

# Long Island Health Collaborative

*An initiative of the Nassau-Suffolk Hospital Council funded by a  
New York State Department of Health  
Population Health Improvement Program (PHIP) grant*



**FINAL**

**Strategic Plan 2019**

# PROGRAM BACKGROUND

## INTRODUCTION

This plan defines a clear strategy for the Long Island Health Collaborative (LIHC) to fulfill the principles and objectives of the state's Population Health Improvement Program grant for the Long Island region. The plan offers a blueprint to manage collective identity, address the community's pattern of needs, build on the most hopeful areas of collective intervention(s), and set forth a clear strategic direction with practical steps to achieve it.

## PHIP PROGRAM CONTEXT AND ORIGINS

The Population Health Improvement Program is a New York State Department of Health grant-funded initiative designed to promote population health activities. Its activities are guided by the New York State Department of Health's Prevention Agenda. This agenda outlines five priority areas to which PHIPs concentrate their efforts. The two chosen Prevention Agenda Priorities, which also emphasize the elimination of health disparities, stem from results of the Community Health Needs Assessment (CHNA). This assessment is conducted every three years under the guidance and leadership of the LIHC. The Long Island region's PHIP is overseen by the Nassau-Suffolk Hospital Council (NSHC), the membership association for all hospitals on Long Island. The core of the region's PHIP is an extensive group of committed partners – known as the Long Island Health Collaborative - who agree to work together to improve the health of all Long Islanders. This group consists of the two county health departments, all hospitals on Long Island, physician leaders, Performing Provider Systems, representatives from nursing and mid-level provider associations, dozens of community-based health and social service organizations, Health Information Exchanges, academic institutions, health plans, local municipalities, libraries, local school districts, and many other sectors. Additional participants join the group on an ongoing basis. This group has been meeting voluntarily since 2013 and pre-dates the state grant. The LIHC's goal is to ensure that the efforts of the Long Island region's PHIP address Prevention Agenda priorities. Since its inception, the LIHC has focused on the reduction of chronic diseases from a prevention and treatment viewpoint.

## **MISSION STATEMENT**

The LIHC exists to assist, through the provision of data resources, community education strategies, and reasonable efforts to achieve improved health outcomes, the full spectrum of health and social service providers to provide better healthcare, more efficiently and cost-effectively for all Long Islanders through population health activities.

## **VISION STATEMENT**

The LIHC 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 LIHC and its partners that Long Islanders of every age, location, and cultural group will incorporate healthy choices and a healthy lifestyle as a matter of routine. The LIHC 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.

## **PURPOSE OF PROGRAM**

As a regional resource, the LIHC provides data analysis and reporting to member organizations and stakeholders who share a vested interest in the mission of the LIHC, information on disease incidence and trends, and technical assistance in the areas of workforce, community outreach, and patient engagement. The work of the LIHC is driven by data, by 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 by:

- Promoting the concept of population health among all sectors, the media, and the public

- Executing population health planning through research, data analysis, education, and information
- Providing stakeholders with a central meeting place where structured meetings will be held to discuss plans for momentum in improving population health in the Long Island region.

## STRATEGY

### OVERARCHING GOAL

Promote the Institute for Healthcare Improvement's Triple Aim of better care, better population health, and lower healthcare costs. Highlight the importance of preventive care as an integral part of any population health strategy to improve overall health and quality of life. Support and advance activities related to the New York State Prevention Agenda (2019 – 2024). Incorporate strategies to reduce disparities in health and healthcare while promoting population health.

### WORK PLAN SUMMARY

The LIHC is guided by a yearly workplan approved by the PHIP state contract manager. Please refer to the LIHC website to view yearly workplans.

