



**Staten Island**  
Performing Provider System

12/7/2015

# Cultural Competency and Health Literacy Strategy

Milestone 1

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# CULTURAL COMPETENCY AND HEALTH LITERACY STRATEGY

## OVERVIEW

### INTRODUCTION:

This plan, building on the momentum of the Diversity and Inclusion Committee and the Staten Island PPSs (SI PPS) initiatives, is a dynamic document that will continue to transform as the PPSs workstream strategies and project measures are achieved. By energizing our partners and community to individually and collectively take action, surpass goals, share knowledge and improve communications, metrics and goals set forth in this strategy provide support for all workstreams and projects and satisfy Cultural Competency and Health Literacy (CCHL) Strategy requirements.

**Cultural Competency:** is “critical to reducing health disparities and improving access to high-quality health care, health care that is respectful of and responsive to the needs of diverse patients” (NIH). SI PPS recognizes that by aligning culturally competent practices, as a network we will:

- Understand unique attributes of our community members to reduce existing health disparities
- Recognize how beliefs and attitudes contribute to health decisions
- Open communication and share knowledge to build healthy communities

**Health Literacy:** is most often defined as a person’s ability to obtain and act on health information to improve and sustain health and wellness.

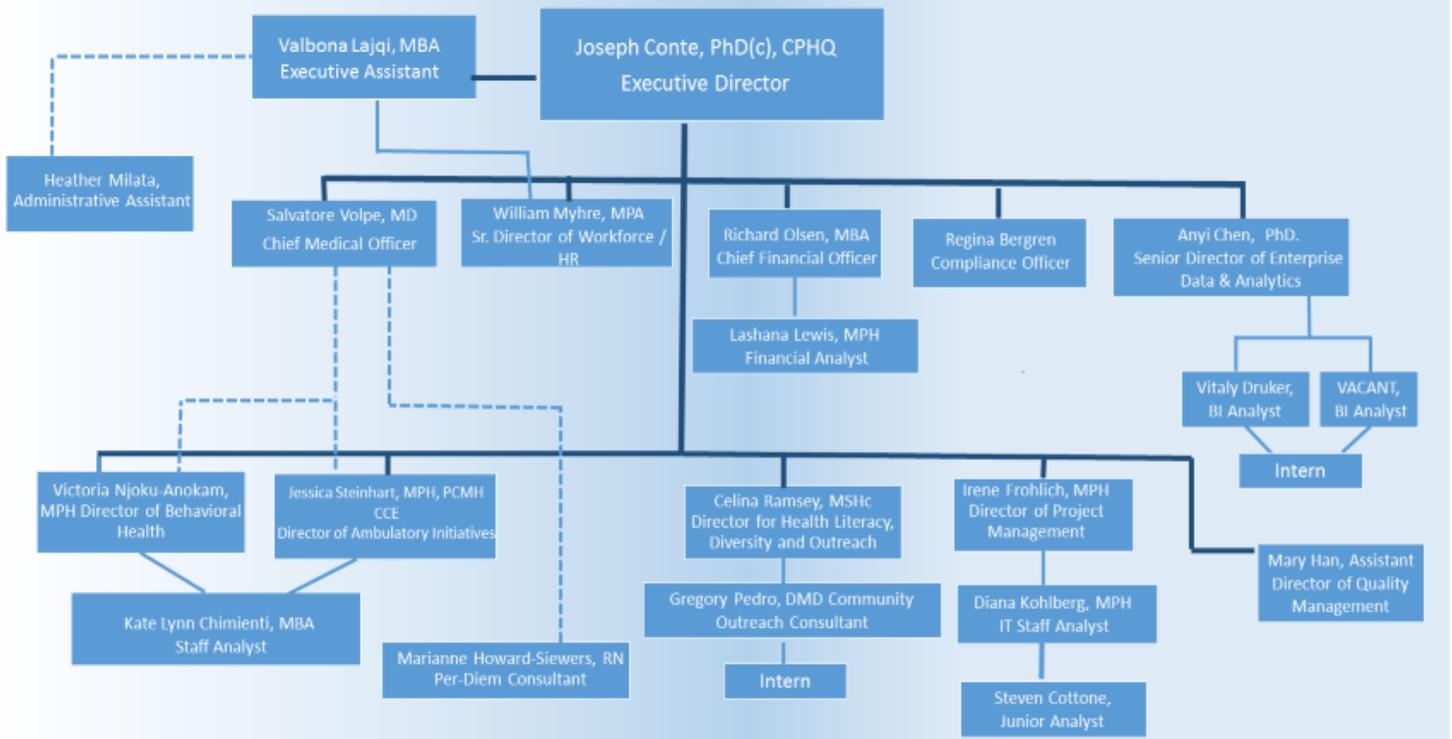
- Requires communication, reading, writing, numeracy and navigational skills
- Is the key to successful health and affects: community members and providers
- Improving communication skills for patients, providers, partners, and community will improve adherence, trust and outcomes

**Mission:** to transform Staten Island’s healthcare landscape by creating a dependable, accountable, and coordinated network of care that improves the quality, efficiency, and accessibility of Staten Island’s healthcare system.

## A. ORGANIZATIONAL STRUCTURE



### Staten Island Performing Provider System Table of Organization



Director of Health Literacy, Diversity and Outreach reports directly to Executive Director and is Co-Chair of the Diversity and Inclusion Committee.

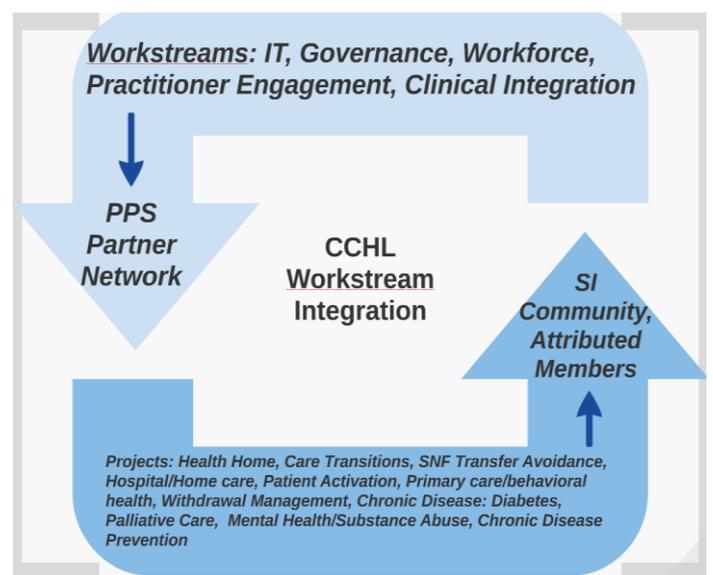
### CCHL Oversight

#### Director of Health Literacy, Diversity and Outreach

- CCHL Workstream
- Communications & Marketing
- Community Engagement

#### Diversity and Inclusion Governance Committee

- 'Site Champions' from each PPS
- Leadership representation from diverse CBO's



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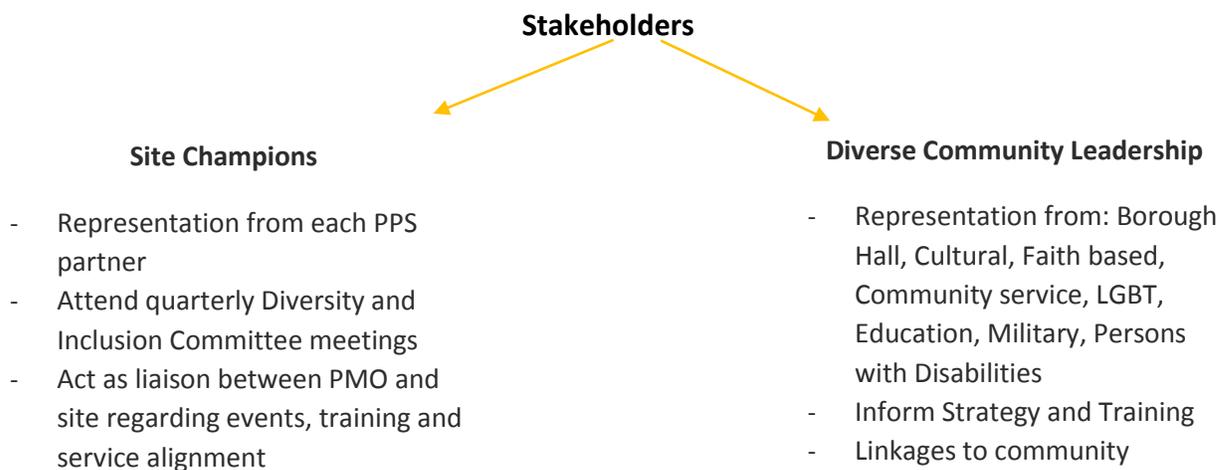
## B. STAKEHOLDER ENGAGEMENT

Informing the CCHL strategy, SI PPS consulted with internal and external stakeholder groups and individuals for input and feedback. SI PPS engaged external stakeholder groups, the public and beneficiaries through focus groups, community events and forums. Internal stakeholders (PPS Partners including Community Based Organizations) were engaged through committee meetings, workgroups and emails. Comments received were collected from both groups and incorporated into the strategy.

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## C. DIVERSITY AND INCLUSION GOVERNANCE COMMITTEE

The Diversity and Inclusion Committee is one of the Governance Committees of SI PPS, reporting to both the Steering Committee and Board of Managers. The Diversity and Inclusion Committee is tasked with creating the CCHL strategy and training plan; developing a standard of practice toolkit for adoption at each PPS partner site and for sharing and disseminating best practices amongst PPS partners in the realm of language access, health literacy, cultural competency, diversity, inclusion and healthcare equality.



### CCHL Workgroups:

#### A) CCHL Community- Population Health Literacy Improvement

- Health Literacy Curriculum Development
- Health Literacy Text Messaging Public Health Education Campaign

#### B) CCHL Providers- remediating gaps in PPS Partners organizational capacity for Language Access, Health Literacy, Cultural Competency, Diversity and Inclusion and Healthcare Equality

- PPS-wide alignment of National Best Practices
- PPS-wide CCHL training

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#### **D. STRATEGIC GOALS**

SI PPS CCHL Strategic Plan DY1-DY5 describes PPS efforts within the context of four broad strategic goals:

Strategic Goal 1: Improving Organizational Cultural Competency and Health Literacy

Strategic Goal 2: Population Health Literacy Improvement

Strategic Goal 3: Addressing Health Disparities through PPS-Wide Training

Strategic Goal 4: Sustainable Health Improvement through Collective Impact for Healthy Communities

The strategic goals and objectives focus on Cultural Competency and Health Literacy. Strategies for accomplishing SI PPSs goals are detailed within each objective. The success of the strategic goals and objectives in this plan are contingent on one another and can influence overall outcomes.

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#### **E. PERFORMANCE METRICS**

DSRIP and SI PPS require reporting on performance metrics related to each strategic goal and objective. Included are broad and finite performance measures each with the potential to impact outcomes and contribute to achieving sustainable improvement. At the end of each strategic objective are a set of performance metrics that will track progress and contribute to quarterly reporting.



OUTLINE:

- A. Identifies priority groups experiencing health disparities
- B. Identifies key factors to improving access to quality primary, behavioral and preventive health care
- C. Identifies community based interventions, assessments and tools to improve self-management of conditions, reduce health disparities and improve outcomes
- D. Defines plans for two-way communication with the population and community groups
- E. CCHL PPS Partner Survey
- F. Strategic Goals, Objectives and Strategies

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## A. GROUPS FACING HEALTH DISPARITIES

SI PPS has conducted an in depth analysis of the community and patient population served using analytics and hotspotting with data from multiple sources including claims data, available NYC and NYS data, community needs assessments, and focus group feedback.

Please note that the lack of standardization of REAL (Race, Ethnicity and Language) fields and categories and inconsistent data collection is a risk to be mitigated by SI PPS. Poor data capture hinders our mission of working to eliminate health disparities; limiting our ability to create innovative programs tailored to a person’s cultural, spiritual and linguistic needs and belief systems.

SI PPS is using data to inform all of our strategies, initiatives and planning to date. Currently we are viewing data at either a neighborhood, a zip code or a community board level but will soon be able to drill this down to a more granular level targeting streets and specific smaller areas within to help us analyze the root cause of disparities and hot spots.

### Community Needs Assessment:

Staten Island is home to 472,621 people; 130,000 are Medicaid Beneficiaries and an estimated 50,000 are uninsured. 21% are foreign-born and 11% have limited English proficiency. According to the Community Needs Assessment, the average household size on SI is between 1-3 people, the majority of the population lives in an apartment. The survey reported high blood pressure (32.7%), mental health illness (30.2%), depression (22.6%), asthma (22.8%), diabetes (18.4%), and drug and alcohol abuse (18.0%) as being the most commonly occurring health conditions on SI. High blood pressure (34.0%), with mental health (30.4%), asthma (21.0%), and depression (20.2%) being the leading health conditions for receiving health care treatment. The most commonly occurring health conditions among children were reported as being asthma (57.0%), mental health illness (32.6%), other (17.0%), and developmental disabilities (15.6%), with asthma (52.0%) and mental health illnesses (34.4%) as being the leading conditions for receiving health treatment. (For more information refer to [SI PPS Community Needs Assessment](#).)

The chart below identifies priority groups experiencing health disparities across Staten Island. Unless otherwise stated, the 'SI PPS Geomapping' data sources are Department of Health and Mental Hygiene's member roster and Salient claims data. (Please refer to geo-map on the appropriate page listed from Appendix A)

<b>Page 4</b>	According to New York City Department of Health and Mental Hygiene's Community Health Profiles of Staten Island, residents in the North Shore communities report higher social inequalities such as housing and maintenance defects, lower high school graduation rates, 1 in 5 living below the federal poverty line, and have higher percentages of foreign born than the other two Staten Island communities (Mid Island and South Shore)
<b>Page 5</b>	According to New York City Department of Health and Mental Hygiene's Community Health Profiles of Staten Island, residents in the North Shore communities also report poorer health outcomes, specifically with higher rates of smoking, obesity, lack of health insurance and missed medical care than the other two Staten Island Communities.
<b>N/A</b>	According to the <a href="#">NY State LGBT Health and Human Services</a> needs assessment, LGBT people in Staten Island experience high rates of food insecurity, are not likely to have a health home or primary care provider. Barriers to health care services were reported as personal financial resources (36%), not enough psychological support groups (33%), community fear or dislike of LGBT people (28%), inadequate insurance (24%), long distances to LGBT-sensitive medical facilities (21%) and not enough health professionals who are trained and competent to work with the LGBT community (21%)
<b>Page 6</b>	Top languages spoken by residents in our community as reported by PPS Partners are Spanish, English, Russian, Italian, Mandarin, Arabic, Cantonese, Polish, Haitian Creole, Hindi, Albanian, Korean, French, Urdu, and Bengali. Important to note languages frequently served as listed in the 'other' category: Sign Language, Ukrainian, Greek, Lithuanian, Macedonian, Bulgarian, Hebrew, Yiddish, Armenian, German, Filipino/Tagalog, Vietnamese, Sinhalese, Gujarati, Georgian, Farsi, Yoruba, Bassa-Kru.
<b>Page 7</b>	According to FitnessGram data based on disease category, a high prevalence of childhood obesity exists in the North Shore's K-8 grade Hispanic population
<b>Page 8</b>	According to SI PPS Geomapping data based on disease category, the highest prevalence of childhood asthma exists in zip codes 10303 and 10310 for males aged 0-18. According to NYC Department of Planning data, the majority of foreign born living in the associated neighborhoods are Mexican.

