

**Toward Making New York the Healthiest State**  
**Summarizing the 2014-2017 Local Health Department (LHD) Community Health Assessment–**  
**Community Health Improvement Plan (CHA-CHIP) and Hospital Community Service Plans (CSP)**  
**Completed in conjunction with the NYS Prevention Agenda 2013-2017**

**New York State Department of Health**

New York State local health departments (LHDs) and hospitals are mandated by law to submit a written community health improvement planning report to the New York State Department of Health every three to four years. These reports describe a collaborative process that involves assessing the health of the community, reviewing community strengths and gaps, identifying public health priorities, addressing disparities, and developing a plan for implementing evidence based or best practice strategies to make communities healthier. In 2013, local health department and hospitals identified at least two priorities to work on jointly from the New York State Prevention Agenda 2013-2017, the state’s health improvement plan.

The *Prevention Agenda 2013-2017* is a five year plan to make New York the healthiest state. Developed in collaboration with the Ad Hoc Committee to Lead the Prevention Agenda and more than 140 organizations, it identifies New York’s most urgent health concerns and suggests ways local health departments, hospitals and partners from the health, business, education and nonprofit sectors can work together to address them.

**Review Process**

In all, 58 local health department Community Health Assessments-Community Health Improvement Plans (CHA-CHIPs) and 148 non-profit hospitals Community Service Plans (CSPs) were submitted in November 2013. These reports described their health assessments and improvement plans. Two reviewers read and commented on each report based on six criteria: the quality of the community health assessment; the rationale for selection of two “collaborative” priorities, including at least one that addresses a health disparity; the engagement of diverse partners in planning and implementation; the clarity of the written plan for implementation of an evidence-based approach; the identification of measurable process and outcome objectives; and evidence of dissemination of the plans and provisions for sustaining community engagement.

**Priorities Selected**

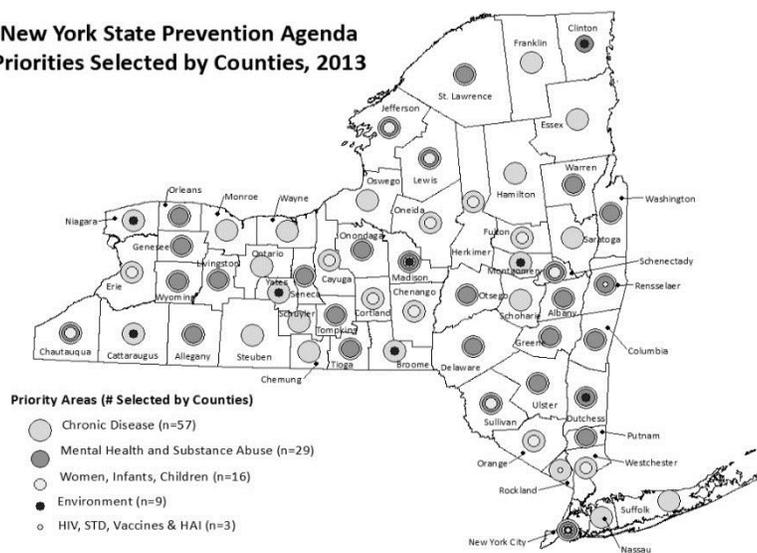
The Prevention Agenda priorities identified at the county-level by LHDs were:

- Prevent Chronic Disease (98%, n=57);
- Promote Mental Health and Prevent Substance Abuse (50%, n=29);
- Promote Healthy Women, Infants and Children (28%, n=16),
- Promote a Healthy and Safe Environment (16%, n=9);
- Prevent HIV, Sexually Transmitted Diseases, Vaccine-Preventable Diseases and Healthcare-Associated Infections (5%, n=3).

Hospital CSPs identified the following priorities:

- Prevent Chronic Disease (96%, n=142);
- Promote Mental Health and Prevent Substance Abuse (43%, n = 64);
- Promote Healthy Women, Infants and Children (28%, n=41);
- Promote a Healthy and Safe Environment (13%, n=19),
- Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare Associated Infections (7%, n=11).

**New York State Prevention Agenda  
 Priorities Selected by Counties, 2013**



## Addressing Health Disparities

Health disparities are differences in health status or outcomes based on demographic or socioeconomic factors. In all, 84% (n=49) of local health departments and 86% (n=127) of hospital CSPs identified a health disparity in at least one of the priorities. Disparities that local health departments and hospitals are addressing together with partners relate to socioeconomic status, racial/ethnic factors, disability, geography, age and gender.

## Collaboration – Diversity and role of partners

Local health departments and hospitals were asked to collaborate on identifying at least two priorities for planning and implementation. Diverse partners were engaged for the most part during the planning phase. Major collaborators identified by local health departments and hospitals respectively during implementation were: schools (64% and 34%), mental health and behavioral health providers (60% and 36%), colleges/universities (38% and 32%), community health centers (43% and 26%), and social service agencies (60% and 32%). Among the collaborators mentioned to a lesser extent were housing agencies (14% and 9%), transportation organizations (26% and 7%), and the media (31% and 18%).

## Quality of Community Health Assessment and Identification of Priorities

Community health assessments conducted by local health departments and hospitals included key demographic, health status and health behavior data from various sources, compared to data from neighboring counties, regions or the entire state and Prevention Agenda targets. In addition, the reports identified disparities, strengths and challenges in relation to the priorities. Local health departments explained the assessment process and presented data in greater detail than hospitals. Many of the reports did not have an explanation or a rationale for choosing the priorities in the face of other pressing needs.

