



STATE OF NEW YORK DEPARTMENT OF HEALTH

433 River Street, Suite 303, Troy, New York 12180-2299

Richard F. Daines, M.D.
Commissioner

Wendy E. Saunders
Executive Deputy Commissioner

November 6, 2008
08-08

Dear Chief Executive Officer:

In keeping with the Commissioner of Health's statewide mission to improve the health of all New Yorkers, the Department requests your participation in a new public health initiative. This initiative seeks to integrate traditional medical services with public health interventions that stimulate positive behavioral changes to improve health status. It calls on your hospital to participate in a collaborative approach to community health assessment and planning and to document those efforts in your hospital's Community Service Plan (CSP). The Department asks hospitals to work together with their community partners, including local health departments, to address the Commissioner's public health priorities identified in the Prevention Agenda toward the Healthiest State. By participating in this public health effort, you will support the overall goals of the Department, which are to focus on primary/secondary disease prevention, promote access to quality health care services and eliminate health care disparities where they exist.

Background

In April of 2008, Commissioner Daines launched the Prevention Agenda for the Healthiest State. The Prevention Agenda established 10 public health priorities and asks that hospitals, local health departments, and health care and community partners work together to bring about measurable progress toward mutually established goals. The public health priorities include:

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

Local Health Departments (LHDs) have received similar encouragement from the Department to participate in this process and to record their efforts in their Community Health Assessments (CHA) and Municipal Public Health Service Plans, due in July of 2009. By collaborating with community health partners and developing a collaborative approach, all participants will be better able to meet the needs of their community while avoiding duplicative efforts and achieving economies of scale. Further information regarding the Prevention Agenda can be found at the following link:

http://www.health.state.ny.us/prevention/prevention_agenda/index.htm.

Community Service Plan

The comprehensive 3-year CSP will be due on September 15, 2009. The Department has revised the content of the 3-year plan in accordance with Attachment 1 of this letter. The CSP should reflect the collaborative process between each hospital, LHD(s) and other community partners. The CSP should also explain the strategies that will address the selected health priorities and list the overall goals of this collaborative process. The subsequent annual report submissions in 2010 and 2011 will ask for updates on the progress toward the overall goals.

Dissemination of CSP information to the public is a vital part of the CSP mission. The Department recommends that hospitals disseminate a written summary of the CSP to the public and encourages hospitals to post information to their organizations's website so that it is readily accessible by the public. Hospitals must be sure to include pertinent financial data that demonstrates its current and future commitment to public health programs and financial assistance in the written summary developed for the public.

In addition, the Department is moving toward electronic submission of the CSP and expects that this function will be operational for the September 2009 submission. Further information about electronic reporting will be provided closer to the submission deadline.

Please refer to Attachment 2 for answers to some frequently asked questions. In addition, you may contact Ruth Leslie of the Division of Certification and Surveillance at 518-402-1003 or RWL01@health.state.ny.us. Thank you for your anticipated cooperation with this important initiative.

Sincerely,

Mary Ellen Hennessy
Deputy Director
Division of Certification and Surveillance

Attachments

Attachment 1

Comprehensive 3-Year Plan Format

The format of the Community Service Plan (CSP) has changed as outlined below. While some elements remain the same, other sections have been added and/or revised. The Department expects that CSPs will be submitted electronically for the September 15, 2009 deadline. Information about how to submit will follow at a later date.

1. Mission Statement

Reaffirm the hospital's mission statement that identifies commitment to the community it serves. Indicate if there have been no changes to the mission statement in this section

2. Service area

Define the area the hospital uses for community/local health planning for the purposes of the Community Service Plan (CSP). Please include the method used to determine the service area e.g. zip codes, census data, etc.

3. Public Participation

Public Participation is an important aspect of the CSP. In demonstration of public involvement in this process, hospitals must provide a brief summary statement that:

- Identifies the participants involved in assessing community health needs, e.g. community-based organizations; other health care providers such as community health centers, family planning clinics, physician groups, and home care agencies; facility advisory boards and the public.
- Includes the dates and a brief description of the outcomes of the public input process including any discussion of barriers or gaps in service.
- Describes how public notification of these sessions was accomplished.

4. Assessment of Public Health Priorities

- Hospitals are considered co-conveners of the community assessment process with the LHDs with which they work most closely. Hospitals, LHDs and other community partners (community-based organizations, health care providers, and consumers, etc.) should form a partnership to share and analyze data to identify the 2 to 3 Prevention Agenda priorities. This section must describe the criteria by which the priorities were selected, including how data were used to target a community or a segment of the community.
- Describe whether the priorities selected represent new community initiatives or existing programs that will be supplemented by input and support from community partners.
- For all hospital public health programs considered in the assessment process, including the 2 to 3 Prevention Agenda priorities, provide a description of their scope, objectives and accomplishments.

