

Long Island Population Health Improvement Program (LIPHIP) Attendance & Meeting Summary: December 15, 9:30-11:30am Webex

Member Attendance: See list attached

<p>Welcome & Introductions</p>	<p>Janine Logan, Nassau-Suffolk Hospital Council/Long Island Health Collaborative welcomes committee members to the December Long Island Health Collaborative Meeting.</p>
<p>LIHC PHIP Establishment and Role</p>	<p>Janine Logan, Nassau Suffolk Hospital Council provides a background on the institution of the Long Island Health Collaborative and Population Health Improvement Program. The Long Island Health Collaborative programs and initiatives belong to members. The role of the PHIP team includes convening key players, building consensus, organizing projects and supporting the needs of members as related to population health strategies.</p>
<p>Population Health Summit</p> <ul style="list-style-type: none"> • Poster Presentation • East Harlem Community Walking Trail 	<p>NYSHealth, The New York Academy of Medicine, and NYU Langone Medical Center's Department of Population Health sponsored the fourth annual Population Health Summit, "Working Across Sectors to Address Social Determinants of Health." The yearly summit seeks to deepen and extend the understanding of ongoing efforts in New York State and nationally that demonstrate effective collaboration between health care and other sectors to advance population health. This year's summit focused on how the health care sector and New York State's health care delivery reform initiatives have responded to address the social determinants of health.</p> <p>During this event, a poster was presented featuring the primary data collected via the Long Island Health Collaborative and Population Health Improvement Program. Data findings feature</p>

	<p>results from the quantitative community member survey and qualitative data from community-based organization summit events. The poster will be available in person for review during the January 12th meeting.</p> <p>During this conference, Aletha Maybank, MD, MPH, Deputy Commissioner and Director, Center for Health Equity, NYC Department of Health and Mental Hygiene presented “A Commitment to Advance Racial Equity and Social Justice in Health”. During this presentation, Aletha showed a video featuring a successful walkability project in East Harlem, NY. The video can be accessed via: https://www.youtube.com/watch?v=sV1UtPjPgT8</p>
<p>Island Harvest Healthy Food Drive</p>	<p>The Long Island Health Collaborative has partnered with Island Harvest Food Bank to host a healthy food drive leading up to National Nutrition Month in March. Donation bins will be available in our office from January through the end of March. Collecting healthy donations aligns with the focus areas of the Population Health Improvement Program and will be largely beneficial to Island Harvest’s inventory.</p> <p>Suggestions for healthy donations include: canned beans, dried beans, peanut butter or other nut butters, canned fruit in juice (not in syrup), low-sodium soups, canned tuna, canned chicken, brown rice instant, quinoa, nuts/seeds, shelf stable milk and milk substitutes, whole grain pasta, low-sodium pasta sauce, popcorn kernels, canned stews, whole grain-low sugar cereals, olive or canola oil, canned tomatoes, dried fruits, canned vegetables. Non-foods such as soap, detergent and other cleaning items are welcome.</p>
<p>New York State Public Health Association: 67th Annual Conference</p>	<p>Sarah Ravenhall, Population Health Improvement Program announces that the PHIP team is looking for opportunities to bring visibility to the work being led by the Long Island Health Collaborative. An abstract was submitted for consideration at the New York State Public Health Association’s 67th Annual Meeting, April 2017. The presentation title is: <i>Cross-Collaborative Identification of Unmet Health Needs on Long Island: Presentation of Community Level Primary</i></p>

	<p><i>Data.</i> The priority themes of the abstract include:</p> <ul style="list-style-type: none"> • Advantages to using a collaborative approach when assessing community health needs • Presentation of primary qualitative and quantitative data collection and analysis • Application of data analysis and reporting to drive community improvement <p>Selections will be announced during the week of December 19th.</p>
<p>Review of 2016 LIHC/PHIP Milestones</p>	<p>The Population Health Improvement Program staff members provide a timeline overview of major milestones members of the Long Island Health Collaborative have accomplished during the year 2016.</p> <p><i>Winter: December 2015-February 2016</i></p> <ul style="list-style-type: none"> • Finalized LIPHIP planning documents; Strategic Plan, Communications Plan, Steering Committee Charter • Community-Based Organization Summit Events • Mental Health First Aid Training with Association of Mental Health and Wellness • Acquisition of Vital Statistics Data <p><i>Spring, March-May 2016</i></p> <ul style="list-style-type: none"> • First PQI Mapping Project Complete • Walk in the Park at Eisenhower Park • Launched LIHealthCollab.org • Secured the year's best performing tweet • Joint Selection of Priority Areas <p><i>Summer, June-August 2016</i></p> <ul style="list-style-type: none"> • Produced CHNA, CHIP, CSP templates • Secured the year's best performing Facebook Post • Sunset Stroll at Jones Beach • Presentation at the Long Island Association

