



LONG ISLAND
Health
COLLABORATIVE
connecting you to better health

June 29, 2023
Quarterly Hybrid Meeting

Welcome & Introductions

Thank you for joining us!

Please introduce yourself and tell the group what organization you are representing.



LHC Updates

Suburban Hospital Alliance's *Now's the Time* social media campaign wins a Fair Media Council Folio Award!

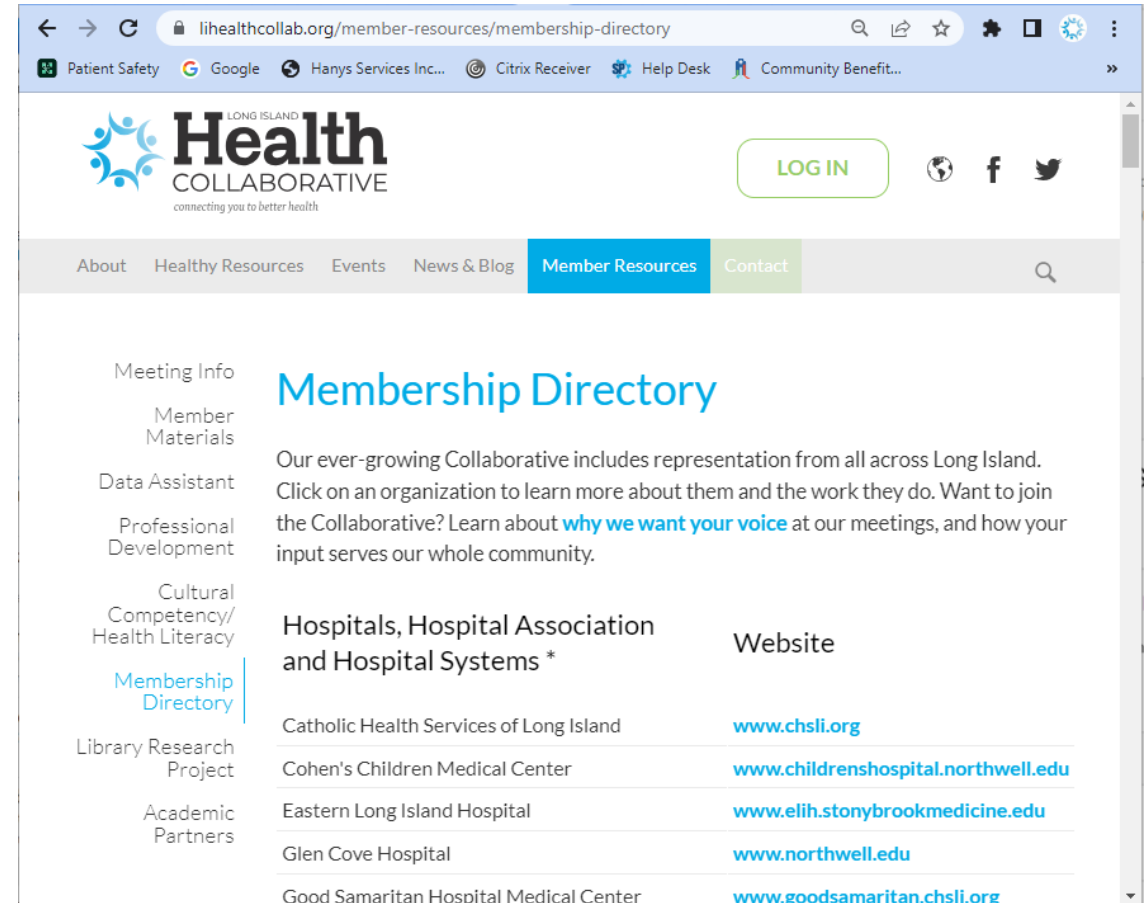
- Learn more about the campaign on the [SHANYS website](#)
- Learn more about our services through [Alliance Health Communications](#)



LIHC Updates

Directory

- Available on [LIHC website](https://lihealthcollab.org)
 - All LIHC member organizations
 - Updates? Email boliveri@nshc.org



The screenshot shows a web browser displaying the LIHC website at lihealthcollab.org/member-resources/membership-directory. The page features the LIHC logo and a navigation menu with 'Member Resources' highlighted. The main content area is titled 'Membership Directory' and includes an introductory paragraph: 'Our ever-growing Collaborative includes representation from all across Long Island. Click on an organization to learn more about them and the work they do. Want to join the Collaborative? Learn about [why we want your voice](#) at our meetings, and how your input serves our whole community.'

