

Long Island – Population Health Improvement Program

Summary of May 12, 2015 Meeting



In attendance: Zahrine Bajwa (Cornell Cooperative Extension); Laurel Breen (St. Joseph College); Rudy Cano (Fidelis); Nancy Copperman (NS/LIJ Health System); Mark Cappola (Nassau County Medical Society); Lisa Davis (NS/LIJ Care Connect); Linda Efferen (Stony Brook University Hospital –Suffolk PPS); Ann Fangmann (Sustainable LI); Harriet Gourdine-Adams (TRI Care Systems); Chris Hendriks (CHSLI); Gina Kearney (South Nassau Communities Hospital); Karyn Kirschbaum (WS BOCES); Theresa Marandino (NUMC); Grace Kelly McGovern (SC DOH); Sue Palo (St. Francis Hospital); Gabriele Pareja (South Nassau Communities Hospital); Heather Reynolds (St. Catherine of Siena); Laura Siddons (Stony Brook University Hospital – Suffolk PPS); Karen Tripmacher (Winthrop University Hospital); Colleen Valdini (Good Samaritan Hospital); Luis Valenzuela (Health Education Project/1199); Stuart Vincent (John T. Mather Memorial Hospital); Althea Williams (Stony Brook Medicine); Joe Lanzetta (Mercy Medical Center); Tina Graziore (YMCA); Pamela Mizzi (Prevention Resource Center); Gail Carlin (South Nassau Communities Hospital); James Tomarken MD (Commissioner – SCDOH); Celina Cabello (NCDOH); Tavora Buchman (NCDOH); Bruce Berlin MD (Suffolk County Medical Society); Lawrence Eisenstein MD (Commissioner – NCDOH); Janine Logan (NSHC/LIHC/PHIP) and via phone Kate Warner (NSHC/LIHC/PHIP).

Meeting opened with introductions around the room.

Data Project Update

Discussion about wellness survey. Survey is hard to complete, especially for senior population. Many of the chronic disease management programs, such as evidence-based chronic disease self-management program and diabetes prevention program offered by state and QTAC, require that specific surveys be completed by participants. In Suffolk, data is collected and goes to county health department. SCDOH sends data to QTAC. LI-PHIP can get this data back for its own reporting purposes.

For the most part, this survey is good and meets the need we set out to accomplish (Benz Scott). Do not suggest any further changes. Bill Redman has set up program profile that each participating data administrator should complete for each participating program. This data is entered once and then administrator enters individual participant date. All programs and institutions were provided with numerical identifiers by Bill. All data will be de-identified, but each institution can choose to record a patient name for their own internal purposes. We are

really ready to go with this project beyond the pilots already in place. Bill Redman's email is: William.Redman@stonybrookmedicine.edu Institutions should contact him directly with questions about the Wellness Survey and data collection process. (Attached is list of participating institutions and programs as of October 2014.)

LI-PHIP/LIHC participants noted an interest in having someone from Stony Brook University (perhaps Bill) conduct a tutorial about the data project and collection process. This would be a separate webinar for those identified as the data administrators for their institution's programs. Webinar to be planned and offered to LI-PHIP in near future.

Suggested improvements: place large arrow at bottom of first page that says "Turn Over." Send the survey before first session so it is completed upon arrival. Very difficult to get participants to do follow-up via the post-survey. Perhaps LI-PHIP can offer an incentive – tote bag, pen, etc. - for completion of post-survey (Janine to check with grant program manager.)

Even though it is difficult to get participants to complete pre and post surveys – Juliet Frodella reported that she is getting about 50% of participants to complete surveys. Dr. Eisenstein noted that this is a good return.

Linda Efferen said the opportunity to do a LI (Nassau and Suffolk) health assessment is huge. There is a patient engagement piece needed for DSRIP. State is very specific about what surveys need to be completed for the DSRIP process. Is there a way to rework the LIHC Wellness Survey to incorporate DSRIP metrics?

We have a good tool. (Eisenstein) The collaborative formed as a result of the Prevention Agenda before there was a DSRIP. The Wellness Survey is also one of the PHIP grant deliverables. Much time and effort was spent designing the survey.

We do not have a common denominator now (Buchman). We want to look at trends and see changes in health behaviors over time.

The survey is based on self-rated attributes for health practices. (Kearney) Has the participant made a movement toward healthier behaviors?

This tool is also to be used by non-hospital partners (Copperman). LI-PHIP may be able to provide some resources to help CBOs facilitate completion of the pre and post survey. CBOs generally do not have data collection for their programs. Another purpose of the survey is to collect information for hospitals' community service plans and counties' community health improvement plans. State wants counties and hospitals to report on outcome of activities noted in CSPs and CHIPs.

Suggest reps from both PPSs present to the LIHC at our next meeting. That meeting becomes a DSRIP focus. Explain and present the Patient Activation Management tool – one of the surveys state requires for DSRIP metrics.

Survey will be translated into languages deemed necessary by members of the LI-PHIP/LIHC.

After more discussion, group decided to not limit Wellness Survey for use with only non-evidence-based chronic disease management programs. Wellness Survey should be used with any and all chronic disease management programs, whether or not there is another mandated survey for data collection. Some concern expressed about the statistical validity of the sample size and would it truly be representative of health of Long Islanders. All agreed that every survey has limits and all data sets have limits. The tool LIHC developed in 2013 has merit.

