

## Local Health Department Community Health Assessment and Improvement Plan and Hospital Community Service Plan Guidance, 2013

### I. Background

This guidance describes the essential elements of a local health department Community Health Assessment and Community Health Improvement Plan, as well as the requirements for hospital Community Service Plans. In keeping with the New York State Health Improvement Plan, *the Prevention Agenda 2013-17*, the Department is asking local health departments and hospitals to collaborate with each other and community partners on the development of these documents. Collaboration is an essential element for improving population health in communities and in the State as a whole. Furthermore, working together to develop a community health assessment and community health improvement plan will reduce duplication and assist local health departments and hospitals to conduct this work in an effective, efficient manner.

This 2013 guidance is informed by several factors. First, it incorporates state and local experience developing and implementing the *Prevention Agenda 2008*, and builds upon the Department's previous guidance for development of these documents as required by Article 6 and Article 28 of state public health law.<sup>1</sup> Secondly it has been shaped by national accreditation of state and local public health agencies. State and local health departments that wish to become accredited must complete periodic health assessments and health improvement plans in collaboration with community partners.<sup>2</sup> Lastly, the Affordable Care Act requires nonprofit hospitals to conduct a periodic community health needs assessment and adopt an implementation strategy to meet the community health needs identified in the assessment.<sup>3</sup> This guidance is intended to facilitate responses to these requirements and promote collaboration in doing so.

### II. NYS DOH Requirements for Local Health Department Community Health Assessments and Health Improvement Plans, and Hospital Community Service Plans

Local health departments (LHDs) are being asked to work with local hospitals as well as other area partners to complete a Community Health Assessment that includes a Community Health Improvement Plan for 2014-2017. Many communities have been planning and implementing improvement strategies. Up until now, community health improvement activities conducted by local health departments were described in the Municipal Public Health Services Plan (MPHSP). In 2014, the local health department Community Health Assessment will no longer be part of the MPHSP.<sup>4</sup>

For 2013-2015, hospitals are being asked to work with local health departments to complete a Community Service Plan that mirrors the Community Health Needs Assessment and Improvement Strategy required for nonprofit hospitals per the Affordable Care Act. The new federal law also requires hospitals to develop an implementation plan that describes how they will address the needs identified in their assessment.<sup>5</sup>

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<sup>1</sup>NYS Public Health Law §602 and §2803-l

<sup>2</sup> Public Health Accreditation Board Standards and Measures Version 1.0 Updated December 22, 2011. Completing a community health assessment and a community health improvement plan are prerequisites for voluntary accreditation.

<sup>3</sup> Section 9007 of the Patient Protection and Affordable Care Act added a new section 501(r) to the Internal Revenue Code entitled "Additional Requirements for Charitable Hospitals." This section stipulates that a hospital's eligibility for tax exempt status is based on satisfying four separate requirements including one that requires hospitals to develop a community health needs assessment.

<sup>4</sup> For LHDs, the costs associated with conducting a Community Health Assessment will continue to be eligible for state aid reimbursement, and completing a Community Health Assessment is a requirement for state aid.

<sup>5</sup> Section 3.08 of IRS Notice 11-52 <http://www.irs.gov/pub/irs-drop/n-11-52.pdf>

Technical assistance to support the conduct of this work and the development of these documents will be available starting in 2013 by the NYS Department of Health, the Greater New York Hospital Association (GNYHA), the Healthcare Association of New York State (HANYs) and the New York Association of County Health Officials (NYSACHO), in addition to local health planning organizations. More information on technical assistance will be posted to the NYS DOH Prevention Agenda website.

### **III. Community Health Assessment, Community Health Improvement, Community Service Plans and the Prevention Agenda 2013-2017**

New York State's health assessment and health improvement plan, *The Prevention Agenda 2013-17*, will be released at the end of 2012. It is a call to action to local health departments, health care providers, health plans, schools, employers, governmental and non governmental agencies and businesses to collaborate at the community level to identify local health priorities and plan and implement a strategy for local health improvement that will contribute to improving the health status of New Yorkers and reducing health disparities through increased emphasis on prevention.<sup>6</sup> The Plan identifies five priorities for improving the health of all New Yorkers and asks communities to work together to address them.