Below the text is a table listing member organizations and their websites:

Hospitals, Hospital Association and Hospital Systems *	Website
Catholic Health Services of Long Island	www.chsli.org
Cohen's Children Medical Center	www.childrenshospital.northwell.edu
Eastern Long Island Hospital	www.elih.stonybrookmedicine.edu
Glen Cove Hospital	www.northwell.edu
Good Samaritan Hospital Medical Center	www.goodsamaritan.chsli.org

Introducing LIHC Member Spotlights

NYC Regional Poison Control Center

- Website: <https://www.nyc.gov/site/doh/health/health-topics/poison-control.page>
- Counties served: Bronx, Brooklyn, Queens, Staten Island, Manhattan, **Nassau, Suffolk**, and Westchester— based in NYC
- Part of a national network made possible by a combination of federal, state, and local funding
- Many professional training opportunities
- Learn more: Eduardo Torres teduardo@health.nyc.gov



LIHC Updates

Community Service Society (CSS) Keep New York Covered (KNYC) Grant

- Continuous Medicaid enrollment ended June 1
- Provision was part of federal Public Health Emergency (PHE) designation, which ended May 11
- Consolidated Appropriations Act of 2023 decoupled Medicaid continuous enrollment from the PHE
- States can now resume Medicaid disenrollments
- All Medicaid recipients must re-certify in order to maintain coverage
- NSHC part of massive outreach enrollment re-certification effort spearheaded by CSS



**The rules
have changed.**

Don't lose your health insurance. **Re-enroll now.**

Automatic enrollment for Medicaid recipients ended June 1. You are at risk of losing your insurance if you don't recertify. Call today for help re-enrolling in Medicaid, Child Health Plus, or the Essential Plan. Members of special populations like the Aged, Blind, and Disabled must also recertify to keep coverage.

Call now. 



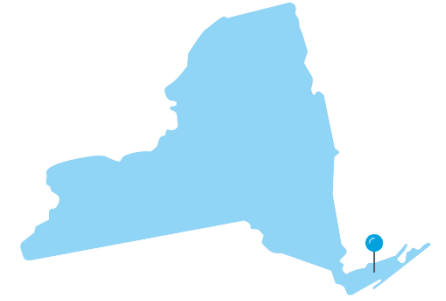
**Our operators
will assist you:**

 **631-435-3000**

For More Information:

631-435-3000 | #keepLIcovered

LIHC Updates



1115 Waiver Update

- State asked for \$13 billion over five years
- Know amount is now lower, three-year waiver period (April 2024 – March 2027)
- Standard terms and conditions outlines all important details of the waiver – crux of the waiver
- Probably September through April is a planning phase
- Waiver maintains focus on social care interventions and funding
- HEROS scraped and will focus that type of work at the state level

Health Equity Impact Assessment

- Law effective June 22, 2023 says Article 28 facilities must conduct a health equity impact assessment as part of CON application process (some exceptions)
- Assessor must be an independent entity with no financial interest in the CON
- Meaningful engagement of various stakeholders one requirement
- Community-based organization input sought
- NSHC tinkering with CBO database to streamline process and ease burden on CBOs

LIHC Core Clusters

3 main areas of interest:

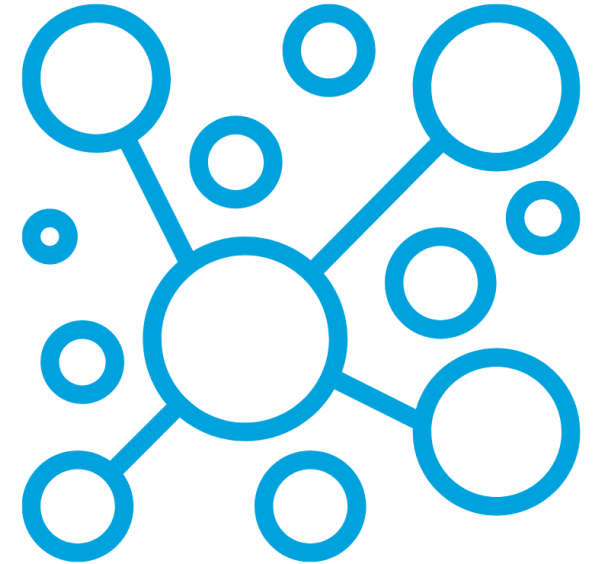
1. Cultural competency/health literacy (CCHL)
2. Mental health
3. Chronic disease