Grants Update

Executed contract from state not received as of today. Steering Committee invitations sent. LI-PHIP currently in process of hiring Program Manager, Data Analytics Manager, Communications Specialist. Job descriptions distributed. Please help spread the word about these positions among contacts. Interested applicants should apply directly through the HANYS website. Next three positions to post are: Data Analyst, Project Coordinator, Member Engagement Specialist, and Community Outreach Specialist. Office space for the LI-PHIP program is currently under construction. First quarterly report for LI-PHIP was submitted. Awaiting contract from Data Gen (subcontractor for data mining – SPARCS, Census Bureau data, etc.) will pull info we request and package for us – then LI PHIP data personnel will analyze, produce region-specific reports – intelligence from data will point to disparities, short comings in service areas that PHIP can collectively discuss and collectively address. Leadership training consultant – the Genius Group – is working on a proposal to assist LI-PHIP/LIHC in better defining its mission, goals, and objectives with outcome being a strategic plan for the LI-PHIP and for the region. Preliminary plans call for the development of a Design Team from among LI-PHIP/LIHC membership and a few Steering Committee members. There will be an orientation meeting for the group and then two in-person strategy sessions led by the consultant. Genius Group follows an evidence-based process for leadership development and team capacity building. Their goal is to empower each LI-PHIP/LIHC participant to take ownership and actively participate in the growth and sustainability of the LI-PHIP/LIHC. State will review subcontract.

Walk in the Park Event

This event held April 9 at Belmont Lake State Park was a great success. About 50 participated in the press event and launch of the LIHC's Recommendation for Walking program – and then all walked around the park. Photo featured on NYSDOH website. Newsday carried story with photo. (See attached)

Members of Nassau County Medical Society on board with Recommendation for Walking program (Cappola).

Subgroup Reports and Discussion

Education/Public Outreach – chaired by Christine Hendriks. Group met March 31, 2015. Recommendation pad copy good to go as is letter to providers. Can't officially distribute materials to LIHC members until the website is expanded and it has interactive/registration ability. This is so walkers can enter their names and minutes walked into site. Chris to provide Janine with a wish list so RPF's can be sent to website/digital marketing companies. Once the website is built out we can officially launch the Recommendation for Walking program.

Complete Streets – chaired by Nancy Copperman. Group held a meeting prior to this full LIHC meeting. Ann Fangmann (Sustainable LI) and Tavora Buchman (Nassau County) provided report to full LIHC regarding complete streets activity in Suffolk and Nassau counties. In Suffolk County the focus on Wyandanch Rising/Town of Babylon continues. Sustainable reps met with members from Town of Babylon's Revitalization Office and came up with a workplan and next steps. Sustainable LI and LIHC are focusing on the wellness component of Complete Streets projects. Plan signage at specific points (railroad) to point individuals to resources for fitness. . Tavora Buchman from Nassau County presented update for Nassau County Complete Streets project, which is focused on Eisenhower Park. Complete Streets is extension of work done several years ago. Dept of Public Works completed planning and design portion of the project – improving access on Merrick Ave. Emphasize safety, disability, and beautification. Construction is in process. Would like to hold a press event to re-invigorate the project – perhaps in June. (Nassau County CS report attached.)

Academic Partners – chaired by Laurel Breen from St. Joseph's College. Group held meeting prior to today's full LIHC meeting. Laurel Breen reported that the group continues to work on a survey to determine what is available to students – what projects there are among LIHC members for public health students. PHIP grant could provide assistance with designing and sending survey to determine what schools have available and what type of intern/student is needed.

DSRIP and PHIP

Previously met with director of the Suffolk PPS. Continuing to explore ways the PPS/DSRIP process can collaborate with LI-PHIP/LIHC. Our data reports will be key tools for the PPSs, as

will information we uncover about the changing workforce needs. PPS will be helpful to LI-PHIP/LIHC in promoting the Recommendation for Walking program among all levels of providers. The Wellness Survey (see notes in previous section) cannot be re-worked and combined to include DSRIP specific measures. However, there is opportunity for LI-PHIP/LIHC to provide resources (manpower) in assisting PPSs in survey fulfillment and data collection. Suffolk PPS and LI-PHIP/LIHC will continue to explore ways to collaborate, help one another, and not duplicate efforts. When LI-PHIP/LIHC staff in place, one staff person will serve as PPS liaison for the region's two PPSs. Will ensure exchange and flow of information.

Upcoming Meeting Dates (*all meetings at the NSHC offices in Hauppauge, unless noted otherwise*)

Tuesday, June 16, 2015 10 – 11:30 a.m.

Subgroups also meeting those days are:

Education/Public Outreach Subgroup at 11:30 p.m.

Complete Streets Subgroup at 9:30 a.m.

Academic Partners Subgroup at 9:15 a.m.

PLEASE REMEMBER:

Facebook page and Twitter accounts for the Long Island Health Collaborative:

Twitter: @ligethealthy <https://twitter.com>

Facebook: <https://www.facebook.com/pages/Long-Island-Health-Collaborative/1451139511781173>

Please friend and follow. Tweet any news related to obesity reduction/programs; healthy lifestyle, walking, and walkability projects in local communities. As a reminder subgroup chairs are as follows:

Pat Kiernan and Nancy Copperman (Co Chairs) – Grants

Chris Hendriks – Education/Public Outreach

Yvonne Spreckels and Karyn Kirschbaum (Co Chairs) – Walking Initiative

Janine Logan – Industry Partners

Nancy Copperman – Complete Streets

Laurel Breen – Academic Partners