

## **2017 Year End Summary for CHA Committee to Assist in Updates to CHIP/CSP**

### **Overview of ARHN, CHA Committee Description, Member Organizations, and Meeting Dates**

**Adirondack Rural Health Network:** The Adirondack Rural Health Network (ARHN) is a program of AHI - Adirondack Health Institute, Inc. Established in 1992 through a New York State Department of Health Rural Health Development Grant, ARHN is a multi-stakeholder, regional coalition that informs on planning assessment, provides education and training to further the New York State Department of Health Prevention Agenda, and offers other resources that support the development of the regional health care system. Since its inception, ARHN has provided a forum to assess regional population health needs and develop collaborative responses to priorities. ARHN includes organizations from New York's Clinton, Essex, Franklin, Fulton, Hamilton, Warren, and Washington counties.

**Description and Members of the Community Health Assessment (CHA) Committee:** Since 2002, ARHN has been recognized as the leading sponsor of formal community health planning throughout the region. The Community Health Assessment (CHA) Committee, facilitated by ARHN, is made up of hospitals and county health departments that have developed and implemented a sophisticated process for community health assessment and planning for the defined region to address identified regional priorities. The CHA Committee is made up of representatives from Adirondack Health, University of Vermont Health Network - Alice Hyde Medical Center, University of Vermont Health Network - Elizabethtown Community Hospital, Essex County Public Health, Franklin County Public Health, Fulton County Public Health, Glens Falls Hospital, Hamilton County Public Health Services, Nathan Littauer Hospital, University of Vermont Health Network – Champlain Valley Physicians Hospital, Warren County Health Services, and Washington County Public Health Services.

**Purpose of the Community Health Assessment (CHA) Committee:** The Community Health Assessment (CHA) Committee, made up of the CHA service contract holders with AHI, is a multi-county, regional stakeholder group, meeting quarterly, that convenes to support ongoing health planning and assessment by working collaboratively on interventions and developing the planning documents required by the New York State Department of Health and the Internal Revenue Service in an effort to advance the New York State Prevention Agenda.

#### **CHA Committee Meeting Dates in 2017:**

- January 12, 2017
- March 22, 2017
- June 9, 2017
- September 8, 2017
- December 15, 2017 (upcoming meeting)

**Regional Priority Selection and Corresponding ARHN Sponsored Activities**

**Regional Priority:** As part of the community health planning and assessment process for the 2016-2018 cycle, the Community Health Assessment (CHA) Committee identified and selected Chronic Disease Prevention as a regional priority in support of the NYS Prevention Agenda 2013-2018. CHA partners and ARHN work collectively to implement multifaceted strategies to address and raise awareness of chronic disease prevention as well as the other Prevention Agenda Priority Areas. These included:

**ARHN Sponsored Activities:**

- **Multi-Organizational Media Campaign:** A spring 2017 media campaign in support of raising the tobacco purchasing age from 18 to 21. The campaign had a print and online component. The print component ran for two weeks between March 8<sup>th</sup> and March 20<sup>th</sup> with ads running in 14 local papers: Malone Telegram (cir. 3,800), ADK Daily Enterprise (cir. 2,800), Plattsburgh Press Republican (cir. 13,000), The Adirondack Journal Sun (cir. 10,776), The Sun Valley News (cir. 15,431), Times of Ti Sun (cir. 6,734), The Leader-Herald (cir. 9,400), Fulton County Express (cir. 41,000), Hamilton County Express (cir. 6,500), Adirondack Express (cir. 30,000), Granville Sentinel (cir. 2,600), Whitehall Times (cir. 1,300), North Country Free Press (cir. 22,673), and the Cambridge Eagle (cir. 3,145). The online component ran for six weeks (3/20-4/30) and partnered with five agencies. There were 666,667 total impressions over the six weeks and were tracked by mobile (431,640) and desktop/display (235,027).