<b>Page 9</b>	According to SI PPS Geomapping data based on disease category, Diabetes is prevalent in both the North and South Shore, equally distributed among males and females aged 0-18. Hot-spot areas indicate that zip-codes 10310, 10301 and 10312 are populated with Foreign Born Mexican, Chinese, Korean, Liberian, Nigerian, Italian, Ukrainian, Russian and Egyptian residents.
<b>Page 10</b>	According to SI PPS Geomapping data based on disease category, Diabetes is prevalent throughout the entire top half of Staten Island Including North Shore and Mid Island.
<b>Page 11</b>	According to SI PPS Geomapping data based on disease category, the highest prevalence for Diabetes exists in zip codes 10302 and 10301 for males aged 65 and over. According to NYC Department of Planning data, the majority of foreign born living in the associated neighborhoods are Mexican, Chinese, Liberian and Nigerian.
<b>Page 12</b>	According to SI PPS Geomapping data based on disease category, the highest prevalence for Asthma exists in zip codes 10302, 10301, 10303 and 10310 for females aged 19-64. According to NYC Department of Planning data, the majority of foreign born living in the associated neighborhoods are Mexican, Chinese, Liberian, Nigerian, Korean, Italian and Ukrainian.
<b>Page 13</b>	According to SI PPS Geomapping data based on disease category, the highest prevalence for Asthma exists in zip codes 10303 and 10302 for females aged 65 and over. According to NYC Department of Planning data, the majority of foreign born living in the associated neighborhoods are Mexican, Chinese and Nigerian.
<b>Page 14</b>	According to SI PPS Geomapping data based on disease category, the highest prevalence for Behavioral Health claims exists in zip-code 10301. Gender distribution is not statistically significant. According to NYC Department of Planning data, the majority of foreign born living in the associated neighborhood are Mexican, Chinese, Ecuadorian and Filipino.
<b>Page 15</b>	According to SI PPS Geomapping data based on disease category, the highest prevalence for Alcohol claims exists in zip-code 10301 for males aged 18-65. According to NYC Department of Planning data, the majority of foreign born living in the associated neighborhood are Mexican, Chinese, Ecuadorian and Filipino.
<b>Page 16</b>	According to SI PPS Geomapping data based on disease category, the highest prevalence for Opioid claims exist in both South Shore zip-codes 10307, 10309, 10308 and 10312 and North Shore zip- code 10301 for males aged 18-44. According to NYC Department of

	Planning data, the majority of foreign born living in the associated South Shore neighborhoods are Italian, Russian, Ukrainian and Korean; the majority of foreign born living in the North Shore neighborhood are Mexican, Chinese, Ecuadorian and Filipino.
<b>Page 17</b>	According to SI PPS Geomapping data based on disease category, the highest prevalence for Opioid claims for ages 18-25 are found in the South Shore zip-codes 10309 and 10308. According to NYC Department of Planning data, the majority of foreign born living in the associated South Shore neighborhoods are Italian, Russian, Ukrainian, Chinese, Egyptian and Korean.
<b>N/A</b>	Feedback and input gathered from roundtables with community organizations and PPS partners have also identified Staten Island’s aging, Veteran and disabled population as priority groups facing health disparities and challenges to health care access.

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## B. IMPROVING ACCESS TO CARE

- ✓ Pursue PCMH status throughout SI PPS network
- ✓ Clinic and community based care coordination and linking people to appropriate services will help to ensure that patients access the right care at the right time and reduce inappropriate utilization
- ✓ Improvements in addressing literacy, linguistic and cultural barriers will create culturally competent health care facilities that are accessible to diverse populations
- ✓ Addressing social determinants of health care through development of *Healthy Neighborhoods* initiatives
- ✓ Integration of behavioral health care into primary care practices increases capacity of behavioral health partners to focus on patients with severe mental illness
- ✓ Improve access to community resources that support health and wellness
- ✓ As primary care practices move toward being patient-centered medical homes and their staff and clinicians work at the top of their licenses, physicians will have the capacity to see more patients and/or spend more time with patients during the clinic visit

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## C. COMMUNITY BASED INTERVENTIONS, ASSESSMENTS AND TOOLS

### **Community Based Interventions:**

- Community health workers/promotoras/peer navigators: Community-based outreach by people from the actual community served has proven to be very effective in improving health literacy and engagement in care for targeted populations. Examples include health care navigation, insurance enrollment, and asthma home visits

- Health Literacy health education classes improve a person’s health knowledge and empowers people to make informed decisions about their healthcare. Pairing health experts with educators to co-teach creates a trusting bond between members of the community and health care providers
- Mobile outreach/health vans: Community Health Action of Staten Island has two mobile vans that provide health care services to underserved communities. They have had great success in targeting communities still suffering from the effects of Hurricane Sandy, in addition to the low income communities on the North Shore. The New York State Cancer Services Program on Staten Island has partnered with mobile mammography vans to bring breast cancer screening and reduce many of the barriers that women face when accessing early detection services
- Stanford Model Chronic Disease Self-Management Program – The Stanford Model is a proven community-based peer led model for improving self-management for chronic disease, including diabetes. Community Health Action of Staten Island has recently implemented the program on Staten Island
- Collective impact for population health improvement

### **Partnerships with CBO’s:**

Engaging CBO’s accelerates integration and adoption of interventions designed to increase access to care. There are a wide variety of Community Based Organizations across Staten Island providing an array of services addressing social determinants of health and well care. SI PPS has engaged several of these Community Based Organizations in partnership agreements to provide services which align with our 11 DSRIP projects and workstreams. (Refer to Appendix B Community Engagement Plan pages 4-6).

### **Assessments and Tools:**

- PHQ9 – This screening tool can help to identify patients with depression. In addition to impacting general well-being, depression can also impact people’s ability to manage chronic disease. Thus engaging patients in treatment for depression can also improve self-management of chronic diseases such as diabetes and hypertension.
- PAM – This assessment tool is used to determine patients’ knowledge, skills, and confidence in managing their health and healthcare. It has been proven to predict utilization and can help health care providers tailor communications and target resources for patients who may have more difficulty managing their health.
- Shared decision making aids – These tools are developed to engage patients in making health care choices. This engagement has been found to improve adherence to those choices (ie. medication adherence with anti-depressants).
- Diabetes self-management tools – A variety of organizations have developed multi-lingual tools to assist patients in self-management of diabetes. Medication and dietary adherence and blood sugar testing and insulin injections are complicated tasks. Self-management tools can help to increase patient adherence and compliance.
- Asthma action plans – The New York City Department of Health and Mental Hygiene, like other organizations, has developed a standard citywide asthma action plan to help patients know how to manage their symptoms and medications in a visual and easy to comprehend format.

- Others as identified

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#### D. TWO-WAY COMMUNICATION PLAN (REFER TO APPENDIX B: COMMUNITY ENGAGEMENT PLAN)

Two-way communication plan includes SI PPS website, monthly newsletters, Staten Island Community Television (SICTV) program, **StextiPPS**, Quarterly Community Breakfasts, Health fairs and forums:

- SI PPS website ([www.statenislandpps.org](http://www.statenislandpps.org)) was established to provide two-way communication between the Project Management Office, SI PPS Partners (see [Partner](#) tab) and members of our community. The website will link community members to providers of high-quality health and social services, share SI PPS and DSRIP related updates, local and national health information, community news, events, trainings, support groups and health literacy programs. It is also host to a private and secure *sharepoint* site where each of our PPS Partners can access internal project related information and data.

Metrics: Search engine optimization (SEO) and analytics will be monitored and reported quarterly to the Communications and Marketing Committee.

- SI PPS Newsletter is distributed on a monthly basis via Constant Contact by email-blast to a growing number of recipients from both stakeholder and general public groups. Print versions will also be made available for distribution at meetings, local events and community forums. [Issue 1.](#) [Issue 2.](#)

Metrics: Data collection such as open and click through rates will be monitored and reported quarterly to the Communications and Marketing Committee.

- SI PPS staff are attending orientation and training at the local television station. In conjunction with the Diversity and Inclusion and Communications and Marketing committee and the Practitioner Engagement Committees, SI PPS will develop and host a SI PPS Health Literacy News program with topics specific to Staten Island health disparities, prevention, and wellness.
- **StextiPPS** is being developed as a public health education campaign utilizing evidence based methodology for SMS (text messaging) in health engagement and promotion.

Metrics: Opt in/Opt out, open rates and click through data will be collected and reported quarterly to the Communications and Marketing Committee.

#### SI PPS DSRIP and community forum plan and schedule

- SI PPS has committed to hosting quarterly community breakfast forums in varying geographical locations throughout Staten Island to engage non-PPS Partner stakeholders and community members. DSRIP Project related updates and networking opportunities are the two main goals of these forums.

Metrics: Attendee sign in sheet will be collected and reported quarterly to the Communications and Marketing Committee.

- SI PPS PMO staff are attending and presenting at existing community forums such as health fairs, City Harvest Mobile Markets, quarterly Community Advisory Board meetings in the three community districts, monthly Staten Island Immigrants Council, quarterly Hunger Task Force, monthly Health and Wellness Advisory Council meeting at Borough Hall, and Health and Wellness fairs/expo's as needed. SI PPS has a dedicated staff person conducting Community Outreach and Engagement.

Metrics: Attendance at all community meetings will be documented and logged.

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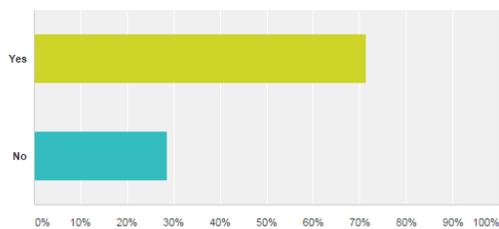
## E. CCHL PPS PARTNER SURVEY

In order to better understand the organizational capacity of partners in our network, we created the [CCHL PPS Partner Survey](#) as the baseline assessment tool which is sent to existing and new partners with a signed MSA. The tool identifies availability of and gaps in services related to language access, health literacy, cultural competency, diversity, inclusion and healthcare equality. The survey inquired about REAL data capture, existing programs, policies, initiatives, training and competencies and also allowed sites the opportunity to document requests for more information and training.

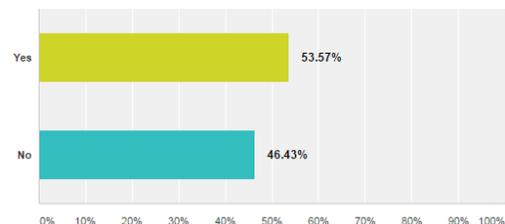
The data gathered from this survey tool has been used to inform Milestone 1 and will be used to develop Milestone 2 training strategy and timeline. ([Survey results](#)).

### Noteworthy Responses:

Organizations with Language Access Policy:



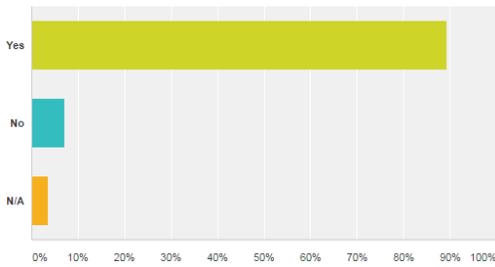
Organizations with Language Access vendor



30% of organizations had no specific policy and almost 50% are not providing qualified language access services. As a PPS we know that in order to **be** Culturally Competent and Health Literate, we need to communicate with people in their language of preference. One of our first lines of action, as detailed below in Goal 1, is to provide PPS-wide access to language access vendors.

Interested in becoming *Health Literate*:

Cultural Competency Training:



Answer Choices	Responses	Count
Does your organization provide employees with cultural competency training?	Responses	100.00% 28
What type of training is conducted? (web based, in-person)	Responses	71.43% 20
What resources are used for the training materials?	Responses	71.43% 20
What is the frequency of this training? (New hire, annual, n/a)	Responses	71.43% 20

Survey findings show that nearly 100% of SI PPS partners are interested in aligning with national best practice models and share the need to improve types and availability of training in these fields for all levels of staff.

## F. STRATEGIC GOALS, OBJECTIVES AND STRATEGIES

### GOAL 1: IMPROVING ORGANIZATIONAL CULTURAL COMPETENCY AND HEALTH LITERACY

Vision: PPS partners recognized as organizations who are health literate, culturally and linguistically competent, providers of equitable healthcare solutions to all

Objective A: Survey each PPS partner site (CCHL PPS Partner survey) to identify current state

Objective B: Create gap analysis regarding organizational capacity for language access, health literacy, cultural competency and diversity and inclusion

Objective C: Prioritize sites based on gaps/risks identified

Objective D: Develop a toolkit providing framework and suggested implementation plan for recommended national best practice strategies; policies and procedures; approved vendors/group pricing agreements for language access and health literacy

Objective E: Collaborate with Diversity and Inclusion Site Champions to disseminate toolkit, strategize individual site action plan

Objective F: Implement site specific Action Plans

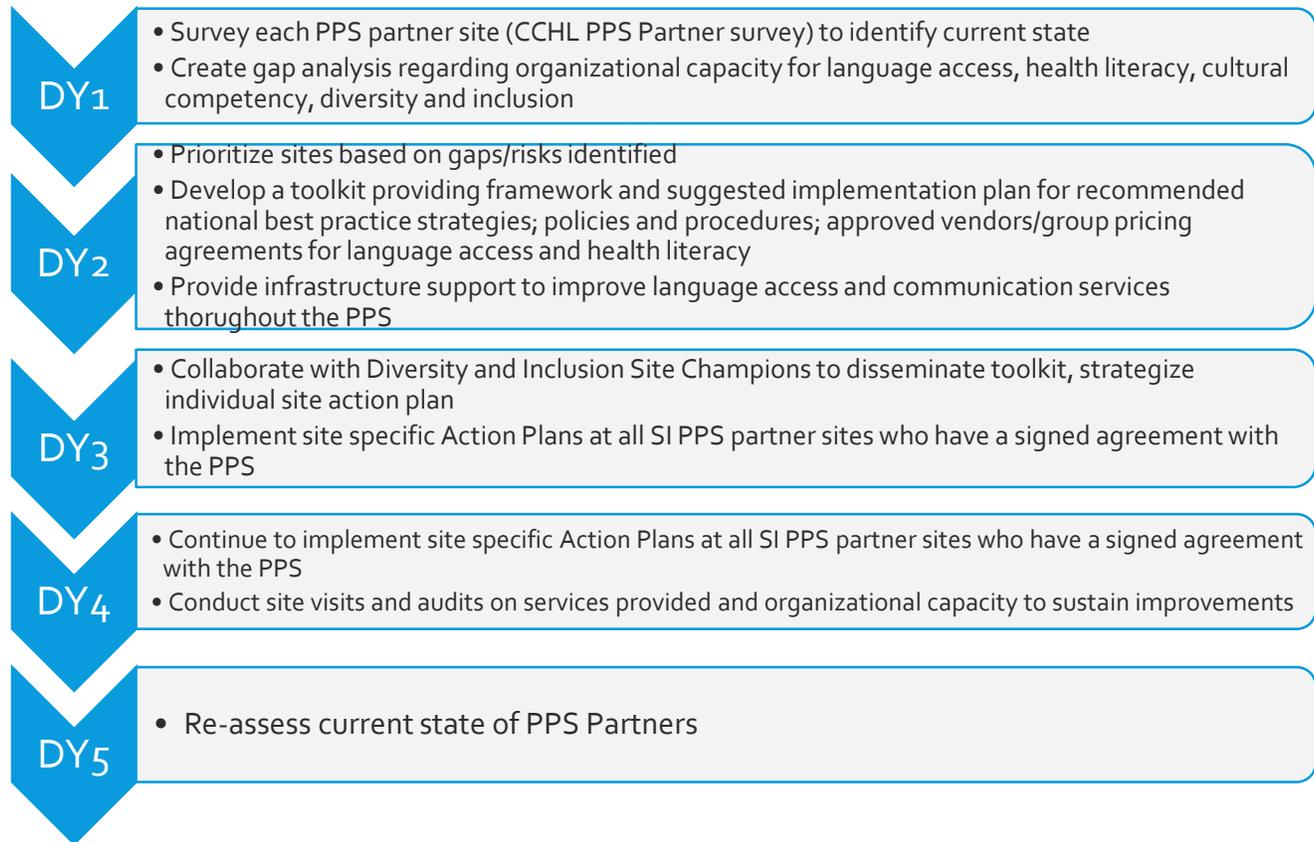
Objective G: Re-assess current state of PPS Partners

Improving health communication, health literacy and cultural competency throughout the Staten Island PPS will allow us to meet the evolving needs of our patient population and improve the knowledge base and skill set of providers in our network, therefore improving trust relationships and health related outcomes. SI PPS is responsible for ensuring each partner in our network is providing the highest quality of care while promoting patient safety and recognize the need to align best practices, services and competencies available.

Culturally Competent and Health Literate organizations are those who follow these and other national best practice guidelines from the [Office of Minority Health: Culturally and Linguistically Appropriate Services \(CLAS Standards\) /Health Equity](#); [National Health Literacy Standards](#); [AHRQ Universal](#)

Precautions; [NIH Clear Communication Guidelines](#) and the [Human Rights Campaign's: Healthcare Equality Index](#).

Many of our partners have a dedicated staff person already working in one or more of these fields and will naturally align with the goals of the PPS. Other partners have selected a *Site Champion* to work on these projects. Cultural Competency and Health Literacy is understood by leadership across the island as necessary to achieve our highest goals and is fully supported by all.