	<p><i>Fall, September-November 2016</i></p> <ul style="list-style-type: none"> • Access to NYS Department of Health’s SPARCS database on a census tract level providing insight into Long Island’s disease prevalence by location • Light the Path Walk, at Sunken Meadow State Park • Cultural Competency/Health Literacy Training
<p>DSRIP Performing Provider System Partnerships</p> <ul style="list-style-type: none"> • Building Bridges • Cultural Competency/Health Literacy TTT • Identifying Select Communities with Suffolk Care Collaborative 	<p>The delivery system reform incentive payment program’s (DSRIP) purpose is to restructure the healthcare delivery system by reinvesting in Medicaid program. Program components are based upon achieving specific results in system transformation, clinical management and population health. The goal is to reduce avoidable hospital visits by 25% over a 5 year period. When the PHIP was established, the State asked that PHIPs serve as a resource for the Performing Provider Systems. The PPSs are the entities responsible for creating and implementing the DSRIP project.</p> <p>All PHIP initiatives are developed in alignment with regional DSRIP milestones with input from key stakeholders from both performing provider systems: Suffolk Care Collaborative and Nassau Queens PPS.</p> <p>In partnership with DSRIP community engagement milestones, the PHIP planned and executed two Communications, Data and Networking events named <i>Building Bridges with the Long Island Health Collaborative</i>. The target audience includes: community leaders, faith-based organizations, community-based organizations, care managers, discharge planners, ambulatory sites and provider sites who serve higher numbers of Medicaid/Self-pay patients. Building Bridges was established as a follow up event to the PHIP CBO summits which were held by the LIHC in February. During the events, participants were able to:</p> <ul style="list-style-type: none"> • network with counterpart organizations • discuss and contribute to prioritization of social determinants of health

- leave with strong resources, budding partnerships and a comprehensive communication tool featuring HITE and 211

The Nassau County event took place Wednesday October 5 at Hofstra University. 55 organizations were represented. Participants self-categorized their services based on the social determinant of health. Suffolk's event took place Thursday October 20th with 61 organizations in attendance.

In 2017, the Advisory group will reconvene to discuss next steps surrounding provider engagement strategies. Those who would like a seat at the table during this discussion are encouraged to reach out to be added to the meeting distribution list.

In response to qualitative outcomes obtained from the February Summit events, a communication tool was developed for front-line staff members. This tool featured the 211 and HITE resource directory platforms. This tool serves as a reminder for those case managers, discharge planners and professionals who are confronted with questions about accessing community services. Partners have expressed an interest in developing a community facing tool promoting the HITE and 211 platforms. This tool will meet health literacy standards and can be passed out by professionals working boots to the ground throughout communities on Long Island.

Cultural Competency/Health Literacy

Members of the two performing provider systems and Long Island PHIP have met throughout the year to develop a region-specific Train the Trainer curriculum and program for those professionals who work in communities in Queens and Long Island. This strategy is one arm of the full plan for enhancing CCHL skills across the workforce on Long Island.

History of program: The cultural competency/health literacy vendor subgroup, comprised of LHC members and CCHL umbrella workgroup members of Suffolk Care Collaborative have been meeting to explore locally based vendors with the expertise and capability to develop a tailored CCHL curriculum and host a training for Train the Trainer (TTT) Organizational Leads who will then be able to train the workforce at a limitless number of sessions throughout Long Island. This curriculum will be geared toward community based organizations, social service organizations, local health departments and beyond.

After sending an RFP to five vendors, we received two competitive and high quality proposals from 1199 Training and Employment Fund and Hofstra's National Center for suburban studies/Health Equity institute. After weighing each program, the subgroup decided to move forward and offer the lead to Hofstra University. Martine Hackett will be leading the project.

Martine Hackett, Assistant Professor of Health Professions at Hofstra University has as a wealth of experience in related trainings, notably taking the lead on a component of the University of Albany's Advancing Cultural Competence program "Addressing Suburban Structures: Health and Latino Communities on Long Island". Martine facilitated the initial Train the Trainer Organizational Lead session on Monday November 7th. This session was a full-day, 7.5 hour session. Post-session, TTTs will come back to their organization to train internal employees. They will leave the program with all the tools they need to facilitate either a 7.5 hour TTT session, or a 2 hour staff session. In addition, they will be asked to facilitate outside trainings within partner organizations. The specifics of this commitment will depend largely on the capacity of the organization. Having a TTT on-site becomes an asset to partner organizations as they are able to provide this program, free-of-cost (aside from overhead), for their community partners. The PHIP team will be responsible for program logistics and providing support to the TTT trainers and connecting TTTs to organizations who request trainings. The program was

held Monday November 7, 2016. 33 Participants were trained

Next Steps:

A comprehensive evaluation plan is being written and finalized. Plan is being written with feasibility and value in mind and will include measuring varied layers of program efficacy. This plan will be shared with the group once complete.