## Evidence-based Approach - Focus Areas, Strategies, Measurable Objectives

- Most chronic disease efforts are focused on reducing obesity (LHDs=100%, n=58), (Hospital CSPs=57%, n=84) and increasing access to high quality chronic disease preventive care and management in both clinical and community settings (LHDs=53%, n=31), (CSPs=68%, n=100). Commonly identified strategies were educational approaches; increasing the availability, accessibility and use of evidence-based interventions in self-care; increasing adoption and use of food standards; promoting policies and practices in support of breastfeeding and policies that support active transportation, such as Complete Streets.
- In the Promote Mental Health and Prevent Substance Abuse priority areas, efforts focused on Preventing Substance Abuse and other Mental Emotional Behavioral Disorders (LHDs=14, CSPs=34); Strengthening Infrastructure across Systems (LHDs=13; CSPs=15); and mental emotional behavioral well-being (LHDs=11, CSPs=26) . Strategies commonly identified were establishing linkages with the OMH Early Recognition and Screening Initiative in the region and other program or educational approaches and policy approaches.
- Most Healthy Women, Infants and Children efforts focused on maternal and infant health (LHDs=11; CSPs=29) and specifically on increasing the proportion of NYS babies who are breastfed and reducing premature births. Strategies most commonly identified were providing structured, comprehensive breastfeeding education and professional lactation counseling and support during pregnancy and working toward Baby Friendly Hospitals, and then working with paraprofessionals to reinforce health education as well as other unspecified approaches to addressing premature births.
- In the Healthy and Safe Environment priority, the LHDs and hospitals that selected this priority are focusing on injuries, violence and occupational health (LHDs=6 and CSPs=11) to reduce fall risks among vulnerable populations. A few organizations are working to improve the design and maintenance of the built environment; and fewer to improve the design and maintenance of home environments. Strategies commonly identified in this priority area are to promote community-based programs for fall prevention and other program and educational approaches.
- In the Prevent HIV/STDs, Vaccine-Preventable Disease and Healthcare-Associated Infections priority area, the organizations that selected this priority are focusing on Prevent Vaccine Preventable Diseases (LHDs=0; CSPs=6) and Prevent HIV and STDs (LHDs=3; CSPs=4). Strategies identified are to enhance vaccination of adults with HPV, Tdap, influenza, and pneumococcal vaccines.

In the reports, only 41% (n=24) of the LHDs and 30% (n=45) of hospital CSPs identified process and outcome measures with the proposed interventions. Forty-one percent (n=24) of the LHDs and 29% (n=43) of the hospital CSPs identified adapting evidence-based interventions for the two identified priorities. The remaining LHDs and hospital plans either did not identify an evidence based strategy for both priorities or the strategy was not clearly described.

### **Dissemination of health improvement plan and provisions for sustaining community engagement**

A plan for sustaining engagement was described by 28% (n=16) of the LHDs and 20% (n=29) of the hospital CSPs. Eighty-three percent (n=48) of the reports from local health departments and 86% (n=128) of the hospital CSPs were posted online as of May 20, 2014.

### **Overall strengths and opportunities for improvement**

In general, reviewers noted that the quality of reports submitted in November 2013 by local health departments and hospitals were better than those submitted in previous cycles. Thirty one percent (n=18) of LHD CHA-CHIPs and 24% (n=29) Hospital CSPs were noted as an “overall good report” by at least two reviewers. Fifty two percent of LHD (n=30) and hospital CSP (n=77) reports were identified as having “some good sections”. Five percent (n=3) of LHDs and 7% (n=11) of hospitals were asked to resubmit their reports as significant content had not been included.

Each organization that submitted a report received a feedback letter with reviewers’ comments identifying strengths of their report and opportunities for improvement. Strengths noted by reviewers in most of the reports relate to collaboration, diversity and roles of partners, a comprehensive health assessment and use of data and prioritization strategies. Among opportunities for improvement are identification of efforts for sustaining the collaborative process, tracking progress and outcomes, and incorporating a specific plan of action to address disparities and including measures to track progress on such a plan. Local health departments and hospitals will be asked to provide an update on their activities in November 2014.

### **Next Steps**

In the implementation phase, NYS is working with the Ad Hoc Committee to Lead the Prevention Agenda and its member organizations to sustain engagement statewide to support local partnerships. It is also working with its partners to identify resources to assist with local implementation and to provide technical assistance to local partnerships. Some specific efforts include:

- Prevention Agenda Dashboard to track progress on Prevention Agenda objectives at state and local levels [https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest?\\_program=/EBI/PHIG/apps/dashbord/pa\\_dashboard](https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashbord/pa_dashboard)
- Grants totaling \$500,000 from the New York Health Foundation to 17 organizations representing 28 local health departments to implement local health improvement plans. Grants will be matched by local funds.
- Technical assistance provided by the New York Academy for Medicine to local partners on Prevent Chronic Diseases and Promote Mental Health and Prevent Substance Abuse priorities;
- Ongoing technical assistance provided by statewide local health and hospital associations.

### **Connections to State Health Reform**

New York State’s health reform efforts build on the Prevention Agenda. Specifically, the implementation of the Delivery System Reform Incentive Payment (DSRIP) Program tied to the state’s Medicaid Reform requires participating performing provider systems to address specific population health goals identified in the Prevention Agenda. Similarly, the State Health Innovation Plan that is seeking to transform the health care system, specifically primary care, uses the Prevention Agenda as a guide for building healthy communities and citizens and targets specific opportunities to enact and meet the goals and objectives of the Agenda.

### **Data Available**

Simple summaries from the analysis of the LHD CHA-CHIPs and hospitals CSPs related to priorities, goals and strategies selected, partners identified and examples of good reports are posted on the Prevention Agenda website. [http://www.health.ny.gov/prevention/prevention\\_agenda/2013-2017/](http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/)