## GOAL 2: POPULATION HEALTH LITERACY IMPROVEMENT

Vision: Community wide integration of [SI PPS Healthy Partnerships: Health Literacy Program](#)

- Improve health outcomes by implementing a [community centric approach](#) to health literacy; unifying providers of health and social services with community members through innovative health literacy health education

Objective A: Create workgroup to develop health literacy health education toolkit consisting of project/health disparity specific [curriculum](#);

Objective B: Create toolkit curriculum material including paper based and multi-media resources utilizing subject matter content experts

Objective C: Roundtable with health literacy subject matter experts to develop train-the-trainer program for toolkit use amongst adult educators, literacy organizations, pipeline students, community and peer health workers

Objective D: Conduct train the trainer programs for Health Literacy Toolkit

Objective E: Toolkit deployment amongst partners including local literacy organizations (LEARN Network, NYPL)

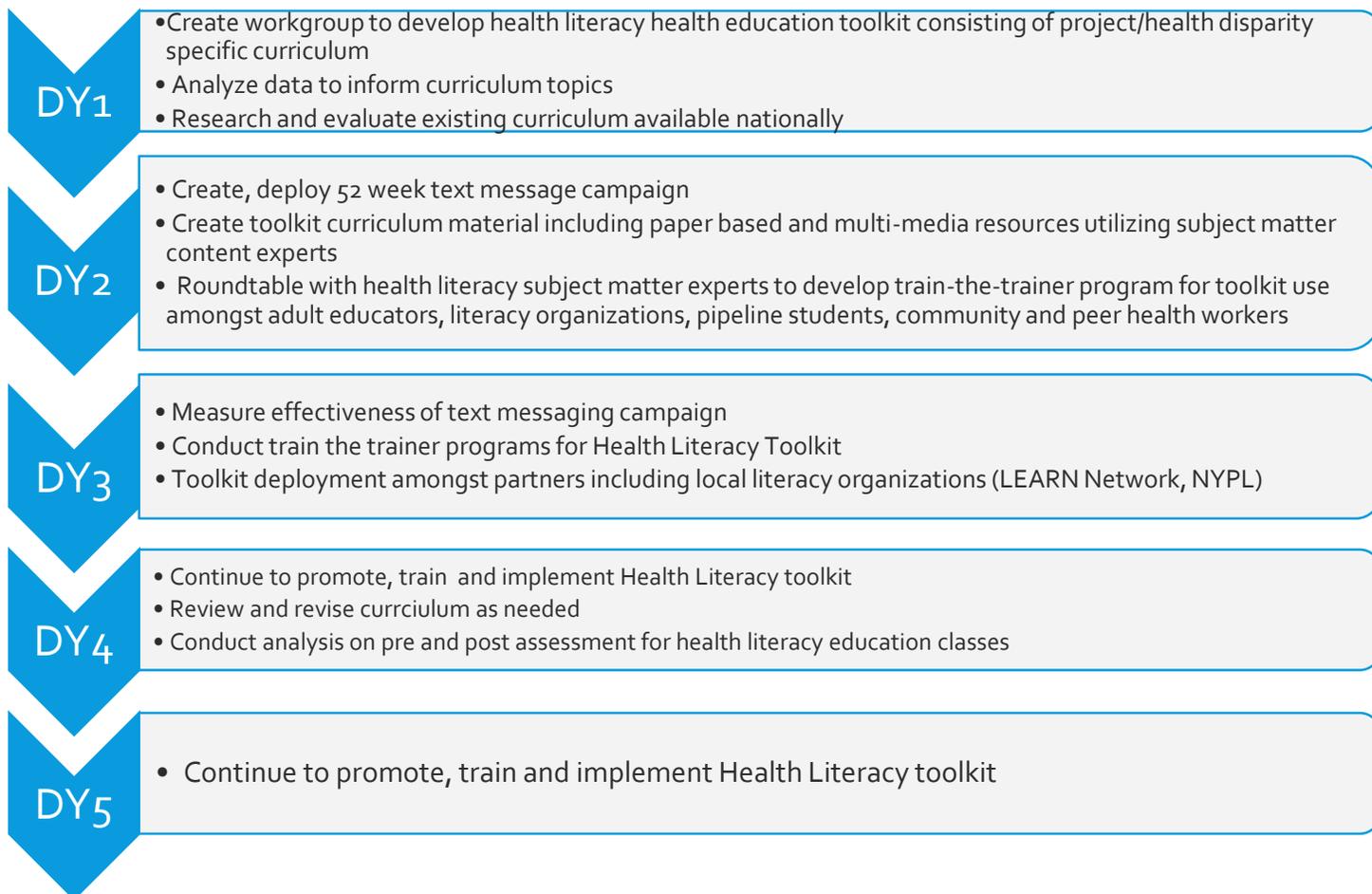
Objective F: Create 52 week health literacy health education campaign using SMS for Health Solutions with risk/reward measurements and text-analytics for reporting: **SItextiPPS**

SI PPS is in a unique position in regards to Health Literacy improvement. *Health literacy* has recently gained national and international recognition as a major contributor to a person's health status, however, Staten Island health care providers and literacy organizations have been working diligently to improve the many facets of health literacy for 10+ years. Home to the Staten Island Health Literacy Collaborative which partnered major health care institutions with all literacy organizations had both clinicians and educators working in tandem, out in the community, providing health literacy health education classes for adult students. This health literacy program has been successfully running for almost 8 years and has reached thousands of students not only on Staten Island, but across NYC.

A number of our partner organizations recognize institutional health literacy is key to two-way communication, trust, adherence, self-management of illness and necessary for a journey to wellness for the populations we serve. Some partners have policies and guidelines for simple language verbal and written communication and offer ongoing health literacy training and support for providers.

We believe that redesigning existing health literacy curriculum to model the health disparities and diseases prevalent on Staten Island will align with the goals of our 11 projects. Adding easily accessible on-demand innovative media solutions to each health education topic will allow a larger pool of users access to the material and in this manner we can create a population wide push to improve health literacy.

Based on the success of several text messaging for health campaigns such as the national [text4baby campaign](#) or the NYC [Mobile Milk](#) campaign, SI PPS is creating a public health education campaign for patient engagement and to improve health literacy by using innovative health solutions.



### Goal 3: ADDRESSING HEALTH DISPARITIES THROUGH PPS-WIDE TRAINING

Vision: Provide Cultural Competency and Health Literacy education for entire workforce, all PPS partners; ensure sustainability by training site champions to lead education initiatives at respective sites

Objective A: Analyze CCHL PPS Partner Survey feedback to identify existing training resources and identify training needs and gaps

Objective B: Identify training needs at PPS-wide, Workforce and Project level

Objective C: Conduct in-reach with local Community Based Organizations providing community or social services to identify potential partners for training on specific topics

Objective D: Work with 1199 TEF to create topic list, identify potential curriculum, materials, resources and subject matter experts

Objective E: Disseminate overview of available training topics to each Site Champion

Objective F: Develop training timeline which is PPS-wide, site specific, provider specific by location and by group served

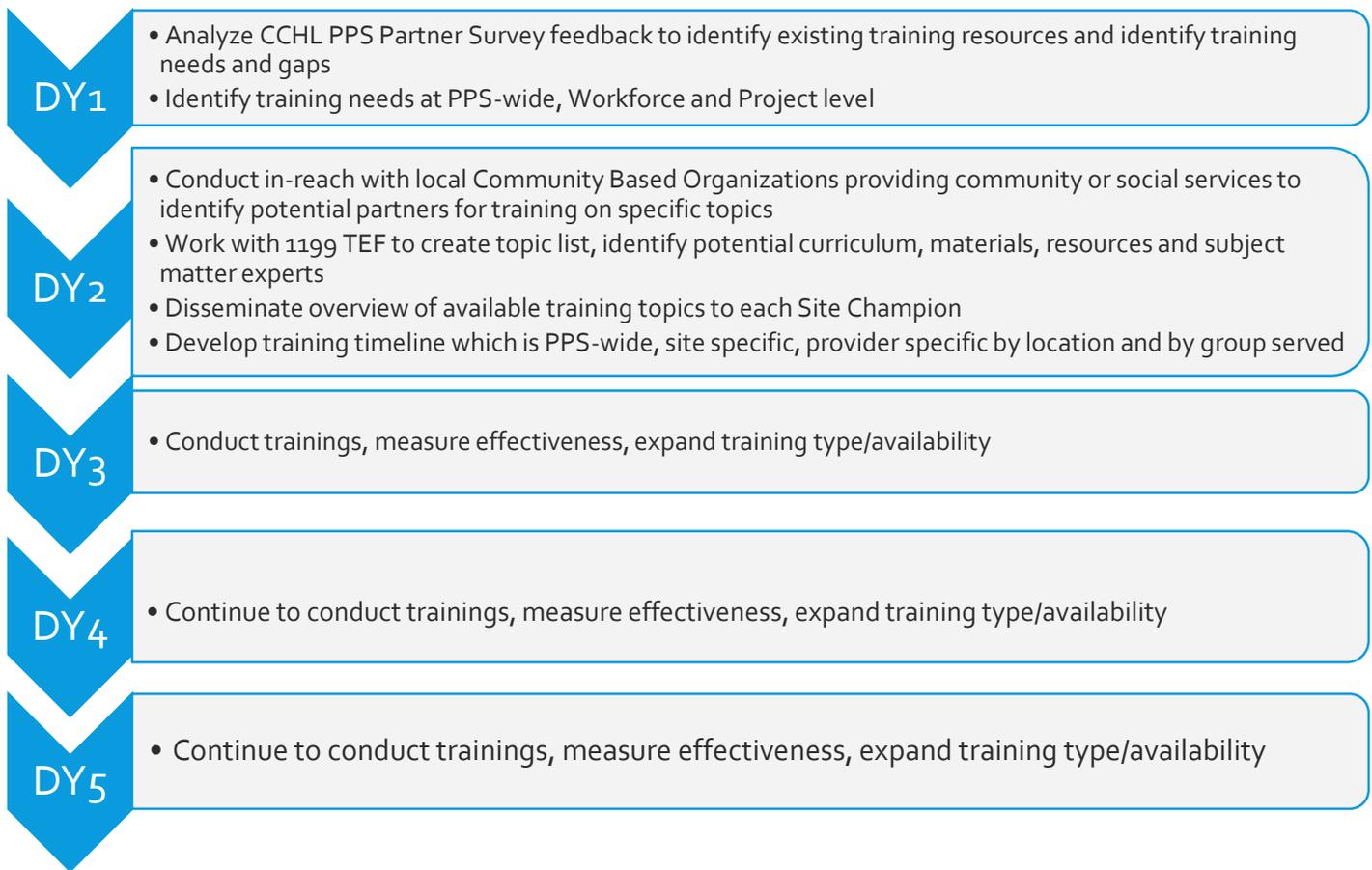
## **Training Needs Identified:**

**Projects:** Basic Cultural Competency \* Cultural Competency and Mental Health \* Cultural Competency- Caring for the Elderly\* Cultural Competency and Palliative Care \* Health Literacy- Clear Communications \*

**PPS Wide /Workforce:** Personal Bias and Cultural Competency \* Language Access + Cultural Competency + Health Literacy\* Cultural Competency- Front Line Staff \* Cultural Competency- Ethnicity Specific \* Cultural Competency and Persons with Disabilities \* Cultural Competency and Military\* Health Literacy: Simple Language Verbal and Written Communication \* Teach-Back \* Health Literacy- Outpatient Specific \* Working with a Medical Interpreter \* Language Access 101 \* Medical Interpreter Training/Train the Trainer \* LGBT Health Education (Basic, Aging, Youth, HIV, Transgender, Ethnicity-specific) \* Affinity Groups \* Immigrant Rights

Working closely with the Workforce, Practitioner Engagement and Diversity and Inclusion Committees as well as Project leads, we have been able to develop a baseline survey and results to inform our Milestone 2 Training Strategy for Cultural Competency and Health Literacy. We are currently working to roll out trainings and resources to mitigate risks associated with gaps identified through the partner survey. It is understood throughout the PPS that in order to improve organizational capacity and improve population health literacy, there needs to be serious training progress.

It is in our opinion that in order to accomplish all of the goals set forth in this Strategic Plan, we cannot limit Cultural Competency, Health Literacy and associated trainings to only those employees working in specific DSRIP related positions. We believe that each partner facility and all of its employees are potentially touching attributed lives every day. To make the serious and challenging improvements to care delivery and systematic reform, everyone, from healthcare workers to community members need to be on the same page, and this type of transformation begins with shared knowledge through education.



**GOAL 4: SUSTAINABLE POPULATION HEALTH IMPROVEMENT THROUGH COLLECTIVE IMPACT IN HEALTHY COMMUNITIES**

Vision: To work with stakeholders at a neighborhood level to improve the overall health and wellness of select Staten Island neighborhoods

- To address the key social determinants to health on Staten Island [housing, literacy/education, transportation, environment, health care access, food security, social trust, economic achievement] within neighborhoods identified as having poor health outcomes as they relate to the 11 SI PPS Projects

Objective A: Inform community and partners of SI PPS Healthy Neighborhood Initiative

Objective B: Select neighborhoods based on projects, health disparity data and analytics, and locations of super-utilizers

Objective C: Implement the [CDC's CHANGE Tool](#) in each of the selected neighborhoods where the potential impact is greatest

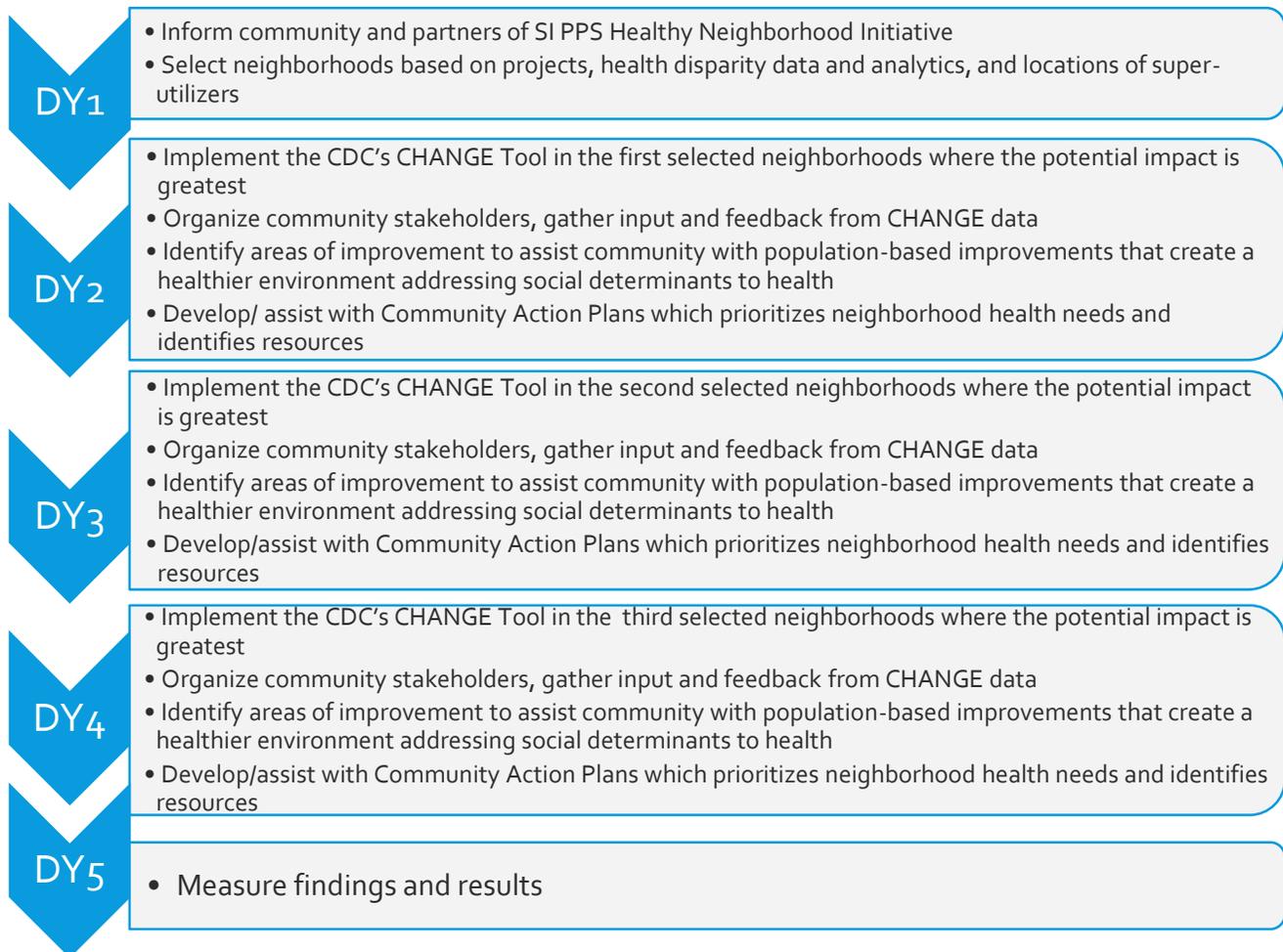
Objective D: Organize community stakeholders, gather input and feedback from CHANGE data

Objective E: Identify areas of improvement to assist community with population-based improvements that create a healthier environment addressing social determinants to health

## Objective F: Develop Community Action Plans which prioritizes neighborhood health needs and identifies resources

Staten Island, geographically isolated from the other four boroughs making up New York City, is frequently referred to as the ideal location to pilot community based- high yield- health innovation projects with the potential to be replicated across the city and state once successful. Our partners have a long history of working together to accomplish shared goals, and with the implementation of DSRIP, are already working toward population health improvement through collective impact. In thinking of sustainability, creating and organizing leaders in the community to work on and drive change gives ownership to the people on Staten Island.

Providing backbone support for *Healthy Communities* allows local stakeholders to work together on community wide health improvement projects that align with our shared goal of addressing social determinants and health disparities.