• Today's next steps:

- Meeting attendees choose a cluster
- Brainstorm session: narrow down mental health and chronic disease clusters' focus

• After today's meeting:

- LIHC to coordinate follow up cluster meetings via Zoom to determine cluster chairs, discuss goals, potential end products, and next steps



Featured Presentation

Sarah Ravenhall, MHA, CHES

**Executive Director of the New York State Association
of County Health Officials (NYSACHO)**

Former Population Health Improvement Program
Manager at the Long Island Health Collaborative



County Health Officials of New York

Leading the Way to Healthier Communities

<https://www.nysacho.org/>



Getting to Know Your Local Health Departments + the Core Public Health Services They Provide

Sarah Ravenhall, MHA, CHES, Executive Director
The New York State Association of County Health Officials

NYSACHO Organizational History

- Organized in 1979
- Membership association for 58 local health departments
- Non-for-profit 501(C)(3), tax exempt organization
- Provides:
 - Advocacy
 - Technical assistance and training opportunities
 - Convener of membership via in person and virtual platforms





NYSACHO Mission and Vision

Mission: *NYSACHO supports, advocates for, and empowers local health departments in their work to promote health and wellness and prevent disease, disability and injury throughout New York State.*

Vision: NYSACHO is recognized as the collective voice leading policy, education, and advocacy to create healthy, safe communities in New York State.

NYSACHO Committee Structure

NYSACHO Board of Directors

*Committees
of the Board*

**Executive/Governance
Committee**

**Development
Committee**

**Audit and Finance
Committee**

*Committees
of the
Corporation*

**Disease
Control
Committee**

**Emerging
Issues/IT
Committee**

**Environmental
Health
Committee**

**Maternal
Child Health
Committee**

**Nominating
Committee**

**Past Board
Director
Committee**

**Rural
Counties
Committee**

**Workforce
and Funding
Committee**

NYSACHO MEMEBERSHIP (FINAL VOTE ON CERTAIN ITEMS – AOI, BYLAWS, ETC)

How does NYSACHO influence change on behalf of LHDs?

- Members (LHD leaders)
 - Attend meetings as SMEs
 - Educate and inform lawmakers
 - Give local examples on how NYSACHO budget requests will impact communities
 - Inform public health policy
- NYSACHO Staff
 - Employed lobbyist (Exec. Director)
 - Follows lobbying and reporting rules
 - Must work in alignment with NYSACHO policy positions
 - Working through NACCHO to work with Congressional Leaders

