PHIP Regional Advisory Committee Meeting  
May 27, 2015, 3:00 PM – 4:30 PM  
HealtheConnections, 109 South Warren Street, Suite 500, State Tower Building, Syracuse, NY 13202

Attendees: See list at end of minutes.

<table>
<thead>
<tr>
<th>Agenda Item (Facilitator)</th>
<th>Action Items / Next Steps</th>
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<td>Welcome / Introductions (Rob Hack, Rachel Kramer)</td>
<td>- PHIP will review all the feedback forms completed by Regional Advisory Committee members.</td>
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</table>
| Rob Hack, the Executive Director of HealtheConnections (HeC), welcomed the PHIP Regional Advisory Committee. HeC is the Regional Health Information Organization (RHIO) for the region and serves as a neutral convener for healthcare organizations. HeC’s new website shows its mission, which now includes a focus on population health improvement.  

Rachel Kramer, the Director of Population Health Improvement at HeC, emphasized that we welcome input from the Regional Advisory Committee on PHIP work. Advisory committee members were asked to complete and submit a form to identify areas of interest and provide feedback. |
| PHIP Overview (Rachel Kramer) | - Slides will be shared with meeting attendees by email and posted online at the HeC website. |
| A slide show and handouts were used to provide a brief overview of PHIP, starting with the goals and expectations from the NYS Department of Health for all regional PHIP contractors statewide. PHIP is not intended to create new programs and initiatives, but rather to identify gaps and opportunities for PHIP to add value to existing work throughout the region. CNY PHIP’s model includes County Agents from six counties, who will work within their counties and also as a group on regional projects. The presentation included a brief overview of PHIP’s work to date and select regional activities. [See slideshow for details] |
| Healthy Communities Institute Website (Scott Dahl) | - HeC will continue seeking input on the website’s development and making decisions with the goal of publishing the site in August. |
| HeC is planning to contract with the Healthy Communities Institute (HCI) to develop a website to house regional data, best practices and resources to support population health improvement work in CNY. A representative from HCI (Scott) joined the meeting remotely and provided an overview of the HCI platform, which includes tools to benchmark health indicators, generate reports, create Community Health Needs Assessments, identify best
practices, find funding opportunities, share resources, and foster collaborations around health topics. Scott demonstrated the HCI website platform by using the Orange County, CA site.

Regional Advisory Committee Roles and Responsibilities (Bruce Hathaway)

- Bruce presented a framework for the Regional Advisory Committee that was developed by HeC, and solicited input on several aspects of this framework.
- Bruce emphasized that PHIP wants to be “good stewards of your time” as Regional Advisory Committee members are a busy and involved group of people. The group agreed that meeting for 1.5 hours every 3 months was an acceptable time commitment.
- Bruce showed a slide of PHIP’s strategic framework [Slide 18 of the attached powerpoint.] He asked several questions about the acceptability of different approaches to getting input/advise on PHIP work, including standing committees, short-term committees, and individual outreach.
- Comments from Regional Advisory Committee members included:
  - Concern over how standing/long-term committees would function, and the need for clear goals for these groups to be effective and worth the time
  - That members should be able to transition in and out of standing/long-term committees
  - Questions about how short-term committees would function. What does “short-term” actually refer to? A few weeks? How many phone calls or meetings? (Bruce, Rachel, and other Regional Advisory Committee members responded by saying that there are a variety of options, depending on the needs of the project and what the forming group decides is appropriate.)
  - “Form follows function” when discussing either short- or long-term committees. The purpose of the group should be clearly defined and the group structured accordingly.
  - Strong agreement on the fact that by agreeing to serve on the Regional Advisory Committee, members open themselves up for individual phone calls, meetings, etc. as required.
  - An alternative idea to the standing committee is a “standing process” for communication among and between local health departments and hospitals.
  - As other advisement groups, short- and long-term committees, etc. are being formed in the community

- Interested Regional Advisory Committee members will advise PHIP on the website.
- Regional Advisory Committee members can review the Draft Governance Plan posted online at the HeC website.
- HeC PHIP will review these comments and the feedback forms and determine how to move forward.
(for DSRIP, etc.) PHIP should be aware of what is happening and careful to avoid duplication of efforts.

- The group emphasized the need for organized, ongoing communication with the Regional Advisory Committee. Several suggestions: Leveraging the HealtheCNY website, using an intranet, real-time communication, internet/email surveys. There needs to be a way to gather prompt feedback on PHIP/Regional Advisory Committee action items.
- Questions and concerns arose over how consumers would contribute to PHIP advisement and activities. “Maximum feasible participation” should occur, while striking an appropriate balance so that the large amount of information available to consumers (from HealtheCNY website, etc.) does not confuse or overwhelm those that wish to participate.

Next Steps / Adjourn (Rachel Kramer)
Rachel encouraged all Regional Advisory Committee members to continue providing input. PHIP will be emailing and communicating with the group before the next meeting in August. PHIP will email the dates/times for the meetings throughout the grant period.

