

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

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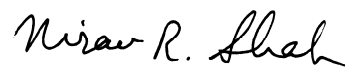
Dear Hospital Chief Executive Officers and Local Health Department Commissioners and Directors,

In keeping with our efforts to reform health and health care in New York, I am writing to request your collaboration in community health assessment and community health improvement planning in the coming year. In conjunction with the development of the state's new health improvement plan, the *Prevention Agenda 2013*, and the Department's interest in collaborative, regional planning as described in the Medicaid Redesign Waiver, we are asking local health departments and hospitals to work together with community partners to assess the health challenges in communities, identify local priorities and develop and implement plans to address them. It is my expectation that each local health department and hospital will, together, with other partners, identify and develop a plan for addressing at least two priorities in the new Prevention Agenda. At least one of these priorities should address a health disparity. For counties without hospitals, we can facilitate a regional planning process to identify priorities with regional hospitals.

Prevention Agenda 2013 will be released at the end of 2012. Developed by a diverse group of stakeholders, the plan identifies goals and measurable objectives and a range of evidence based and promising practices in five priority areas that can be implemented by public health, health care and community partners to address each priority area. The Agenda focuses on the social determinants of health and on addressing health disparities along racial, ethnic, and socioeconomic lines. But we can't achieve any of these ambitious goals without the full participation of our public health and health care community.

The attached guidance provides a description of the essential elements of a community health assessment, a community health improvement plan and a community service plan. Technical assistance on developing collaborations to conduct these planning processes will be available once the Prevention Agenda is released at the end of the year. If you have any questions, please contact Ruth Leslie, Deputy Director, Office of Health Systems Management, Division of Certification and Surveillance, rwl01@health.state.ny.us, phone number 518-402-1003; or Sylvia Pirani, Director, Office of Public Health Practice at sjp03@health.state.ny.us, phone number 518-473-4223.

Sincerely,



Nirav R. Shah, M.D., M.P.H.
Commissioner of Health

Attachment

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.¹ 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.² 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.³ 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.⁴

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.⁵

¹NYS Public Health Law §602 and §2803-l

² 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.

³ 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.

⁴ 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.

⁵ 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.⁶ 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.

⁶ 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.⁷

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 department⁸. 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.

⁷ 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

⁸ 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 2013⁹, 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.

⁹ 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**¹⁰, 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.

¹⁰ 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_Addresssing_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/

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/

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

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During webinars in Winter 2013, participants asked questions about the Community Health Assessments (CHAs), Community Health Improvement Plans (CHIPs), reports that have to be submitted by local health departments, and about the Community Service Plans (CSPs), reports that have to be submitted by hospitals. The Frequently Asked Questions are organized by categories that relate to process, priority, deadlines, collaboration, format and disparities. Click on the question to navigate to the answer.

Community Health Assessment (CHA)-Community Health Improvement Plan (CHIP) and Community Service Plan (CSP) Process

CHA-CHIP/CSP Process

1. [Does the Affordable Care Act \(ACA\) require us to pick three priorities?](#)
2. [If a priority is selected, do the hospitals and local health departments \(LHDs\) need to work on the same goal?](#)
3. [Is there a requirement for the number of goals and objectives for each priority selected?](#)
4. [When you say "at least 2 community priorities" do you mean two of the five priority areas, or 2 focus areas from the many, or 2 goals? How many activities are you looking for at the state level?](#)
5. [Are the states goals suggestions or a list to pick from? Can we pick our own goals if they fall in line with the focus area and priority?](#)
6. [Must the hospitals choose a priority that is identified by a local health department?](#)
7. [How many measurable goals should we have for an identified priority?](#)
8. [Confirm that the two community priorities selected by Public Health and those of the hospital do not have to be the same?](#)
9. [If a hospital could pick two priorities, and because of their physical location in a rural area, could all of their proposed work address an 'access' disparity?](#)
10. [Do the actual dates of hospital needs assessment and collaborative planning meetings need to be documented?](#)
11. [Is the County Community Health Assessment and Health Improvement Plan a 4-year plan as in the past? The CSP is a 3-year plan?](#)
12. [What are the criteria for the CHA? How many people must be interviewed, etc?](#)
13. [Are publicly-owned hospitals required to complete a CSP?](#)
14. [Can you address whether the comprehensive CSP to be submitted by each hospital in November should include data from 2012 \(as the last one-year update reported on activities in 2011\)?](#)
15. [Will the Community Health Improvement Plan \(CHIP\) be replacing the MPHSP?](#)
16. [If a hospital has reviewed local community data and has identified priorities such as breast feeding rates and pediatric asthma can we move forward with plans for these two items or do we still have to go out to the community to validate the priorities we choose.](#)

