



## Long Island Population Health Improvement Program (LIPHIP)

**CHARTER** 

The Long Island Population Health Improvement Program (LIPHIP) is a New York State Department of Health grant-funded initiative designed to promote population health activities. LIPHIP is organized by the Nassau-Suffolk Hospital Council (NSHC), the membership association for all hospitals on Long Island. The core of the LIPHIP is an extensive workgroup of committed partners who agree to work together to improve the health of all Long Islanders. This workgroup consists of the two county health departments, all hospitals on Long Island, dozens of community-based health and social service organizations, academic institutions, health plans, and local municipalities, among other sectors. This workgroup, which has been meeting voluntarily since 2013 and pre-dates the state grant, calls itself the Long Island Health Collaborative (LIHC). The LIHC is key to ensuring that the efforts of the LIPHIP address the incidence of chronic diseases, especially those related to obesity, both from a prevention and treatment viewpoint.

<u>MISSION:</u> The LIPHIP exists to assist the full spectrum of health and social service providers provide better healthcare, especially in the area of chronic disease, more efficiently and cost-effectively for all Long Islanders through population health activities.

<u>VISION</u>: The LIPHIP includes the development of a well-established network of collaborative partners that supports data and information transparency and sharing of best practices. In addition, it endeavors to promote widespread public awareness about the importance of one's personal health and health behaviors, and the availability of resources needed to achieve a healthier life. It is the hope of the LIPHIP that all Long Islanders of every age will incorporate healthy choices and a healthy lifestyle as a matter of routine. LIPHIP also works toward an increase in high-quality, fully equitable population health services for all and a decrease in the cost of such services over time.

**GOAL:** As a regional resource, the LIPHIP will provide data analysis and reporting, information on disease incidence and trends, and technical assistance in the areas of workforce, community outreach, and patient engagement. The work of the LIPHIP is driven by data and evidence and by consensus among the collaborators. It specifically seeks to coordinate related population health efforts that are occurring as a result of state and national health reforms.

## **OBJECTIVES**

- To provide stakeholders with a central meeting place
- To promote the concept of population health among all sectors, the media, and the public





 To execute population health planning through research, data analysis, education, and information

**STRUCTURE:** (See organizational chart)

**Steering Committee** provides governance and consistency of purpose and messaging at all levels. It reviews proposed documents and policies, supervises timely execution of LIPHIP work plan activities, makes recommendations regarding LIPHIP operations, and serves in an advisory council capacity to the industry partners' subgroup. Meets bi-monthly.

**Long Island Health Collaborative (LIHC)** is the core workgroup of the LIPHIP, as its diverse membership is the embodiment of population health. Tasks and activities are accomplished through a subgroup structure, with staffing and other operational needs met by the LIPHIP staff. Meets monthly. The subgroups are as follows:

- Public Education, Outreach and Community Engagement
- Academic Partners
- CLAS/Workforce
- Complete Streets
- Data Analysis
- Nutrition and Wellness
- Industry Partners

The LIPHIP is not limited to these subgroups and may, upon consensus within the LIPHIP and with approval from the state health department, add or eliminate subgroups as necessary. Subgroups are chaired by a volunteer participant from the LIPHIP core workgroup – the Long Island Health Collaborative – and each chairperson determines meeting frequency, leads the subgroup's projects and efforts, and reports on behalf of the subgroup at the full LIPHIP meetings.

**<u>FUNDING:</u>** Funding for the LIPHIP is provided through a New York State Department of Health grant.

## **LIPHIP STAFF**

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