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Objective

1. Convene stakeholders and demonstrate transparency in public reporting activities.

Tasks

1.1 Convene bi-monthly (every other month) Long Island Health Collaborative/Population Health Improvement Program meetings. - The LI PHIP team will continue to facilitate bi-monthly (every other month) stakeholder meetings and spearhead follow-up activities as identified by Long Island Health Collaborative (LIHC) partners. The PHIP team will communicate with collaborating partners and community stakeholders to ensure their interests have been represented during strategic planning efforts. Consensus-building strategies will be utilized as appropriate.

Performance Measures

- 1 1.1i Coordinate, host and facilitate bi-monthly meetings. LI PHIP team will coordinate, host and facilitate monthly meetings. Ongoing.
- 2 1.1ii Share meeting agendas, summaries and PowerPoints. Meeting agendas, summaries and PowerPoints will be posted on website to support transparency requirements and sent to NYS Department of Health (Department) for review. Ongoing.

Tasks

2 1.2 Convene bi-monthly PHIP Steering Committee meetings. - Convene bi-monthly (every other month) PHIP Steering Committee meetings. The steering committee is responsible for refining the Long Island PHIP.s mission, vision, goals and objectives. This committee consists of the LIHC director, and draws from a range of stakeholders who represent organizations currently participating as collaborative members.

Performance Measures

- 1 1.2i Coordinate, host and facilitate bi-monthly PHIP Steering Committee meetings. LI PHIP team will coordinate, host and facilitate bi-monthly PHIP Steering Committee meetings. Ongoing.
- 2 1.2ii Share meeting agendas and summaries Agendas and meeting summaries will be posted on website to support transparency requirements and sent to the Department for review. Ongoing.
- 1.2iii Update charter, strategic plan and communications plan PHIP planning documents including Charter, Strategic Plan and Communications Plan will be updated and approved by the Steering Committee by January 14, 2018. Activities will be reported to the Department on a quarterly basis. Ongoing.

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- 3 1.3 Continue LI PHIP workgroups (re-branding as Core Cluster Groups). These groups will continue to meet as needed and membership will be expanded upon regularly. The collective impact framework will be followed to increase project efficiency and streamline efforts.
 - . Data collection and evaluation of progress will be led by PHIP team as appropriate
 - . LI PHIP team will coordinate and reinforce activities
 - . Communication between PHIP team and cluster participants will be fluid
 - . The PHIP team will serve as the backbone by providing administration, management and coordination of activities. Cluster groups will be restructured in 2018 to align with Prevention Agenda goals. Each cluster group will select 1 goal from Prevention Agenda Focus Areas 1 and 3, then select one measurable objective from the Prevention Agenda as the health outcome for which the group seeks to impact.

Performance Measures

- 1 1.3i Coordinate, host and facilitate workgroup meetings. LI PHIP team will coordinate, host and facilitate Cluster Group meetings.
- 2 1.3ii Share meeting agendas. Meeting agendas will be shared with Cluster group participants and shared with the Department. Ongoing.
- 3 1.3iii Share meeting summaries. Cluster group meeting summaries will be reviewed during monthly LI PHIP meetings and Steering Committee meetings, documented in meeting minutes and included in quarterly reporting to the Department. Ongoing.
- 4 1.3iv Share information on group enrollment with the Department. Cluster group membership will be open for enrollment during monthly PHIP meetings. LI PHIP staff will report on enrollment to the Department as part of quarterly reporting. Ongoing.
- 1.3v Identify opportunities for presenting and attending during State level conferences Identify opportunities for presenting and attending during State level conferences to bring visibility to Long Island population health based strategies (New York State Public Health Association, New York State Health Foundation Population Health Summit, etc.)

Tasks

4 1.4 LI PHIP ongoing recruitment efforts. - Ongoing expansion of PHIP participation and recruitment of future members who bring diversity to the collaborative.