• Rachel will email the Regional Advisory Committee with the minutes, supporting documents, and meeting information.
## Meeting Attendees (Alphabetized By Last Name):

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Lisa Alford</td>
<td>Deputy Commissioner; Executive Director, Office for Aging</td>
<td>Onondaga County Department of Adult &amp; Long Term Care Services</td>
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<tr>
<td>Camilo Barrera</td>
<td>Regional Sales Manager</td>
<td>United Healthcare</td>
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<tr>
<td>Jackie Carlton Leaf</td>
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<td>Seven Valleys Health Coalition</td>
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<td>HealtheConnections</td>
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<td>Brian Coleman</td>
<td>Rural Health Network Coordinator</td>
<td>Oswego County Opportunities</td>
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<td>Michael Crinnin</td>
<td>Executive Director</td>
<td>ACR Health</td>
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<td>Kathleen Cuddy</td>
<td>Director</td>
<td>Cayuga County Health Department</td>
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<tr>
<td>Scott Dahl</td>
<td>Director of Business Development</td>
<td>Healthy Communities Institute</td>
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<td>Tom Dennison</td>
<td>Professor</td>
<td>The Maxwell School, Syracuse University</td>
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<td>Mike Duteau</td>
<td>VP of Business Development</td>
<td>Kinney Drugs, Inc.</td>
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<td>Eric Faisst</td>
<td>Director of Public Health</td>
<td>Madison County Department of Health</td>
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<td>Catherine Feuerherm</td>
<td>Public Health Director</td>
<td>Cortland County Health Department</td>
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<td>Susan Furtney</td>
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<td>Jane Goodwin</td>
<td>Project Director, OHM BOCES CORE</td>
<td>Oneida, Herkimer, Madison BOCES</td>
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<td>Indu Gupta</td>
<td>Commissioner of Health</td>
<td>Onondaga County Health Department</td>
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<td>Rob Hack</td>
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<td>Bruce Hathaway</td>
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<td>Jiancheng Huang</td>
<td>Director of Public Health</td>
<td>Oswego County Health Department</td>
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<tr>
<td>Jackie Iacovelli</td>
<td>Community and Regional Affairs Director</td>
<td>Excellus BlueCross BlueShield</td>
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<tr>
<td>Rachel Kramer</td>
<td>Director of Population Health</td>
<td>HealtheConnections</td>
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<td>Megan Lee</td>
<td>Population Health Analyst</td>
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<tr>
<td>Katie Moran</td>
<td>Executive Director</td>
<td>Partnership for Results</td>
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<td>Katie Pagliaroli</td>
<td>Director, Clinical Quality and Patient Safety</td>
<td>Oswego Health</td>
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<tr>
<td>Malcolm Philogene</td>
<td>Intern</td>
<td>Cortland County Health Department</td>
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<tr>
<td>Lynne Sheedy</td>
<td>Project Director, DSRIP HIT</td>
<td>Liberty Resources</td>
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<tr>
<td>Rebecca Shultz</td>
<td>Director of Surveillance and Statistics</td>
<td>Onondaga County Health Department</td>
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<td>Bonnie Slocum</td>
<td>Executive Director</td>
<td>Madison County Rural Health Council</td>
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<td>Nancy Smith</td>
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<td>Jessica Soule</td>
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<td>Cayuga County Community Health Network</td>
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<td>Kristen Vennero</td>
<td>Director of Business Development</td>
<td>Central New York Health Home Network</td>
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<tr>
<td>Marie Walsh</td>
<td>Executive Director</td>
<td>Catholic Charities of Cortland County</td>
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<tr>
<td>Kara Williams</td>
<td>Senior Program Officer</td>
<td>Health Foundation for Western and Central NY</td>
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PHIP Regional Advisory Committee Meeting
August 18, 2015, 2:30 PM – 4:00 PM
HealtheConnections, 109 South Warren Street, Suite 500, State Tower Building, Syracuse, NY 13202

Attendees: See list at end of minutes.

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<td>PHIP Funding Changes (Rachel Kramer)</td>
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<tr>
<td>PHIP Scope of Work – Past and Future (Rachel Kramer, Bruce Hathaway)</td>
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• Sharing Data and Best Practices (Ex: the HealtheCNY website development)
• Building capacity (Ex: workforce training)

[Refer to slideshow for more details.]

Bruce led a discussion about where PHIP could add most value to existing work in the CNY region. Comments included:

• Pick a few areas to focus on doing well and demonstrate our success. There are too many organizations doing surface level work in the areas outlined. Depth in 1-2 areas is preferable to breadth.
• Focus on the NYS Prevention Agenda (PA).
• Reconvene people and help generate enthusiasm around the PA goals where it has waned. Health equity and most of the other activities outlined as PHIP priorities can be woven into the fabric of the PA.
• Approach the hospitals for in-depth conversation about what they need to succeed in their Community Service Plan activities. Provide hospital with RHIO and other data that would enable them to better reach their target populations.
• Consider supporting health department accreditation activities, which also align with multiple initiatives.
• Follow the workplan and guidance from NYSDOH. Communicate clearly with them to ensure a mutual understanding about updated workplan activities.
• Work parallel to DSRIP, and consider that organizations have “initiative fatigue” right now, would prefer support on current initiatives instead of another new one.
• Use the structures that PHIP has in place already for convening stakeholders and workgroups. Define the purpose of stakeholder engagement moving forward so people know why they’re meeting and what they’re working toward.
• Consider what HealtheConnections and PHIP does well. Choose activities that are a natural fit and that we are confident can make a difference.
• Take advantage of existing resources and activities that can be leveraged.

HealtheCNY Website (Rachel Kramer)
The HealtheCNY website has been drafted and will be launched in a few weeks. The URL and login information for the HealtheCNY website was provided to the RAC by email on 8/17/15. People are encouraged to review the site and provide feedback. It was requested that PHIP convene a webinar to allow RAC members to

• HeC will continue seeking input on its activities from Regional Advisory Committee members.

• Interested Regional Advisory Committee members should contact Rachel/Mary if they are interested in being part of the website workgroup.
review and discuss the site. RAC members were asked for suggestions for promoting the site. Suggestions included:

- Doing presentations at conferences, such as Leading Age or HANYS, where people can get credits for attending
- Presenting the site through OASIS
- Giving people a reason to log in, such as a prize/incentive
- Developing “use cases” demonstrating the site’s value for different types of users
- Asking the County Agents to promote the site

HealtheConnections sees the HealtheCNY website as launching in 3 phases: content for public health professionals, provider referral content, and consumer content.