Specific Prevention Agenda Priority Questions

1. [How much latitude do we have within each category? I work for a specialty hospital that focuses on orthopedics and rheumatology. The chronic diseases we would be addressing are lupus, rheumatoid arthritis, and arthritis which are not listed in the information provided in the chronic disease category.](#)
2. [You mentioned that violence prevention is included in the healthy and safe environment priority. Is it also included in promote mental health and substance abuse and if so, with equal emphasis?](#)
3. [Is Emergency Preparedness a priority in the new Prevention Agenda? If so, which of the five priorities address emergency preparedness?](#)

Submission deadlines

1. [When is the Community Health Improvement Plan \(CHIP\) due for Local Health Departments?](#)

2. [Please confirm that the Community Service Plan \(CSP\) due date has changed to Nov. 15.](#)
3. [Is the three year action plan for work beginning 2014 - 2016 or 2013 - 2015? Is the plan covering work in 2013 or starting in 2014?](#)
4. [Please describe the relationship between the IRS requirements and the CSP. My question has to do with the relationship between the State's CSP requirements and the requirements for a Community Health Needs Assessment \(CHNA\) and implementation plan under the ACA. The ACA requires that the CHNA and plan be completed, approved, and posted on the hospital's website by the end of the hospital's taxable year. For my Medical Center, that would be August 31, 2013. But the State requires that the CSP be completed, submitted, and disseminated by November 15, 2014. How do we reconcile these two timelines?](#)

Collaboration

1. [Can multiple counties and hospitals from a region pull together to do a regional assessment and community service plan?](#)
2. [How can hospitals in NYC work with local NYC health dept. when there are so many hospitals? Who can we contact specifically?](#)
3. [Is the local health department going to coordinate the collaborate effort with the hospitals in health assessment development or is up to the individual hospital to work with local DOH?](#)
4. [If you don't have a hospital in your county, how do you suggest collaboration and addressing priorities?](#)
5. [What organizations beside local public health and government do you recommend to collaborate with?](#)
6. [Does the information on slide #7 mean that the local Health Department has to do the Community Health Needs Assessment and not the hospital? Is the hospital not responsible for the Community Health Assessment?](#)

Report Format

1. [Will DOH provide a preferred format, such as a table, for hospitals to use to develop the three year plan of action?](#)
2. [Is the NYSDOH going to require the completion of a Health Grid for LHDs for the year 2013?](#)
3. [Will we receive feedback from SDOH on our plans after submission of Comprehensive CSP](#)
4. [Is your view that the CSP submission would be able to be submitted to the IRS, and meet their requirements \(final requirements are still pending\).](#)
5. [Will the CSP be submitted in "Survey Monkey" form again this year or will it be, as in the past submitted via email in doc form?](#)
6. [We are 60% complete with the CHNA requirements laid out by the Accountable Care Act, and this was a complete collaborative effort with county public health and community stakeholders. If these priorities align with the Prevention Agenda, will this work be acceptable as both a CHNA and CSP submission?](#)
7. [Has the state considered allowing hospitals to use alternate formats for CSP reporting? For example, choosing between a template and/or the narrative report with headings similar to what we've been using for the past few years. From others participating in the Web conference, the consensus of opinion is that a standardized template might clarify what the state is looking for and be a more straightforward tool for reporting. At the very least, it might serve as a reference guide for others choosing to use the more "traditional" reporting format. Follow-up question \(SEW\)](#)

Disparities

1. [How can we as hospitals assure that our new plan continually addresses disparities in the communities we serve?](#)
2. [One priority must address a 'disparity' - is there any further guidance from DOH on what will be considered a disparity for this purpose? Please give an example of a disparity related priority.](#)
3. [Can we consider military veterans to be a disparate group with regards to mental health/suicide?](#)

Responses to Frequently Asked Questions

CHA-CHP/CSP Process

1. Does the Affordable Care Act (ACA) require us to pick three priorities?

The ACA requires hospitals to conduct a community health needs assessment at least every three years. It does not require that three priorities be selected.

