

Prevention Agenda Toward the Healthiest State

2010 Summary: Hospital Community Service Plans

Prevention Agenda Toward the Healthiest State

- Access to Quality Health Care
 - Chronic Disease
- Community Preparedness
- Healthy Environment
- Healthy Mothers/Healthy Babies/Healthy Children
 - Infectious Disease
- Mental Health/Substance Abuse
- Physical Activity/Nutrition
- Tobacco Use
- Unintentional Injury

Summary

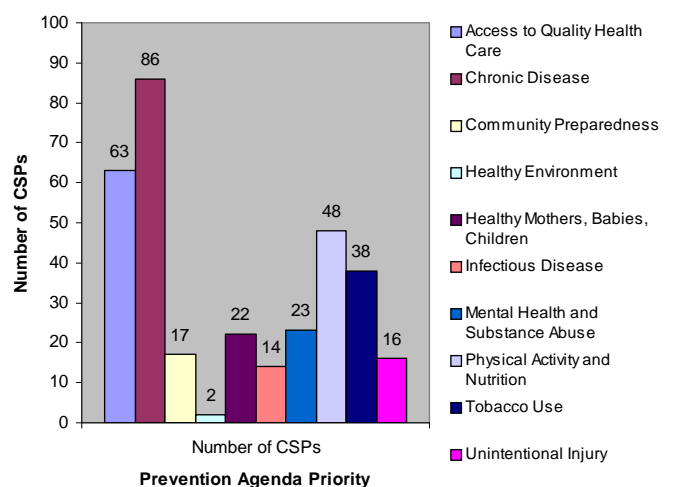
The *Prevention Agenda toward the Healthiest State* was initiated in 2008 to focus on ten health priorities that could have the greatest impact on the health of New Yorkers. Hospitals and Local health departments (LHDs) worked together to identify their local priorities and develop action plans to achieve measurable progress in meeting health-related objectives. Chronic Disease, Access to Quality Health Care, and Physical Activity and Nutrition were the priorities selected for collaborative action by 50% or more of the hospitals (Figure 1). A review of the Community Service Plans submitted in 2010 indicates that a majority of the state's hospitals have established partnerships with local health departments and community partners, identified at least two priorities, and have developed plans to address their chosen priorities. The reviews also showed that the Community Service Plan (CSP) reports can be strengthened by identifying a clear focus within the priority area, selecting and adapting evidence-based strategies, and tracking a balanced set of process and impact measures for improvement.

Background on the Prevention Agenda

The *Prevention Agenda toward the Healthiest State* was initiated in 2008 as a call to action to hospitals, LHDs, private health care providers, health plans, schools, employers, businesses and other partners to work together to improve the health status of New Yorkers through community-based prevention strategies. The *Prevention Agenda* identified ten

priorities for improving the health of New Yorkers, and established measurable objectives and indicators to document progress toward achieving these goals, including the elimination of racial, ethnic and socioeconomic health disparities. In 2008, the Department asked the 58 LHDs and more than 166 non-profit hospitals to identify at least two priorities, and work together with insurers, community-based organizations and others to address them. In 2009, these priorities were described in the comprehensive Community Health Assessments submitted by LHDs. At the same time, hospitals prepared Community Service Plans that described their operational commitment to improve the health of people in their hospital service areas. These documents noted how the LHDs, hospitals and community partners would collaborate on strategies to reach their target populations.

Figure 1 Prevention Agenda Priorities Identified in the 2010-2012 CSPs



Source: 2010-2013 Community Service Plans

Technical Assistance Provided

When working on the *Prevention Agenda* priorities, communities were encouraged to use an evidence-based decision making framework. This involves working collaboratively with community partners to identify health issues based on data and information; implementing proven interventions to address the issues; and monitoring their impact on the community's health. To support this approach, the New York State Department of Health's (NYSDOH) Office of Public Health Practice worked with the Department's public health programs and partner organizations to develop a comprehensive summary of relevant data, provide tools for health planning and evaluation, recommend proven interventions, and identify partners in each county.

Web Resources

Resources for community assessment, planning and evidence-based decision making can be accessed at: http://www.nyhealth.gov/prevention/prevention_agenda/. This web-based resource includes statistics that provide a snapshot of the health of New York State residents in each county according to *Prevention Agenda* priorities. Statewide data are stratified by race and ethnicity. County-specific tables enable LHDs and hospitals to assess how well their counties are performing, compared to the state, as a whole and to the United States.