Next Steps / Adjourn (Rachel Kramer)
The Regional Advisory Committee will meet again on Wednesday, November 18th (2pm – 4pm).

Rachel encouraged all Regional Advisory Committee members to continue providing input on our scope of work, HealtheCNY, or any other area where they see their guidance being helpful.

• Rachel/Mary will contact the RAC about availability for a webinar.

• Regional Advisory Committee members should contact Rachel or any of the PHIP team if they have additional comments/questions.
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<td>Donna Bacchi</td>
<td>Chair, Department of Public Health and Preventive Medicine; Director, CNYMPH Program</td>
<td>Upstate Medical University Hospital</td>
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<tr>
<td>Jackie Carlton Leaf</td>
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<td>Kathy Turner</td>
<td>Director of Health Promotion</td>
<td>Onondaga County Health Department</td>
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### Welcome (Rachel Kramer)
The Regional Advisory Committee (R.A.C.) was welcomed and everyone introduced themselves. Rachel referred to feedback from the previous R.A.C. meeting (soon after the PHIP funds had been cut) and discussed two developments since August:

- HealtheConnections and partners were awarded the Local IMPACT grant from the NYSDOH, that directly addresses some of the chronic disease priorities from the Prevention Agenda, and complements the work of PHIP.
- NYS provided additional direction around PHIP’s role in supporting the Prevention Agenda Planning process and the DSRIP activities in Central NY.

It was announced that the R.A.C. will now play a dual role in its advisement to, and support of both PHIP and IMPACT.

### Promotion of HealtheCNY Website (Rachel Kramer)
Launch events have been well-received. Google Analytics show increased usage since September launch, with peaks in usage around launch and other events such as professors introducing the site to a class. Over 800 unique users have accessed the site since

- PHIP will continue to look for opportunities to share the data and best practices on the HealtheCNY website with new audiences.
its launch in September. Direct referral from links and other websites is the primary way that people access HealtheCNY.

**PHIP Activities Around Health Equity and Health Disparities**  
(Rachel Kramer, Bruce Hathaway)  
In an ongoing effort to connect with DSRIP activities and engage in work around health disparities, the PHIP staff approached the CNY Care Collaborative (the PPS in Central NY) with a proposal to help support an assessment of the use of CLAS standards across the region, similar to how the P2 Collaborative, the PHIP program in Western New York, collaborated with their PPS. As a result, PHIP staff were asked to join the Health Literacy and Cultural Competency work group for CNY Care Collaborative and have been participating in the development activities related to the CLAS standard assessment and health disparities.

- RAC members brought up the other 3 PPSs that touch the PHIP region (Southern Tier’s Care Compass Network, Finger Lakes, and Bassett) and asked about outreach efforts to them. PHIP staff indicated that the outreach started with the PPS that had the greatest overlap with the CNY PHIP region.

**PHIP Support of Community Health Assessments, Community Health Plans and Community Services Plans**  
(Rachel Kramer)  
NYSDOH recently provided guidance to the local health departments and hospitals around the Prevention Agenda planning process and documents. In this guidance, regional PHIPs were identified as possible resources. CNY PHIP was asked to modify its workplan to include this activity; CNY PHIP’s language specifies that support will be provided *as needed*. Rachel asked the members of the RAC that represent hospitals and health departments if there is a role for the CNY PHIP in this process. She also described the role that other PHIPs across the state are doing to support the process.

- Several local health department (LHD) directors have upcoming meetings on this topic and will keep HeC abreast of their needs.
- Some indicated they would be just updating their previous plan and did not expect it to be as involved a process.
- Some indicated the need for zip code level data and expressed interest in possibly getting data from the RHIO.
- Some reported that the hospital needs assessments conducted for DSRIP were mostly focused on provider availability, and won’t be as useful for LHD data review.
NEW Local IMPACT Initiative (Bruce Hathaway)
Bruce provided background information on Local Initiatives for Multi-Sector Public Health Action (Local IMPACT). Fifteen strategies will be implemented across 6 counties in Central New York, including Cayuga, Cortland, Herkimer, Oneida, Onondaga, and Oswego. The RAC was asked to provide input on two specific areas: How their work connects to the strategies of Local IMPACT, and who else needs to be engaged to make this project successful. The following topics were discussed:

- Representatives of organizations at the table offered useful partnerships for HeC to consider, as certain case management services and programs reach at-risk subpopulations, and they have strong rapport with their clients.
- Representatives identified several organizations, efforts and programs across the region that touch Local IMPACT Scope of Work.
- Opportunities for Local IMPACT work in rural areas of Central New York, where people may not have access to many services currently, in contrast to some of the cities, towns that are more populated.
- NDPP structure exists in several counties, but there is a need for clinical providers to make referrals into these programs for them to increase participation. Identification of champions in certain areas, like a RN champion in Oswego County that helps many people connect to resources to quit smoking.
- Adapting NDPP and other evidence-based Local IMPACT strategies to meet the needs of populations with low socio-economic status and communities of color. Approaches should be “evidence-informed” and consider the real-world context. Possibility of piloting an adapted NDPP through Local IMPACT work.

Using a community health worker or similar model, as many organizations have people in similar roles but call them by various names.