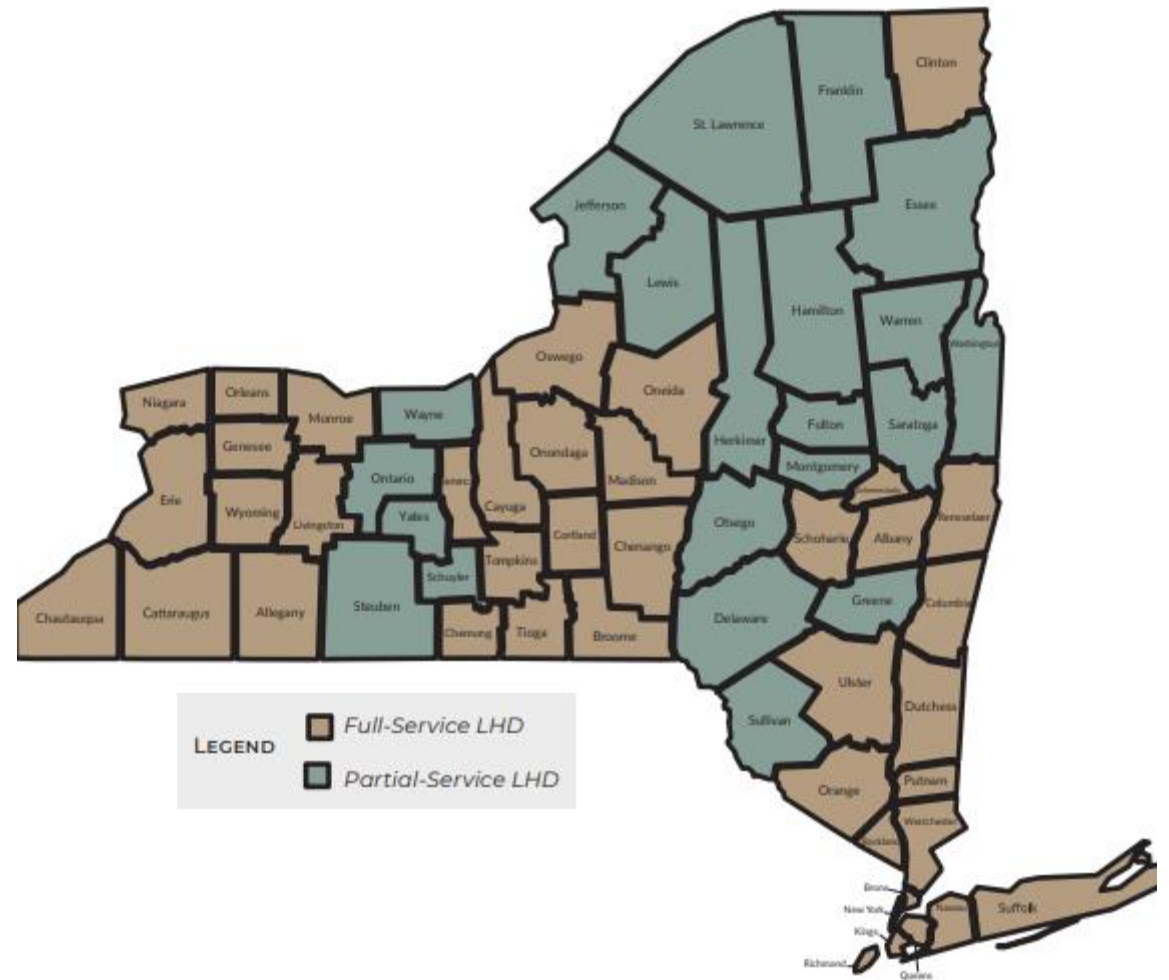


Questions for the audience

- Raise your hand if:
 - You know who the county health officials are in your service area or where you live.
 - You have a general understanding of the work local health departments provide or are obligated to provide in their county.
 - You have attended an event hosted by the local health department in your county of residence.

New York State's Public Health Workforce

- 58 local health departments (LHDs) in New York State
- Services LHDs provide under Public Health Law Article 6 program:
 - Community Health Assessment – Prevention Agenda!
 - Communicable Disease Control
 - Chronic Disease Prevention
 - Family Health Services
 - Emergency Preparedness
 - Environmental Health Services (full-service)
- Costs are partially reimbursed by Article 6



Services Provided by LHDs that are Separate from Article 6/Core Public Health (NOT funded by Article 6)

- EMS;
- Dental Health;
- CHHAs;
- Early Intervention administration and service coordination;
- Jail health services;
- 4410 special education pre-k transportation;
- Medical Examiner/Coroner Services (pathology, toxicology services for data surveillance).





Base grant – Set amount or per capita amount, whichever is higher, reimburses 100% of eligible expenses up to base grant amount.



36% reimbursement for eligible expenses after the base grant is expended (20% for New York City).