Performance Measures

- 1.4i Review PHIP membership and participation on a quarterly basis. Review of PHIP membership and participation will be included within quarterly engagement report to the Department. Ongoing.
- 1.4ii Report on ongoing recruitment efforts by PHIP staff. Member recruitment led by PHIP staff will be ongoing, and joining the collaborative will be presented to potential members as deemed appropriate. Current PHIP members will also participate in recruitment, as they have pre-established networks and partners who serve the community. LI PHIP staff will also identify and partner with industry and business leaders who understand and promote the program. Reporting on recruitment activities will take place as part of quarterly reports to the Department. Ongoing,

Tasks

5 1.5 Promote initiatives and programs to achieve the Triple Aim. - Promote initiatives and programs to achieve the Triple Aim: support the NYS Prevention Agenda and the State Health Innovation Plan (SHIP) goals and objectives in the Long Island region.

Performance Measures

1 1.5i Promote goals through LI PHIP meeting topics. - Meeting agenda topics will support NYS Department of Health driven initiatives.

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2 1.5ii Update LI PHIP stakeholders about Department initiatives. - Program updates will be provided during LI PHIP meetings and documented within meeting summaries. These documents will be made publically available and shared with the Department when available.

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2 2. Data collection, analysis, mining and monitoring. Tasks 1 2.1 Conduct data analysis activities. - LI PHIP team will serve as the regional go-to resource for data analysis, collection and reporting needs which will benefit any improvement in community wellness. LI PHIP staff and data partners will utilize existing data sources to provide novel and innovative analysis and reporting to support data-driven initiatives.

Performance Measures

2.1i Quarterly reporting of data activities. - Data acquisition, access and analysis activities will be submitted to the Department quarterly and made publically available via the Long Island Health Collaborative data-section of the website. Ongoing.

Tasks

2 2.2 Continue to identify new data sources. - Identify and leverage unique data sources through stakeholder partnerships, reputable data providers and Data Gen, Inc.

Performance Measures

- 2.2i Report on data acquisition activities. PHIP team will consult with data-driven leaders throughout the region to collaborate, learn and share best practices about producing meaningful, actionable data. Any partnership or collaborative effort will be included within monthly data reporting to the Department. Ongoing.
- 2 2.2ii Work w/ Data Gen to produce reports using data that is publicly available/being collected locally by LIHC stakeholders. Work with Data Gen to produce reports showcasing disease prevalence, disparities or new and emerging trends using data that is publically available or being collected locally by LIHC stakeholders. These reports will be submitted to NYS Department of Health on a quarterly basis in conjunction with mandated reporting requirements. Deadline: April, July, October & December, 2018

Tasks

3 2.3 Use data to inform LI PHIP discussions. - The LI PHIP will lead data-driven, strategic planning efforts and provide consensus-building to ensure all organizational needs are being met. Through the PHIP Data Analysis Advisory Group, leaders from a diverse spectrum of specialties will evaluate data requests from Core Cluster groups and data prepared by PHIP staff to identify trends and explore interpretation.

Performance Measures

2.3i Use data to inform LI PHIP discussions - Trends and interpretations discussed within data advisory group will be presented among full- LI PHIP collaborative group where strategic planning and ways to impact will be discussed. Ongoing. Activities will be included as part of meeting summaries.

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Tasks 2.4 Survey and collect primary data as needed - Survey and collect primary data including results from the Long Island Community Health Assessment Survey. The Long Island PHIP will serve as the central repository/hub for data collection and analysis efforts as needed and determined by LI PHIP stakeholders. The LI PHIP team, under direction of the full collaborative, will develop primary data collection tools, methodologies and analysis as deemed appropriate. Performance Measures 2.4i Report on primary data collection activities. - Data analysis will be produced within any appropriate timeframes, maintain high quality, and will be clearly presented to the LI PHIP during monthly meetings. The LI PHIP will report on primary data collection activities as part of quarterly reporting to the Department. Ongoing. Analysis of Community Member Survey Data will be completed June 29 and December 1, 2018. 2 2.4ii Make data analysis findings publicly available on the website. - In support of data transparency, the LI PHIP will ensure all data tools resulting from primary data collection/survey activities, including analysis and reporting, are publically available on the website. Ongoing, Tasks 5 2.5 Promotion, support and analysis of the LIHC Wellness Portal. - Promotion, support and analysis of the LIHC Wellness Portal. LI PHIP team will support and promote the use of the LIHC Wellness Portal which was designed to measure program effectiveness. LI PHIP team will provide a hands-on demonstration to those partners interested in using the portal. LI PHIP team will compile and analyze data obtained through wellness portal, working closely with the program-sponsor to create an individualized report which meets the needs of the organization. Performance Measures 2.5i Report on Wellness Portal activities. - Activities to promote the Wellness Portal, as well as data analysis findings, will be included within quarterly reporting to the Department. Ongoing. Tasks 2.6 Help maintain CHNAs, CSPs, and CHIPs. - Develop and distribute community health profiles and data which will inform the Community Health Needs 6 Assessments (CHNAs), Community Service Plans (CSPs) and Community Health Improvement Plans (CHIPs) in Nassau and Suffolk Counties. Performance Measures 1 2.6i Compile zip-code level data. - LI PHIP staff will compile zip-code level data to inform state-required needs assessment cycles and plans for improvement within counties and hospitals. To be complete by June 29, 2018 and December 1, 2018 2 2.6ii Share findings. - Data will be shared publicly via website and reported to the Department as part of quarterly reporting. Due to the Department by July 1 and December 1, 2018. Tasks