Next Steps/ Adjourn (Rachel Kramer)
The Regional Advisory Committee will convene next in February.
Central New York Population Health Improvement Program (PHIP)
Regional Advisory Committee Meeting
February 23, 2016, 2:00 PM – 4:00 PM (Including optional networking from 2:00-2:30)
HealtheConnections, 109 South Warren Street, Suite 500, State Tower Building, Syracuse, NY 13202

Attendees:
- Melanie Adams (Oneida County Health Department)
- Lisa Alford (Onondaga County Department of Adult and Long Term Care Services)
- Camilo Barrera (United HealthCare)
- Jackie Carlton-Leaf (Seven Valleys Health Coalition)
- Brian Coleman (Oswego County Opportunities)
- Kathleen Cuddy (Cayuga County Health Department)
- Thomas Curnow (Herkimer County HealthNet)
- Mike Duteau (Kinney Drugs, Inc.)
- Elyse Enea (Herkimer County HealthNet)
- Catherine Feuerherm (Cortland County Health Department)
- Indu Gupta (Onondaga County Health Department)
- Jiancheng Huang (Oswego County Health Department)
- Rachel Kramer (HealtheConnections)
- Erin Ladoceour (Seven Valleys Health Coalition)
- Bridget Lenkiewicz (Onondaga County Health Department)
- April Marx (Cayuga Community Health Network & Oswego County Opportunities)
- Brian McKee (Liberty Resources)
- Bonnie Slocum (Madison County Rural Health Council)
- Jessica Soule (Cayuga Community Health Network)
- Deb Spinella (Oneida-Herkimer-Madison BOCES)
- Jane Vail (Central New York Health Home Network, Inc.)
- Bruce Hathaway (HealtheConnections)
- Mary Carney (HealtheConnections)
- Megan Lee (HealtheConnections)

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<td>The Regional Advisory Committee (R.A.C.) was welcomed and everyone introduced themselves. Given the role of the R.A.C. to advise PHIP on the direction of its work, the meeting was designed to review what was accomplished in the first year of the program and identify gaps and opportunities for PHIP work in 2016 and beyond.</td>
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PHIP 2015 Highlights (Rachel, Jessica, Jackie, Erin, Bonnie, Jane, Bridget, and Brian)
Rachel reviewed highlights of PHIP’s regional work in 2015, and each County Agent presented some highlights from their local work. [See slides]

There was discussion around the disparities data presented by the Onondaga County Health Department. Comments were made about the difference in mortality rates between racial groups only partially explained by access to services and the need to think beyond access to other factors. When all other factors are held constant, there are
still discrepancies between racial groups. (For example, when comparing middle-income groups that receive care regularly, disparities in some outcomes still exist.)

Cayuga County’s work to convene landlords was praised, and it was noted that a Landlord Association is being formed as a result of these efforts.

**PHIP Activities Across the State – Exploring the Future Role of PHIP in Central NY (Rachel)**

A list of examples of activities that other PHIPs are engaged in across the state was distributed. In groups, R.A.C. members reviewed the list of other PHIP activities and discussed whether any of these might be appropriate for CNY PHIP in the future.

Overall, the top two items that were of most interest included 1) sponsoring regular educational sessions/webinars around key health topics/activities for the region, and 2) developing a communication plan and/or supporting and providing technical assistance around raising awareness of health improvement initiatives.

Other select comments/topics included:

- Mental health and substance abuse are the most difficult topics to navigate. More Mental Health First Aid training is needed.
- Counties need better support for communicating on social media.
- Communities without fluoridated water are not well-equipped to handle the backlash from anti-fluoride activists.
- More zip-code level data are needed.
- Assessment of linkage/referral systems like 211 is needed.

**Local IMPACT: Discussion of Community-Clinical Linkages (Bruce)**

The R.A.C. discussed how to increase partnerships and implement systems to facilitate multi-directional referrals between community resources and health systems for evidence-based lifestyle change programs. There was discussion of which health care systems may be ready to create referrals. Main approaches discussed for increasing partnerships were:

- Educating providers (ex: building knowledge of NDPP and setting up in-house programs)
- Creating referral systems using EHRs (establishing provider champions, etc.)

- **CNY PHIP Steering Committee will consider feedback and discuss next steps.**
- **HealtheConnections will review suggestions on feedback forms and discuss next steps.**
• Working with other health care initiatives, and infrastructure that is already built (training office managers, engaging insurance providers, etc.)

Next Steps/ Adjourn
Rachel will set up quarterly R.A.C. meetings for the remainder of 2016.

• Rachel will send invites to future R.A.C. meetings via Outlook Calendar.
Central New York Population Health Improvement Program (PHIP)
Regional Advisory Committee Meeting

August 24, 2016, 2:30 PM – 4:00 PM
HealtheConnections, 109 South Warren Street, Suite 500, State Tower Building, Syracuse, NY 13202

Attendees:
Kim Abate (Cayuga County Health Department), Lisa Alford (Onondaga County Department of Adult and Long Term Care Services), Eliesa Annarino (Central New York Health Home Network), Jackie Carlton-Leaf (Seven Valleys Health Coalition), Brian Coleman (Oswego County Opportunities), Mary Costigan (Michaud Residential Health Services), Thomas Curnow (Herkimer County Health Net), Tom Dennison (Lerner Center for Public Health Promotion at Syracuse University), Jessica DesRosiers (YMCA of Greater Syracuse), Elyse Enea (Herkimer County Health Net), Susan Furtney (SUNY Upstate Medical University), Connie Gregory (SUNY Upstate Medical University), Deanna Hoey (Cayuga County Health Department), Shane Hoey (ARISE, Inc.), Jim Karasek (ARISE, Inc.), Erin Ladoceour (Seven Valleys Health Coalition), Bridget Lenkiewicz (Onondaga County Health Department), Brian McKee (Liberty Resources), Wil Murtaugh (ACR Health), Diane Oldenburg (Oswego County Health Department), Greg Osetek (St. Luke Health Services), Katie Pagliaroli (Oswego Health), Walt Priest (Family Health Network), Bonnie Slocum (Madison County Rural Health Council), Nancy Smith (Apter & O’Connor), Jessica Soule (Cayuga Community Health Network), Rob Hack (HealtheConnections), Rachel Kramer (HealtheConnections), Bruce Hathaway (HealtheConnections), Mary Carney (HealtheConnections), Megan Lee (HealtheConnections), Debbie Gordon-Messer (HealtheConnections), Susan Fox (HealtheConnections)