2. If a priority is selected, do the hospitals and local health departments (LHD) need to work on the same goal?

The hospital and local health department need to work with community partners to select the same two priorities or focus areas or goals, but the interventions can be complementary. For example, if one of the priorities selected is Prevent Chronic Disease and the focus area selected is to reduce illness, disability and death related to tobacco use and second hand smoke, the hospital may work on increasing referrals to the NYS Smokers Quitline or using electronic medical records to prompt providers to complete 5 A's (Ask, Assess, Advise, Assist, and Arrange). The local health department may be working with its county policy makers to adopt tobacco free outdoor parks policies. See the [Prevent Chronic Disease action plan](#) (pdf, 1.17MB, 42 pp.) for more information. Interventions for each priority and focus area are available on the website and are sorted by sector so that it will be easy for different participants within local coalitions to identify what their role could be in addressing the selected priorities.

3. Is there a requirement for the number of goals and objectives for each priority selected?

No.

4. When you say "at least 2 community priorities" do you mean 2 of the 5 priority areas, or 2 focus areas from the many areas under each priority or 2 goals from the many focus areas in each priority? How many activities are you looking for at the state level?

To clarify the terminology, the [Prevention Agenda 2013-2018](#) has five statewide priorities; within each priority are multiple focus areas; within each focus area are multiple goals. The guidance is asking that each local health department and hospital select at a minimum two common focus areas, or goals within the focus area. There is no limit to the number of activities that any organization undertakes to address those focus areas or goals.

5. Are the states goals suggestions or a list to pick from? Can we pick our own goals if they fall in line with the focus area and priority?

The Prevention Agenda goals were identified by a statewide community workgroup from several options. Within each priority area there are many focus areas and goals. We are asking local health departments and hospitals in collaboration with community partners to select from the Prevention Agenda 2013-2018 list.

6. Must the hospitals choose a priority that is identified by a local health department?

The hospital and local health department are asked to collaborate with community partners on identifying two common priorities or focus areas.

7. How many measurable objectives should we have for an identified priority?

The decision about the number of measurable objectives is left up to collaboration partners. It is helpful to have process and outcome measures.

8. Confirm that the two community priorities selected by Public Health and those of the hospital do NOT have to be the same?

At least two community priorities or focus areas selected by local health departments and hospitals in collaboration with community partners are expected to be the same. What can be different are the goals, measures and interventions.

9. If a hospital could pick 2 priorities, and because of their physical location in a rural area, could all of their proposed work address an 'access' disparity?

Geography may be identified as a disparity within the context of the priority. While Access to Care is not one of the priorities identified in the Prevention Agenda 2013-2018, some of the Priority Areas address specific aspects of health service delivery. See esp. Prevent Chronic Diseases and the focus area of increasing access to high quality chronic disease preventive care, and Promoting Women, Infants and Children.

10. Do the actual dates of hospital needs assessment and collaborative planning meetings need to be documented?

Approximate dates or months will suffice; DOH is looking for evidence that community collaboration took place. For local health departments that are going to use the CHA for accreditation, meeting, participation and communication of the process must be documented. See [PHAB Standards and Measures, Standard 1.1.1 - Required Documentation](#).

11. Is the County Community Health Assessment and Health Improvement Plan a 4 year plan as in the past? The Community Service Plan is a 3 year plan.

As defined in New York State law the CHA/CHIP is a 4-year plan, and the CSP is a three-year plan

12. What are the criteria for the CHA? How many people must be interviewed, etc?

In New York State, the working definition of a Community Health Assessment is a process that describes the health of the community by collecting, analyzing and using data to educate and mobilize communities, develop priorities, and plan, implement and evaluate actions to improve public health. The ultimate goal is health improvement. There are no requirements for the number of people that need to be interviewed.