*Objective 1: Convene stakeholders and demonstrate transparency in public reporting activities*

*Objective 2: Data collection, analysis, mining, and monitoring*

*Objective 3: Involvement in community engagement and strategic planning to improve population health*

*Objective 4: Serve as a resource to DSRIP Performing Provider Systems (PPS) upon request of the PPSs, provide technical assistance for programs that advance the Prevention Agenda and the SHIP*

*Objective 5: Help support the State Health Innovation Plan (SHIP)*

*Objective 6: Work collaboratively and cooperatively with the New York State Department of Health*

## **STRUCTURE**

*REFER TO APPENDIX ITEM FOR TABLE OF ORGANIZATION*

The LIHC Steering Committee provides governance and consistency of purpose and messaging at all levels. It reviews proposed documents and policies, supervises timely execution of workplan activities, makes recommendations regarding LIHC operations, and serves in an advisory capacity. The Steering Committee meets quarterly.

## **CORE CLUSTERS**

Long Island Health Collaborative (LIHC) is the core workgroup of the Long Island region's PHIP, as its diverse membership is the embodiment of population health. Tasks and activities are accomplished through a subgroup structure, (Core Clusters) with staffing and other operational needs met by the LIHC staff. The LIHC follows the collective impact model (see Appendix Item 1) most notably serving as the backbone organization.

In 2017, the LIHC held a Collective Impact Think Tank session with its participants to assist it in its efforts to better maximize participants' expertise and to more definitively focus on "core" areas of common concern. [The full Collective Impact Think Tank report is available on the LIHC website.](#)

Core Clusters are:

- *Cultural Competency Health Literacy*
- *Data Advisory*
- *Food Access*
- *Physical Activity*

The LIHC is not limited to these Core Clusters and may, upon consensus within the LIHC and with approval from the state health department, add or eliminate clusters as necessary. Core Clusters are chaired by a volunteer participant from the LIHC. Each chairperson determines meeting frequency, leads the Core Cluster's projects and efforts, and reports on behalf of the Core Cluster at the full LIHC meetings.

- *Industry Partners*

Industry partners play a vital role in improving the health of communities in which they do business. That's because health affects every aspect of a person's life no matter where they live, work, or play. The promise of population health, which is the foundation of the LIHC, is to harness the expertise of each stakeholder and then work collaboratively to improve health. Partnerships with industry leaders provide invaluable expertise that supports strategic decision making for positive change in health outcomes and in the communities in which we live, work, and play. In order to advance the integrity of the LIHC, industry partners are asked to sign a Partner Pledge (see Appendix Item 2.)

## **COMMUNICATIONS PLAN**

The *Communications Plan* is a detailed blueprint of communication activities and strategies that raise awareness about a) the LIHC and its mission and b) the population health-based approach to care through the collective impact model that is the mechanism through which chronic diseases, health disparities, and other identified health needs are managed and treated in order to achieve a healthier population on Long Island.

## **FUNDING**

Funding for LIHC is provided through a New York State Department of Health Population Health Improvement Program (PHIP) grant.

# **IMPLEMENTATION**

## **WORKPLAN DELIVERABLES**

Workplan deliverables are executed and submitted to the state by LIHC staff. To support transparency, all deliverables including reports, meeting summaries and program plans are made available to the public on the LIHC website. Progress and

findings of deliverables are assessed and reported to the New York State Department of Health on a quarterly basis. Workplan deliverables and Core Cluster updates are reported to LIHC members during monthly meetings and summarized in meeting summary documents. *Please refer to the LIHC website to view yearly workplans.*

It is the priority of both the LIHC members and LIHC staff to engage in open communication and transparent sharing of activities and to streamline work efforts and eliminate redundancy in projects whose areas overlap. As a collaborative group, the LIHC strives to develop plans that are not only highly sustainable but also best position community members and the organizations that support those community members with an ongoing ability to receive the information and tools they need to live healthier lives.