**Appendix A: Geomapping Data**

**Appendix B: Community Engagement Plan**



## Cultural Competency and Health Literacy Strategy

### APPENDIX A

SI PPS has conducted an in depth analysis of the community and patient population served using analytics and hotspotting with data from multiple sources including claims data, available NYC and NYS data, community needs assessments, and focus group feedback. Please note that the lack of REAL (Race, Ethnicity and Language) fields/category standardization and consistency of data collection is a risk to be mitigated by SI PPS. Poor data capture hinders our mission of working to eliminate health disparities; limiting our ability to create innovative programs tailored to a person’s cultural, spiritual and linguistic needs and belief system. SI PPS is using data to inform all of our strategies, initiatives and planning to date. Currently we are viewing data at either a neighborhood, a zip code or a community board level but will soon be able to drill this down to a more granular level targeting streets and specific smaller areas within to help us analyze the root cause of disparities and hot spots.

#### Community Needs Assessment:

Staten Island is home to 472,621 people; 130,000 are Medicaid Beneficiaries and an estimated 50,000 are uninsured. 21% are foreign-born and 11% have limited English proficiency. According to the Community Needs Assessment, the average household size on SI is between 1-3 people, the majority of the population lives in an apartment. The survey reported high blood pressure (32.7%), mental health illness (30.2%), depression (22.6%), asthma (22.8%), diabetes (18.4%), and drug and alcohol abuse (18.0%) as being the most commonly occurring health conditions on SI. High blood pressure (34.0%), with mental health (30.4%), asthma (21.0%), and depression (20.2%) being the leading health conditions for receiving health care treatment. The most commonly occurring health conditions among children were reported as being asthma (57.0%), mental health illness (32.6%), other (17.0%), and developmental disabilities (15.6%), with asthma (52.0%) and mental health illnesses (34.4%) as being the leading conditions for receiving health treatment. (For more information refer to [SI PPS Community Needs Assessment](#).)

Please refer to geo-map on the appropriate page listed:

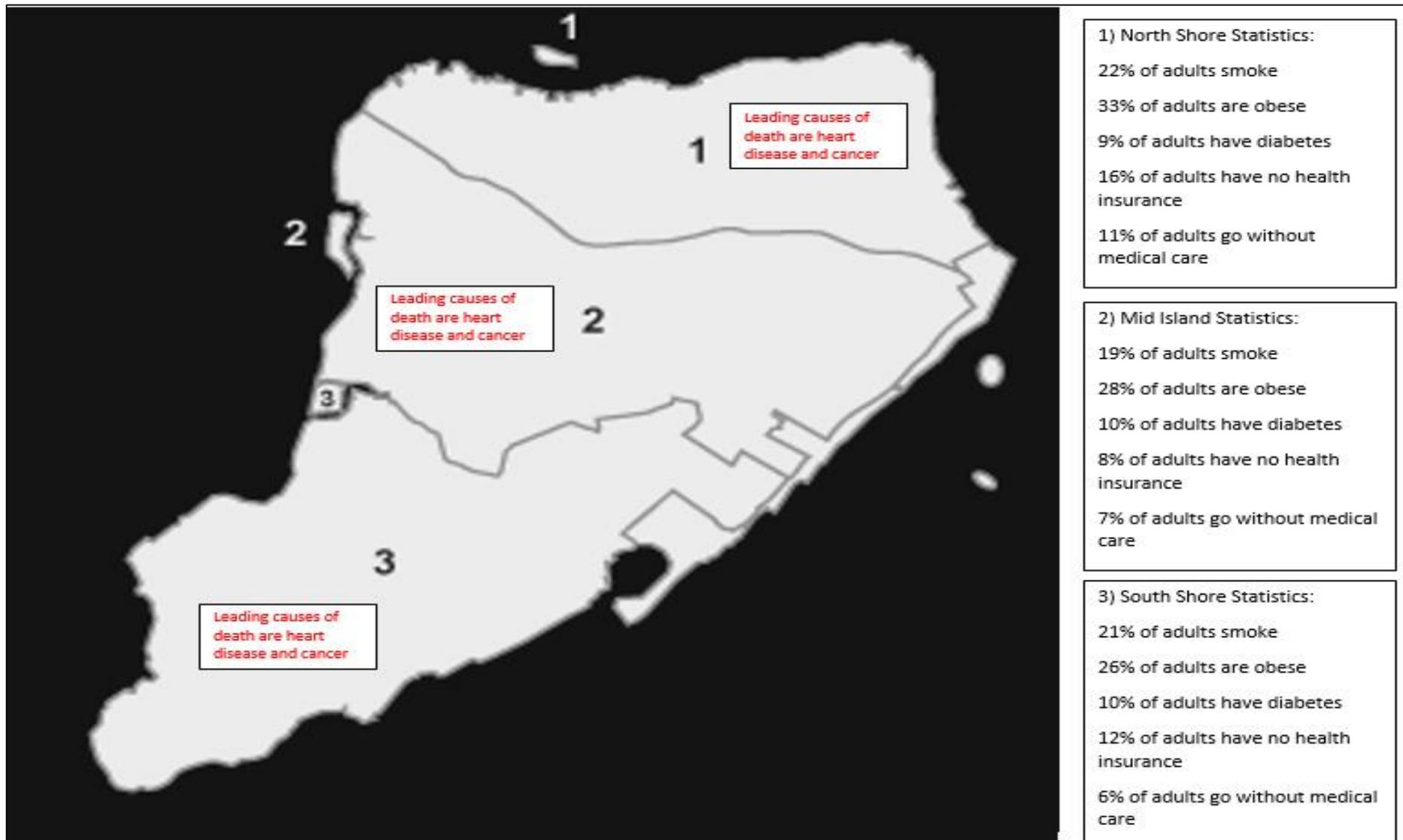
<b>Page 4</b>	According to New York City Community Health Profiles of Staten Island, residents in the North Shore communities report higher social inequalities such as housing and maintenance defects, lower high school graduation rates, 1 in 5 living below the federal poverty line, and have higher percentages of foreign born than the other two Staten Island communities (Mid Island and South Shore)
<b>Page 5</b>	According to New York City Community Health Profiles of Staten Island, residents in the North Shore communities also report poorer health outcomes, specifically with higher rates of smoking, obesity, lack of health insurance and missed medical care than the other two Staten Island Communities.
<b>N/A</b>	According to the <a href="#">NY State LGBT Health and Human Services</a> needs assessment, LGBT people in Staten Island experience high rates of food insecurity, are not likely to have a health home or primary care provider. Barriers to health care services were reported as personal financial resources (36%), not enough psychological support groups (33%), community fear or dislike of LGBT people (28%), inadequate insurance (24%), long distances to LGBT-sensitive medical facilities (21%) and not enough health professionals who are trained and competent to work with the LGBT community (21%)
<b>Page 6</b>	Top languages spoken by residents in our community as reported by PPS Partners are Spanish, English, Russian, Italian, Mandarin, Arabic, Cantonese, Polish, Haitian Creole, Hindi, Albanian, Korean, French, Urdu, and Bengali. Important to note languages frequently served as listed in the 'other' category: Sign Language, Ukrainian, Greek, Lithuanian, Macedonian, Bulgarian, Hebrew, Yiddish, Armenian, German, Filipino/Tagalog, Vietnamese, Sinhalese, Gujarati, Georgian, Farsi, Yoruba, Bassa-Kru.

<b>Page 7</b>	According to SI PPS Geomapping data based on disease category, a high prevalence of childhood obesity exists in the North Shore's K-8 grade Hispanic population
<b>Page 8</b>	According to SI PPS Geomapping data based on disease category, the highest prevalence of childhood asthma exists in zip codes 10303 and 10310 for males aged 0-18. According to NYC Department of Planning data, the majority of foreign born living in the associated neighborhoods are Mexican.
<b>Page 9</b>	According to SI PPS Geomapping data based on disease category, Diabetes is prevalent in both the North and South Shore, equally distributed among males and females aged 0-18. Hot-spot areas indicate that zip-codes 10310, 10301 and 10312 are populated with Foreign Born Mexican, Chinese, Korean, Liberian, Nigerian, Italian, Ukrainian, Russian and Egyptian residents.
<b>Page 10</b>	According to SI PPS Geomapping data based on disease category, Diabetes is prevalent throughout the entire top half of Staten Island Including North Shore and Mid Island.
<b>Page 11</b>	According to SI PPS Geomapping data based on disease category, the highest prevalence for Diabetes exists in zip codes 10302 and 10301 for males aged 65 and over. According to NYC Department of Planning data, the majority of foreign born living in the associated neighborhoods are Mexican, Chinese, Liberian and Nigerian.
<b>Page 12</b>	According to SI PPS Geomapping data based on disease category, the highest prevalence for Asthma exists in zip codes 10302, 10301, 10303 and 10310 for females aged 19-64. According to NYC Department of Planning data, the majority of foreign born living in the associated neighborhoods are Mexican, Chinese, Liberian, Nigerian, Korean, Italian and Ukrainian.
<b>Page 13</b>	According to SI PPS Geomapping data based on disease category, the highest prevalence for Asthma exists in zip codes 10303 and 10302 for females aged 65 and over. According to NYC Department of Planning data, the majority of foreign born living in the associated neighborhoods are Mexican, Chinese and Nigerian.
<b>Page 14</b>	According to SI PPS Geomapping data based on disease category, the highest prevalence for Behavioral Health claims exists in zip-code 10301. Gender distribution is not statistically significant. According to NYC Department of Planning data, the majority of foreign born living in the associated neighborhood are Mexican, Chinese, Ecuadorian and Filipino.
<b>Page 15</b>	According to SI PPS Geomapping data based on disease category, the highest prevalence for Alcohol claims exists in zip-code 10301 for males aged 18-65. According to NYC Department of Planning data, the majority of foreign born living in the associated neighborhood are Mexican, Chinese, Ecuadorian and Filipino.
<b>Page 16</b>	According to SI PPS Geomapping data based on disease category, the highest prevalence for Opioid claims exist in both South Shore zip-codes 10307, 10309, 10308 and 10312 and North Shore zip- code 10301 for males aged 18-44. According to NYC Department of Planning data, the majority of foreign born living in the associated South Shore neighborhoods are Italian, Russian, Ukrainian and Korean; the majority of foreign born living in the North Shore neighborhood are Mexican, Chinese, Ecuadorian and Filipino.
<b>Page 17</b>	According to SI PPS Geomapping data based on disease category, the highest prevalence for Opioid claims for ages 18-25 are found in the South Shore zip-codes 10309 and 10308. According to NYC Department of Planning data, the majority of foreign born living in the associated South Shore neighborhoods are Italian, Russian, Ukrainian, Chinese, Egyptian and Korean.

<b>N/A</b>	Feedback and input gathered from roundtables with community organizations and PPS partners have also identified Staten Island's aging, Veteran and disabled population as priority groups facing health disparities and challenges to health care access.
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	Population	Racial Break Down	Those with limited English proficiency	Those who are Foreign born	Those who didn't graduate High School	Those living below the federal poverty level	Those living in housing with maintenance defects
North Shore	178,689	<p><b>ETHNIC BREAK DOWN OF NORTH SHORE</b></p> <p>A pie chart titled 'ETHNIC BREAK DOWN OF NORTH SHORE' showing the following distribution: White (39%), Hispanic (29%), Black (22%), Asian (8%), and Other (2%).</p>	13%	23%	16%	20%	36%
Mid Island	133,194	<p><b>ETHNIC BREAK DOWN OF MID ISLAND</b></p> <p>A pie chart titled 'ETHNIC BREAK DOWN OF MID ISLAND' showing the following distribution: White (70%), Hispanic (14%), Asian (12%), Black (3%), and Other (1%).</p>	13%	26%	11%	9%	29%
South Shore	159,988	<p><b>ETHNIC BREAK DOWN OF SOUTH SHORE</b></p> <p>A pie chart titled 'ETHNIC BREAK DOWN OF SOUTH SHORE' showing the following distribution: White (85%), Hispanic (9%), Asian (4%), Black (1%), and Other (1%).</p>	7%	15%	9%	6%	18%

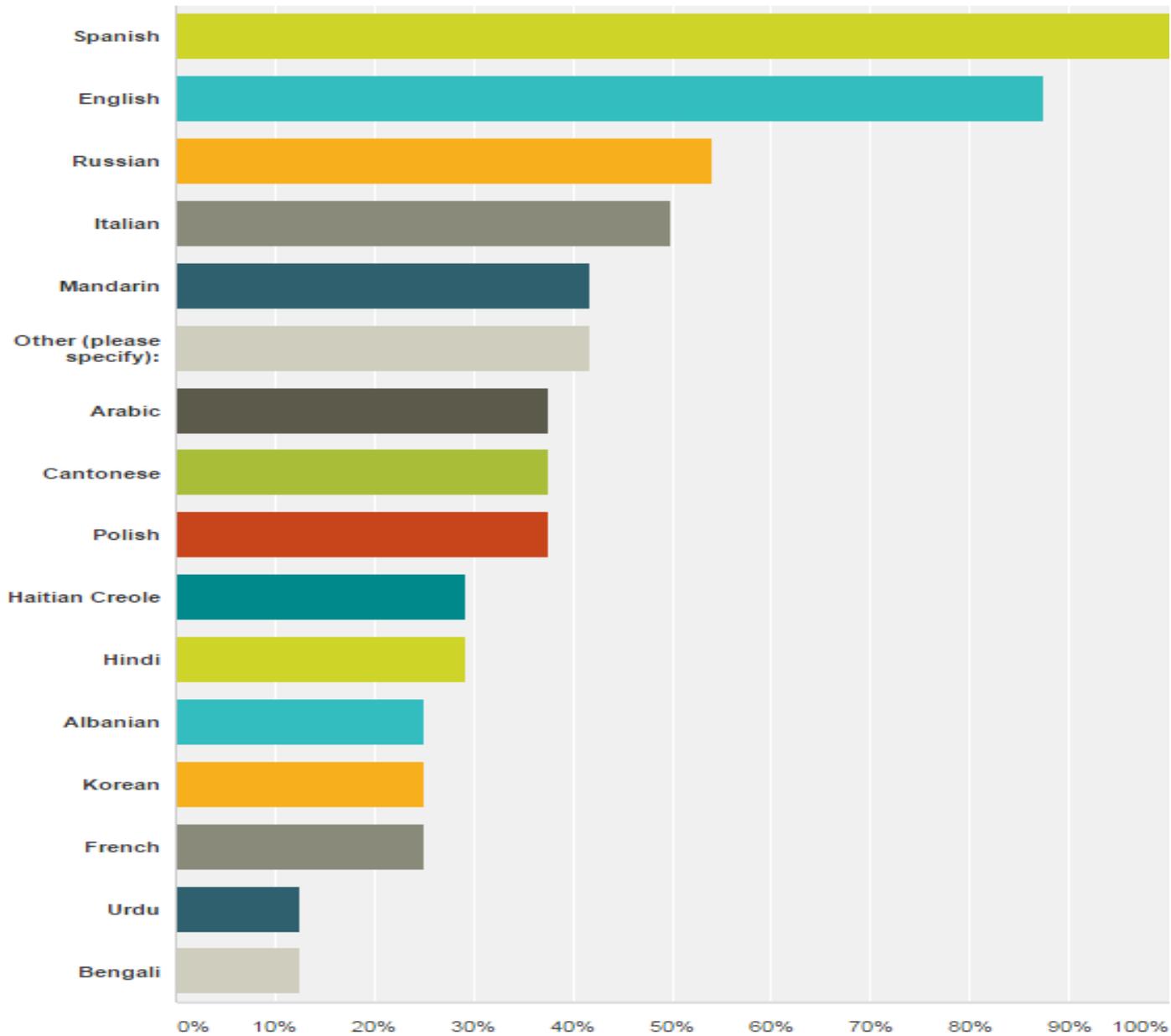
Source: New York City Community Health Profiles 2015: Staten Island. Accessed on 12/6/15



Source: New York City Community Health Profiles 2015: Staten Island. Accessed on 12/6/15

Findings: The burden of disease is found on the North Shore of Staten Island however, prevalence of smoking, diabetes and obesity are distributed evenly throughout the borough.