13. Are publicly-owned hospitals required to complete a CSP?

CSPs are not required for publicly-owned hospitals.

14. Can you address whether the comprehensive CSP to be submitted by each hospital in November should include data from 2012 (as the last one-year update reported on activities in 2011)?

Data from the most recent years available should be included. Please include information on activities in 2012, if possible.

15. Will the Community Health Improvement Plan (CHIP) be replacing the Municipal Public Health Services Plan (MPHSP)?

The 2013-24 budget proposes elimination of the MPHSP. The Community Health Improvement plan describes the collaborative and systematic effort to address health problems on the basis of the results of assessment activities by identifying and tracking measures, identifying and tracking implementation of evidence-based strategies. All local health departments are required to complete a CHA that includes a CHIP.

16. If a hospital has reviewed local community data and has identified priorities such as breast feeding rates and pediatric asthma can we move forward with plans for these two items or do we still have to go out to the community to validate the priorities we choose.

If a hospital collaborated with community partners to identify priorities and work on them it would be acceptable to move forward with plans. However if community partners were not involved, the hospital is encouraged to connect with community partners such as a local health departments, other health care organizations, community-based organization to collaboratively work towards addressing priorities. The purpose is primarily to get community buy-in and optimal efforts to address the problems, and not only validation of the priority.

Specific Prevention Agenda Priority Question

1. How much latitude do we have within each category? I work for a specialty hospital that focuses on orthopedics and rheumatology. The chronic diseases we would be addressing are lupus, rheumatoid arthritis, and arthritis which are not listed in the information provided in the chronic disease category.

All hospitals are asked to work with their local health department and partners to participate in the community health priority setting process and then identify a role that makes sense given the priority and the hospital's specialty.

2. You mentioned that violence prevention is included in the healthy and safe environment priority. Is it also included in promote mental health and substance abuse and if so, with equal emphasis?

Violence prevention is discussed under the "Health and Safe Environment" priority. Complementary goals relating to mental health promotion, mental health disorder prevention and building infrastructure are discussed under "Promote mental health and prevent substance abuse" priority. The Prevention Agenda committees tried to be complementary, and not duplicative in identifying goals and measures.

3. Is Emergency Preparedness a priority in the new Prevention Agenda? If so, which of the five priorities address emergency preparedness?

Emergency Preparedness was identified as a cross-cutting issue, not one of the five priorities.

Submission deadlines

1. When is the Community Health Improvement Plan (CHIP) due for Local Health Departments?

The due date is November 15, 2013 for both the Community Health Assessment (CHA) and the Community Health Improvement Plan.

2. Please confirm that the Community Service Plan (CSP) due date has changed to Nov. 15.

Hospital CSPs are now due November 15. The community needs assessment should be done prior to that date.

3. Is the three year action plan for work beginning 2014 - 2016 or 2013 - 2015? Is the plan covering work in 2013 or starting in 2014?

The plan is prospective and would cover 2014-2016.

4. Please describe the relationship between the State's CSP requirements and the requirements for a Community Health Needs Assessment (CHNA) and implementation plan under the ACA. The ACA requires that the CHNA and plan be completed, approved, and posted on the hospital's website by the end of the hospital's taxable year. For my Medical Center, that would be August 31, 2013. But the State requires that the CSP be completed, submitted, and disseminated by November 15, 2013. How do we reconcile these two timelines?

Section 501(r) of the Internal Revenue Code requires hospitals to conduct a CHNA at least once every three years and adopt an implementation strategy to meet the community health needs identified. HANYS and the American Hospital Association have developed a resource tool to help hospitals identify their cycles for conducting the needs assessment. The state's requirements for a CSP will assist the hospital to complete reporting required for the CHNA. HANYS has shared a timeline chart that was presented at one of the webinars in 2012 to address this question.

Collaboration

1. Can multiple counties and hospitals from a region pull together to do a regional assessment and community service plan?

Yes, this is encouraged as a model. At the same time, unique needs of the county should be addressed.

2. How can hospitals in NYC work with the NYC Department of Health and Mental Hygiene (NYCDOHMH)? Who can we contact specifically?