Newspaper	Circulation	Ad Dates
Malone Telegram	3,800	3/10, 3/17
ADK Daily Enterprise	2,800	3/10, 3/17
Plattsburgh Press Republican	13,000	3/10, 3/17
The Adirondack Journal Sun	10,776	3/11, 3/18
The Sun Valley News	15,431	3/11, 3/18
Times of Ti Sun	6,734	3/11, 3/18
The Leader-Herald	9,400	3/10, 3/17
Fulton County Express	41,000	3/10, 3/17
Hamilton County Express	6,500	3/9, 3/16
Adirondack Express	30,000	3/8, 3/15
Granville Sentinel	2,600	3/17, 3/20
Whitehall Times	1,300	3/17, 3/20
North Country Free Press	22,673	3/17, 3/20

- **Prevention Agenda Projects:** Projects done in conjunction with ARHN by the public health departments in Essex, Warren, and Washington counties and by Glens Falls and Nathan Littauer Hospitals. (*\*Insert specific organizational project details when applicable.*)

## ARHN Sponsored Activities: Continued

- **Presentations:** The AHI Annual Summit featured four public health departments discussing how they brought traditional and non-traditional partners to the table to impact social and environmental determinants of health. The AHI Summit also hosted chronic disease presentations on COPD and diabetes.
- **Community Health Assessment Resources on ARHN Website:** ARHN in partnership with the CHA Committee created a seven county [2016-2018 executive summary](#), a comprehensive collection and analysis of data regarding health issues and needs in Clinton, Essex, Franklin, Fulton, Hamilton, Warren, and Washington counties. It is on the ARHN website with corresponding links to all the CHA Committee members Assessments/Reports. For more information, please visit <http://www.ahihealth.org/arhn/>. The ARHN website was also expanded to include a repository of resources and links to evidence-based strategies.
- **Data:** Updating of standardized data reports by county developed for 2016 CHA process by ARHN/AHI. Counties include Clinton, Essex, Franklin, Fulton, Montgomery, Hamilton, Saratoga, Warren and Washington. These will be emailed to the partners on December 1<sup>st</sup>, with an AHI data team staff member presenting on them at the December 15<sup>th</sup> CHA Committee meeting. The format is an updated one, based on committee member feedback from a July conference call.

### **PHIP Activities Related to Raising the Sale Age for Tobacco Products to 21**

The AHI Population Health Improvement Program (PHIP), supported by a grant from the NYS DOH, works with a broad range of community stakeholders (including local health departments and hospitals) to identify and implement strategies to advance the NYS Prevention Agenda. The AHI PHIP's region includes Clinton, Essex, Franklin, Hamilton, Warren and Washington counties.

- **For LHDs/Hospitals located in Clinton, Franklin and Essex Counties**  
Continued to contribute to the efforts of the North Country Tobacco Use Reduction Task Force to restrict young people's access to tobacco products and strengthen existing tobacco use cessation services. Assisted in the establishment and leadership of a county committee to advance the adoption of a local policy to raise the minimum legal sale age for all tobacco products to 21.

Worked with the following community sectors on tobacco use reduction efforts: advocates; business; town and county elected officials; schools/colleges; community-based organizations; faith-based organizations; FQHC's; hospitals; housing programs; local health departments; local governmental units; media; providers; regional PPS's; regional PHIP's.

Worked with the partners to increase community awareness about the benefits of raising the sale age and participated in efforts to garner community support for a county policy to raise the minimum legal sale age for tobacco products to 21.

- **For LHDs/Hospitals located in Hamilton, Warren and Washington Counties**

Continued to contribute to the efforts of the North Country Tobacco Use Reduction Task Force to restrict young people's access to tobacco products and strengthen existing tobacco use cessation services.

Worked with the following community sectors on tobacco use reduction efforts: advocates; business; town and county elected officials; schools/colleges; community-based organizations; faith-based organizations; FQHC's; hospitals; housing programs; local health departments; local governmental units; media; providers; regional PPS's; regional PHIP's.

Worked with the partners to increase community awareness about the benefits of raising the sale age and participated in efforts to garner community support for a county policy to raise the minimum legal sale age for tobacco products to 21.

**Delivery System Reform Incentive Payment program general verbiage**

The Delivery System Reform Incentive Payment (DSRIP) Program's purpose is to fundamentally restructure the health care delivery system by reinvesting in the Medicaid program. Across New York State, there are 25 Performing Provider Systems (PPSs) or networks of providers that have agreed to work together. DSRIP is an incentive payment model that rewards providers for performance on delivery system transformation projects that improve care for low-income patients. The DSRIP program covers a five-year period that commenced on April 1, 2015 and ends on March 31, 2020.

The AHI PPS is halfway through DSRIP and there is a shift in focus from reporting to performance. Workgroups have been formed throughout the PPS to increase collaboration between partners to improve quality and reach performance goals on multiple metrics. Innovation and transformation grants allow partners to receive funding to help achieve these goals.