The workgroup is investigating opportunities to provide continuing education credits. According to trainers, nurses and social workers constitute the majority profession of those in receipt of training.

Sarah Ravenhall, Program Manager is working closely with all certified trainers to ensure they have what they need to facilitate trainings into the future. Many trainers have expressed plans to wait until after the holiday season to initiate training sessions. Two trainers have completed internal trainings and provided feedback on the feasibility of the program:

- **LINCS**

- Curriculum was simple to use and designed in a way that allows her to tailor the content to the audience she is presenting to.
- The focus on pockets of underserved communities is a curriculum highlight for her.

- **EOC**

- “Within evaluations, someone commented that they liked how I made them apply it to their everyday workflow. I have learned that when you know your audience, you can personalize the training to them, and that goes a long way”
- “This training will increase awareness, reinforce what staff already know, and validate beliefs.

	<p style="text-align: center;">– “Martine’s video about suburbs hit home with my audience”</p> <p>Suggestions for program improvement include developing a resource guide that highlights the data shown to define and explain the data indicators more thoroughly. Program updates will be made continuously as we continue to collect feedback from trainers.</p> <p>Identifying Select Communities with Suffolk Care Collaborative</p> <p>Through our collaboration with the Suffolk Care Collaborative, the Suffolk County Performing Provider System, the LI PHIP has served as the data lead for the identification of hotspots. After identifying the census tracts which contain the highest rate of hospitalizations we decided to look at the census tracts which contain the highest rate of disease specific hospitalizations. The diseases in question are asthma, diabetes, behavioral health, and cardiovascular related diagnoses. The LI PHIP used the primary and secondary diagnosis from the 2015 SPARCS IP and OP databases and an analysis was conducted to identify the census tracts with the largest rate of Medicaid hospital visits for each disease. We looked at the highest quintile of rates to identify the hotspots. For diabetes, cardiovascular, and behavioral health hospital visits there were 15 hot spots while there were 20 for asthma. The diabetes, cardiovascular, and behavioral health hotspots are the same for each diagnosis. This is not surprising because these conditions are typically associated with one another. We presented our results to the Community Needs Assessment, Cultural Competency and Health Literacy committee at the Suffolk Care Collaborative on November 18th and received positive feedback.</p>
<p>Website Updates</p> <ul style="list-style-type: none"> • Spanish Translation • Cultural Competency and Health Literacy Resources 	<p>Kim Whitehead, Communications Coordinator provides a demonstration of two recent updates made to the website including the Spanish site translation and Cultural Competency and Health Literacy Resources Page. Cultural Competency Curriculum and supporting resources are accessible to all partners via the Long Island Health Collaborative website at:</p> <p>https://www.lihealthcollab.org/cchl.aspx</p>

<p>Behavioral Health Workgroup</p>	<p>Regional PHIPs have been assigned by the state as a key player in the planning and decision making process being led by the RPC. One RPC has been assigned to each of the 11 regions across New York State. The RPC is a regional board populated with community-based providers, peers/family/youth, county mental health directors, regional healthcare entities, managed care companies and other key partners from each region. The purpose of the RPC is to work closely with state agencies to guide behavioral health policy in the region, problem solve regional service delivery challenges, and recommend priorities for reinvestment of Medicaid savings.</p> <ul style="list-style-type: none"> • The RPC will work collaboratively to resolve issues related to access, network adequacy and quality of care occurring in the region around the behavioral health transformation agenda (specifically Medicaid Managed Care) • The RPC will strengthen the regional voice when communicating concerns to the state partners • The RPC will act as an information exchange and a place where people can come to get update on the behavioral health transformation agenda <p>For more information, or to become involved with the RPC, visit: http://clmhd.org/rpc/ or contact: Michael Hoffman, LCSW, Coordinator</p> <p>Long Island Partnership - Regional Planning Consortium (518) 396-6804 – cell (631) 853-8547 - office mh@CLMHD.org</p>
<p>Data Workgroup</p> <ul style="list-style-type: none"> • Community Health Needs Assessments, Improvement Plans and Service Plans • Community Member Survey- 	<p>Community Health Needs Assessments, Improvement Plans and Service Plans</p> <p>The PHIP team continues to provide assistance to the various hospitals and county health departments as they finalize their federal and state required documents that are due at the end of 2016. The PHIP would like to collect these documents upon completion so that a page on the LIHC website can be created which is a center for all of the assessments and plans.</p>

