

# The Municipal Public Health Services Plan

## Community Health Assessment

### Guidance and Format

#### Introduction

Community health assessment is a fundamental tool of public health practice. Its aim is to describe the health of the community, by presenting information on health status, community health needs, resources, and epidemiologic and other studies of current local health problems. It seeks to identify target populations that may be at increased risk of poor health outcomes and to gain a better understanding of their needs, as well as assess the larger community environment and how it relates to the health of individuals. It also identifies those areas where better information is needed, especially information on health disparities among different subpopulations, quality of health care, and the occurrence and severity of disabilities in the population.

The Community Health Assessment is the basis for all local public health planning, giving the local health unit the opportunity to identify and interact with key community leaders, organizations and interested residents about health priorities and concerns. This information forms the basis of improving the health status of the community through a strategic plan.

#### Key Features the New Community Health Assessment

A number of changes are being made for the 1999 Community Health Assessment (CHA).

- *The term of the written CHA document has been extended to six years for the full document, with biennial updates or supplements.*

Local health departments no longer need to undergo the full community health assessment process every two years. Instead, updates may be submitted. Ideally, the CHA should be available electronically to encourage frequent update of the information.

- *CHAs can be submitted to NYSDOH on a diskette to allow for electronic access via the HIN.*

Counties electing electronic submission do not have to submit a hard copy of the document, except to their regional office.

- *The critical role for the local health department is the interpretation of the data, not the reiteration of data.*

Local health departments are encouraged to use templates (charts, maps, averages displays, etc.) provided by the State Health Department via the HIN, as well as to generate local data when appropriate and important to understanding local issues. The emphasis with this submission should be on analyzing and explaining the meaning of the data and using this information in a meaningful way to plan for future public health services.

- *Local health departments are being asked to formulate local priorities and benchmark progress toward local priority outcomes.*

Local agencies should address the priorities identified in *Communities Working Together*, which focused on the underlying causes of poor health. *Communities Working Together* also provides a workable framework for engaging the various sectors of the community in public health interventions. The format of the CHA should mirror this important approach.

The Community Health Assessment will include an annual community report card that is easily understood by consumers and local policy makers to inform and empower them. The report card should be composed of easily interpreted data benchmarking progress on a limited set of locally-important public health issues. For example, if a community had particular concerns about motor vehicle collisions involving young drivers, drugs and alcohol, these data would be contained in the report card and reported out to the community on an annual basis. The report card should *not*

include the whole set of selected performance measures. These measures can be developed in consultation/collaboration with NYSDOH and replace parts of the annual performance report.

- *The emphasis has shifted to community health assessment being a continuous, interactive local process. It is not solely the production of a written document.*

The process involves continuously scanning the local health environment for changes in conditions and emerging health issues which may result in local strategies. The local health department should serve as the lead agency for local health assessment and seek input on the community health assessment from other organizations, community leaders and consumers. In some instances, a regional approach may be desirable. In this case, the local health department should reach out to other health departments and regional resources.

- *The CHA will include an organizational capacity assessment which describes the local agency's infrastructure, including organization, staffing and skill level, and adequacy and deployment of resources, as well as the agency's expertise and technical capacity to perform a community health assessment.*

A requirement of the Municipal Public Health Services Plan has always been the description of resources to carry out the local plan. This is important in assessing the feasibility of local units carrying out their plan and serves as a statewide documentation of the infrastructure and resources available in local health units. This assessment replaces parts of the Fee and Revenue Plan.

- *Local health units and units within the state health department are encouraged to use the document for multiple purposes.*

Among the multiple uses are:

- Planning and evaluation of the progress of programs.
- Documenting the local health department's fulfillment of legal and regulatory requirements.
- Cataloging multiple health-related activities taking place within the community, helping to meet a broad community-wide assurance role.
- Justifying budget appropriations and program development.
- Providing the public with empowering information.
- Determining staffing needs.
- Reporting on important health outcome measures.
- Providing technical assistance to other agencies.
- Needs assessment for categorical grants.

## Format Guidelines

### General Information on Preparation and Submission

#### Due Date

- The Community Health Assessment is due by the close of business on October 1, 1998 unless counties are otherwise notified.