## **OVERARCHING GOALS**

- Convening diverse partners
- Engaging in primary and secondary data collection and analyses
- Maintaining a region-wide Cultural Competency Health Literacy training program for the workforce
- Conducting consumer and provider-facing public information/awareness campaigns
- Supporting adoption of policies related to healthier living
- Promoting chronic disease self-care
- Providing a web-based walking initiative for use by the public and organizations seeking a platform in which to engage patients/clients/employees in a walking program

## **OPERATIONS**

Long Island Health Collaborative participants are asked to review the LIHC Partner Policy (see Appendix Item 3) which outlines the LIHC's guiding principles. The Partner Policy also provides information about the Welcome Process and what LIHC

participants can expect from the LIHC. New participants are required to complete an LIHC Welcome Kit New Member Form.

## EVALUATION

### SHORT-TERM PROGRAM EVALUATION

The LIHC's approved yearly workplan includes measurable metrics. In addition, each Core Cluster may develop its own set of measurable outcomes.

The Robert Wood Johnson Foundation's Culture of Health Action Framework (see Appendix Item 4) outlines action areas, drivers, and measures that can be applied to a wide range of population health-based efforts. The LIHC may refer to these to assist in determining areas of measurement and pathways of action. Action areas defined by the Robert Wood Johnson Foundation include:

- Making health a shared value
- Fostering cross-sector collaboration to improve well-being
- Creating healthier and more equitable communities
- Strengthening integration of health services and systems

These action areas lead to a culmination of improved population health, well-being, and equity.

### LONG-TERM PROGRAM EVALUATION

Cost of health, disease prevalence and clinical outcomes are measures that demonstrate a value returned to society and thus must be considered when designing a plan for meaningful evaluation. However, improvement in population health is not immediate. This is due, in part, to the social determinants of health (see Appendix Item 5,) which account for about 70 percent of health outcomes (Artiga, Hinton, 2018, p. 2).

The Long Island region PHIP measures its long-term success against the metrics set forth in the New York State of Health's Prevention Agenda. Collectively, these outcome metrics are the measures to which all LIHC participants aspire. The LIHC exists to

assist its many varied partners in helping the state achieve these measures. View the Prevention Agenda dashboard on the state’s website for a complete list of measures.

### SWOT ANALYSIS

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Extensive and varied participants, representing a multitude of expertise</li> <li>• Has adequate funding</li> <li>• Consensus on foundational pillars – physical activity (walking) and nutrition/food access</li> <li>• Core Clusters in place</li> <li>• Two (2) county health commissioners in alignment</li> <li>• Collect and analyze local data</li> <li>• Access to local, state, national databases</li> <li>• Data Resources (CHAS, Wellness Portal, HIEs)</li> <li>• Talented staff</li> <li>• Good relationship with key legislators</li> <li>• Influential participants</li> <li>• User-friendly website</li> <li>• Oversee CHNA process</li> <li>• Asset for NSHC</li> </ul>	<ul style="list-style-type: none"> <li>• Members not attending monthly meetings on consistent basis</li> <li>• Premise of LIHC continues to be vague to some audiences/participants</li> <li>• Gaps in knowledge about population health</li> <li>• Competing and conflicting priorities</li> <li>• Not fully autonomous</li> <li>• Unable to fully engage clusters</li> <li>• Paucity of industry (commercial sector) involvement</li> <li>• Hands tied by workplan tasks</li> <li>• Difficult to access health outcome data</li> <li>• Wellness Portal underutilized</li> <li>• Members’ attention to their individual institutions is first and foremost</li> <li>• Some community leaders/politicians need to be more aware and brought on board</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>• Leading data voice and resource for region, especially as DSRIP reaches the 5-year mark</li> <li>• Solidify leadership status as population health expert</li> <li>• Most community leaders/politicians aware and on board</li> <li>• Site for MPH practicums; internships</li> <li>• Network of health clinics (FQHCs)</li> <li>• Collaborative members’ boards represent influential members in the community</li> <li>• CDC has reasonable recommended physical activity guidelines; 2018 just released</li> <li>• Expertise and talent embedded in LIHC participant base</li> <li>• 2019 – 2024 Prevention Agenda</li> <li>• Health promotion/awareness campaign expertise</li> <li>• Many school districts have health/wellness policies in place</li> <li>• Major food relief organizations in existence, as well as extensive network of local food pantries</li> <li>• Promote/adopt evidence-based activities to effect changes in social determinants of health</li> </ul>	<ul style="list-style-type: none"> <li>• Collaborative participants pressed for time, affects meeting attendance</li> <li>• Apathy about promotion walking program (AYRF) among LIHC participants</li> <li>• Concurrent state health department reform initiatives competing for attention and human capital</li> <li>• Collaborative members’ boards represent influential members in the community (tend to be protective – leads to turf wars)</li> <li>• Cumbersome local ordinances and regulations exist</li> <li>• Fresh fruits, vegetables expensive for some income groups</li> <li>• Food deserts exist</li> </ul>