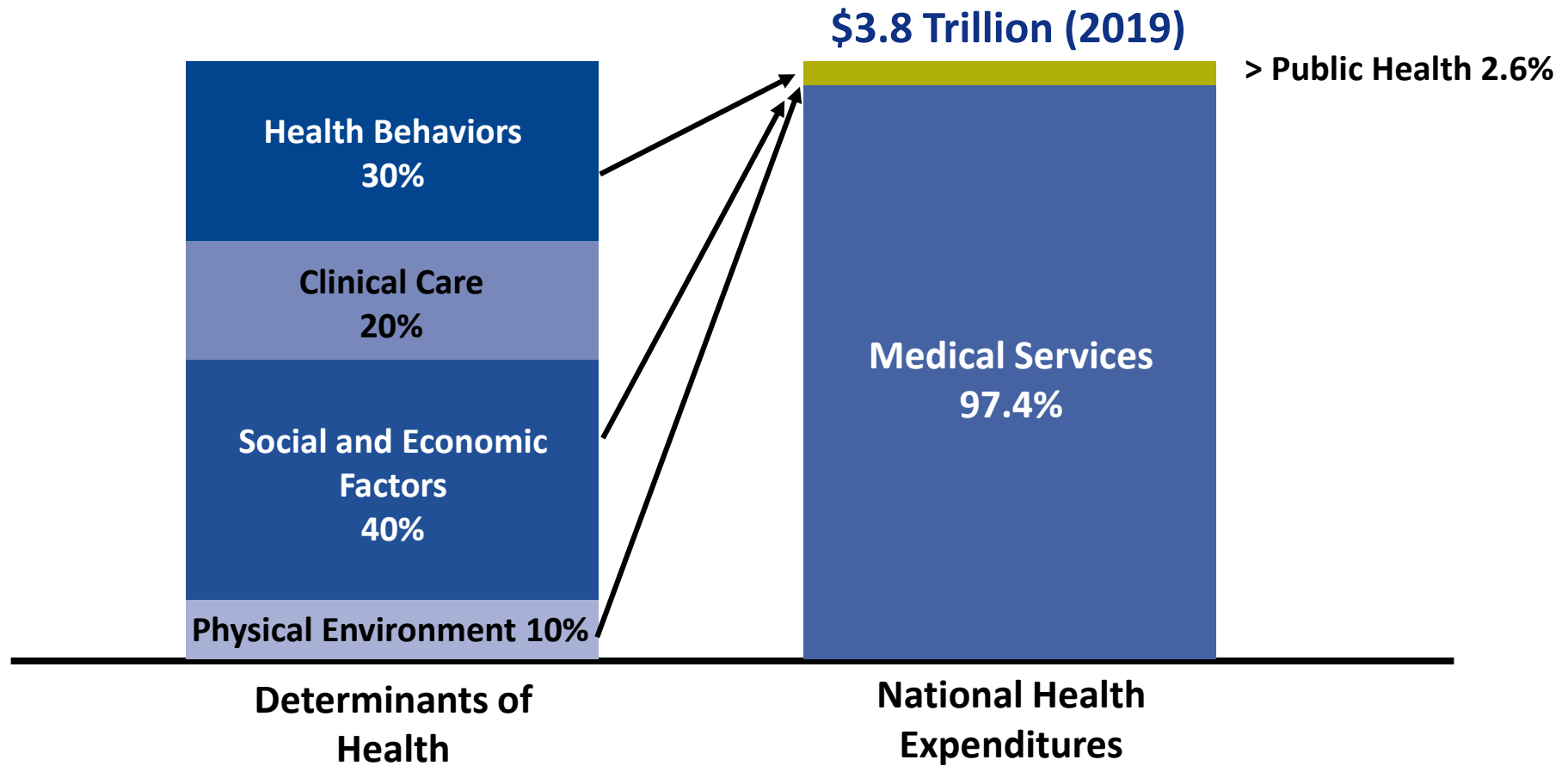
Balance of eligible expenses is paid by counties/NYC and 100% of ineligible expenses are paid by counties.



Other sources of revenue: Fees, Fines, and Grants. State law sets limits on fines. Fees must be on a sliding scale based on ability to pay and must be commensurate with cost of providing the service.

