Introduction	
Janine Logan, Senior Director,	
Communication & Population Health,	
Long Island Health Collaborative	
Discussion & Guideline Review	Focus on Action Frames for today's meeting will
Milano Harden, President & CEO, The	Enrich possibility of work by identifying and allocating assets & resources.
Genius Group, Inc./TGG	Articulate action and tactics necessary to meet subcommittee goals.
Looking at the Big Picture	1. Transportation: Plan to improve the community environment
Barriers, Challenges and	2. Political Infrastructure: need fearless leadership, longer vision, grassroots & political
Suggestions for Improvement	support
	3. Education: Could be offered through schools and churches
	Focus group: Maternal education-women of child bearing age-underserved
	populations-can we involve high school students in health literacy programs?
	 Education Setting: Looking for mixed use policies-are there existing best practices?
	4. Lack of Actionable Data-we are looking for concrete data about health disparities
	5. DSRIP-Nassau & Suffolk looking at Medicaid population-robust data sources
	Community Health Assessments: Existing data regarding determinants of
	health. It may be possible to perform additional analysis to make valuable correlations.
	6. Working with Developers
	Sponsorship of walking paths

	 Developers incentivized to include community centers, trails or parks on land
	7. Homeless Veteran Population: Large population on Long Island
	8. Adult Population: Stepping On Program: CDC Evidence based program. Focus on
	health improvement for senior adults. Run by trained community leaders. Libraries serve
	as recruitment and registration.
	9. Identification of leaders who are lay workers "Wellness brokers".
	10. Insurance Representation: incentivize care connect members
	Competitor Fit bit to all members- opportunity to collect data
	11. Community Engagement as an over-arching goal. Janine Logan is the community
	engagement point person.
Development of goals and	1. Public Education, Outreach & Community Engagement- Chair: Christine Hendricks,
objectives, Identification of	Vice President, Public & External Affairs, Catholic Health Services of Long Island
Workgroup representatives	Mission: Gauging & increasing public recognition of PHIP and LIHC community
	engagement. Heading the Recommendation for Walking Program.
	Responsibilities:
	a. Development of a portal for community members to track progress will be
	available on LIHC website (in progress).
	b. RX Recommendation pads & letter for providers: distribution mechanism to be
	identified (in progress).
	c. Identification of walking opportunities that LIHC can collaborate with.
	d. Collaboration with Academic Partners workgroup to involve students and faculty
	in efforts. Target students looking for college credits.
	e. Identify and support existing walking programs on healthcare campuses.

	f. Engage social media groups (e.g. Massapequa moms)
	g. Development of LIHC directory.
	h. Involvement of boots to the ground, field based, case managers.
2.	<i>Academic Partners</i> - Chair: Dr. Laurel Jansen Breen, St. Joseph's College, Professor of Community Health Nursing
	Mission: Creating and enhancing connections between Long Island's academic sphere
	and the PPS's as well as the overarching LIHC. Creating a database of student clinical
	opportunities and academic practicum opportunities across Long Island that focuses on
	addressing population health needs.
	Responsibilities:
	a. Primary survey developed and sent. Second survey has been developed, ready
	to send (in progress).
	b. Student workforce to create a survey during fall semester that will include
	resources, opportunities, scholarships & other opportunities on LIHC
	c. Inclusion of faculty collaboration, research, and goals.
3.	CLAS –CLAS workgroup partners with Workforce workgroup to meet mission &
	responsibilities. PHIP staff member will attend DSRIP CLAS subgroup meetings.
	Mission : Implementing the national Culturally and Linguistically Appropriate Services
	(CLAS) standards into all current and future initiatives of the LIHC. Review of previous
	Collaborative activities for CLAS compliance.
	Responsibilities:

	a. Train Professionals on CLAS standards.
	b. Trained representatives will review organizational work.
	c. All materials will be vetted by CLAS committee members.
4.	Workforce – PHIP staff in partnership with DSRIP representatives from Long Island PPS's.
	Mission: Investigating the needs of an adaptive workforce in light of policy changes on a
	local community level, within both the existing workforce and the academic sphere.
	Responsibilities:
	a. Identify mechanism for aligning efforts with Nassau & Suffolk PPS: S. Ravenhall
	(Program Manager, PHIP) to attend PPS meetings.
	b. Phone calls as needed or on a regular basis to be scheduled by S. Ravenhall.
	 Additional projects required by PHIP grant to be addressed by LIHC in alignment with PPS work.
5.	Complete Streets -Chair: Nancy Copperman, Director of Public Health Initiatives, North Shore LIJ
	Mission: Complete Streets is a walking initiative, whose goal is to ensure that all
	communities are safe and walkable. Implementing Complete Streets concept into all
	county roadwork-that transportation planners and engineers consistently plan, design,
	and build the roadway with bicycles, pedestrians, and public transportation in mind.
	Connecting county Departments of Health to our efforts, helping people understand the
	connection between their health and public policy.

	Responsibilities:
	a. Healthy Corner Stores: Western Suffolk BOCES (in progress).
	b. Eat Smart NY, USDA grant to increase availability of and access to healthy
	foods, safety, and walkability (in progress).
	c. New York State Creating Healthy Schools Grant: Wyandanch, C. Islip,
	Hempstead, Roosevelt, Brentwood, Glen Cove (in progress).
	 Bring complete streets health messaging, social marketing, policy, school wellness to fruition.
6. 1	Data Analysis Co-Chairs: Tavora Buchman, Director of Quality, Nassau County Health
1	Department & Dr. James Tomarken, Suffolk County Health Department, Commissioner
\\	with heavy support from LIHC Data Analyst and Program Manager.
	dentifying gaps in the data needed to advance population health on Long Island and
	determining research and data collection opportunities to close these gaps.
	a. Community health assessments
	b. Novel use of State Data Inventory and other applicable sources of data
	c. RHIO, Medicare (As long as data de-identification can be agreed upon).
	d. Wellness repository.
	e. Data Plan for initiatives including use of dashboards and obtaining baseline data.
7. 1	Nutrition and Wellness In development
	Mission: Assessing of the attitudes about and access to, nutrition and wellness
	programs and information on Long Island.

	Responsibilities: In development
8.	Industry Partners In development
	Mission: Identifying and developing partnerships with industry leaders that have
	influence in local communities, to share resources geared toward common goals of Long
	Island's population health initiatives.
	Responsibilities: In development