#### **The five Prevention Agenda priorities for 2013-2017 are:**

- Prevent Chronic Diseases
- Promote a Healthy and Safe Environment
- Promote Healthy Women, Infants and Children
- Promote Mental Health and Prevent Substance Abuse
- Prevent HIV, STDs, Vaccine Preventable Diseases and Healthcare Associated Infections

For each priority, the Prevention Agenda identifies specific goals and evidence based and best practice interventions for action that can be implemented by various sectors within the public health system to meet the goals. It provides measurable objectives that can be used to track progress, including tracking progress on reducing health disparities. These materials can help local community collaborators complete local plans. It will provide resources for implementation that emphasize the important role that the community plays in multi-sector planning and action to address health outcomes. These resources emphasize the need to build community capacity to engage and mobilize a wide range of sectors to plan and implement evidence based policies that address the social determinants of health. The goal is to support the efforts of county health departments and hospitals in their local planning efforts.

Community health improvement is a systematic effort that must be sustained over time. The process involves an ongoing collaborative, community-wide effort to assess applicable data to identify, analyze, and address health problems; inventory community assets and resources; identify community perceptions; develop and implement coordinated strategies; develop measurable health objectives and indicators; identify accountable entities; and cultivate community ownership of the process.

Communities may be at different points in establishing and maintaining the partnerships needed for their community health improvement process. Some may be just starting, while others are in a middle of a long-term, systematic effort, and yet others may be at a critical point where they are changing direction. The guidelines below are broad to allow for this.

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<sup>6</sup> [http://www.health.ny.gov/prevention/prevention\\_agenda/health\\_improvement\\_plan/index.htm](http://www.health.ny.gov/prevention/prevention_agenda/health_improvement_plan/index.htm)

The guidelines require that local health departments and hospitals work together to conduct these activities that will enable each organization to complete its required reports. They should include a broad range of community partners in their efforts. Examples include other health care providers such as federally qualified health centers; employers and businesses; community based organizations; regional planning organizations, rural health networks, other governmental agencies including those providing mental health and substance abuse services, transportation, housing, etc; community based health and human service agencies; local schools and academia; policy makers; the media and philanthropy. If a county health department or hospital wishes to address the priority “Promote Mental Health and Prevent Substance Abuse,” it is encouraged to collaborate with the county mental hygiene agency which oversees the local mental health and substance abuse service systems. Those agencies also conduct a local planning process that engages many of the same stakeholder organizations that are committed to addressing the associated goals and objectives for this priority.

The Department acknowledges that developing and maintaining relationships with community partners to improve population health may be new to some communities and takes time. The Prevention Agenda 2013 process has included an Ad Hoc Committee representing a wide range of State level organizations from all sectors who are working together to shape the Agenda and are committed to work to engage their local affiliates to participate in local community health improvement efforts.<sup>7</sup>

#### **IV. Key Components of the Community Health Assessment, Community Improvement Plan, and Community Service Plan**

Local health departments should partner with hospitals located in their counties or that serve their county residents and a broad range of other community partners to conduct the Community Health Assessment. The Community Health Assessment should be used to inform both the Community Health Improvement Plan and the Community Service Plans. The Community Health Improvement Plan will ideally incorporate any relevant activities from local hospital Community Service Plans and Community Service Plans should reflect community based collaborations, not solely hospital based actions.

##### **A. Community Health Assessment**

1. A description of the community being assessed. For local health departments this means at a minimum the jurisdiction served by the local health department<sup>8</sup>. In addition, it should include a succinct narrative and graphical description of:
  - a. the demographics of the population served (gender, race, age, income, disabilities, mobility, educational attainment, home ownership, employment status, health insurance status and access to a regular source of care, immigrant/migrant status, etc.)
  - b. the health status of the population and the distribution of health issues, based on the analysis of demographic factors above. Special emphasis should be placed on identification of issues related to health disparities and high-risk populations, including uninsured/low income, minority and/or special populations.

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<sup>7</sup> The NYS Public Health and Health Planning Council established an Ad Hoc Committee to develop the Prevention Agenda 2013. [http://www.health.ny.gov/prevention/prevention\\_agenda/health\\_improvement\\_plan/docs/ad\\_hoc\\_committee.pdf](http://www.health.ny.gov/prevention/prevention_agenda/health_improvement_plan/docs/ad_hoc_committee.pdf)

<sup>8</sup> In some parts of the state, a regional assessment and health improvement plan may be desired. Local Health Departments and hospitals can work together regionally to complete the assessment and plan as long as the health needs and plans for improvement of each individual LHD/county are identified.