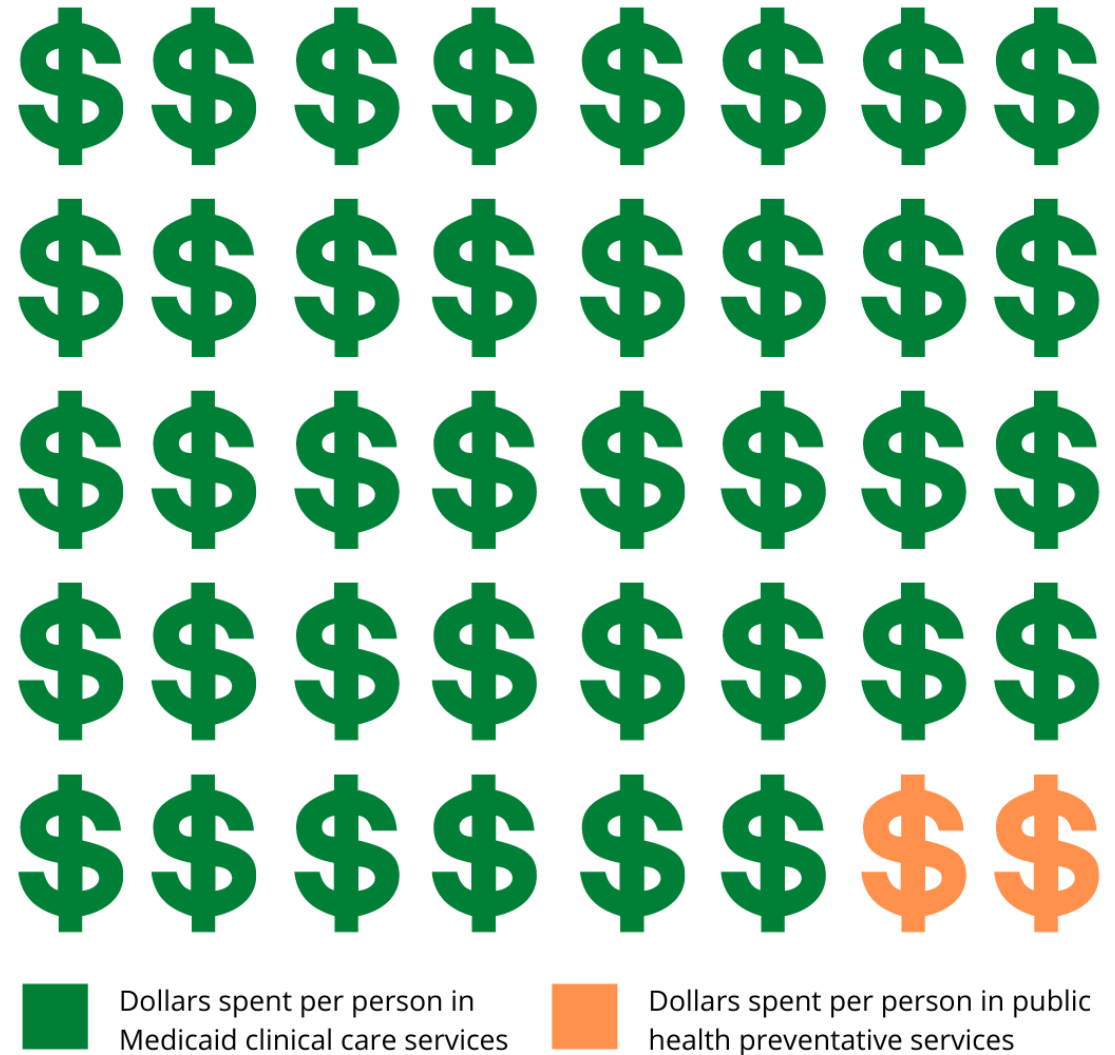
Local Health Department Funding in NYS

Social Determinants of Health vs. Health Spending



NY Spending on Health Care vs. Public Health

- NYS spends less than 3% of its total health expenditures on public health.
- While NY spends **\$193 per person on public health**, we spend **\$3,869 per person in Medicaid spending**.
- Studies on public health spending have shown that public health investments have a substantial impact.
 - [In one study](#), an increase in public health spending resulted in a decrease in Medicare spending in low-resourced communities.
 - [A second study](#) demonstrated that an investment of \$10 per person per year in evidence-based community health programs could save the country more than [\\$16 billion](#) annually. That is a potential savings of \$5.60 for every \$1 invested.