**Top languages served by PPS Partner Organizations:**

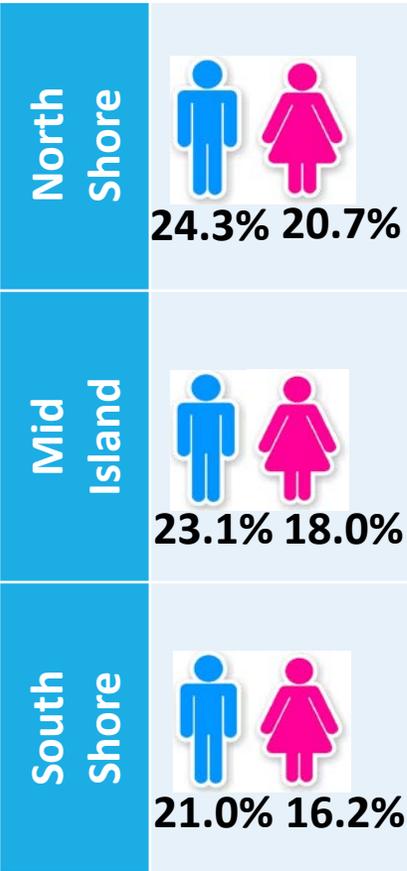


Source: CCHL PPS Partner Survey Responses

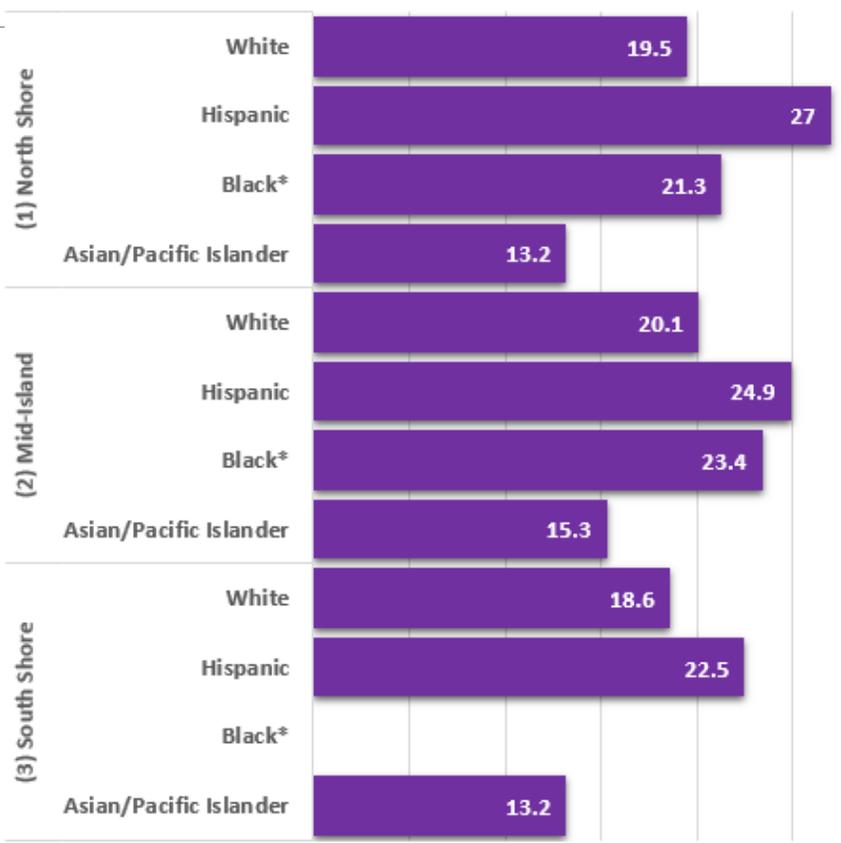


# Prevalence of obese among NYC public school students living in a Staten Island zip code, grades K-8, during the 2012-13 school year

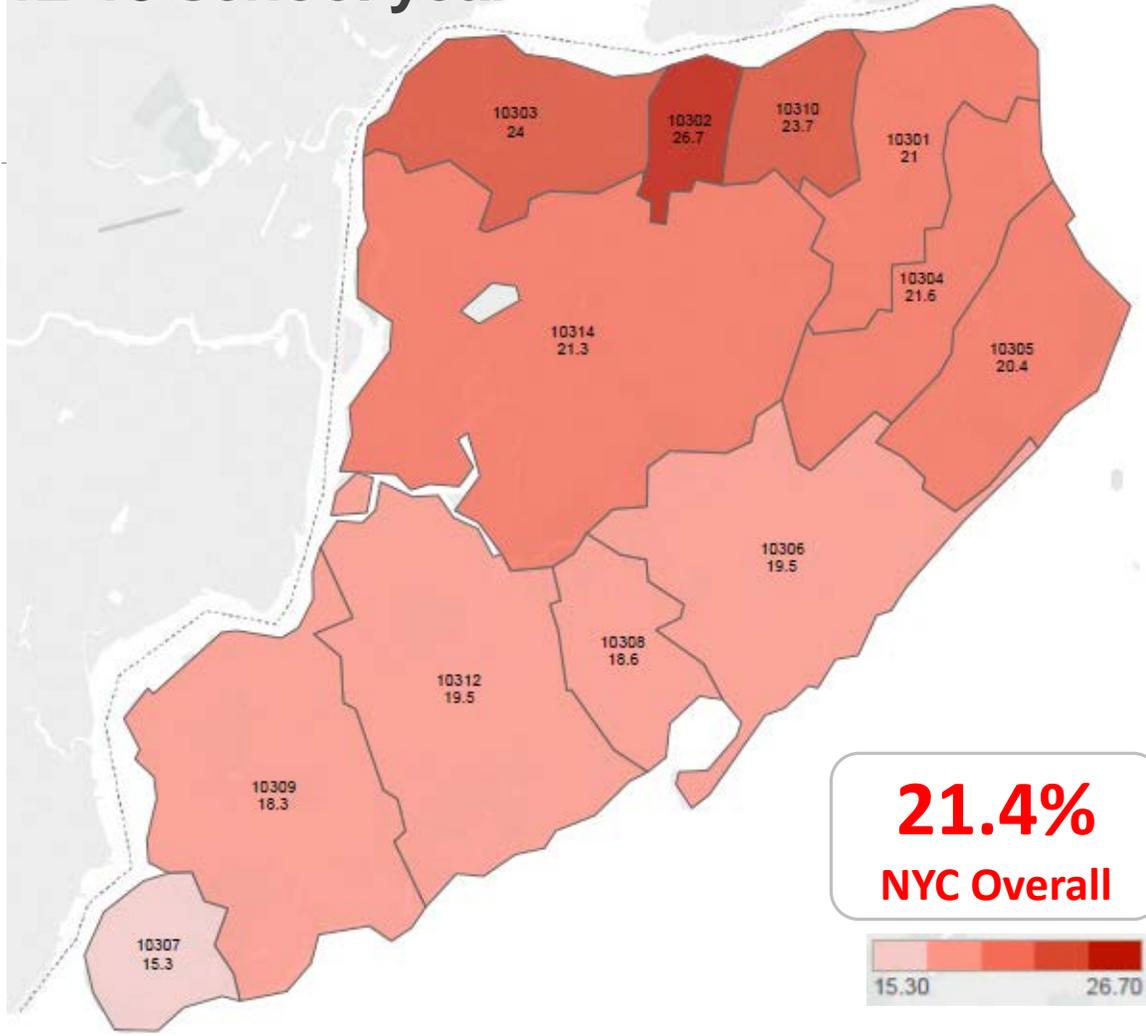
## GENDER



## Race / Ethnicity (%)



\* Indicates that N<100. This estimate is unstable and has been suppressed.



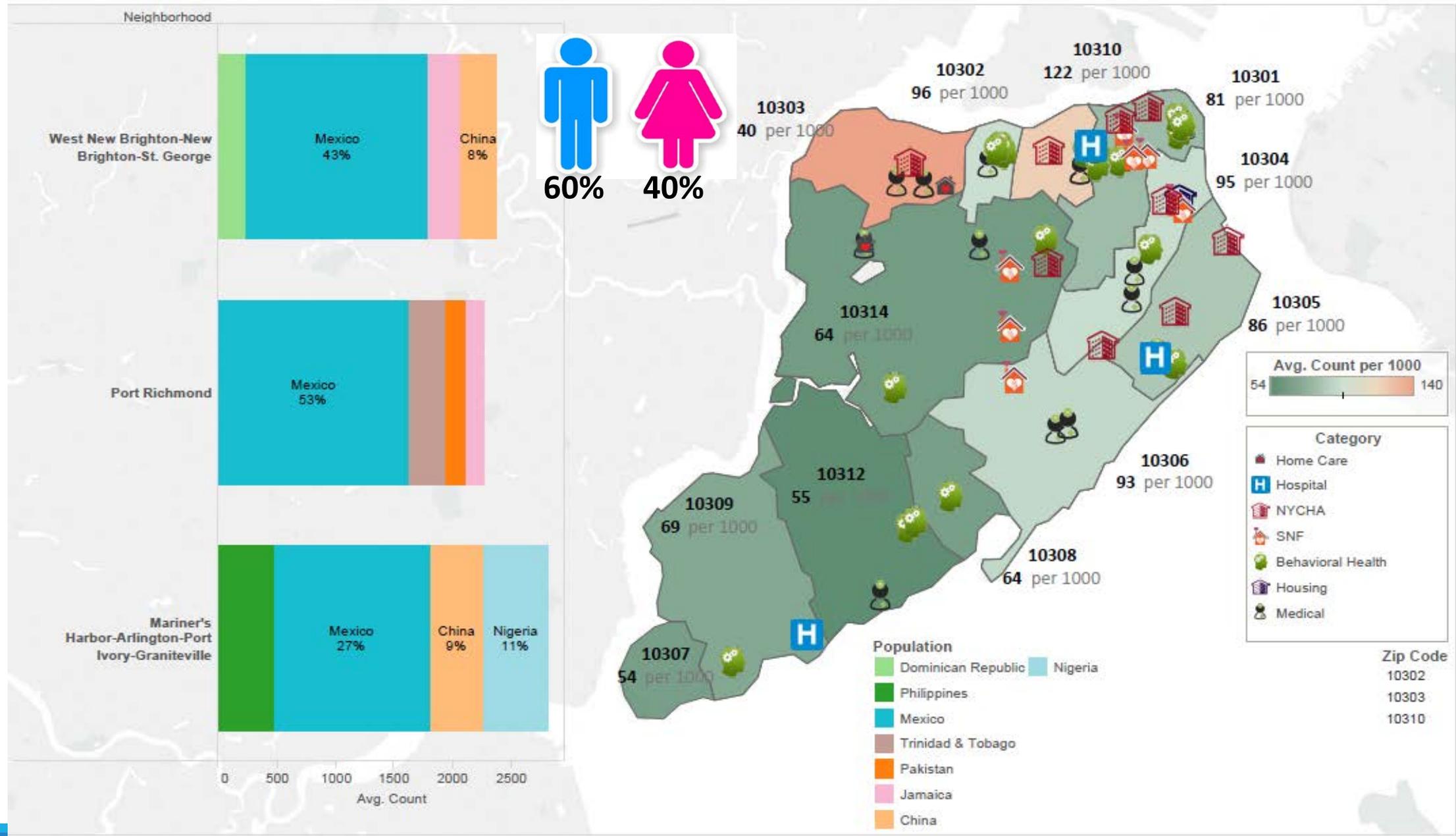
Grade	K-8	%									
		OK	01	02	03	04	05	06	07	08	
North Shore		16.20	19.50	22.80	24.60	25.20	26.70	24.90	22.80	20.10	
Mid-Island		18.60	16.50	21.90	21.90	24.90	21.30	19.50	21.60	19.50	
South Shore		12.90	13.80	17.70	20.10	20.40	20.40	20.10	20.70	20.40	