Agenda Item | Action Items / Next Steps
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Welcome (Rachel Kramer)
Rachel welcomed the group and made the following announcements:
- A draft work plan and budget for year 3 of the Population Health Improvement Program (PHIP) have been submitted to the NYSDOH and are currently being reviewed by the State.
- HealtheConnections (HeC) has begun participating in a few additional projects since the group last convened: 1) HeC is serving as the evaluator for St. Joseph’s new Transforming Communities Initiative (TCI), 2) HeC is partnering with Kinney Drugs to implement a medication adherence and chronic disease self-management pilot funded through the NYSDOH and 3) HeC received funding through the NYSDOH to implement inclusive community improvements for people with disabilities, which is a
subcomponent of a broader disabilities grant held by the NYSDOH.

- Today’s R.A.C. meeting will focus on a specific topic to help direct discussion on opportunities for regional collaboration and PHIP support. The same format will be used for the fall meeting.
- The HealtheCNY.org website was recently updated. Major improvements have been made to the ways that data are presented on the site.

**Brief introduction and background on chronic disease prevention and self-management programs (Rachel Kramer)**

The basics of the Chronic Disease Self-Management Program (CDSMP), the Diabetes Self-Management Program (DSMP), and the National Diabetes Prevention Program (NDPP) were reviewed.

**Review of related PHIP and Local IMPACT activities (Rachel Kramer)**

Highlights of regional progress in supporting, scaling up, and sustaining chronic disease prevention and management programs, such as training a cohort of coaches through QTAC-NY, working with new and diverse partners such as employers, evaluation activities, and tracking policy changes.

**Examples of different approaches to offering chronic disease prevention and self-management programs in the CNY region (Guest Speakers)**

- Diane Oldenburg (Oswego County Health Department)
- Jessica DesRosiers (YMCA of Greater Syracuse)
- Thomas Curnow & Elyse Enea (Herkimer County Health Net)
- Bonnie Slocum (Madison County Rural Health Council)
- Shane Hoey & Jim Karasek (ARISE, Inc.)

Each speaker covered their organization’s role in relation to NDPP, CDSMP and DSMP; counties and populations served; settings where the program is provided; and key points related to the guest speakers’ unique perspectives and experiences with these programs.

**Discussion and identification of opportunities for action, collaboration and efforts to scale and sustain these programs in CNY (Bruce Hathaway)**

- The group created a “tally” of the organizations in the room that are currently supporting CDSMP, DSMP, and/or NDPP.
- The majority of organizations represented on the Regional Advisory Committee are working on these programs in one way or another.
- Advisory Committee attendees sat according to county and discussed each county’s strengths, barriers, and actionable opportunities relating to CDSMP, DSMP, and/or NDPP.

- HealtheConnections will compile the notes taken during the discussion and use them to inform our efforts to support, scale, and sustain these programs through PHIP & Local IMPACT projects.
Key opportunities identified in discussion:

1. Improving promotion of NDPP, CDSMP, and DSMP
   a. To professional audiences who would be involved in making referrals into the program or otherwise advancing use of these models in local communities.
   b. To the general public to increase their participation.

2. Improving awareness and coordination of the current NDPP, CDSMP, and DSMP programs by those organizations that provide them, to create efficiencies and fill gaps relating to both infrastructure and participation.
   a. Through creating a centralized resource, listing all current programs being offered in Central NY with contact information (possibly on an existing site like HealtheCNY or 211). This list would be more complete than current QTAC site.
   b. Through sharing of trainers across counties – possibly creating and maintaining list of all trainers in region.
   c. Through improved referral mechanisms – possibly electronic referral system.
   d. Through partnership with other community resources and organizations – e.g., faith based organizations and worksites.
   e. Through identification of funding sources to reach at-risk populations – considering sustainability.
   f. Through identifying ways to better reach the population living in poverty.
   g. Through addressing barriers such as transportation.

3. Providing local feedback to the national level about implementation challenges through our Local IMPACT partners at the NYSDOH

4. Increasing organizations’ capacity for anticipated Medicare reimbursement.
   a. Through collaboration on billing/administration with organizations well placed to take on reimbursement process requirements.
   b. Through provision of technical assistance on reimbursement process requirements.

Next steps/adjourn (Rachel Kramer, Bruce Hathaway)
The next R.A.C. meeting will be Thursday, November 10, 2016.
Welcome (Rachel Kramer)
Rachel welcomed the group and provided an update on actions PHIP has taken to follow up on the last R.A.C. meeting:

- HealtheConnections (HeC) compiled a list of all the chronic disease prevention and management programs in Central New York. The list was used to create an online map of the programs, which can be a resource for organizations looking to refer people to these programs. The map and list can be viewed here at [http://healthecny.org/chronicdiseaseprograms](http://healthecny.org/chronicdiseaseprograms).
- HealtheConnections has initiated a pilot of a multidirectional referral system with the YMCA. By using the HIPAA compliant Direct Mail feature of the Health Information Exchange, providers can refer people to the Y’s Diabetes Prevention Program and receive feedback from the Y about their patient’s participation.
- Representatives from CNY counties participated in a meeting to provide feedback to the CDC on evidence-based self-
management programs. The information gathered will be put into a white paper which will inform the CDC.