#### Submission

- Counties are encouraged to submit the Community Health Assessment electronically on the pre-formatted diskette that accompanies this guidance. Included on the diskette is:
  - a copy of the guidance,
  - the format for the Community Health Assessment,
  - and a copy of Part 40 regulations related to the required Community Health Assessment.
- A completed diskette including all narrative, charts and supporting documents should be labeled with the county name and submitted to  
Ms. Claudia Lee  
Local Health Services  
ESP, Corning Tower, Rm. 821  
Albany, NY 12203-
- The disk should be accompanied by a hard copy of a letter of transmittal identifying the county health department contact for questions on the Community Health Assessment and containing any special instructions for accessing the information.
- An additional hardcopy should be sent to the appropriate regional office.

#### Document Format

- Submitters are encouraged to use the headings and sub-headings, as written and in the order they are presented below in the body of the document and in the table of contents for the document.
- Each page of the document should be numbered and bear the name of the County.
- The submitter should use a font size no smaller than 12.

#### Document Content

- Within each section, relevant data (i.e., data required as part of program requirements or program specific laws or regulations) should be integrated within or referenced in the text.
- Detailed data may be placed in an appendix at the end of each program-specific section.
- County data should be compared to national, statewide and/or New York State exclusive of New York City data, where appropriate.
- County-to-county comparisons may be illustrative, but are not required.
- Consider using county health unit program enrollment data to provide insight into the health status of the community (recognizing selection bias).
- Other community assessments prepared locally by such organizations as hospitals, or other local and nonprofit agencies may prove useful.
- Statistical information should be explained in simple narrative form, describing health issues, and current and projected statistical trends.
- Wherever possible, compare the local circumstances with priority health concerns identified in *Communities Working Together* and/or *Healthy People Year 2000 Objectives for the Nation for a Healthier New York*.

- Please complete the list of local partners and collaborations included on this disk.

## Format

### Cover Sheet

- Please complete the sheet titled, "GENERAL COUNTY INFORMATION" included on this disk. This will identify the county to which the CHA belongs, provide LHS with a brief county profile, and act as a content checklist.

### Section One - Populations at Risk

#### A. Demographic and Health Status Information

This section should provide a narrative and statistical description of the county population.

- A comprehensive description would include overall size and breakdowns by age, sex, race, income levels (especially percent at poverty level), percent employed, educational attainment, housing and any other relevant characteristics.
- Data provided by the State Department of Health, local data and/or other reliable sources of data may be used.
- Natality, morbidity, mortality and relevant demographic data should be compiled and analyzed, using small areas, such as minor civil divisions, zip codes or census tracts within counties, wherever possible and meaningful.
- Particular emphasis should be on interpreting demographic trends for their relationship to poor health and needs for public health services.

#### B. Access to Care

Access to care is an important component of safeguarding the health of communities. This section should discuss health resources in a general way.

- Describe the availability of hospitals, clinics and private providers, and information about access to health care providers.
- Discuss actual utilization of primary care and preventive health services, if the information is available. The Behavioral Risk Factor Survey may be a source of data on access to health care.
- Discuss whether any of the following commonly-identified barriers exist and any subgroups who are disproportionately affected:
  - Financial barriers — inadequate resources to pay for health care, inadequate insurance, Medicaid eligibility vs. Medicaid enrollment vs. access to providers.
  - Structural barriers — insufficient primary care providers, service sites or service patterns.
  - Personal barriers — the cultural, linguistic, educational, or other special factors that impede access to care.
  - Other barriers - topography, transportation, type of employment, etc.

These data may be anecdotal or documented following an anecdote.

- Note if a particular description is unchanged, when it is presented.

### C. Behavioral Risk Factors

- Statewide, community-specific and/or locally-developed estimates for the prevalence of health risk behaviors can be used to identify and discuss population subgroups that are at increased risk due to unhealthy behaviors.
- Local circumstances related to priority health concerns identified in *Communities Working Together for a Healthier New York* should be considered.

### D. The Local Health Care Environment

- Identify and discuss aspects of the environment that influence the attitudes, behavior, and the risk of community residents for poor health within the following categories:
  - physical
  - legal
  - social
  - economic
- Other components of the health-related environment include:
  - institutions (e.g., schools, work sites, health care providers)
  - geography (e.g., air, water quality)
  - media messages (e.g., TV, radio, newspapers)
  - laws and regulations (smoking policies).
  -
- *There is no need for a community health assessment that relates to regulatory environmental programs.*

## Section Two - Local Health Unit Capacity Profile

- This section should profile staff and program resources that are available for public health activity in the county. The CHA should include a profile of the local agency's infrastructure, including
  - organization
  - staffing and skill level
  - adequacy and deployment of resources
  - expertise and technical capacity to perform a community health assessment.

