter commercial actions to reduce exposures to and deter consumption of unhealthy products, such as highly processed unhealthy foods and tobacco and alcohol products.	3.1 — Increase access to treatment and resources for alcohol use disorder and tobacco use.	Policymakers and government agencies; community supports	• Conduct tailored outreach projects focused on education and connections to resources in communities with high rates of alcohol and tobacco use.
	3.2 — Create programs that help reduce tobacco- and alcohol-related health inequities.	Policymakers and government agencies	• Increase access to tobacco treatment support and navigation services in priority communities.
	3.3 — Reduce salt and sugar in the food supply.	Policymakers and government agencies	• Promote reductions of sugar and sodium in packaged food and beverages by encouraging companies to meet sugar-reduction and sodium-reduction targets. • Advocate to the USDA and FDA to take action on reducing sodium and added sugar in the food supply (for example, set reduction targets).

	3.4 — Reduce salt, sugar, and highly processed foods in restaurant, retail, and other food environments.	Policymakers and government agencies	• Increase transparency for consumers through actions such as the mandated added sugar disclosure in restaurants and front-of-package labeling. • Implement policies such as added sugar warnings and kids meal healthy beverage defaults in chain restaurants. • Implement food standards for chain restaurants.
		Community supports	• Engage with grocery and corner stores to stock and promote healthier foods.
	3.5 — Reduce marketing exposure of unhealthy foods.	Policymakers and government agencies	• Implement initiatives to address marketing of unhealthy products.
	3.6 — Support initiatives that reduce or counter tobacco- and alcohol-related health inequities and exposure.	Policymakers and government agencies	• Increase access to tobacco treatment support and navigation services in priority communities. • Promote policy efforts in the retail environment, smoke-free air laws, and industry accountability. • Develop and implement tobacco and alcohol awareness and treatment-related public health education campaigns and other communications initiatives.

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