## REFERENCE

1. Artiga, Samantha, and Elizabeth Hinton. "Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity." The Henry J. Kaiser Family Foundation, The Henry J. Kaiser Family Foundation, 11 May 2018, [www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/](http://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/).

## APPENDIX

1. Collective Impact Model



2. Long Island Health Collaborative’s Industry Partner Pledge

## Long Island Health Collaborative’s Industry Partner Pledge

Industry partners play a vital role in improving the health of the communities in which they do business. That’s because health affects every aspect of a person’s life no matter where they live, work, or play. The promise of population health, which is the foundation of the Long Island Health Collaborative, is to harness the expertise of each stakeholder and then work collaboratively to improve health. Research now confirms that factors such as education, poverty, employment, race, ethnicity, housing and location all contribute to health. Chronic diseases are especially affected by these social factors, also called the Social Determinants of Health. Therefore, a coordinated regional health effort that incorporates clinical as well as social interventions is a wise investment for all.

The Long Island Health Collaborative welcomes your participation and input. Partnerships with industry leaders provide invaluable expertise that supports strategic decision making for positive change in health outcomes and in the communities in which we live, work, and play.

If you believe better health is possible for all Long Islanders, please pledge your allegiance to uphold these guiding principles:

- An overall mission to reduce and/or prevent chronic diseases, health disparities and to address other health needs identified by the tri-annual Community Health Needs Assessment and ongoing input from Collaborative participants.
- Members agree to actively participate, on a voluntary basis, in the work of the Collaborative and make a reasonable and sustained effort to offer their expertise and skills to advance population health for the region.
- Members agree that involvement in the Collaborative is of an altruistic nature and commercial product/service endorsement would be contrary to the ideals of population health and the LIHC.
- Members can expect recognition for their involvement with the Collaborative and its population health activities through cooperative messaging and branding.

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Signature

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Print Name

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Organization

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Date

### 3. Long Island Health Collaborative's Partner Policy

## Long Island Health Collaborative's Partner Policy

This policy outlines the guidelines followed by Collaborative participants and their organizations, to ensure that members align with the core principles of the Long Island Health Collaborative.

These principles are:

- An overall mission to reduce and/or prevent chronic diseases, health disparities and to address other health needs identified by the triennial Community Health Needs Assessment and ongoing input from Collaborative participants.
- Adherence to the collective impact model, which holds that each sector plays a unique role in ensuring the health of communities.
- Openness to all partners and opportunities for each of them to participate (voluntarily) in the work of the Long Island Health Collaborative. Partners must make a reasonable and sustained effort to offer their expertise and skills to advance population health for the region. This can be accomplished through participation in Core Clusters, active participation at bi-monthly meetings, and participation in LIHC-sponsored events.
- Recognition that involvement with the Long Island Health Collaborative is altruistic. Commercial product and/or service promotion, whether by a for-profit company or not-for-profit organization, is contrary to the ideals of population health and the Long Island Health Collaborative.
- Commitment by the LIHC to disseminate information about partner events and services that have a population health focus and are clearly linked to the LIHC's overall mission, via neutral communication channels, through informal discussions with partners, Core Cluster members and, when appropriate, at LIHC-sponsored events. Partner information and activities listed on LIHC's website, any spoken, written or email communications, or media materials do not serve as the LIHC's endorsement of such activities and information. Refer to Appendix Item: LIHC Rubric for Community Event Promotion Strategies
- Permission to use the LIHC logo on co-branded materials provided the materials advance the LIHC's overall mission, after first providing the LIHC with notification of intent to use the logo.
- Adherence to the highest business and professional standards both on the part of the LIHC and partner organizations.