Please include charts and graphs that illustrate changes over time as well as the most current data for key health indicators as relevant. The analysis should compare data by race/ethnicity, age and gender where appropriate. The report should capture critical aspects of the data, and not necessarily every detail.

2. Identification of the main health challenges facing this community and a discussion of the contributing causes of the health challenges, including the broad determinants of health. This discussion should include:
  - a. behavioral risk factors,
  - b. environmental risk factors ( the natural and built environment),
  - c. socioeconomic factors
  - d. policy environment (e.g. smoke free parks, menu labeling, zoning for walkable communities, etc.)
  - e. other unique characteristics of the community that contribute to health status.
3. A succinct summary of the assets and resources that can be mobilized and employed to address health issues identified. These may include populations as well as services, including those provided by the local health department, hospitals and health care providers and community based organizations; businesses; academia; the media; and resources available through other sectors of government. For example, a local park can encourage physical activity. Similarly, local farmers' markets can be vehicles to promote healthful eating, and a school district can partner to provide health education.
4. Documentation on the process and methods used to conduct the assessment, the sources and dates of data used, and information on how the preliminary findings of the assessment were distributed to the community at large and that the community's input was sought. At least one area hospital must be included as a partner in the assessment process, along with other community partners including other community partners described above. Methods to seek community input include: community/town forums and listening sessions; presentations and discussions at other organizations' local meetings; publication of a summary of the findings in the local press with feedback or comment forms; publication on the local health department's web page with a website comment form, etc.

## B. Community Health Improvement Plan

1. Identification of **at least two priorities** from the Prevention Agenda 2013<sup>9</sup>, and a description of the process and criteria that were used to identify them with hospitals and other community partners. At least one of these priorities must address a disparity. In this section, describe the organizations that participated, stakeholder sessions that were held, the data and information used to select the priorities and the rationale for selecting the issue(s).
2. For each priority, identify goals and objectives, improvement strategies and performance measures with measurable and time-framed targets over the five year period. Strategies should be evidence-based or promising practices. They can include activities currently underway by partners and new strategies to be implemented. The state's Prevention Agenda 2013, and national guidance, such as the National Prevention Strategy, Guide to Community Preventive Services, and Healthy People 2020 can be used as resources.

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<sup>9</sup> This could mean selecting two focus areas from one priority, such as tobacco use and obesity within the priority area *Prevent Chronic Disease*, or tobacco use from the priority area of *Prevent Chronic Disease*, and injury from *Promote a Healthy and Safe Environment*.

3. Designation of individuals and organizations that have accepted responsibility for implementing strategies outlined in the plan. This should include assignments to staff as well as agreements between planning participants, stakeholders, other local governmental agencies, or other community organizations. Formal agreements, such as Memoranda of Understanding, are encouraged but not required.
4. A set of outcome and process measures that will help the planning group monitor progress over the short term, and over the five year time frame.
5. A brief description of strategies and best practice or evidence-based practices being implemented including how the community health improvement plan for 2013-2017 integrated lessons learned from past implemented and adapted the interventions.
6. A brief description of the process that will be used to maintain engagement with local partners over the four years of the Community Health Improvement Plan, and the process that will be used to track progress and make mid course corrections.

### C. Hospital Community Service Plan (CSP)

1. Hospital Mission Statement: Reaffirm the hospital's mission statement that identifies commitment to the community served.
2. Definition and brief description of the community served: Define the area the hospital uses for community/local health planning for the purposes of the Community Service Plan. Please include the method used to determine the service area, e.g. zip codes, census data, etc. Include a brief description of the community served. This information could come from the LHD Community Health Assessment but could be supplemented by hospital service data as well as other sources.
3. Public Participation: Provide information that:
  - a. Identifies the participants involved in assessing community health needs and their roles, e.g. local health departments, community-based organizations; other health care providers such as federally qualified health centers; employers and businesses; community based organizations; regional planning organizations; rural health networks; other governmental agencies including those providing mental health and substance abuse services, transportation, housing, etc; community based health and human service agencies; local schools and academia; policy makers; the media and philanthropy.
  - b. Includes the dates and a brief description of the outcomes of the public input process including any discussion of barriers or gaps in service.
  - c. Describes how public notification of these sessions was accomplished.
4. Assessment and Selection of Public Health Priorities: This section must describe the collaborative process and criteria that were used to identify at least **two Prevention Agenda priorities**<sup>10</sup>, the organizations that participated, stakeholder sessions that were held, the data and information used to select the priorities and the rationale for selecting the issue(s). At least one of these priorities must address a disparity.