<p>Update and Plan for 2017 Analysis</p>	<p>Community Member Survey-Update and Plan for 2017 Analysis</p> <p>The Data Workgroup met on December 2nd and discussed the next steps for the Community Member Survey. A decision was made to continue distributing and analyzing the survey. A digital push will be done in January of 2017 to encourage new community members to participate to the survey via Survey Monkey. The survey will be analyzed twice a year so the opinions of the community members will be monitored.</p>
<p>Adjournment</p>	<p>The next LIPHIP Meeting is scheduled for:</p> <p>January 12, 9:30-11:30am this meeting will take place at 1393 Veterans Memorial Highway, Hauppauge NY.</p> <p>2017 meetings will take place in 1393 conference room-same business park in Hauppauge, different building to accommodate membership growth. We are incredibly thankful for all that our members do to drive LIHC initiatives.</p>

Pamela Ford, Catholic Health Services of Long Island; Gerri Moore, Molloy College; Chris Hendriks, Vice President, Public and External Affairs, Catholic Health Services of Long Island; Tannasia Gonzalez, DSRIP Manager of Quality and Data, Nassau Queens PPS; Anne Little, Director, Asthma Coalition of Long Island; Brian Pritchard, South Oaks Hospital; Georgette Beal, Senior Vice President, United Way of Long Island; Lisa Connors, Nurse Manager, Visiting Nurse Service of NY; Eileen Solomon, Director of Community Relations, Eastern Long Island Hospital; Tish Gilroy, Manager, Community Outreach, Catholic Health Services of Long Island; Dr. Lawrence E. Eisenstein, Commissioner, Nassau County Department of Health; Sarah Ravenhall, Program Manager, Nassau-Suffolk Hospital Council, Population Health Improvement Program; Michael Corcoran, Data Analyst, Nassau-Suffolk Hospital Council, Population Health Improvement Program; Janine Logan, Senior Director, Communications and Population Health, Nassau-Suffolk Hospital Council, Population Health Improvement Program; Laurel Janssen Breen, Consultant; Julie Harnisher, VP, Population Health, Long Island Federally Qualified Health Center; Marilyn Fabbicante, Executive Director, Public and External Affairs, St. Charles Hospital; Laura Ibragimova, Discern Health LLC; Linda Mermelstein, Chief Deputy Commissioner, Suffolk County Department of Health; Michael DeAmicis, Planner, National Aging in Place; Karen Tripmacher, Director, Community Education &

Health Benefit, Winthrop University Hospital; Monica Diamond-Caravella, Assistant Professor of Nursing, Farmingdale State College; Jennifer Young, Community Planner, Sustainable Long Island; Kate Zummo, Director, Community Education, South Nassau Communities Hospital; Maria McCue, CAPP Coordinator, the Research Foundation for SUNY Stony Brook; Cara Montesano, Coordinator, Public Health Nutrition Programs, Stony Brook Medicine; David Nemiroff, Executive Director, Long Island Federally Qualified Health Centers; Matthew Neebe, Director, Drug and Alcohol Counseling Services, Town of Smithtown; Kelly Devito, Youth Services Coordinator, Horizons Counseling and Education Center; Celina Cabello, Epidemiologist, Nassau County Department of Health; Nuzhat Quaderi, Project Coordinator, Nassau Queens Performing Provider System; Sofia Gondal, Community Engagement Liaison, Suffolk Care Collaborative; D. Ray Ward, Chief Program Officer, Long Island Association for AIDS Care, Inc.; Harriet Gourdine-Adams, Chief Officer for Care Coordination, Long Island Association for AIDS Care (LIAAC); Kim Whitehead, Communications Coordinator, Nassau-Suffolk Hospital Council, Population Health Improvement Program; Dr. James Tomarken, Commissioner, Suffolk County Department of Health Services; Ester Horowitz, Community Relations, Palm Scripts USA; Judith Clarke, Community Health Educator, Hudson River Healthcare; Carolyn Villegas, Marketing Manager, Brookhaven Memorial Hospital Medical Center; Yvonne Spreckels, Director, Department of Community Relations, Stony Brook University Hospital; Anne Marie Montijo, Deputy Director for Strategic Initiatives, Association for Mental Health and Wellness; Sue-Ann Villano, Senior Director, Client Services, Marketing and Outreach, New York Care Information Gateway; Karla Mason, St. Catherine of Siena; Lisa Benz Scott, Executive Director, Programs in Public Health, Professor, Health Technology and Management, Preventive Medicine, Medicine (Cardiovascular), Dental Medicine, Stony Brook University Health; Lesidet Salce, Community Relations, Occupational and Environmental Health, Northwell Health; Shauna Keague, Avalon Gardens; Kenneth Kataria, Community Outreach Liaison, Options for Community Living, Inc.; Pascale Fils-Aime, Public Health Intern, Nassau-Suffolk Hospital Council, Population Health Improvement Program.