Summary of July 30, 2013 Meeting

Good afternoon everyone:

Below is a summary of what was discussed at the July 30, 2013 Population Health Workgroup meeting – the first one that was truly regional – with reps from Nassau and Suffolk counties present.

Attached is preliminary web copy for the public awareness campaign upon which the Long Island Health Collaborative (what we are now calling our bi-county group and initiative) will embark. It does not yet include the edits and revisions suggested by members at the July 30th meeting. Just wanted to be sure everyone sees it once again.

Shortly, you will receive a draft universal metric assessment tool. A subcommittee of the group has been meeting to refine the tool initially presented at the July 30th meeting. This universal metric assessment can be used at the start of any program offered by hospitals, the counties, and CBOs. It is encouraged that everyone uses this same tool so that we can gauge our collective efforts and so that we have reliable and reportable data for our region. One of our university partners will collect and analyze the data for the collaborative.

The criteria for using this metric with any program includes:
- 3 or more educational sessions as part of a chronic disease management or wellness program
- Pre-program survey
- Immediately Post-program
- Follow-up: 3 and/or 6 months

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In attendance: Nancy Copperman, North Shore-LIJ Health System; Jerzy Eisenberg-Guyot, NCDOH; Celina Cabello, NCDOH; Tavora Buchman, NCDOH; Chris Hendriks, Catholic Health Services of LI; Marilyn Fabbricante, St. Charles Hospital; Gabrielle Pareja, South Nassau Communities Hospital; Colleen Valdini, Good Samaritan Hospital; Jen Ludwin, North Shore-LIJ Health System; Marsha Kenny, Southampton Hospital; Philip Alcabes, Adelphi University; Stanford Guan, SCDOH; Tina Graziose, UMCA of LI; Erin Healy, Stony Brook University Hospital; Zahrine Bajwa, Cornell Cooperative Extension of Suffolk County; Janine Logan, NSHC; Pat Kiernan, Eastern Long Island Hospital; Laurel Bress, St. Joseph’s College; Dr. James
Meeting began with introductions around the room.

Group discussed the preliminary web copy for the public awareness campaign that will support the group’s collective clinical efforts that will address selected Prevention Agenda priority and focus areas: obesity, chronic disease management/prevention, mental health/substance abuse prevention and treatment. Logo unveiled for the Long Island Health Collaborative. This logo will be provided to each collaborative member so that it can be placed on websites. Web users would click on logo that brings users to landing page (maintained by NSHC). Once on landing page, LIHC explained, along with information/definition of population health, reform’s role in changing landscape of health care, patients’/consumers’ role in maintaining their own health, brief narrative of three focus areas with links to more detailed information/resources about each one. Also explain state and federal mandates that are driving more robust and collaborative community health planning and program efforts. Site will include links to helpful resources such as BMI calculators, specific disease risk assessment tools, etc. Collaborative will be mindful of not endorsing any programs/services of commercial and other related entities. Will rely on government studies and sites for the most part in constructing the links and informational pathways. LIHC’s program inventory will be a key resource and link – prominently noted throughout site.

**TIMELINE:** Have Beta site ready for internal viewing by Nov. 15th. Allow collaborative members to view/interact with site until December 31st – work out any problems, correct and adjust. Plan for site and initiative launch on Thursday, January 9, 2014. Bi-county press event – health commissioners from each county to headline event.

Group also viewed several educational videos. E-mail with link to all videos will be sent to each collaborative member. Please rate your top three. Videos will serve as educational resource on the LIHC site.

**Universal Metric Tool**

Group discussed universal metric assessment developed by subgroup. Four subscales of the metric dovetail with the focus areas we are addressing. Would be given to program participants at start of program and then at end. Would help assess behavior change.

Metric does not assess frequency; it is only measuring self-efficacy. Could not conclude that we are actually making an impact. Subgroup will meet to refine and make changes to the tool. Also should include a question that rates one’s overall health status.

One idea is to pilot the tool first.
Stony Brook University, School of Public Health to help with data analysis. Would set up site with IDs for each member. Provide list of unique identifiers so Stony Brook could break down the data.

Collaborative members sign data use agreement with Council. Hospitals submit to the IRBs with note that agreement/data collection is for continuous quality improvement purposes. Stony Brook University has agreement as the data analyzer.

Next meeting is Wednesday, September 18 – 8:30 a.m. to 10 a.m. at the Hospital Council offices in Hauppauge.

Please always RSVP your attendance at these meetings to Lillian Curry le Curry@nshe.org. This will ensure enough handouts and refreshments are on hand.

Enjoy the rest of the summer!!! See you on the 18th of September!!!