LHD Required Activities Pursuant to PHL

- Enforcement of State Sanitary Code
- Regulation of Drinking Water Supply, Swimming Pools, Bathing Beaches and Aquatic Spray Grounds, Hotels, Motels and Cabin Colonies, overnight camps for children and campgrounds, Mass gatherings, Agricultural fairgrounds, food service establishments; Migrant farmworker housing; Mobile home parks; Public functions (over 5,000 people); Realty subdivision approval;
- Nuisance abatement
- Control of Lead Poisoning
- Clean Indoor Air Act
- Adolescent Tobacco Use Prevention Act (ATUPA)
- Communicable Disease Control (general reporting/surveillance; contact tracing, control; rabies; polio; immunizations; TB; Sexually transmitted diseases)





Coming Soon Pending Governor Hochul's Signature: A New Regulatory Framework for LHDs

- Local health departments are strictly regulated under a framework of services that do not align with the services they provide.
- **Article 36** Licensed Home Care Services Agency (LHCSA)
 - Direct observed therapy for individuals with TB, maternal child health visits, lead nursing home visits
 - Does not apply to those LHDs with certified home health agencies (CHHAs) -10 LHDs
- **Article 28** Local Health Departments are Regulated under Article 28
 - Other types of Article 28 facilities: hospitals, nursing homes, ambulatory surgery centers.
 - Services provided by local health departments: immunizations, chronic disease screening, TB testing, HIV testing and counseling.

2023-2024 State Budget and Legislative Successes

- Lead rental registry Program (severely underfunded)
- \$1.00 Increase on tobacco products
- Enforcement of illicit cannabis sales
- Regulatory legislation
- Movement on the following:
 - Adult immunization entry into NYSIIS
 - Co-prescribing opioid disposal system
 - Overdose prevention center bill