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\*\*\*\*\*This is where I stopped on 3/27/98. MDM \*\*\*\*\*

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The APEXPH model for assessment and planning includes an Organizational Capacity Assessment, which is recommended to assist you in this process. The APEXPH process enables the agency to assess and improve its internal organizational structure. It focuses on administrative capacity, basic structure, and the role of the agency in the community.

## Section Three - Problems and Issues in the Community

### A. Profile of Community Resources

Profile community resources that are available to help meet the health-related needs of the county. Include all groups that may have the capacity and interest to work either individually or in collaboration with the local health unit to improve the health status of the community. Mention collaborative efforts, if any, on

development of hospital community service plans (CSP) or other collaborative assessments and planning processes. If possible, assess for availability, accessibility, affordability, acceptability and quality and what issues may surround utilization of these services such as hours of operation, transportation, sliding fee scales, etc. Discuss any significant outreach or public health education efforts and whether they are targeted to the general population or identified high-risk populations. A summary of the available clinic facilities and private provider resources for Medicaid recipients should also be discussed. The PATCH model may be useful.

#### B. Profile of Unmet Need for Services

Identify and discuss additions to and changes in services that will improve the health of the identified at-risk groups. Discuss which types of changes would best serve the target group (e.g., lower/no cost, better hours, transportation assistance, increased sensitivity to population in need, language, increased acceptance of Medicaid, and integration and/or co-location of services). Identify the gaps in services and their location (e.g., township, city or census tract). Discuss problems that might be encountered in providing these services. This identification of needed services may also serve as a blueprint for other providers in the pursuit of federal, state and local financial support. Disease control program sections should also specifically assess needed changes to public health law and codes.

#### **Section Four -Local Health Priorities**

This section should describe new (or intractable) areas of public health which rank as high local priority identified by more recent collaborative efforts between the Local Health Unit and other community-based organizations, health care providers, consumers. This section may describe current strategies and a general evaluation of the effectiveness of current strategies. Whenever possible, assessment should be substantiated by data, critical incident, client reports, etc. A summary of the process (i.e., how recent, who was involved, how were priorities determined) that lead to identification of the public health priority(ies) should be provided.