Rachel reviewed PHIP’s role and discussed how our work falls into three broad categories: convening stakeholders, sharing data and best practices, and building capacity. The group was provided some examples of ways that PHIP could potentially support the region’s use of data to improve population health, and asked the group to generate more ideas as they heard from presenters.

Sources of Data to Inform Population Health Work
There were three presentations about using data to guide population health work (see Presentation for more information):

- **Health Information Exchange** – Karen Romano provided an overview of HealtheConnections’ health information exchange (HIE). Gary Krudys presented information about how HIE data can be analyzed, and shared examples of how HIE data analysis can inform population health work.

- **HealtheCNY.org** – Debbie Gordon-Messer demonstrated how HealtheCNY could be used to look at data and identify specific subcounty locations in which to target health promotion efforts. Mary Carney shared an example of a custom dashboard and invited people to contact HeC if they are interested in having a specific dashboard created.

- **211 Counts** – Mary Shaheen, President of 2-1-1 New York, presented on 211 Counts. She demonstrated how to use http://ny.211counts.org/ and shared examples of how the resource could be used to identify health-related needs at the sub-county level.

County Initiatives Using Data to Guide Population Health Improvement Work
There were two presentations that provided examples of how counties are using data:

- **Cortland Counts** – Susan Williams, Project Manager at Seven Valleys Health Coalition, presented an overview of Cortland’s county-wide data project, Cortland Counts, which began in 2001. Cortland Counts annually produces a report on the county’s data (available online at www.sevenvalleyshealth.org). The project is a multi-sector effort, which currently has 5 major tracks: Youth, Health, Economics, Housing, and Sustainability. Each track is led by a different organization which uses their data to set goals/objectives and develop action plans.

- **Oneida County Health Coalition’s Health Report Cards** – Phyllis Ellis, Director of the Oneida County Health

• Contact Debbie or Mary if you are interested in developing a custom dashboard or participating in the HealtheCNY Workgroup.
Department, presented an overview of the Health Coalition’s work to develop quarterly Report Cards on various health topics. Their report card on Substance Abuse was circulated and is available at http://healthecny.org/oneidacountyhealthcoalition. The report cards incorporate quantitative data from numerous sources and qualitative data gathered from the discussions at Oneida County Health Coalition meetings. The process is being continually improved so it can better serve the community.

Discussion and PHIP Opportunities for Action (Bruce Hathaway)
The group discussed different needs and resources, as well as opportunities for action.

Select discussion points:
- There is now a plethora of data sources available, making it challenging to sort through and find the most meaningful indicators.
- Many groups are looking to develop databases and be regional resources for health data, and there is concern about duplication of efforts.
- Syracuse Community Geography is a good resource for mapping data.
- There are challenges in getting community input on data projects. Some counties use focus groups.
- Forming a workgroup on this topic or otherwise convening people around use of data is not needed or of interest.

Opportunities for action:
- **Create Data Products:** The development of data products (e.g., report cards) for the PHIP counties would only be useful if they were easily customizable for different topics, projects and counties.
- **Provide Customizable Tools:** Custom dashboards, customizable infographics, and summaries of data that could be used for social media were of interest.
- **Offer Training and Technical Assistance:** Training and technical assistance on analyzing qualitative data and communicating about (e.g., infographics) and using data were of interest.

Next steps/adjourn (Rachel Kramer)
The next R.A.C. meeting will be in February 2017.
Central New York Population Health Improvement Program (PHIP)
Regional Advisory Committee Meeting

February 28, 2017 2:30 PM – 4:00 PM
HealtheConnections, 109 South Warren Street, Suite 500, State Tower Building, Syracuse, NY 13202

Carolyn Ashley (Onondaga County Health Department), Eliesa Annarino (Central New York Health Home Network), Mary Carney (HealtheConnections), Brian Coleman (Oswego County Opportunities), Liz Crockett (REACH CNY), Tom Dennison (Lerner Center for Public Health Promotion), Krista Drake (Oneida County Health Department), Catherine Feuerherm (Cortland County Health Department), Susan Fox (HealtheConnections), Debbie Gordon-Messer (HealtheConnections), Bruce Hathaway (HealtheConnections), Deanna Hoey (Cayuga County Health Department), Chrystal Johnson (Madison County Health Department), Maxine Kinsella (Cayuga County Health Department), Rachel Kramer (HealtheConnections), Erin Ladoceour (Seven Valleys Health Coalition), Bridget Lenkiewicz (Onondaga County Health Department), Olga Levitskiy (Cortland Regional Medical Center), Brian McKee (Liberty Resources), Kathy Mogle (Onondaga County Health Department), Katherine Mungari (Madison County Health Department), Carolyn Niedzielski (Madison County Breastfeeding Partnerships), April Owens (Mohawk Valley Perinatal Network), Katie Pagliaroli (Oswego Health), Poonam Patel (ACR Health), Cathy Patrick (Upstate University Hospital), Emilija Postolovska (Transforming Communities Initiative, Syracuse), Margaret Seiter (Onondaga County Health Department), Adriana Sereno (Onondaga County Health Department), Bonnie Slocum (Madison County Rural Health Council), Nancy Smith (Apter & O’Connor), Jessica Soule (Cayuga Community Health Network), Sharon Tripolone (Onondaga County Health Department), Heather Vannort (Central New York Health Home Network), Janice VanValkenburg (Cortland County Community Action Partnership), Carol Watkins (Cornell Cooperative Extension of Oneida County)