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7 2.7 Engage regional health information organizations. - Cultivate and expand partnership with regional health information organizations (RHIOs) and where possible, partner to obtain access to data sets.

Performance Measures

2.7i Engage RHIOs and identify plan for partnership. - Partnership and possibility of utilizing data will be outlined in detail and reported to the Department by January 31, 2018.

Tasks

8 2.8 Lead regional asset mapping. - Lead regional asset mapping, GIS and data-mapping efforts, particularly in high-needs communities. Activities will include developing an online interactive inventory of community resources.

This will include developing a library of ohealth programming and web-based resource tools. Work with academic partners and libraries to inventory and asset map library-based programming. Share results publicly and with the community at large, and with PHIP member organizations. Continue to promote use of web-based sites 2-1-1 and Health Information on Technology Education (HITE) by community members, case managers, social workers and related providers at community events, stakeholder meetings, etc. Track mentions of resources at meetings, in media, and information cards distributed.

Performance Measures

- 2.8i Work with DSRIP PPS to expand upon asset mapping activities. The LI PHIP team will work with DSRIP Performing Provider Systems (PPS) to expand upon asset mapping activities which will be used to improve health, wellness and quality of life for community members. Asset mapping activities in collaboration with DSRIP PPS will commence by May 1, 2018.
- 2 2.8ii Report on development and progress of asset library. LI PHIP will report on these activities as part of quarterly reporting to the Department. Identification of valuable community assets/library-based SDH programming mapped by geographic location to be complete In Suffolk County, by April 30, 2018. In Nassau County, by October 31, 2018.

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Objective

3. Involvement in community engagement and strategic planning to improve population health.

Tasks

3.1 Maintain website. - Re-organize and expand website to strengthen community-facing resource pages, increase transparency of community resources, population health data, and information about relevant State and County initiatives. Maintain and monitor website regularly with adherence to CLAS standards, cultural competency, and health literacy and information transparency.

Performance Measures

- 3.1i Create plan for website updates. Design plans for website expansion and work with Blue Compass LLC, website vendor to build community-facing capabilities. Plan completed by March 31, 2018.
- 3.1ii Share plan with Department. Website update plans will be shared with the Department within quarterly report. Ongoing.

Tasks

3.2 Host community forums/focus group events which will address key themes of concern. - Host community forums and focus group events which will address key themes of concern within select communities and focus on improving health disparities. During events, primary data will be collected from focus group participants. Data will be analyzed and reports developed. Qualitative data and findings will be distributed among collaborative member organizations to support the development and implementation of intervention strategies, provide background information for inclusion in funding applications, offer additional data to inform CHNAs and resulting CSPs and CHIPs and other population health activities.

Performance Measures

- 3.2i Plan, organize, facilitate and host events. LI PHIP staff will plan, organize, facilitate and host events across Long Island. To be complete by December 1, 2018
- 2 3.2ii Data analysis and report development Qualitative data collected during community events will be analyzed and summarized in reports which will be made publically available via the LI PHIP website. To be complete by December 31, 2018.
- 3 3.2iii Report on activities. The LI PHIP will report on member event, data collection and reporting activities with the Department as part of quarterly reports, and will share reports when they are finalized. Ongoing.