### Membership Welcome Process

The welcome kit is a standardized method of onboarding potential new Collaborative members. When a person requests to join the LIHC membership, they will receive an email from the Outreach Assistant. This email welcomes them to the LIHC and provides them with the

Welcome Kit materials. The email describes each piece of the Welcome Kit and gives instruction on the form that must be returned, and will inform the new members of next steps. The documents attached to the welcome email are as followed:

- LIHC Brochure – while we have a printed version of the brochure, this digital copy has been updated to reflect the true scope of the Collaborative. It defines population health, and contextualizes what being part of the Long Island Health Collaborative means for the community.
- LIHC Introduction – this is a more detailed overview of the Collaborative and its work. It has three specific examples of big projects the LIHC are currently working on, and a glance at each of the active workgroups.
- LIHC Welcome Form – this important form must be returned to the Outreach Assistant to complete the process of joining the Collaborative.
- Industry Partners (For-profit firms) must also sign the Industry Partner Pledge

In the email, we ask that the person fills out and returns the LIHC Welcome Form. After receiving the completed form, the new member is added to various distribution lists.

### **Member Event Promotion Platforms**

The Long Island Health Collaborative is dedicated to promoting the work of our partners by disseminating information, upon request, relating to partner events. Activities, events, seminars, services, programs, workshops, support groups, symposiums, conferences, and other entries on the Long Island Health Collaborative’s “Collaborative Communications Events Update” email, the Long Island Health Collaborative Events Calendar, social media, and other promotional platforms, are not endorsed by the Long Island Health Collaborative and the region’s Population Health Improvement Program, the Nassau-Suffolk Hospital Council, or affiliates. Content on linked websites, including sponsored links, advertisements, and third-party links, are in no way associated with or endorsed by the Long Island Health Collaborative and the region’s Population Health Improvement Program, the Nassau-Suffolk Hospital Council, or affiliates.

Refer to Appendix Item: **LIHC Rubric for Community Event Promotion Strategies**

### **Steering Committee Authority**

The LIHC Steering Committee reserves the right to discontinue a partner’s alliance should the partner and/or his/her organization/company engage in unethical practices that would undermine the integrity of the LIHC and other partners and the ideals of population health. Such activities may include: inappropriate accounting practices; flagrant misuse of LIHC logo and member lists; meeting or event disruption, inappropriate intent to sell product/service. The Steering Committee ultimately makes the decision to dis-engage a partner.

## LIHC Rubric for Community Event Promotion Strategies

Criteria	Add to Website Calendar (website category)	Promote Using Social Media	Add to Member Event Blast
1. Charity Walks/Runs (E.g. Relay for Life)	<i>Walking Events</i>		Upon Request
2. Evidence-Based community health programs (e.g. DSMP; DPP; Walk with Ease; Stepping On)	<i>Community Wellness Events</i>		Upon Request
3. Non evidence-based community health programs (support groups; mall walkers, screenings)	<i>Community Wellness Events</i>		Upon Request
4. Health/Social Service related Community forums or fairs (transportation summits; substance abuse forums; first time home owner seminars; health fairs)	<i>Social Service Programs</i>		Upon Request
5. Member fundraising events (Golf Outing; Galas, or any programs offering CEUs)			
6. LIHC Member meetings (Monthly)	<i>LIHC Events</i>		
7. SCC Member meetings (workgroup and PAC)		Upon Request	Upon Request
8. Member hosted meetings (United Way HIV Planning Council; LIFCC meetings)		Upon Request	Upon Request