Data Source: NYC FITNESSGRAM

# Asthma 0-18 yrs old - Unique Medicaid Claimants per 1000 Beneficiaries in 2014



## Geomapping: Nation of Origin Overlay



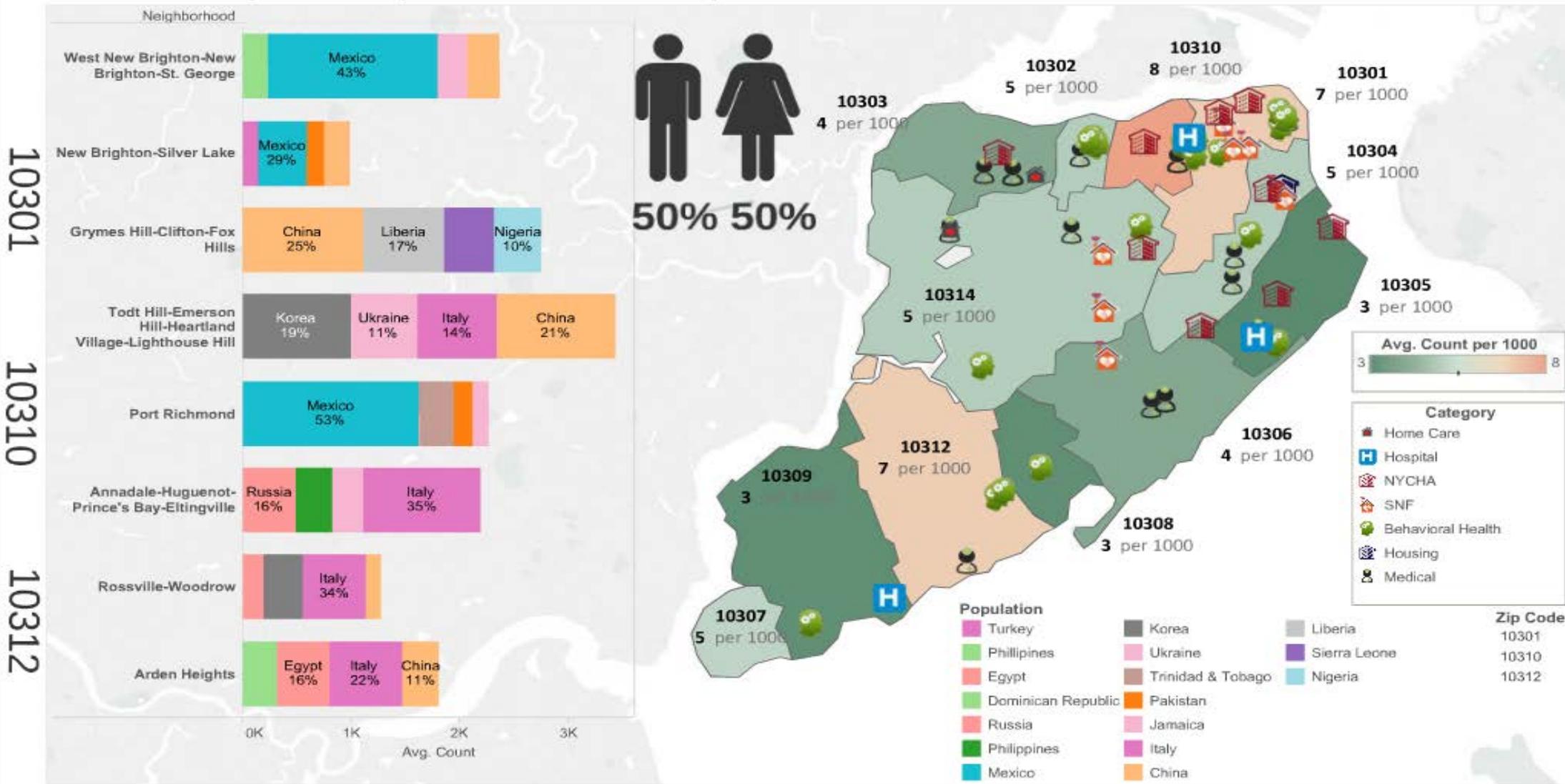


# Data overlay with Age, Nation of Origin & Gender

Diabetes: 0-18 years - Unique Medicaid Claimants per 1000 Beneficiaries in 2014

Total Claims: 1,649

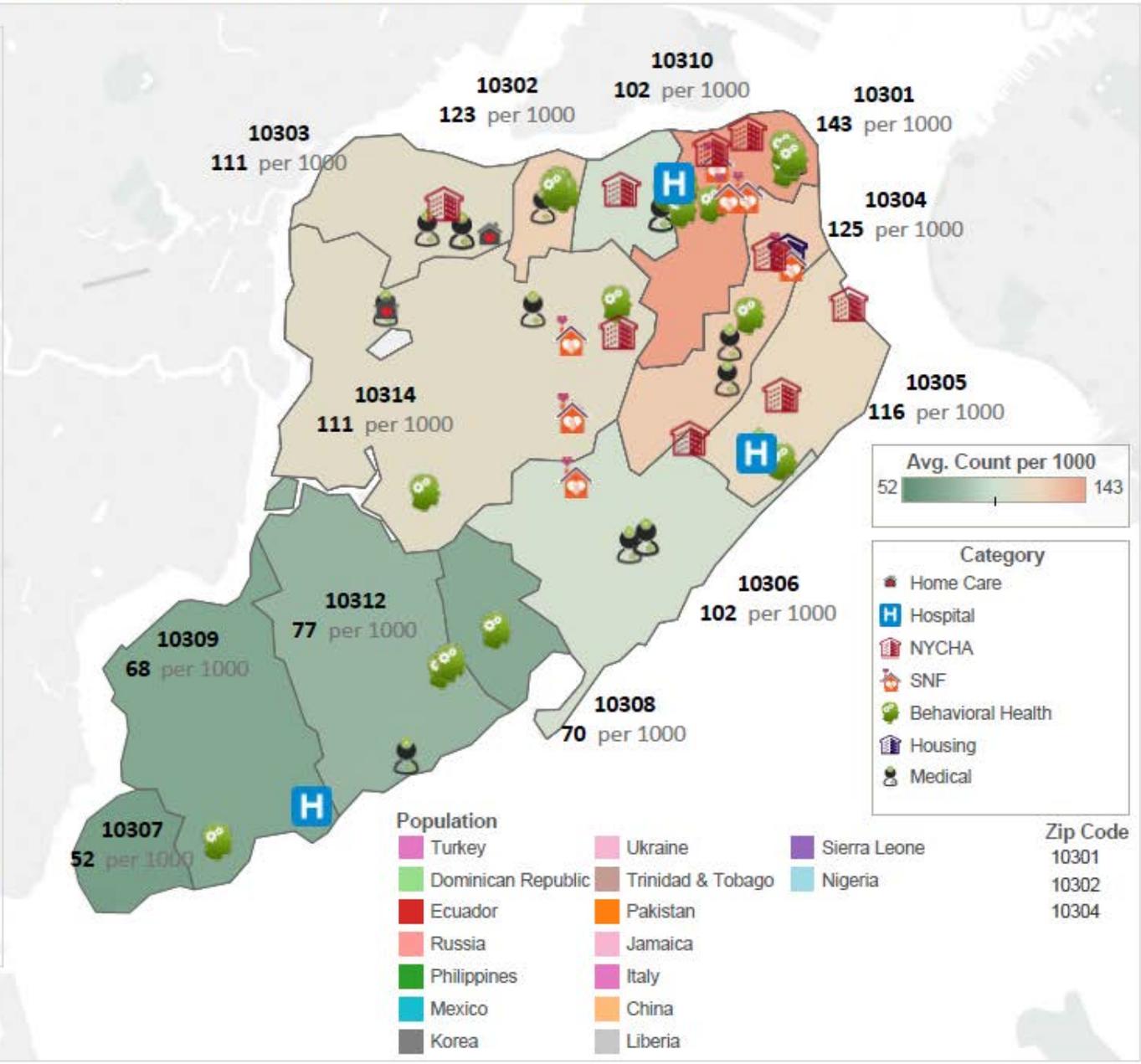
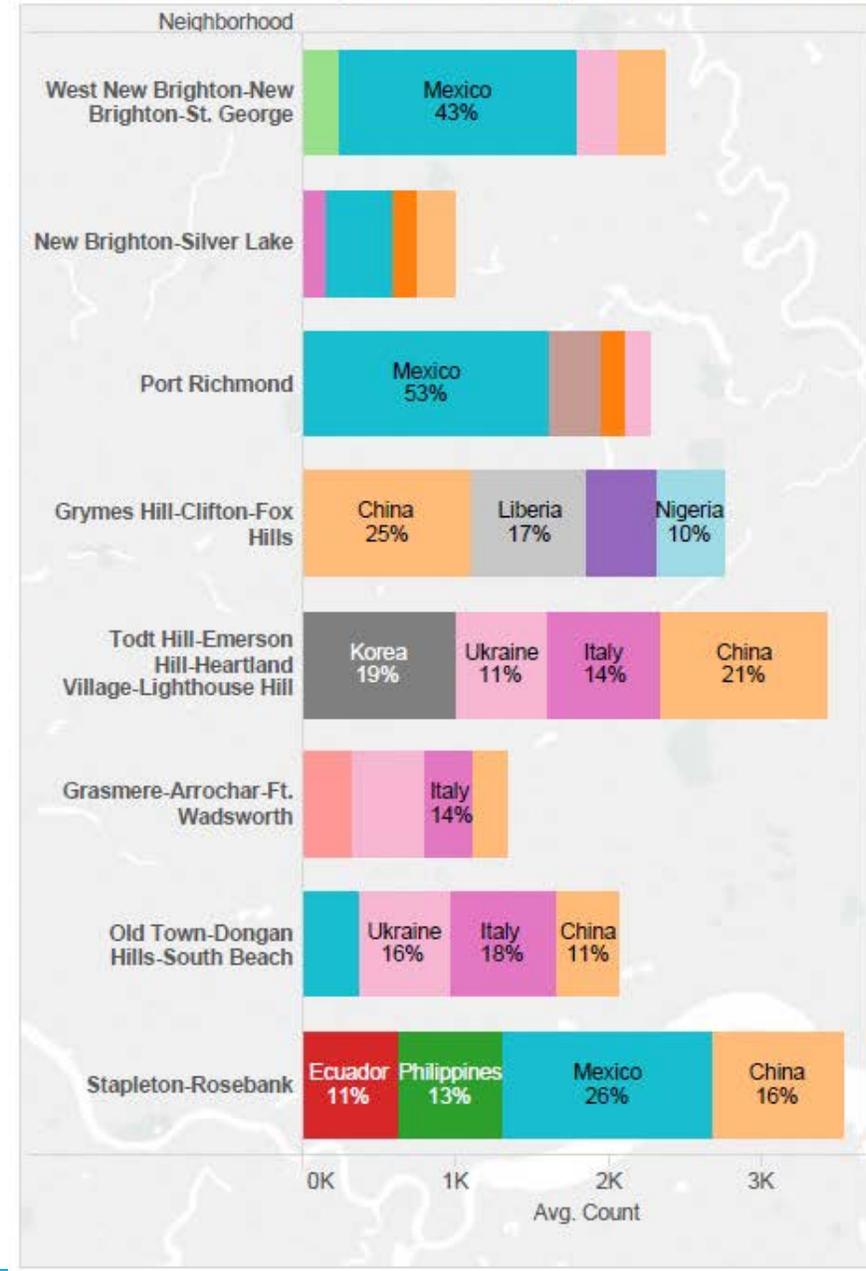
Geomapping: Nation of Origin Overlay



# Diabetes: 19-64 years - Unique Medicaid Claimants per 1000 Beneficiaries in 2014

Total Claims:  
**40,439**

 **49%**  
 **51%**



**Population**

- Turkey
- Dominican Republic
- Ecuador
- Russia
- Philippines
- Mexico
- Korea
- Ukraine
- Trinidad & Tobago
- Pakistan
- Jamaica
- Italy
- China
- Liberia
- Sierra Leone
- Nigeria

**Category**

- Home Care
- Hospital
- NYCHA
- SNF
- Behavioral Health
- Housing
- Medical

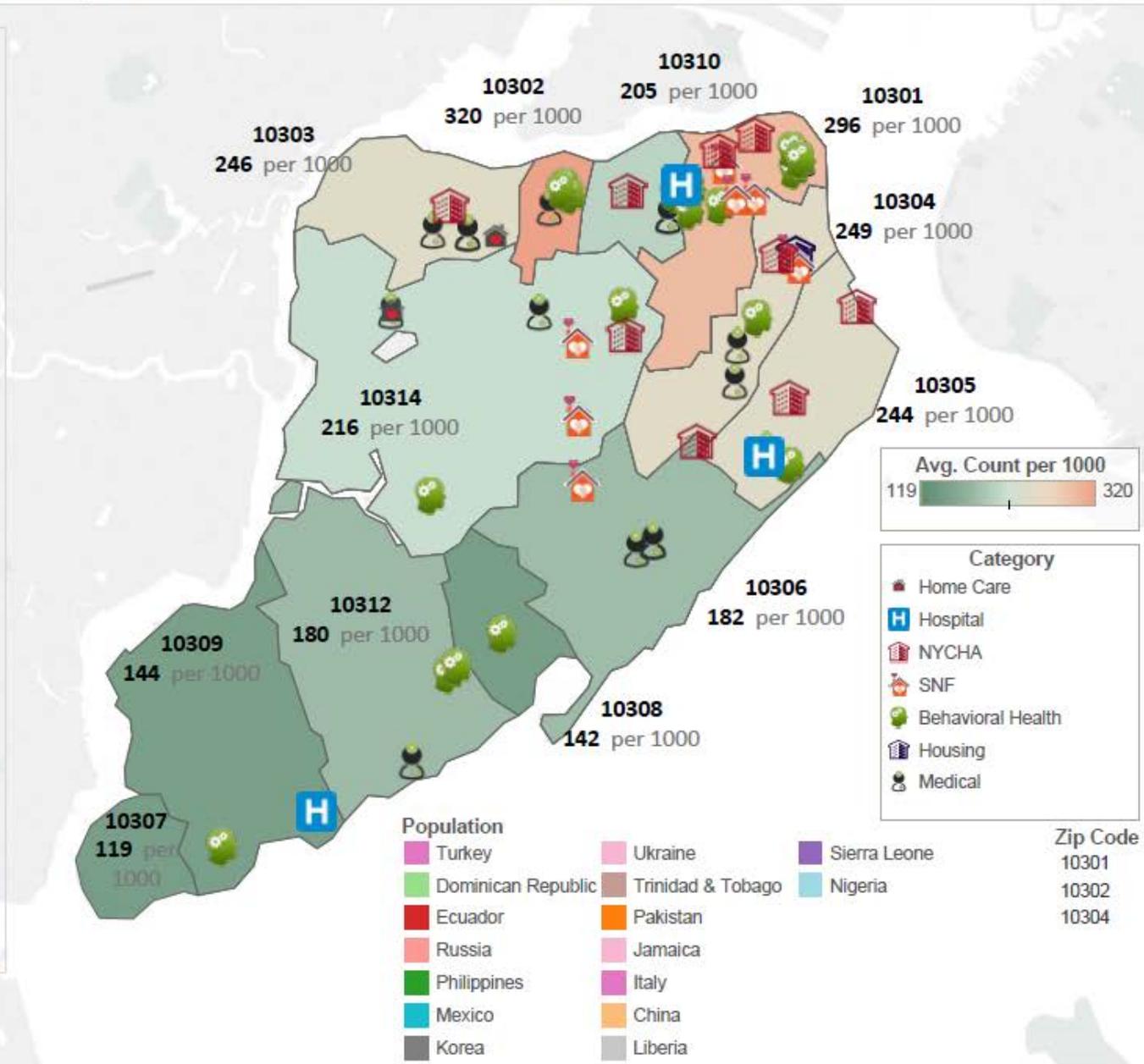
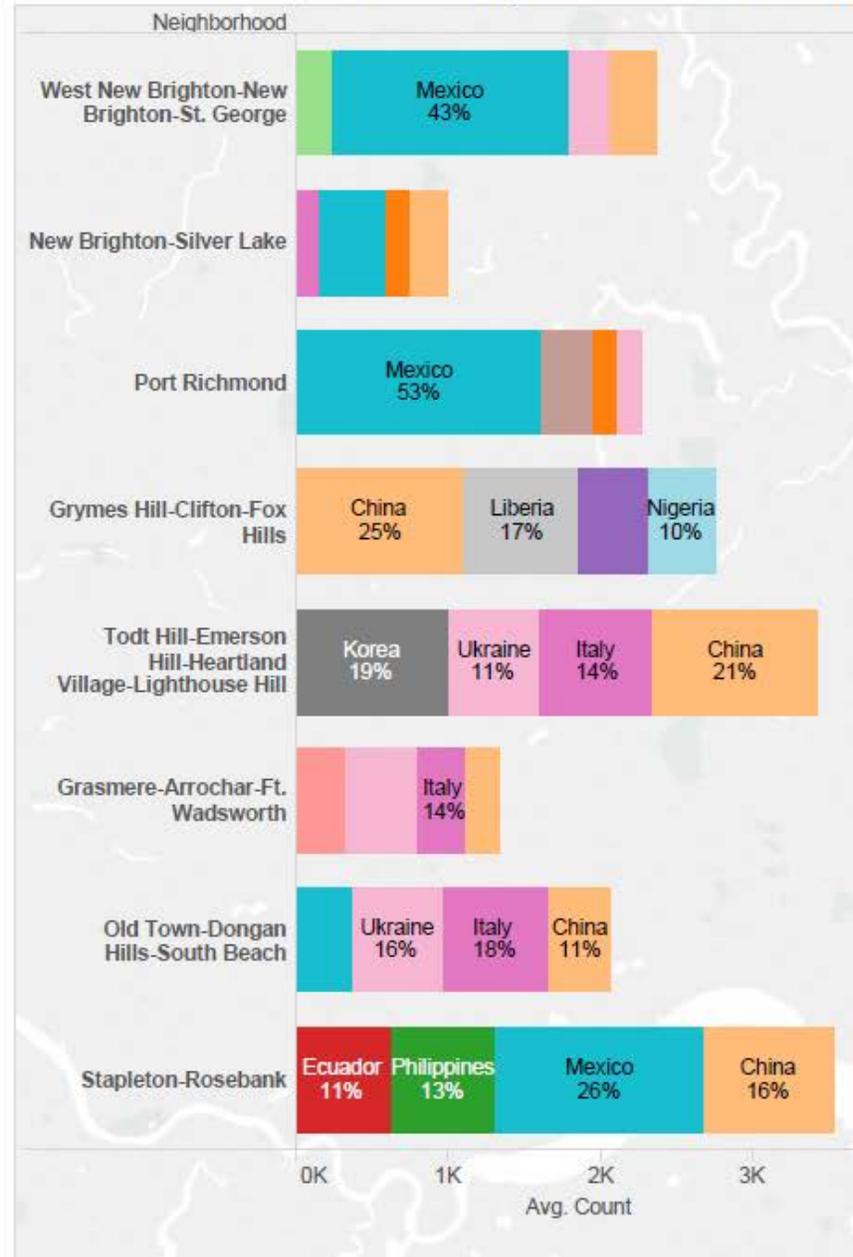
**Zip Code**