Tasks

3 3.3 Host motivational interviewing workshop for collaborative participants. - Host motivational interviewing workshop for collaborative participants, particularly Community Board Organization partners. Promoting motivational interviewing, a goal-oriented counseling approach, begin in PHIP Year 3 as a way to promote capacity building that aligns with Prevention Agenda priorities.

Performance Measures

3.3i Select motivational interview expert to deliver half day workshop to educate collaborative members. - Select motivational interview expert to deliver half day workshop to educate collaborative members on basics of behavioral science and its applicability to instituting behavior change,

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especially regarding chronic disease. Complete by January 14, 2019.

the Department as part of quarterly reporting. Ongoing.

Tasks		
4	3.4 Promote walking initiative The LI PHIP will continue to promote its walking initiative, "Are You Ready Feet?" (AYRF) a collaborative initiative with LI PHIP stakeholders to promote general wellness and physical activity. AYRF, developed during years 1 and 2 of the PHIP, raises awareness about the importance of physical activity and broad healthy living concepts to improve the overall health of community members throughout Nassau and Suffolk counties. A collective impact model approach will be used with stakeholders to gather input on how to strengthen the initiative. AYRF is a valuable tool for community engagement.	
	Performance Measures	
	1	3.4i Conduct promotion activities at community events and through collaborative member networks AYRF movement will be promoted via collaborative member networks (hospitals, schools, libraries, FQHCs, Performing Provider Systems, coalitions), competitive-based themed challenges, member sponsored events and community held events including health-focused fairs or events. Track number and type of sponsored/community events held. Ongoing.
	2	3.4ii Promote health tie-in to Complete Streets (walkable communities) Call attention to built-environment improvements when appropriate; promote among media, local elected/community-based leaders informally; keep abreast of complete street policy developments. Track media mentions of CS and type and number of CS-focused correspondence.
	3	3.4iii Track usage of online resources on LI PHIP website Participation will be measured via digital key performance indicators. Ongoing.
	4	3.4iv Report on activities Activities related to support and promotion of AYRF, including evaluation of consumer participation, will be provided to

DETAIL

Objective

4. Serve as a resource to DSRIP PPS upon request of the PPS.

Tasks

4.1 Continue to serve as a resource to DSRIP PPS. - LI PHIP team will continue to engage in fluid conversation with lead contacts within each PPS throughout the region: Nassau-Queens PPS and Suffolk Care Collaborative. The LI PHIP will align with and support DSRIP milestones, attend workgroup meetings, and bring the perspective of the PHIP to the table during collaborative discussions.

Performance Measures

4.1i Report on activities. - LI PHIP staff will report on activities as part of quarterly reporting to the Department. Ongoing.

Tasks

4.2 Support implementation of evidence-based programs. - Support implementation of evidence-based programs, including the Stanford Chronic Disease Self-Management Program and Mental Health First Aid. Support may take the form of facilitating meetings, recruiting participants, self-management tools support, and promoting programs. LI PHIP team will work closely with PPS as part of this work.

Performance Measures

- 4.2i Report on activities with DSRIP PPS. LI PHIP team will work closely with DSRIP PPS as they plan to increase availability of evidence-based programing on Long Island. Activities will be reported on a quarterly basis to the Department. Ongoing.
- 4.2ii Support to evidence-based programs and report on activities. LI PHIP team will provide support to evidence-based programs in the form of facilitating meetings, recruiting participants and promoting programs. Includes testimonial-based video campaign targeted to 1) provider community and 2) populations at risk for chronic disease complications. Activities will be documented as part of quarterly reporting to the Department. Ongoing,

Tasks

4.3 Support PPS workforce cultural competency, health literacy, and community engagement development. - Support workforce development projects with DSRIP PPS. Support will include promoting cultural competency/health literacy training models, community engagement strategies, and data mining/hot-spotting strategies and serving as a digital support provider for workforce development projects with PPS.
To promote and support cultural competency and health literacy, the LI PHIP will host "Train-the-Trainer" events with stakeholders. The purpose of the

"Train-the-Trainer" events will be to provide a framework for cultural competency and health literacy and disseminate actionable knowledge that can be further disseminated throughout stakeholder networks.