5. Three Year Plan of Action

For the Public Health Priorities identified in Section 4, including the 2 to 3 Prevention Agenda priorities, describe the strategies proposed to address them:

- whether they are new or existing priorities;
- how they may be addressed by the hospital and community partners and by whom, e.g. , a service or program will be implemented within the hospital, a community health center or local health department clinic, an educational effort will be undertaken by local schools, businesses, or health department(s). Prevention Agenda priorities should be addressed jointly with other community partners performing services or activities within their scope or mission. In the case of hospital public health programs falling outside the Prevention Agenda priorities, the hospital does not need to implement a collaborative approach to address the issue.
- the overall goals of the strategies, how the goals will be measured for effectiveness and how these current strategies may be modified to include on-going input and support from the hospital's community partners.

6. Financial Aid Program

Describe the hospital's successes and challenges related to the provision of financial aid in accordance with Public Health Law 2807(k) (9-a). Do not include the summary of the hospital's policy or financial data required by Exhibit 50 of the ICR; rather discuss general accomplishments, process improvements and/or best practices related to the hospital's financial aid program.

7. Changes Impacting Community Health/ Provision of Charity Care/Access to Services

Describe any changes to the hospital's operation or financial situation that impacts the care of the community, financial assistance and/or access to health care. This could include, but is not limited to, impending mergers, increasing financial constraints, and key personnel turn over.

8. Dissemination of the Report to the Public

A key element of the Community Service Plan is the dissemination of pertinent information regarding a hospital's public health programs and availability of financial assistance to the public. The Department recommends that hospitals disseminate a written summary of the CSP and encourages hospitals to post information to their websites so that it is readily accessible by the public. Hospitals must be sure to include pertinent financial data that demonstrates its current and future commitment to public health programs and financial assistance in the written summary developed for the public.

9. Financial statement

The Department of Health will not require a separate financial statement to be submitted as part of the Community Service Plan. Financial data already reported to the Department through the Institutional Cost Report (ICR) will satisfy the statutory requirement.

Attachment 2

Community Service Plan

Question and Answer Document

Q: What are the Department's expectations of hospitals in the first year of this community partnership?

A: While this type of public health collaboration has been ongoing in some areas of the state for many years, this is a new initiative for many hospitals and community partners. As with any new initiative, the Department expects there to be successes and challenges that will arise from this process. The best practices and barriers that emerge as all participants gain experience will be valuable tools for improvement as we move the Prevention Agenda forward.

Q: What if a hospital is only able to choose 1 of the Commissioner's priorities, instead of the 2 or 3 that is recommended?

A: The Department strongly encourages hospitals to participate in this collaborative process and select 2 or 3 of the Commissioner's priorities. The community partnership should be able to identify 2 to 3 priorities that fall within the mission of each hospital and their community partners.

Q: If a hospital serves many counties, is it the Department's expectation that the hospital will partner with multiple County Health Departments?

A: The Department recognizes that it may be difficult for hospitals to partner with all the potential counties in assessing the needs of the community. Hospitals and LHDs should discuss ways to analyze data and establish a way to work together on the assessment and planning processes for their mutual benefit. A hospital may want to consider partnering with the LHD for the county where a majority of the hospital's patients reside or with a particular LHD to address a priority that affects residents of that county. Alternatively, hospitals can consider a regional planning approach to address the selected priorities. To the extent possible, this kind of decision should involve all of the LHDs related to the hospital.

Q: Does this new process shift the responsibility for improving the health care of the community to the hospital alone?

A: No. This initiative is not intended to shift responsibility to any single entity. This collaborative effort is intended to involve many entities to assess, plan, implement and monitor strategies to address public health needs. We anticipate that LHDs and hospitals act as co-conveners of the community assessment and planning process and that the CSP and CHA reflect collaboration between community partners.

Q: What happens if a hospital does not collaborate with community partners to address Prevention Agenda priorities?

A: Hospitals are currently required to solicit the views of the community and receive input on service priorities in accordance with PHL Section 2803-1. With this new initiative, the

Department will expect to see collaboration with community partners reflected in a hospital's CSP. While participation in this initiative is not statutorily required, the Department is confident that hospitals will agree to participate for the benefit of the communities they serve.

Q.: Do hospitals need to combine their CSP with the LHDs' CHAs?

A: Each entity should submit their required document to the Department: CHAs from LHDs and CSPs from hospitals. LHDs and hospitals may include data, analysis and problem statements that reflect the work of each other and the other community partners. One could envision that the community process yields a document that contains all the data, the priority setting work, and the activity/service planning that all partners can share and use in their respective submissions to the Department. This collaborative document would capitalize on the sharing of resources like data, manpower and brain power and allow each party to benefit from that work.

Q: What Department of Health resources are available?

A: Data and guidance pertaining to the Prevention Agenda can be found on the Department's website at the following link:

http://www.health.state.ny.us/prevention/prevention_agenda/index.htm. It is strongly recommended that all participants make use of resources posted to this page.