## LIHC Welcome Kit New Member Form



Thank you for your interest in the Long Island Health Collaborative. To be added to the LIHC distribution list and our Membership Directory, please fill out the information below and return to [LIHC@nshc.org](mailto:LIHC@nshc.org).

First Name

Last Name

Email

Phone Number

Your Title

Organization Name

Organization Website

Organization Mailing Address

Organization Social Media Profiles

Tell us about your organization

Is your organization a non-profit?  Yes  No

Is your organization a member of a professional association?  Better Business Bureau  Chamber of Commerce  National / regional membership association  Other

Please return completed form to [LIHC@nshc.org](mailto:LIHC@nshc.org)

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[www.lihealthcollab.org](http://www.lihealthcollab.org) | [LIHC@nshc.org](mailto:LIHC@nshc.org) | (631) 257-6957

Will you be the primary contact for your organization?

- Yes
- No

If no, please provide alternate name and contact information

Is there a specific contact at your organization for

- Community outreach
- Communications / Public relations
- Data
- DSRIP
- Physician outreach
- Wellness programs

Please provide contact information for anyone identified above.

Do you, or anyone at your organization, have an interest in contributing to the following workgroups?

- Academic Partners
- Behavioral Health
- Complete Streets
- Cultural Competency / Health Literacy
- Data
- Nutrition & Wellness
- Public Education, Outreach, Community Engagement

Why do you want to be part of the Long Island Health Collaborative?

Please return completed form to [LIHC@nshc.org](mailto:LIHC@nshc.org)

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4. Robert Wood Johnson Foundation, Culture of Health Action Framework

84 FROM VISION TO ACTION: A FRAMEWORK AND MEASURES TO MOBILIZE A CULTURE OF HEALTH

APPENDIX

## CULTURE OF HEALTH ACTION FRAMEWORK

ACTION AREAS	DRIVERS	MEASURES
<b>1</b> <b>MAKING HEALTH A SHARED VALUE</b>	<b>MINDSET AND EXPECTATIONS</b>	Value on health interdependence Value on well-being Public discussion on health promotion and well-being
	<b>SENSE OF COMMUNITY</b>	Sense of community
	<b>CIVIC ENGAGEMENT</b>	Social support Voter participation Volunteer engagement
<b>2</b> <b>FOSTERING CROSS-SECTOR COLLABORATION TO IMPROVE WELL-BEING</b>	<b>NUMBER AND QUALITY OF PARTNERSHIPS</b>	Local health department collaboration Opportunities to improve health for youth at schools Business support for workplace health promotion and Culture of Health
	<b>INVESTMENT IN CROSS-SECTOR COLLABORATION</b>	U.S. corporate giving Federal allocations for health investments related to nutrition and indoor and outdoor physical activity
	<b>POLICIES THAT SUPPORT COLLABORATION</b>	Community relations and policing Youth exposure to advertising for healthy and unhealthy food and beverage products Climate adaptation and mitigation Health in all policies (support for working families)
<b>3</b> <b>CREATING HEALTHIER, MORE EQUITABLE COMMUNITIES</b>	<b>BUILT ENVIRONMENT/PHYSICAL CONDITIONS</b>	Housing affordability Access to healthy foods Youth safety
	<b>SOCIAL AND ECONOMIC ENVIRONMENT</b>	Residential segregation Early childhood education Public libraries
	<b>POLICY AND GOVERNANCE</b>	Complete Streets policies Air quality
<b>4</b> <b>STRENGTHENING INTEGRATION OF HEALTH SERVICES AND SYSTEMS</b>	<b>ACCESS</b>	Access to public health Access to stable health insurance Access to mental health services Routine dental care
	<b>CONSUMER EXPERIENCE AND QUALITY</b>	Consumer experience Population covered by an Accountable Care Organization
	<b>BALANCE AND INTEGRATION</b>	Electronic medical record linkages Hospital partnerships Practice laws for nurse practitioners Social spending relative to health expenditure
OUTCOME	OUTCOME AREAS	MEASURES
<b>IMPROVED POPULATION HEALTH, WELL-BEING, AND EQUITY</b>	<b>ENHANCED INDIVIDUAL AND COMMUNITY WELL-BEING</b>	Well-being rating
	<b>MANAGED CHRONIC DISEASE AND REDUCED TOXIC STRESS</b>	Caregiving burden Adverse child experiences Disability associated with chronic conditions
	<b>REDUCED HEALTH CARE COSTS</b>	Family health care cost Potentially preventable hospitalization rates Annual end-of-life care expenditures