NYC hospitals should select priorities and focus areas that are common to both the Prevention Agenda 2013-2018 and Take Care New York. The Proposed Take Care New York (TCNY) 2016 priorities, cross walked to the Prevention Agenda and indicators for tracking will be released by March 1. NYC DOHMH will be organizing "TCNY Listening Sessions" that can provide opportunity for NYC hospitals to get stakeholder feedback on local concerns, priorities and potential strategies. To contact the NYC Department of Health, use this email:

takecarenewyork@health.nyc.gov

3. Are the local health departments going to coordinate the collaborative effort with the hospitals in health assessment development or is it up to the individual hospital to work with the local DOH?

Hospitals and local health departments need to meet to determine their respective roles in the assessment process.

4. If you don't have a hospital in your county, how do you suggest collaboration and addressing priorities?

Local health departments will need to collaborate with hospital(s) outside the county who serve county residents.

We encourage hospitals to be aware that they serve people in nearby counties as well and to offer to participate in these coalitions. Please contact us if you have specific requests for support.

5. What organizations beside local public health and government do you recommend to collaborate with?

A wide range of organizations can be involved in the local effort. These include community based organizations, other organizations in the health care system including health plans, Federally Qualified Community Health Centers, primary care providers, private doctor offices, medical societies, schools and colleges, local businesses, other county agencies, local policymakers and elected officials. It may depend on your community needs and priorities. For example, If you anticipate the focus to be on obesity prevention for children and youth, you would involve schools, pediatrician offices, other organizations serving children and youth, in addition to businesses, faith based organizations, neighborhood leaders. A list of DOH-funded public health partners and the public health priorities they are focusing on will be posted on the Prevention Agenda website.

6. Does the information on slide #7 mean that the local Health Department has to do the Community Health Needs Assessment and not the hospital? Is the hospital not responsible for the Community Health Assessment?

Local county health department and hospitals need to collaborate on developing the community needs assessment.

Report format

1. Will DOH provide a preferred format, such as a table, for LHDs and hospitals to use to develop the assessment and plan of action?

The health department will provide possible templates to use.

2. Is the NYSDOH going to require the completion of a Health Grid for LHDs for the year 2013?

No.

3. Will we receive feedback from SDOH on our plans after submission of Comprehensive CSP?

Yes.

4. Is your view that the CSP submission would be able to be submitted to the IRS, and meet their requirements (final requirements are still pending).

The CSP components were developed with the IRS draft requirements in mind, so most of the components will be the same.

5. Will the CSP be submitted in "Survey Monkey" form again this year or will it be, as in the past submitted via email in doc form?

Additional information will be provided on how to submit the document.

6. We are 60% complete with the CHNA requirements laid out by the Accountable Care Act, and this was a complete collaborative effort with county public health and community stakeholders. If these priorities align with the Prevention Agenda, will this work be acceptable as both a CHNA and CSP submission?

Yes.

Disparities

1. How can we as hospitals assure that our new plan continually addresses disparities in the communities we serve?

By identifying a clear disparity focus, identifying and tracking measures that track progress towards objectives, and using an evidence-based approach towards achieving the goal

2. One priority must address a 'disparity' - is there any further guidance from DOH on what will be considered a disparity for this purpose? Please give an example of a disparity related priority.

Although the term "disparities" often is interpreted to mean racial or ethnic disparities, many dimensions of disparities exist in the United States, particularly in health. If a health outcome is seen in a greater or lesser extent between populations, there is disparity. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve good health. It is important to recognize the impact that social determinants have on health outcomes of specific populations.

(Source: HealthyPeople.gov on Disparities.) Please also see the most recent copy of the [DOH Minority Health Report](#).

Two examples of disparity-related objectives from the [Prevention Agenda](#) (pdf,)are:

- Decrease the percentage of population with low?income and low access to a supermarket or large grocery store by 10% from 2.49% to 2.24%
- The percentage of adults with disabilities ages 18 years and older who are obese is reduced 10% from 34.9% (2011) to 31.4%

3. Can we consider military veterans to be a disparate group with regards to mental health/suicide?

Yes, military veterans can be considered to be a disparate group with regards to mental health/suicide if they are significant segment of the population and data is available to illustrate the disparity at the local level.