Performance Measures

4.3i Continue to provide and evaluate cultural competency/health literacy training sessions. - In consultation with CCHL partners, Nassau-Queens PPS, Suffolk Care Collaborative and Hofstra University, LI PHIP staff will execute plan for evaluation and sustainability of cultural competency/health literacy "train the trainer" meetings/events throughout Long Island. To be shared with the Department upon completion. Ongoing.

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- 4.3ii Participation in PPS workgroups. LI PHIP team will participate and contribute to PPS workgroups including: hot-spotting, community engagement and workforce. LI PHIP will report on activities as part of quarterly reports to the Department. Ongoing.
- 4.3iii Follow up with stakeholders. LI PHIP staff will follow up with CCHL Master Facilitators through refresher sessions to gather information on how information is being further disseminated and used. Activities will be documented on as part of quarterly reporting to the Department.
- 4 4.3iv Partner with LGBTQ experts to offer cultural competency program for PHIP stakeholders. The LGBTQ population has been identified as a vulnerable population on Long Island.

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Objective

5. Develop strategies to advance the State Health Innovation Plan.

Tasks

1

5.1 Identify strategies to support the State Health Innovation Plan on Long Island - Identify strategies which will support the goals of the State Health Innovation Plan (SHIP) on Long Island. Activities will include: (1) conducting background research on patient engagement models, efforts to improve access to care without disparity, integrated care, etc. on Long Island; (2) providing updates on the SHIP during LI PHIP monthly meetings; (3) integrating SHIP goals within PHIP strategies as appropriate; and (4) working with Advanced Primary Care (APC) technical assistance providers as appropriate. The LI PHIP will coordinate SHIP-related efforts with the Department.

Performance Measures

5.1i Report on activities. - The LI PHIP will document activities as part of quarterly reporting to the Department. Ongoing.

Tasks

5.2 Support SHIP Regional Oversight and Management Committee. - The LI PHIP will work closely with the Department and with other PHIPs as appropriate to support the SHIP Regional Oversight and Management Committees (ROMC) for Division of Financial Services Region 8, consisting of LI PHIP counties Nassau and Suffolk. The LI PHIP will be responsible for working with other PHIPs as appropriate and supporting communication with LI ROMC participants to keep them informed of meetings, sharing meeting notices and meeting minutes, assisting with meeting logistics and taking minutes, and other related planning and support activities as determined with the Department. The LI PHIP will work with the ROMC facilitator identified and secured by the Department. The ROMC facilitator will be responsible for running ROMC meetings. In addition, the Long Island PHIP will invite APC/Practice Transformation Technical Assistance contractors, or their designated representative, to the ROMC meetings.

Performance Measures

5.2i Report on activities. - Report on Regional Oversight and Management Committee activities as part of quarterly reports to the Department: Ongoing.

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Objective

6. Work collaboratively and cooperatively with the Department.

Tasks

6.1 Tracking of all activities for submission of timely and accurate quarterly reports. - LI PHIP staff will track all program activities including stakeholder engagement and data analytic activities, report on project progress, timeliness of deliverables, process measures, etc. and submit timely and accurate quarterly reports in accordance with the schedule agreed upon in the signed contract.

Performance Measures

6.1i Submission of timely and accurate quarterly reports. - Ongoing on a quarterly basis.

Project Q1: Jan 15, 2018 - Mar 31, 2018; Report Due by Apr 30, 2018.

Project Q2: Apr 1, 2018 - Jun 30, 2018; Report Due by Jul 31, 2018.

Project Q3: Jul 1, 2018- Sep 30, 2018; Report Due by Oct 31, 2018.

Project Q4: Oct 1, 2018 - Jan 14, 2019; Report Due by Feb 15, 2019.

Tasks

6.2 Coordination with the Department and statewide efforts. - Coordinate activities with the Department, attending meetings as necessary and as requested. Examples of coordinating activities with the Department and statewide efforts may include acting as a resource to DSRIP program PPS in the region upon request of the PPS, coordinating SHIP-related efforts with the Department, etc.

Performance Measures

- 6.2i Communication and responsiveness to Department requests. Ongoing communication and responsiveness to Department requests.
- 2 6.2ii Attendance at Department meetings. Attendance at Department meetings (e.g. PHIP contractor meetings, the Prevention Agenda Ad Hoc Committee). Ongoing.

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