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<sup>10</sup> This could mean selecting two focus areas from one priority, such as tobacco use and obesity within the priority area *Prevent Chronic Disease*, or tobacco use from the priority area of *Prevent Chronic Disease*, and injury from *Promote a Healthy and Safe Environment*.

5. Three Year Plan of Action: For the two Prevention Agenda priorities that the hospital is addressing with the LHD, describe the strategies proposed to address them. Identify goals and objectives, improvement strategies and performance measures with measurable and time-framed targets over the three year period. Strategies should be evidence-based or promising practices. The state's Prevention Agenda 2013, and national guidance, such as the National Prevention Strategy, Guide to Community Preventive Services, and Healthy People 2020 can be used as resources. The CSP must explicitly spell out how the hospital facility plans to meet the prioritized health needs identified in the assessment.
6. Dissemination of the Plan to the public: Please describe how the Plan will be made widely available to the public including providing the website where it can be located.
7. A brief description of the process that will be used to maintain engagement with local partners over the three years of the Community Service Plan, and the process that will be used to track progress and make mid course corrections.

**V. Timeline/Due dates**

The county health department Community Health Assessment and Community Improvement Plan are due by November 15, 2013, and should cover the years 2014-2017. The hospital Community Service Plan is due by November 15, 2013, for the years 2013-15. Additional information about how to submit these documents is forthcoming.

## Resources

### Community Health Improvement

Catholic Health Association, Assessing and Addressing Community Health Needs:

[http://www.chausa.org/Pages/Our\\_Work/Community\\_Benefit/Assessing\\_and\\_Addressing\\_Community\\_Health\\_Needs/](http://www.chausa.org/Pages/Our_Work/Community_Benefit/Assessing_and_Addressing_Community_Health_Needs/)

Association for Community Health Improvement:

<http://www.communityhlth.org/communityhlth/resources/communitybenefit.html>

Mobilizing for Action through Planning and Partnerships (MAPP)

<http://www.naccho.org/topics/infrastructure/mapp/>

Community Health Assessment Clearinghouse

<http://www.health.ny.gov/statistics/chac/>

NACCHO Community Health Assessment and Improvement Planning

<http://www.naccho.org/topics/infrastructure/CHAIP/index.cfm>

### Data Resources

NYS Department of Health

<http://www.health.ny.gov/statistics/chac/data.htm>

Expanded Behavioral Risk Factor Surveillance System

<http://www.health.ny.gov/statistics/brfss/expanded/>

Healthy People 2020

<http://www.healthypeople.gov/2020/default.aspx>

NYS Office of Mental Health Statistics and Reports

<http://www.omh.ny.gov/omhweb/statistics/>

New York State Office of Alcoholism and Substance Abuse Services County Planning System

<https://cps.oasas.ny.gov/cps/>

County Health Rankings

[www.countyhealthrankings.org/](http://www.countyhealthrankings.org/)

### Evidence-Based /Promising Practices Resources

Interventions in each of the 5 Prevention Agenda Priorities

[http://www.health.ny.gov/prevention/prevention\\_agenda/health\\_improvement\\_plan/](http://www.health.ny.gov/prevention/prevention_agenda/health_improvement_plan/)

National Prevention Council, National Prevention Strategy June 2011.

<http://www.healthcare.gov/prevention/nphpphc/strategy/report.pdf>

The Guide to Community Preventive Services

<http://www.thecommunityguide.org/index.html>

What Works for Health

<http://www.countyhealthrankings.org/what-works-for-health>

### Questions:

OPH Office of Public Health Practice, 518-473-4223

OHSM Division of Certification and Surveillance, 518-402-1003

Or [prevention@health.state.ny.us](mailto:prevention@health.state.ny.us)