Attendees:

Welcome and Introduction to Topic (Rachel Kramer)
Rachel welcomed the group and provided an update on actions PHIP has taken to follow up on the last R.A.C. meeting focused on using data for population health improvement work:

- **Data Products and Customizable Tools:** HealtheConnections (HeC) staff has spoken to Healthy Communities Institute about the request to be able to create customizable products with HealtheCNY data. They are working to create something that meets are needs, but they have not yet committed to a particular solution.
• **Training and Technical Assistance**: HealtheConnections has reached out to organizations that are able to offer training and technical assistance on analyzing qualitative data and communicating about using data of interest. PHIP currently plans to schedule a 2-part training in the spring/early summer that will include a training on visual communications and a training on creating infographics.

Rachel reviewed the agenda of the meeting and explained that we plan to focus on a different Prevention Agenda priority at each of our Regional Advisory Committee meetings. The theme of this meeting is NYS Prevention Agenda 2013-2018: Breastfeeding Initiatives in Central New York.

**Review of Breastfeeding Data and Evidence-Based Approaches (Mary Carney)**
Mary presented an overview of breastfeeding data for Central New York. Data show that all CNY counties are meeting the Prevention Agenda goal for Exclusive Breastfeeding in the Hospital, but significant disparities exist. CNY counties are all below the Prevention Agenda goal for WIC Mothers who Breastfeed at Six Months. Evidence-based approaches that were reviewed included hospital-based quality improvement initiatives, NYS Breastfeeding Friendly healthcare providers, and using the Business Case for Breastfeeding.

**Summary of Breastfeeding Activities included in the NEW CHIPs and CSPs**
Representatives from 4 counties provided the following summaries:

- **Cayuga County** – The Cayuga County Health Department presented findings from a survey conducted to identify when breastfeeding duration most often stops (between 1-3 months), and to identify obstacles to continuing to breastfeed. Their improvement plan focuses on improving awareness of breastfeeding and breastfeeding resources in the community. Activities include connecting moms to Certified Lactation Counselors (CLCs), educating hospital staff, creating and promoting the breastfeeding guide, offering community workshops, promoting support groups and conducting well-check calls following discharge from the hospital.

- **Cortland County** – Seven Valley’s Health Coalition summarized the improvement activities being supported through the Cortland County Breastfeeding Partnership, which is continuing their work getting businesses to become breastfeeding-friendly. They are also working on a #Milk4Moms campaign with a local dairy and holding a CLC training.

- **For more information, see the CHIPs and CSPs for Central NY Counties**
Training Course at Cortland Regional Medical Center on October 23-27.

- **Oneida County** – Central New York Health Home Network presented Oneida County’s plans to increase the number of *Breastfeed Your Baby Here* locations, which can be accessed using an app they developed. They have also developed a campaign to promote breastfeeding using cardboard cutouts with PSAs and established this website: https://www.facebook.com/MohawkValleyBreastfeeds/ They will be holding a press event in June to launch the campaign.

- **Oswego County** – Oswego County Opportunities presented Oswego County’s plans to promote breastfeeding as an activity under their county’s selected priority to reduce obesity in children and adults. Their work includes recruiting providers to become NYS Breastfeeding-Friendly Practices and increasing exclusive breastfeeding at discharge at Oswego Hospital.

Discussion of Successes, Challenges, and Opportunities (Debbie Gordon-Messer, Bruce Hathaway)

Three separate groups met to discuss the following topics:

- **Working with health care providers**: The healthcare group identified billing, referrals to home visits or lactation counselors, and inconsistent messaging across providers as challenges. Participants shared process and workflow changes (ex: phone calls during week 1) that can help facilitate referrals to services and a model for on-site visits at the hospitals to engage providers and new moms.

- **Engaging with worksites and making the business case for breastfeeding**: In worksite programs, the biggest challenges discussed were getting employers to adopt a written policy and sustaining efforts after initial visits and programs. Solutions discussed included connecting breastfeeding to other worksite wellness programs, working directly with HR on policy changes, making the case from an insurance and cost standpoint and showcasing champion worksites and their policies to make breastfeeding a community business norm.

- **Contact April Owens at the Mohawk Valley Perinatal Network for more information about Oneida County’s *Breastfeed Your Baby Here* initiative**

- **People should contact Rachel if they have additional ideas for regional opportunities or would like to be connected with someone who attended the meeting.**
• **Finding resources to help women extend breastfeeding for 6 to 12 months:** Challenges for helping women sustain breastfeeding for at least 6 months included lack of community awareness and normalization for breastfeeding and a need to help women advocate for themselves. The group identified an App that can direct women to breastfeeding friendly places in the community and examples of PSAs that can help normalize breastfeeding.

**Next steps/adjourn (Rachel Kramer)**
The next R.A.C. meeting will be **May 25, 2017** at HealtheConnections’ new office in Franklin Center.