- 10301
- 10302
- 10304

# Diabetes: 65+ years - Unique Medicaid Claimants per 1000 Beneficiaries in 2014

Total Claims:  
**28,199**

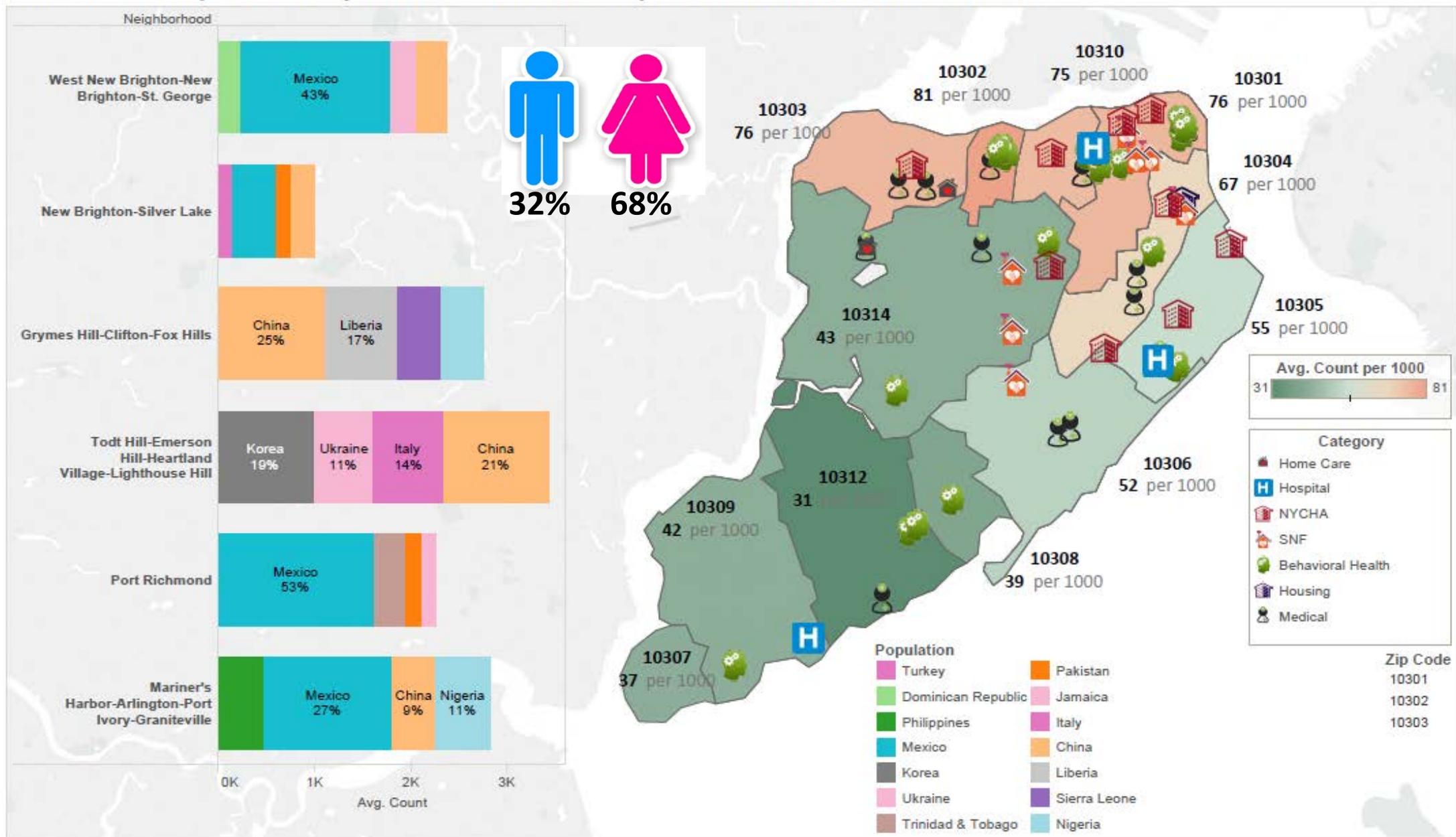
**63%**   
**37%** 



# Asthma: 19-64 years - Unique Medicaid Claimants per 1000 Beneficiaries in 2014



## Geomapping: Nation of Origin Overlay





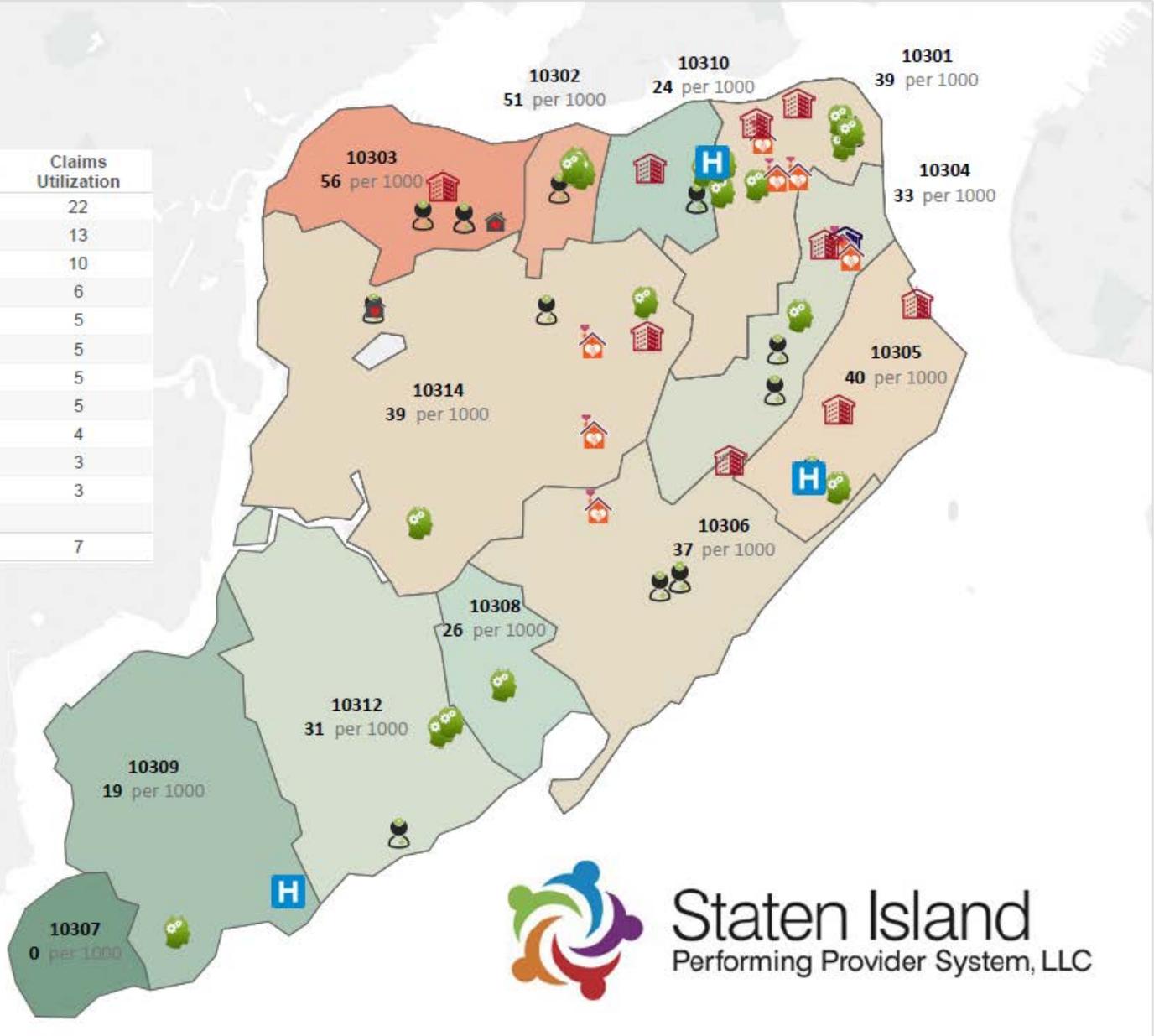
# Asthma: 65+ years - Unique Medicaid Claimants per 1000 Beneficiaries in 2014

**Asthma**  
**Age: 65+**



**28% 72%**

	Total Claims	Claims Utilization
10312	330	22
10314	805	13
10302	131	10
10306	196	6
10310	41	5
10304	174	5
10303	117	5
10309	23	5
10301	178	4
10305	97	3
10308	15	3
10307	0	
<b>Grand Total</b>	<b>2,107</b>	<b>7</b>



**Total Claims:**  
**2,107**

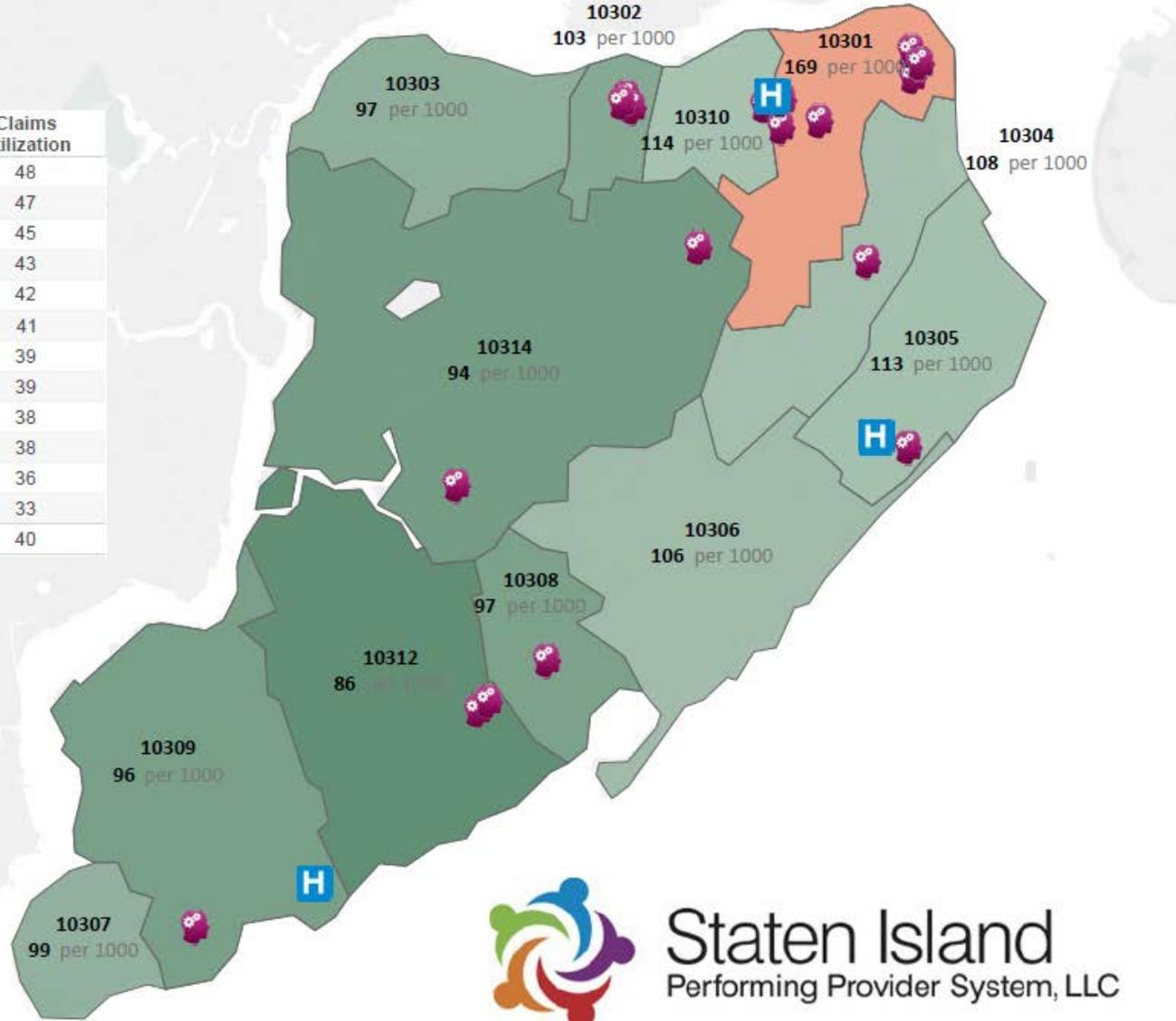


**Staten Island**  
Performing Provider System, LLC



# Behavioral Health - Unique Medicaid Claimants per 1000 Beneficiaries in 2014

	Total Claims	Claims Utilization
10308	20,010	48
10309	23,702	47
10307	9,697	45
10305	66,937	43
10301	109,533	42
10312	32,043	41
10310	42,415	39
10304	83,550	39
10306	51,269	38
10314	77,992	38
10302	28,498	36
10303	41,765	33
<b>Grand Total</b>	<b>587,411</b>	<b>40</b>



**Category**

- H Hospital
- Behavioral Health

**Avg. Count per 1000**

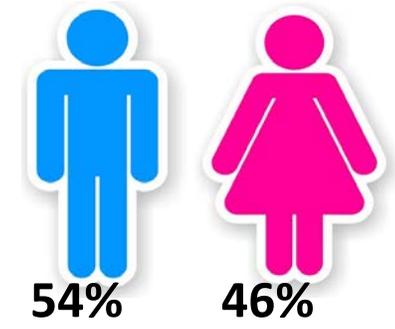
86 — 169



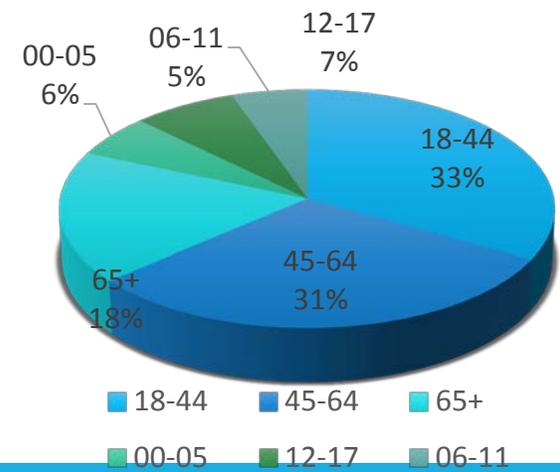
**Staten Island**  
Performing Provider System, LLC