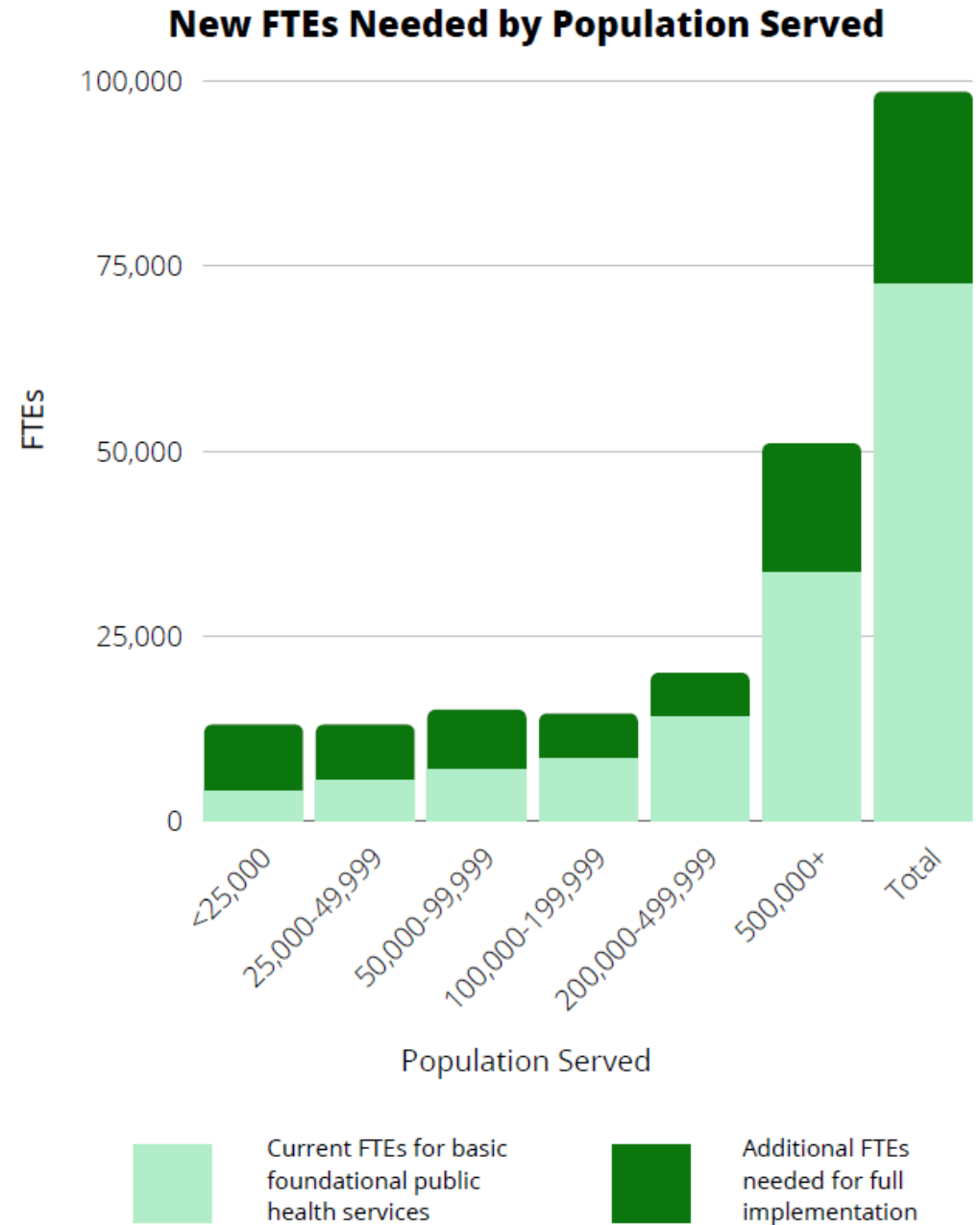


Applying the Staffing Up Methodology to LHDs in NYS

- 90% of LHDs in NYS do not have enough staff to adequately provide basic foundational public health services to their communities

AND

- Over 1,000 additional Full-Time staff are needed to be able to provide an adequate infrastructure and a minimum package of public health services



NYSACHO Brainstorming: What is next for Public Health in NYS?

Rebuilding public and stakeholder trust-Protecting the **workforce**

- Employee morale
- Workforce is looking toward retirement
- Recruitment and retention of employees
- CDC Public Health Workforce infrastructure funding – 5 year focused on this.
- Flexible, broad, funding that is disease-agnostic.
- Public health's reputation is being challenged.

Prevention approaches lead to reduced hospital admissions, readmissions and **reduce** long-term health **spending**

- Lead poisoning prevention
- Chronic disease management/prevention
- Cancer screenings
- Healthy homes, asthma rates

Federal/State **MRT 1115** Waiver *What is LHD involvement?*

- Will focus on:
 - Emergency Preparedness (LHD core public health requirement)
 - Health Equity (underpinning of all core public health work)
 - Social Determinants of Health
 - HEROS have been removed from plan which was the only clearly defined entity for LHDs to assume responsibility for.

Data Modernization *De-identified Data sharing possibilities?*

- Bi-directional data systems.
- Easy access to data for epis. Surveillance work.
- Are there providers with low immunization rates?
- Local uptick in diagnoses or prescribing trends?
- What preventive services are being provided in clinical network?

Recommendations for Partnering with your Local Health Department

- Participate in Community Needs Assessment process (CHA/CHIP)
- Stand up for governmental public health experts – communication/media
- Collaborate on community events
- Include public health experts on decision making committees
- Data sharing partnerships
- Apply for funding collaboratively
- Visit your LHD!



THANK YOU LIHC & PUBLIC HEALTH PARTNERS!

Sarah Ravenhall, MHA, CHES

Executive Director

The New York State
Association of County Health
Officials

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sravenhall@nysacho.org

What **Makes**
Us Healthy



What We **Spend**
On Being Healthy



Ongoing Engagement

Collaborative Communications

- Bi-weekly email newsletter to 400+ contacts
- Submit your free events, resources, jobs, and more to boliveri@nshc.org
- [Subscribe to Collaborative Communications](#)

LIHC Events Calendar

Submit your events [here](#)

Walk with a Doc / Walk Safe with a Doc

- Opportunity to partner
- LIHC handles coordination, just asks for your efforts to co-promote

2023 Meetings

- Hybrid quarterly meetings to continue, registration links on [LIHC website](#)
 - Thursday, September 28, 2023 at 9:30 AM
 - Thursday, December 7, 2023 at 9:30 AM

Discussion



Adjournment

Thank you!

www.lihealthcollab.org

(631) 963-4167

lihc@nshc.org