Population Health Improvement Program

Building a Healthier Community

Joint Legislative Budget Hearing on Health/Medicaid

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Members of the Legislature, thank you for the opportunity to address you here today. The Healthy Capital District Initiative (HCDI) has served Albany, Schenectady, Rensselaer, Saratoga, Columbia and Greene counties for 20 years. We are a collaboration of the hospitals, health departments, federally qualified heath centers, health insurers and community based organizations from throughout the region. We provide enrollment services, school-based dental care, we lead the regional asthma coalition, and we champion regional health planning through the Population Health Improvement Program or PHIP. We serve over 14,000 residents per year and over 600 public health professionals receive our PHIP reports and resource summaries quarterly.

The PHIP funding that was excluded from the 2019-2020 budget provides essential resources for HCDI to bring numerous health care, public health, and community services together to develop coordinated strategies, based on evidence-based practices that address public health priorities in the Capital Region. With this funding, HCDI addresses public health priorities that individual entities cannot.

PHIPs Advance the Prevention Agenda

Population Health Improvement Programs are a key resource for the New York State Department of Health, hospitals, and County Health Departments in their work to advance the

New York State Prevention Agenda. We are currently in the midst of setting regional priorities for the next four years of the Prevention Agenda. Eliminating PHIP funding would remove a critical resource for this process right at the time it is needed most, seriously undermining the planning process.

PHIPs bring 3 key resources to the region to support successful prevention activities. First, as a PHIP funded organization, we provide a single comprehensive source for health data. We create regional Community Health Needs Assessments, quarterly health disparities reports, and ad hoc health data research or reports. Strong data analysis motivates action, fortifies grant applications, enables quality management of initiatives and establishes performance outcomes. The Community Health Needs Assessment alone saves regional hospitals and health departments over $1.3 million in otherwise redundant investments to create this required analysis.

Second, we provide a neutral table for coordinated action across the region. It is difficult for competitors to lead each other, or companies who serve a portion of the population to invest in strategies for the whole population. As a neutral convener, we hold diverse interests together around common priorities and facilitate coordinated action with clear performance measurements. This enables us to monitor collective action, make mid-course corrections and demonstrate efficacy.

Third, we support regional strategies based on evidence-based practices. We lead prioritization processes and the development of Community Health Improvement Plans. We ensure that consumer views are fundamental to our plans and that strategies deployed are based on what has been demonstrated to work. We share these effective strategies from around the region and the nation so that stakeholders can build on what works.

As a PHIP funded organization, our job is to bring population health science to practice, so that health departments, healthcare providers and community organizations can focus their efforts on implementing effective strategies, not researching which ones to implement. Consumers use mental health and substance abuse services , for example, and community resources that affect

health like housing and transportation, in regions, not counties. With PHIP funding, we are able to provide valuable support for these multi-county initiatives.

PHIP services have been fundamental for regional initiatives throughout the State. We have led initiatives on food insecurity and healthy corner stores, coordinated tobacco cessation plans, performed gap analyses, shared best practices and developed consumer materials to combat opioid abuse, mobilized mental health first aid training and suicide reduction initiatives, to name a few.

PHIPs are Essential DSRIP Resources

Research behind the University of Wisconsin County Health Rankings has demonstrated that medical care is only 20% predictive of population health. Thirty percent is driven by health behaviors, 10% from our environment and 40% by social and economic factors. Many of these factors are considered the basic building blocks of health, or social determinants of health. These consist of housing, food, transportation, child care, utilities in the home, being safe at home, not being able to afford care, and illiteracy. People who face serious problems in any of these areas are not able to attend to their health needs or the treatment plans of their doctors. Their health worsens and they return again and again for care that treats the symptoms rather than the root causes of the health problems.

The Delivery System Reform Incentive Payment Program (DSRIP) provides a unique opportunity for New York to adjust treatment strategies to focus on health outcomes. Frequently, this means providing additional support to patients beyond diagnosis and treatment to include support with addressing social determinants of health. PHIPs have been invaluable in the development of new lines of service to address social determinants of health – in two ways.

First, PHIPs have been key resources in coordinating or developing training resources that help staff better understand issues of cultural competency, health literacy, motivational interviewing and generally working with patients in the context of the patient's world. We have identified core

competencies, created directories of online and local training resources in each of these core competencies, and coordinated training events attended by thousands of participants.

The second way that PHIP funded organizations address social determinants of health is to build bridges between health providers and community partners with information and referral systems. These systems take the burden off of each individual provider to understand the marketplace of social services and instead give them a tool to easily connect patients with vital social supports. In some regions, the information technology advancements that support these efforts has moved us away from a refer and hope system, to one where the results of the referral are easily accessible.

Emergency departments often act as a poor alternative to the social safety net. PHIPs are vital partners in the development of regional strategies that integrate services addressing social determinants of health with healthcare. These strategies will make it easier for those who need the safety net to receive necessary support, for patients to successfully implement their treatment plans, and for New York to slow escalating health care costs while improving health outcomes.

We hope that you value the work of Population Health Improvement Programs as much as the regions we serve have, and hope that you consider them worthwhile investments in strengthening the system that supports population health in New York. We ask that you restore funding for the Population Health Improvement Programs so that this important work can continue.

Thank you.