• **Rachel will email everyone about the next meeting.**
Central New York Population Health Improvement Program (PHIP)
Regional Advisory Committee Meeting

May 25, 2017 2:30 PM – 4:00 PM
HealtheConnections, Franklin Center, Suite 001, 443 North Franklin Street, Syracuse, NY 13204

Lisa Alford (Onondaga County Department of Adult and Long Term Care Services), Eliesa Annarino (CNY Health Home Network, Inc.), Kathleen Bump (Cornell Cooperative Extension of Onondaga County), Mary Carney (HealtheConnections), Thomas Curnow (Herkimer Health Net), Tom Dennison (The Maxwell School, Syracuse University), Kathy Dischner (Cornell Cooperative Extension of Onondaga County), Catherine Feuerherm (Cortland County Health Department), Susan Fox (HealtheConnections), Bruce Hathaway (HealtheConnections), Jiancheng Huang (Oswego County Health Department), Rachel Kramer (HealtheConnections), Erin Ladoceour (Seven Valleys Health Coalition), Megan Lee (HealtheConnections), Bridget Lenkiewicz (Onondaga County Health Department), Andrea Nagle (United Healthcare), Diane Oldenburg (Oswego County Health Department), Poonam Patel (ACR Health), Emilija Postolovska (Transforming Communities Initiative Syracuse), Adriana Sereno (Onondaga County Health Department), Rebecca Shultz (Onondaga County Health Department), Nancy Smith (Apter & O’Connor), Jessica Soule (Cayuga Community Health Network), Jane Vail (CNY Health Home Network, Inc.), Cindy Walsh (Cornell Cooperative Extension of Oswego County), Carol Watkins (Cornell Cooperative Extension of Oneida County), Susan Williams (Seven Valleys Health Coalition), Amy Wilson (Food Bank of Central New York), Gabrielle Mayfield (ACR Health), Danielle Martin (CNY Health Home Network, Inc.)

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<th>Agenda Item</th>
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<td>Welcome and Introduction to Topic (Rachel Kramer)</td>
<td>Rachel welcomed the group and reviewed the meeting agenda. The main topic was the NYS Prevention Agenda 2013-2018: Obesity Prevention - Healthy Eating Initiatives in Central New York. Obesity Prevention was selected as a Prevention Agenda priority by 5 counties. The meeting serves 2 purposes: to inform the work of PHIP partners and to create regional discussion about common issues.</td>
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<td>Review of relevant data (Mary Carney)</td>
<td>Mary presented a brief overview of county and Census Tract level data from HealtheCNY.org on food insecurity, food access, and obesity in 6 counties of Central New York. Data showing disparities in obesity rates by income and disability status were also shown.</td>
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Guest speakers
Experts from two organizations were invited to give a presentation on their work in Central New York to address food issues.

➢ Food Bank of Central New York: Amy Wilson, Community Nutrition Manager of the Food Bank of Central New York, provided a brief overview of the organization’s initiatives. These include distribution of food to member organizations and via programs, increasing access to healthy food, child nutrition programs, and education to prevent chronic disease.

➢ Cornell Cooperative Extension (CCE): Kathy Dischner, Nutrition & Community Food Security Issue Leader for CCE of Onondaga County, and Carol Watkins, Health and Nutrition Issue Team Leader for CCE of Oneida County, provided an overview of CCE’s work. They explained how CCE’s work varies from that of the Food Bank, and how various initiatives complement one another.

Summary of healthy eating activities included in the NEW Community Health Improvement Plans (CHIPs) and Community Service Plans (CSPs) for Madison and Onondaga counties

➢ Onondaga County: Bridget Lenkiewicz, Research Technician at the Onondaga County Health Department (OCHD) provided a summary of Onondaga County plans. Adriana Sereno, Public Health Educator at OCHD, spoke specifically about the work they are doing to promote healthy options in small retail stores.

➢ Madison County: Rachel Kramer presented the Madison County plans on behalf of Bonnie Slocum, Director of the Madison County Rural Health Council. Their work is focused on actions employers can take to improve the food environment at worksites.

Discussion
The group discussed challenges faced by organizations involved in this work, and potential solutions. The topics of focus included retail, local food (for example, farmer’s markets, mobile markets, gardens), and worksites. Known challenges at these sites were discussed:

- At retail sites, challenges include supply and demand, pricing, cost, and profitability considerations
- For local food initiatives, they include sustainability beyond time-limited grant funding
- For worksites, moving beyond programming and promotion to more sustainable policy, systems, environmental changes.

See slides from the meeting for details. All slides are posted online on the CNY PHIP webpage.
Some potential solutions discussed include:

**Retail**
- Connect stores with farmers / farmer’s markets
- Assess barriers to healthy food procurement through survey/focus groups and implement solutions – e.g., product placement of locally sourced products/healthy items, implant point of purchase programs like NuVAL
- Engage local champions
- Blenders to make fruit smoothies
- Contract to get lowest cost produce
- Tax incentives
- Bulk purchasing (i.e. multiple retailers purchasing together)

**Local food**
- Subsidize CSA programs for SNAP/WIC
- Train smaller agencies to train community members
- Involve community-based locations (like school cafeterias)
- Rely on backbone organization for gardening (like Syracuse Grows)
- Provide incentives for landlords who have food-producing gardens on rental properties.
- Seed/starter plant donations boxes at seed/plant retail locations
- Prescription for food from healthcare providers, specifically for on-site gardens
- Facilitating connections between municipal planning/urban farming/farmers’ markets

**Worksites**
- Rely on leaders and champions
- CEOs and board members on board for change
- Engage and educate unions, start with business leaders as ambassadors.
- Involve staff, not just leadership, since people “own what they build.”
- Take smaller steps or set goals to achieve the bigger picture for policies
- Guidelines vs. policies
- Connect to worksite wellness programs
- Use incentives but be cognizant of the ethical and regulatory challenges in doing so
- Insurance incentives for employer
- Brokers offer training on policies as value-add service and bridge to insurers with incentive programs
- Movement toward agency culture change
- Data to support economic benefit or increased employee satisfaction and retention
• Make the “business case” to bring in leadership and board members - ROI

General
• Marry multiple solutions together, such as small retail/local food efforts or small retail/worksites.

Next meeting: Summer (Date TBD)