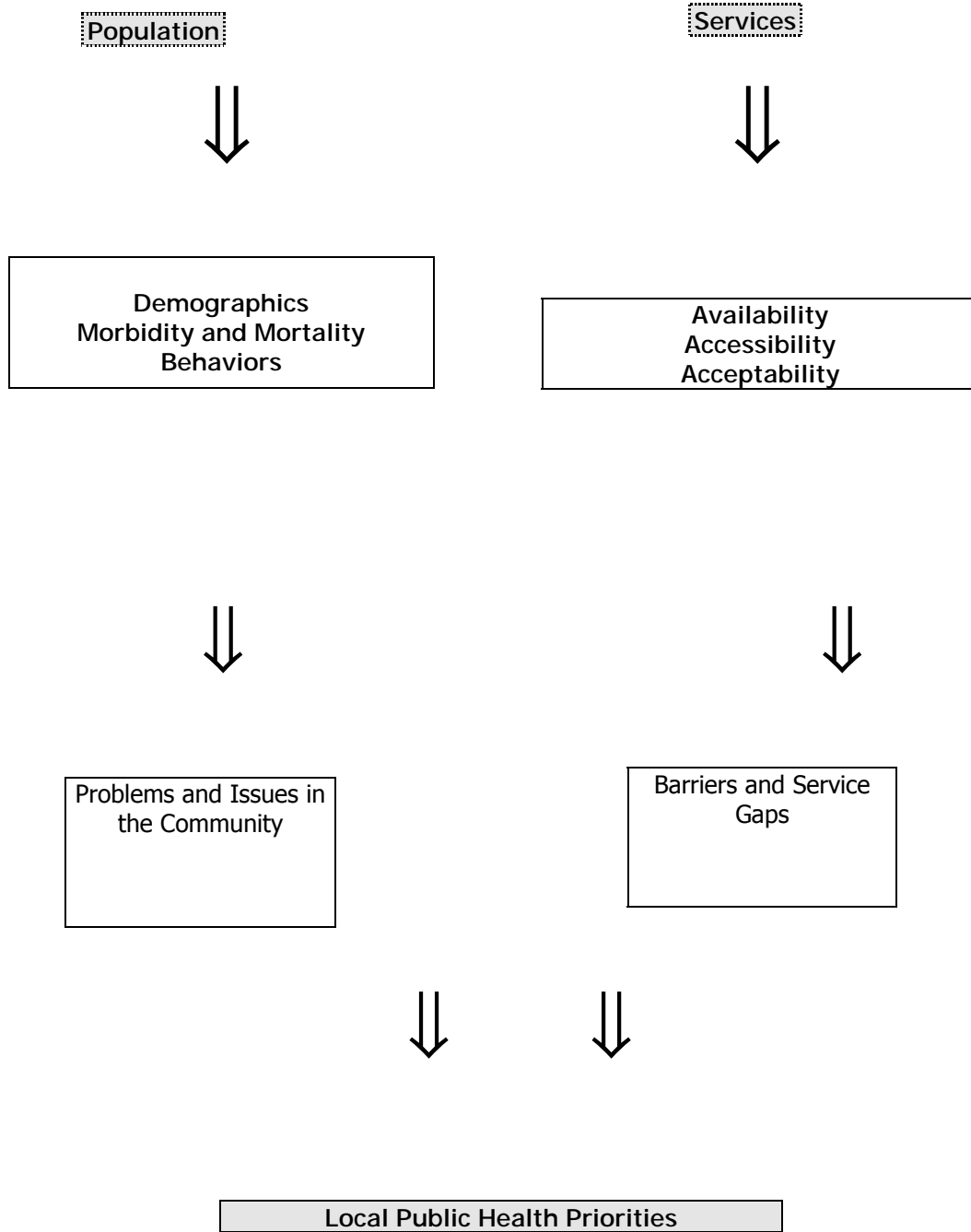
The section may also be used to discuss noteworthy accomplishment for both the local health unit and other community public health partners. Cite efforts that have fostered new partnerships at the community level among schools, health agencies, etc. to maximize local assets which contribute to successful outcomes. The topic(s)/problem area(s) may not be the areas of high priority throughout NYS or in any other county in the state.

#### **Section Five - Opportunities for Action**

Building on all of the above sections, identify those opportunities that the local health unit can pursue, either individually or in partnership if it chooses, that could alleviate the priority public health problems. Where appropriate, these opportunities should include the contribution/role played by community-based organizations; businesses, labor and work sites; schools, colleges and universities; government; health care providers and insurers; the food industry; and the media. These actions would not have to be implemented by the LHD alone or at all. These actions are proposed so members or groups within the community might seize the opportunity to implement these activities or other activities that could reduce or eliminate the priority public health issue.

# Conceptual Model

## Community Health Assessment Process and its Relationship to the Municipal Public Health Services Plan



**Part 40 Regulations on Community Health Assessment:**

40-2.150: "Local health units shall analyze the health status of residents within their jurisdiction with regard to morbidity, mortality, maternal and child health , and other parameters as reasonable and appropriate. This analysis shall include a description of the demographic characteristics of the locality, with special attention to those demographic parameters predictive of increased risk of excessive morbidity and mortality to the extent that such data are readily available."

40-2.151: "The municipal public health services plan shall include, at a minimum: (a) provision for the analysis of available birth, death, fetal death certificates, and other pertinent health and environmental health data to monitor trends in demographics, health and medical characteristics deemed necessary to establish baseline data and to monitor and assess health status and the need for public health services; (b) compilation of results of the annual community health assessment for distribution to those who may benefit from the information. Those who may benefit include: local, regional and State health department staff; nonprofit health agencies; hospitals; nursing homes; medical societies; libraries; schools; government facilities; or other agencies and organizations..."



1999 - 2005 COMMUNITY HEALTH ASSESSMENT 1999  
COUNTY: \_\_\_\_\_

Address:

Telephone:

Fax:

Prepared by:

E-Mail:

**GENERAL COUNTY INFORMATION**

**Health Department Type (please check one):**

Full Service

Less than Full Service

**Organization Type (please check one):**

Single Agency  
(Health only)

Multiple Agency, please list :

**CHA Content Checklist**

Please check the sections completed. If a section has not been completed, please provide an explanation.

Section 1

A

B

C

D

Section 2

Section 3

A

B

Section 4

Section 5

Section 6

Section 7

Explanation for missing section(s):