Total BH Claims:  
**587,411**

Unique Recipients:  
**14,805**

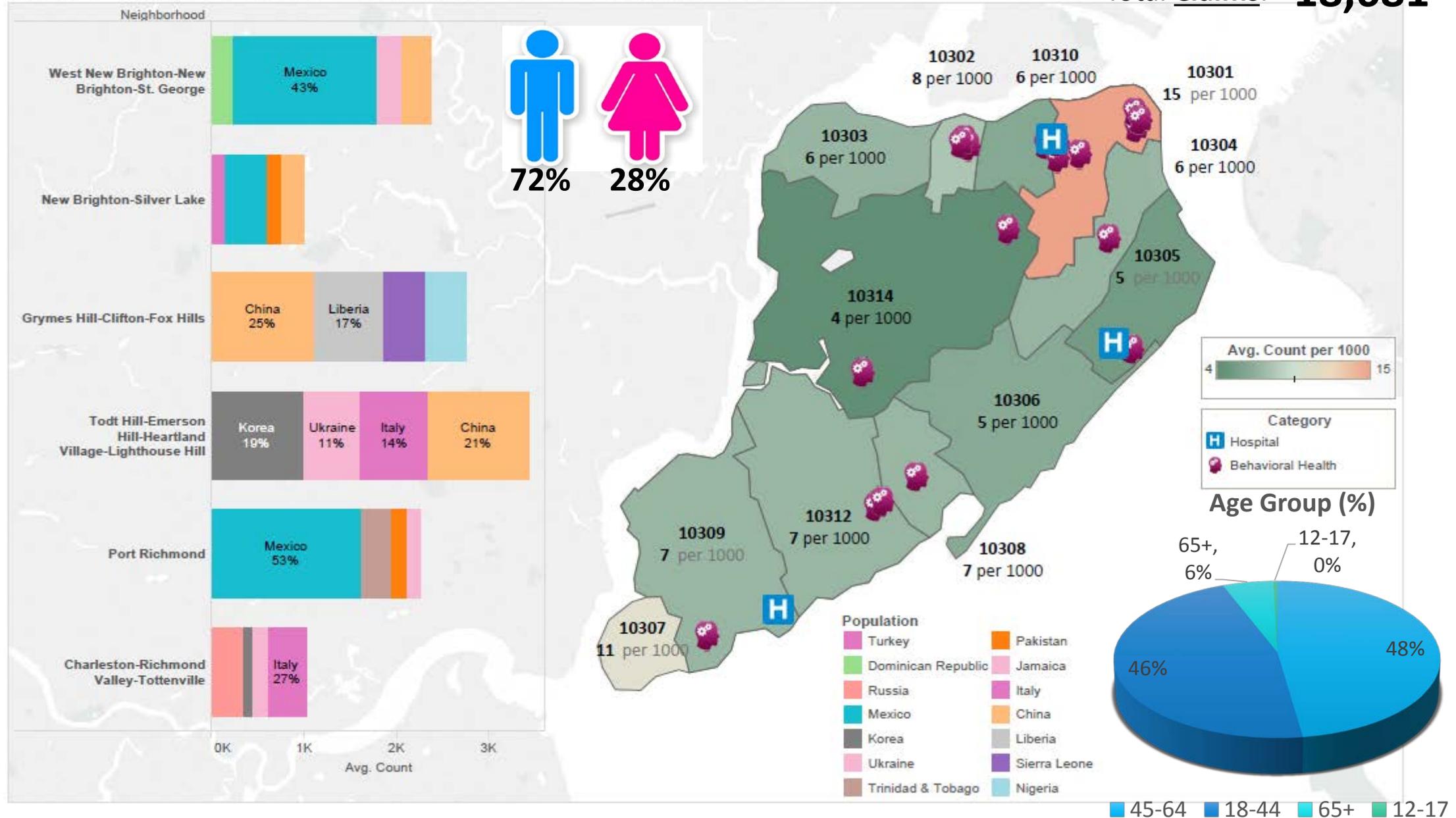


### Age Group (%)



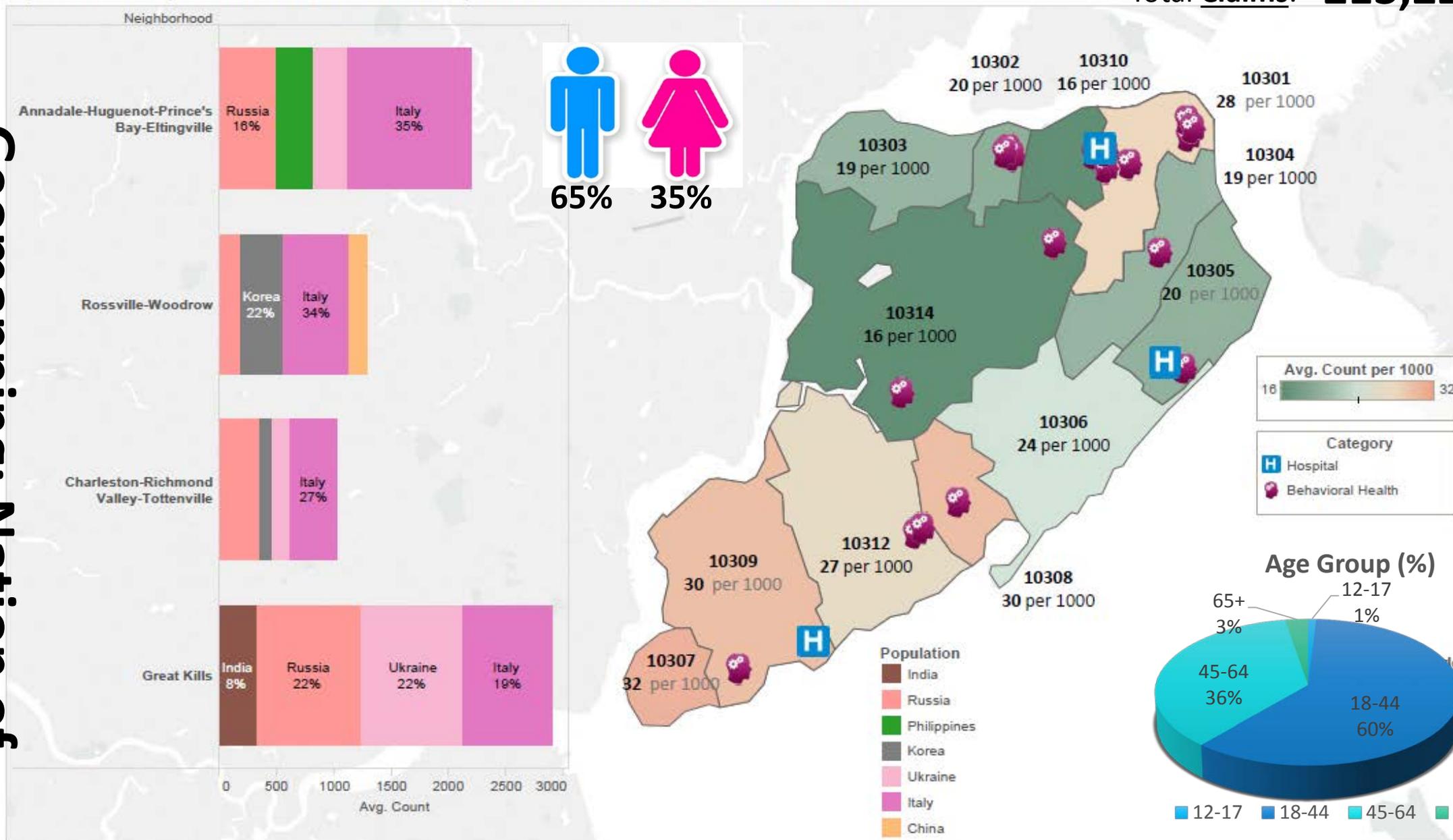


**Geomapping: Nation of Origin Overlay**



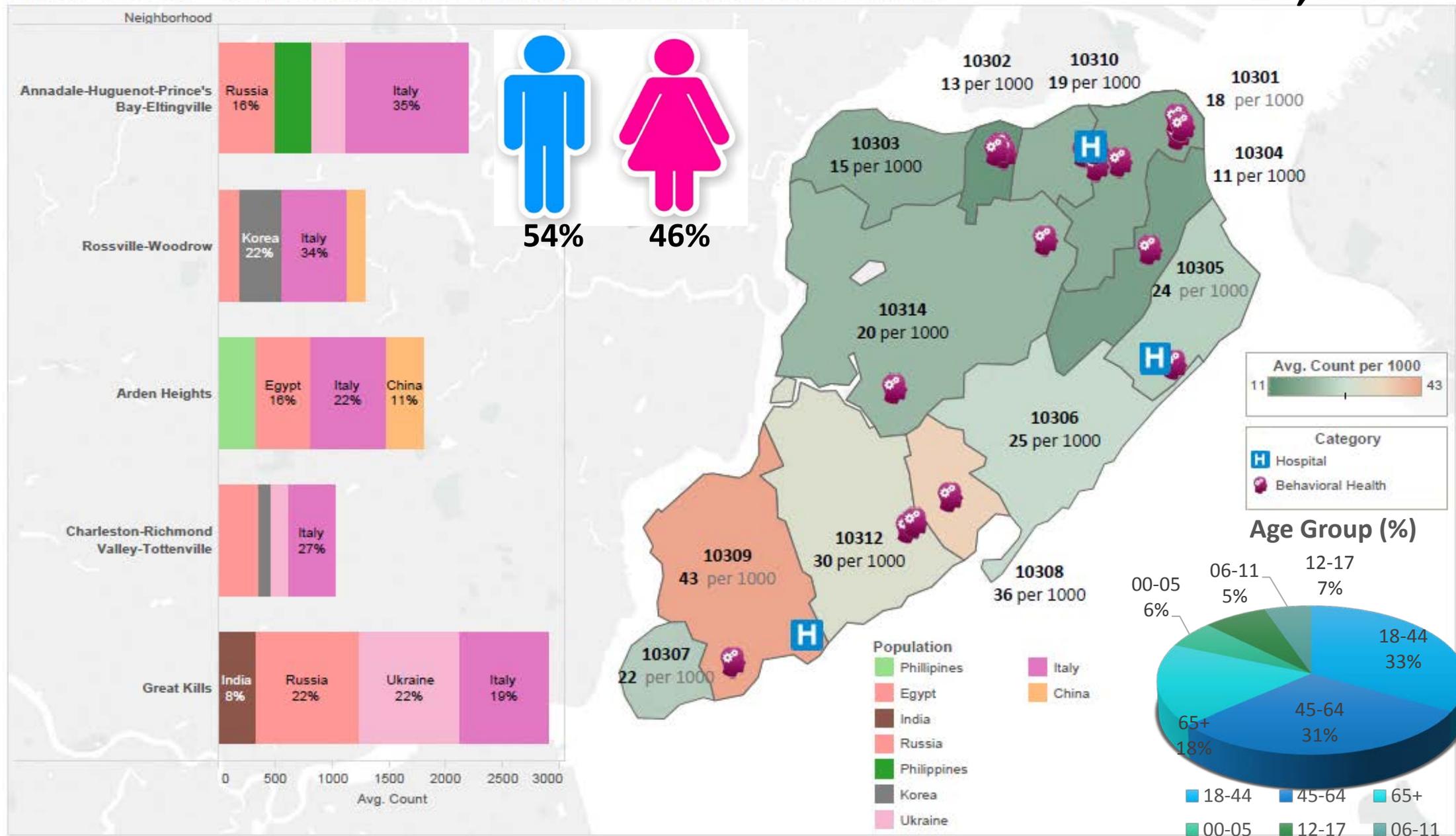


# Geomapping: Nation of Origin Overlay





**Geomapping: Nation of Origin Overlay**







## Community Engagement Plan

Staten Island Performing Provider System (SI PPS) is committed to engaging with stakeholder groups and members of the general public for the duration of DSRIP initiatives. We acknowledge that communicating information related to DSRIP projects and the health status of Staten Islanders will aid in the development of partnerships and improve relationships among public and other sectors across the island. SI PPS's Community Engagement Plan incorporates (1) findings, input and feedback from all stakeholder groups and members of the general public; (2) includes communications and marketing plans such as the website, monthly newsletters, Staten Island Community Television program and SitextiPPS; (3) community forum plan and schedule; (4) and process for filing a concern/complaint/feedback; (5) Engagement of Community Based Organizations (CBO's).

This document satisfies full or partial requirements for:

- Governance Milestone 5: Community Engagement Plan (full)
- It Systems and Processes Milestone 4: Engaging Attributed Members in Qualifying Entities (full)
- Cultural Competency and Health Literacy Milestone 1 (partial)

### Definitions

**Stakeholder groups** include but are not limited to PPS Partners and Providers, Project Implementation Teams, Communications and Marketing Committee and the Diversity and Inclusion Committee.

**Members of the general public** include but are not limited to Medicaid beneficiaries, Uninsured residents, Community Based Social Service Organizations and other non-profit groups, Local Governmental Units, Faith Based Organizations, Cultural and Educational Institutions.

**Attributed Members** include the estimated 130,000 Medicaid Beneficiaries and estimated 50,000 uninsured persons living on Staten Island.

**Qualifying Entities** are recognized by SI PPS as partner organizations participating in SI PPS DSRIP projects.

## Community Engagement Plan

### (1) Findings, input and feedback from stakeholder groups and members of the general public

- Stakeholder groups suggested utilizing culturally and linguistically appropriate web-based solutions such as website and email, in-person meetings, at partner and community organization sites where people already gather, community advisory board meetings, and engaging groups who are accessing various social services such as food pantries, housing/tenants meetings.
- Members from the general public suggested in-person meetings/forums, SMS/text outreach, culturally and linguistically appropriate written materials/handouts, newspaper and television as best practice for community engagement techniques. Several local faith based and community educational institution locations were suggested as ideal outreach sites.
  - SI PPS Patient Advisory Committee is being formed with recommendation for membership by PPS partners
  - Focus groups for various topics have been hosted by SI PPS: Community Engagement, Website Feedback, Disparate Groups

### (2) Communications and marketing plan includes SI PPS website, monthly newsletters, Staten Island Community Television (SICTV) program and [SItextiPPS](#)

- The Communication & Marketing Committee was established to oversee the strategic communication & market plan to support the Delivery System Reform Improvement Payment (DSRIP) Projects as part of the Performing Provider System (PPS) project planning and implementation. The Committee will provide recommendations and feedback throughout the project planning and implementation process. It is comprised of communication and marketing leaders from across the PPS network, representing a range of provider types. Fundamentally, the Communication & Marketing Committee will develop, implement, and oversee the communication and marketing strategies to promote SI PPSs mission and vision emphasizing health literacy standards and protocols and making culturally and linguistically materials available as appropriate.
  - Metrics: Meeting agenda, sign in sheet and minutes will be collected and logged.
- SI PPS website ([www.statenislandpps.org](http://www.statenislandpps.org)) was established to provide two-way communication between the Project Management Office, SI PPS Partners (see [Partner](#) tab) and members of our community. The website will link community members to providers of high-quality health and social services, share SI PPS and DSRIP related updates, local and national health information, community news, events, trainings, support groups and health literacy programs. It is also host to a private and secure *sharepoint* site where each of our PPS Partners can access internal project related information and data.

- Metrics: Search engine optimization (SEO) and analytics will be monitored and reported quarterly to the Communications and Marketing Committee.
- SI PPS Newsletter is distributed on a monthly basis via Constant Contact by email-blast to a growing number of recipients from both stakeholder and general public groups. Print versions will also be made available for distribution at meetings, local events and community forums. [Issue 1.](#) [Issue 2.](#)
  - Metrics: Data collection such as open and click through rates will be monitored and reported quarterly to the Communications and Marketing Committee.
- SI PPS staff are attending orientation and training at the local television station. In conjunction with the Diversity and Inclusion and Communications and Marketing committee and the Practitioner Engagement Committees, SI PPS will develop and host a SI PPS Health Literacy News program with topics specific to Staten Island health disparities, prevention, and wellness.
- [SItextiPPS](#) is being developed as a public health education campaign utilizing evidence based methodology for SMS (text messaging) in health engagement and promotion.
  - Metrics: Opt in/Opt out, open rates and click through data will be collected and reported quarterly to the Communications and Marketing Committee.

### (3) SI PPS DSRIP and community forum plan and schedule

- SI PPS has committed to hosting quarterly community breakfast forums in varying geographical locations throughout Staten Island to engage non-PPS Partner stakeholders and community members. DSRIP Project related updates and networking opportunities are the two main goals of these forums.
  - Metrics: Attendee sign in sheet will be collected and reported quarterly to the Communications and Marketing Committee.
- SI PPS PMO staff are attending and presenting at existing community forums such as health fairs, City Harvest Mobile Markets, quarterly Community Advisory Board meetings in the three community districts, monthly Staten Island Immigrants Council, quarterly Hunger Task Force, monthly Health and Wellness Advisory Council meeting at Borough Hall, and Health and Wellness fairs/expo's as needed. SI PPS has a dedicated staff person conducting Community Outreach and Engagement.
  - Metrics: Attendance at all community meetings will be documented and logged.

### (4) Process for filing a concern/complaint/input

- To better serve our Community Stakeholders, Medicaid recipients and Project Participants, SI PPS created a reporting process for complaints/concerns regarding the

DSRIP program. This service is available on the [SI PPS website](#). Calls will be accepted, then directed to our website to complete the form. Submissions will be reviewed confidentially and an acknowledgement will be sent within 5 days of receiving the complaint/concern.

- Metrics: Concerns/complaints/input will be reported quarterly to the Communications and Marketing Committee.

#### (5) Engagement of Community Based Organizations (CBO's)

- There are a wide variety of Community Based Organizations across Staten Island providing an array of services addressing social determinants of health and well care. SI PPS has engaged several of these Community Based Organizations in partnership agreements to provide services which align with our 11 DSRIP projects and workstreams.
  - [El Centro del Inmigrante](#) provides immigrant and labor advocacy, educational workshops, labor leadership training, and emergency intervention for hunger, homelessness and health/safety needs, economic empowerment, community-building and organizing. Services include English as a Second Language, G.E.D. and Literacy classes, labor organizing, health education and screenings, health insurance enrollment, family and immigrant rights services, immigration counseling, legal assistance, social activities, food and clothing distribution. They are the lead organizers of the Staten Island Immigrants Council which includes leaders from the Turkish, African, Russian, Albanian, Chinese and Muslim sectors.
    - SI PPS has partnered with El Centro to engage the community in health activation services, advance health literacy, access to services and improve health self-management.
  - [JCC of Staten Island](#) provides a variety of social services including early childhood, youth, adult and seniors at several locations across Staten Island, including health insurance enrollment.
    - SI PPS has partnered with the JCC to engage the community in health activation services, advance health literacy, access to services and improve health self-management. (Project 2.d.i)
  - [YMCA New Americans Welcome Center](#) serve as multilingual information resource and referral center, and provides immigrant families with a wide array of instructional, vocational, recreational, family support, and social services. Instructional services include English as a Second Language, Cultural Orientation, Citizenship Preparation, Job Readiness, and Computer Literacy.
    - SI PPS has partnered with the YMCA New Americans Welcome Center to provide outreach to Staten Island's underserved Immigrant Communities. (Project 2.d.i)
  - [Make the Road NY](#) builds the power of Latino and working class communities to achieve dignity and justice through organizing, policy innovation, transformative

education, survival services including health promotion and insurance enrollment.

- SI PPS has partnered with Make the Road NY to expand their ‘Promotoras’ program to engage the community in health activation services, advance health literacy, access to services and improve health self-management. (Project 2.d.i)
- Additional partnership opportunities being explored include:
  - Expansion of their ‘Community Health Worker’ training to Staten Island
  - Development of the Spanish language version of the Stanford Model program for diabetes self-management (Project 3.c.i)
- [Pride Center of Staten Island, Inc.](#) provides services to the islands lesbian, gay, bisexual and transgender community. They have created a safe and welcoming space with quality local services and activities that promote the overall physical, mental and emotional well-being for Staten Island’s LGBT people.
  - SI PPS has partnered with the Pride Center to offer their nationally recognized LGBT Health Equality Cultural Competency training for all SI PPS Partner organizations.
- [City Harvest](#) on Staten Island works with agencies to deliver emergency food, hosts 2 Mobile Markets delivering thousands of pounds of fresh fruits and vegetables every two weeks, provide Nutrition Education courses and works with corner stores to increase produce availability, as well as offering healthy shopping tours and in-store cooking demonstrations.
  - SI PPS has partnered with City Harvest to implement an Rx Referral for Food program where providers in the SI PPS network can write a prescription referral for patients who lack access or who have a health condition where access to fresh quality produce will improve their health outcomes. Patients can take the prescription to either of the two mobile markets regardless of their zip-code and have continual access to free fresh fruits and vegetables.
  - SI PPS has also partnered with City Harvest to implement their six week nutritional education course hosted by a Registered Dietician for patients at PPS partner sites throughout island.
- [ArchCare](#) cares for people of all ages and faiths where they are most comfortable and best able to receive it – at home, in the community and in nursing homes. The mission of ArchCare is to foster and provide faith based holistic care to frail and vulnerable people unable to fully care for themselves. Through shared commitments, ArchCare seeks to improve the quality of the lives of those individuals and their families.
  - SI PPS has partnered with ArchCare to engage the community in health activation services, advance health literacy, access to services and improve health self-management. (Project 2.d.i)

- [Staten Island Partnership for Community Wellness](#) (SIPCW) is the Borough Lead Organization for the Partnership for a Healthier New York City. The Partnership, funded through the Centers for Disease Control and Prevention Community Transformation Grant (CTG) received by the New York City Department of Health and Mental Hygiene, aims to improve the health outcomes by preventing the leading causes of death and disability across the life span for all New Yorkers, particularly those who experience disparities in health. SIPCW leads the borough-wide coalition of community partners that work to identify and implement evidence-based and innovative health promotion strategies for healthy eating, active living, tobacco control, reduced alcohol consumption and drug abuse. SIPCW is also the lead organization for Tackling Youth Substance Abuse, a coalition that addresses youth substance abuse issues - specifically prescription drug abuse and underage drinking.
  - SI PPS has partnered with SIPCW, the lead for Project 4.a.iii. Through their Tackling Youth Substance Abuse program, SIPCW has had significant success in addressing behavioral health issues on Staten Island through collective impact.
  
- [Community Health Action of Staten Island](#) (CHASI) is dedicated to improving the lives of individuals, families and communities challenged by health disparities related to poverty, discrimination and lack of access through direct service, education and advocacy. Initially the Staten Island AIDS Task Force, their hallmark is responding to health crises in the communities: from the AIDS epidemic initially to Hurricane Sandy most recently. Services provided include HIV prevention, care coordination for people with chronic illness, education for inmates and re-entry support for parolees, addiction treatment, opioid overdose prevention, food pantry and mobile health units in the community.
  - In addition to its agreement for Actively Engaged patients in specific projects, SI PPS is exploring ways to partner with CHASI for expansion of its Stanford Model program for chronic disease self-management (Project 3.c.i). CHASI has been operating the program since January 2015 and seen great success in improving the health of participants. SI PPS plans to support the expansion of the program to additional locations