5. Kaiser Family Foundation, Social Determinants of Health

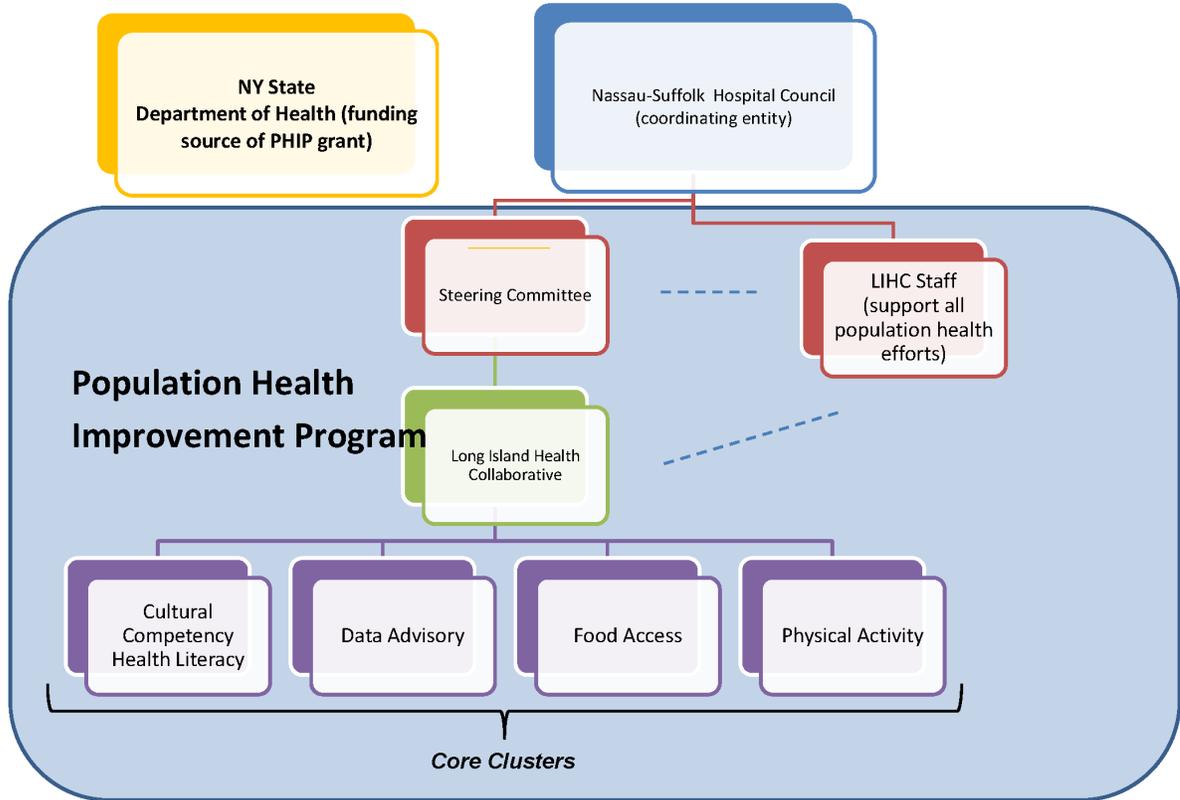
Figure 1  
**Social Determinants of Health**