Leadership

An ad hoc committee of the NYS Public Health Council, led by Jo Ivey Boufford, MD, President of the NY Academy of Medicine, helped the NYSDOH to advance the *Prevention Agenda*. The committee established a group of people in leadership positions among 25 organizations representing public health, health care and community stakeholders. They supported *Prevention Agenda* efforts at the state and local levels. For example, the NYSDOH used webinars and in-person meetings hosted by the Healthcare Association of New York State and the Greater New York Hospital Association to provide technical assistance to LHDs and hospitals about community health planning. The New York State Association of County Health Officials hosted a technical assistance workshop for LHDs on evidence-based approaches to addressing the ten priority areas.

CSP Review Process

Two Department of Health staff read the completed 2010 Community Service Plans and sought to answer five questions through the reviews:

1. Did the hospital identify at least two Prevention Agenda priorities to work on collaboratively with partners?
2. Are the hospitals and community partners working collaboratively?
3. What are the specific areas of focus for the priorities?
4. Are the interventions being tracked to assess health improvement?
5. Are the interventions evidence-based or best practice and likely to result in health improvement?

The findings from the CSP review are correlated with findings from the LHD community health assessment review and an update submitted by the LHDs in 2010.

CSP Findings

1. **Did the hospital identify at least two Prevention Agenda priorities to work on collaboratively with partners?**

The majority of the hospitals identified at least two Prevention Agenda priorities that they are addressing in collaboration with community partners. Figure 1 shows that Chronic Disease, Access to Quality Health Care, and Physical Activity and Nutrition were the priorities most often selected for collaborative action by more than half of the hospitals.

2. **Are the hospitals and community partners are working collaboratively?**

The majority of the hospitals identified a number of community partners they are working with, including the local health department, other hospitals, community-based organizations and in some instances schools.

3. **What are the specific areas of focus for the priorities?**

Most hospitals addressing the Access to Care priority are focusing on screening and linking eligible patients with insurance programs through the facilitated enrollment process or assigning staff to help patients navigate the health system. In chronic disease, the focus most often was diabetes management and/or prevention of stroke and cancer screening. In physical activity and nutrition, the hospitals focused on providing physical activity and nutrition messages with their own staff, seniors or school children.

4. Are the interventions being tracked to assess health improvement?

Many hospitals identified process measures including the number of events they hosted or materials distributed.

5. Are the interventions evidence-based or best practice and likely to result in health improvement?

Some hospitals were working on proven policies to make the environment a healthier place for community residents, and tracking changes from the implementation of these policies. Many hospitals focused on increasing knowledge and awareness via educational workshops, health fairs and information distribution.

What were the characteristics of strong Community Service Plans?

The strongest CSPs:

- Clearly identified a focus within the priorities;
- Identified process and impact measures and in some cases provided baseline data;
- Included intermediate measures that were linked with national measures, such as the Prevention Quality Indicators or Healthy People 2020 indicators;
- Identified proven interventions that were being adapted in the community;
- Explained how they worked with partners.

Reviewers also identified opportunities for improving CSPs:

- Include specific rather than broad goals;
- Identify and track process and impact measures, not just participation in events, or the number of events;
- Adapt interventions that have research demonstrating effectiveness. This is usually involves complementing environmental policy with educational approaches;
- Explain how partners contributed to the partnership in the activities.

Correlating Hospital CSP and Local Health Department Community Health Assessments

In fall 2010, a Prevention Agenda survey was completed by all local health departments to provide an update on their progress toward Prevention Agenda priorities identified in their community health assessments in 2009. The content and format of the

LHD surveys were different from the CSPs, but a few comparisons can be made.

For both hospitals and LHDs, the top three priorities are chronic disease, access to care and physical activity and nutrition. A significant number of hospitals also identified tobacco use, healthy mothers/children/babies, mental health and substance abuse prevention and treatment and preventing unintentional injury as priorities.

Like in the hospital CSPs, most of the local health departments tracked process measures. Local health departments identified that they needed technical assistance on identifying and adapting evidence-based interventions to local settings and establishing measures to track success.

Conclusion and Next Steps

The 2010 CSPs and LHD survey confirm that LHDs and hospitals are working together to address *Prevention Agenda* priorities. The top three priorities for hospitals and LHDs continue to be Access to Quality Health Care, Chronic Disease, and Physical Activity and Nutrition.

The CSPs and the survey also indicate that there are several challenges ahead. These include funding, competing public health issues and adapting evidence-based strategies to local communities. The Office of Health Systems Management's Division of Certification and the Office of Public Health Practice will explore options and propose a plan for providing technical assistance in two key areas:

- Identification and implementation of evidence-based strategies.
- Selection and use of performance measures to assess progress.