<b>Economic Stability</b>	<b>Neighborhood and Physical Environment</b>	<b>Education</b>	<b>Food</b>	<b>Community and Social Context</b>	<b>Health Care System</b>
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

**Health Outcomes**  
 Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations



6. Long Island Population Health Improvement Program / Long Island Health Collaborative  
Table of Organization



Revised Nov 2018

## 7. Long Island Health Collaborative's Population Health Improvement Program Charter

# Long Island Health Collaborative's Population Health Improvement Program CHARTER

*The Population Health Improvement Program is a New York State Department of Health grant-funded initiative designed to promote population health activities. Its activities are guided by the New York State Department of Health's Prevention Agenda. This agenda outlines five priority areas to which PHIPs concentrate their efforts. The two chosen Prevention Agenda Priorities, which also emphasize the elimination of health disparities, stem from results of the Community Health Needs Assessment (CHNA). This assessment is conducted every three years under the guidance and leadership of the LIHC. The Long Island region's PHIP is overseen by the Nassau-Suffolk Hospital Council (NSHC), the membership association for all hospitals on Long Island. The core of the region's PHIP is an extensive group of committed partners – known as the Long Island Health Collaborative - who agree to work together to improve the health of all Long Islanders. This group consists of the two county health departments, all hospitals on Long Island, physician leaders, representatives from nursing and mid-level provider associations, dozens of community-based health and social service organizations, academic institutions, health plans, local municipalities, libraries, local school districts, and many other sectors. Additional participants join the group on an ongoing basis. This group has been meeting voluntarily since 2013 and pre-dates the state grant. The LIHC's goal is to ensure that the efforts of the Long Island region's PHIP address Prevention Agenda priorities. Since its inception, the LIHC has focused on the reduction of chronic diseases from a prevention and treatment viewpoint.*

**MISSION:** The LIHC exists to assist, through the provision of data resources, community education strategies, and reasonable efforts to achieve improved health outcomes, the full spectrum of health and social service providers to provide better healthcare, more efficiently and cost-effectively for all Long Islanders through population health activities.

**VISION:** The LIHC 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 LIHC and its partners that Long Islanders of every age, location, and cultural group will incorporate healthy choices and a healthy lifestyle as a matter of routine. The LIHC 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 LIHC provides data analysis and reporting to member organizations and stakeholders who share a vested interest in the mission of the LIHC, information on disease incidence and trends, and technical assistance in the areas of workforce, community outreach, and patient engagement. The work of the

LIHC is driven by data, by 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 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
- To provide stakeholders with a central meeting place

**STRUCTURE:** (See organizational chart)

**Steering Committee** The LIHC Steering Committee provides governance and consistency of purpose and messaging at all levels. It reviews proposed documents and policies, supervises timely execution of workplan activities, makes recommendations regarding LIHC operations, and serves in an advisory capacity. The Steering Committee meets quarterly.

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- *Industry Partners*

Industry partners play a vital role in improving the health of communities in which they do business. That's because health affects every aspect of a person's life no matter where they live, work, or play. The promise of population health, which is the foundation of the LIHC, is to harness the expertise of each stakeholder and then work collaboratively to improve health. Partnerships with industry leaders provide invaluable expertise that supports strategic decision making for positive change in health outcomes and in the communities in which we live, work, and play. In order to advance the integrity of the LIHC, industry partners are asked to sign a Partner Pledge.

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## 8. Freiden Health Impact Pyramid

