

2010-13 Community Health Assessment

COVER PAGE

Local Health Department Address: _____

Telephone: _____

Fax: _____

Submitted by: _____

E-MAIL: _____

Prepared by: _____

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: _____

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CHA – Prevention Agenda Description and Priority Areas

This form provides a summary of the Prevention Agenda activities and priorities, which are described in more detail within the CHA document.

1. With whom did you partner to establish the 2-3 prevention Agenda priority areas? Please check all that apply and where lines are provided, list partners:

___ Hospitals: _____

___ CBOs: _____

___ Other local government agencies: _____

___ Not for Profits: _____

___ other LHDs, please list: _____

___ Primary/medical care providers

___ Schools

___ Faith organizations

___ HMOs

___ Businesses

___ Rural Health Networks

___ others : _____

2. What are the 2-3 priority areas your collaborative has selected, please check:

___ Access to Quality Health Care

___ Tobacco Use

___ Health Mothers/Babies/Children

___ Physical Activity/Nutrition

___ Unintentional Injury

___ Healthy Environment

___ Chronic Disease

___ Infectious Disease

___ Community Preparedness

___ Mental Health/Substance Abuse

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3. Did your collaborative use the services of a contractor to assist you in the process you used to arrive at your priority areas? Y/N

Please provide their contact information: _____

4. What was your collaborative process? Check all that apply:

- In-person meetings
- Phone calls
- Conference calls
- Other

Please briefly describe your process:

5. Please indicate the individuals from your agency who were involved in the process. Check all that apply.

- Local Public Health Director/Commissioner
- Nurses
 - Supervising
 - Line/program
- Sanitarians/environmental engineers
- Physicians/PAs
- Community Planners
- Health Educators
- Others, please provide title: _____

6. Were any of the following individuals involved in the process?

- Board of Health member(s) Y N
- Member(s) of the county legislature Y N
- County executive/Administrator Y N

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CHA CHECKLIST/ INDEX

This checklist/index identifies the elements of a comprehensive CHA as described in the Guidance and Format Document. The checklist should be used as a companion to the Guidance and Format Document, which provides greater detail than does the checklist. The checklist has many uses: it will show the portions of the CHA that have been included, identifying the page locations for the material submitted; it provides a reference for all the activities undertaken to support community health assessment; it provides a quick reference for responding to inquiries and making updates; it will also assist us in identifying potential technical assistance and training needs.

Please use the following conventions for the lines preceding the sections and sub - sections:

- X - to denote information provided
- N/A - to denote information that is not available
- N/S - to denote information that is not submitted

Please use the index to identify the placement of the information within the CHA document, whether you follow the order of the checklist or use another format. If you have any questions please contact Lucy Mazzaferro at (518) 473 - 4223.

Reminder

Please note that data for all service areas defined by Article 6 must be reflected in the CHA. Data related to all optional or optional other program areas must also be included in the CHA. This means that data for the five Basic Service areas and the program areas within those categories must be included in the CHA. The CHA forms the justification for the activities conducted in the MPHSP and any activities undertaken by the LHD, for which reimbursement is sought, must be justified by the data analysis in the CHA. A listing of the Service and Program Areas has been included for your use.

CHA Checklist/INDEX

INDEX
(page no.)

_____	Section One - Populations at Risk	_____
_____	<u>A. Demographic and Health Status Information –</u> narrative and statistical description of the county.....	_____
_____	1. overall size.....	_____
_____	2. breakdowns by	
	a) _____ age	_____
	b) _____ sex	_____
	c) _____ race.....	_____
	d) _____ income levels (esp.percent at poverty level) ...	_____
	e) _____ percent employed	_____

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- f) _____ educational attainment..... _____
- g) _____ housing _____
- h) _____ other relevant characteristics..... _____
- _____ 3. natality..... _____
- _____ 4. morbidity..... _____
- _____ 5. mortality _____
- _____ 6. other relevant demographic data compiled and analyzed, using small areas, such as minor civil divisions, zip codes or census tracts within counties, wherever possible and meaningful. _____
- _____ 7. particular emphasis placed on interpreting demographic trends for the relationship to poor health and needs for public health services..... _____

For your convenience, a listing of service areas and programs has been included. Please note, that the CHA does not require data for environmental health programs. If the LHD is performing environmental health programs that are not described in 10NYCRR40-2 or 3 please include the data in support of those programs.

Basic Service Area: Family Health

Programs:

- _____ Dental Health Education _____
- _____ Primary and Preventive Health Care Services..... _____
- _____ Lead Poisoning..... _____
- _____ Prenatal Care and Infant Mortality..... _____
- _____ Family Planning..... _____
- _____ Nutrition..... _____
- _____ Injury Prevention..... _____

Basic Service Area: Disease Control

Programs:

- _____ Sexually Transmitted Diseases..... _____
- _____ Tuberculosis..... _____
- _____ Communicable Diseases..... _____
- _____ Immunization..... _____
- _____ Chronic Diseases..... _____
- _____ Human Immunodeficiency Virus (HIV)..... _____

Optional Service Areas

- _____ Dental Health Services..... _____
- _____ Home Health Services..... _____

Optional Other Service Areas/Programs

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- ____ Medical Examiner....._____
- ____ Emergency Medical Services..... _____
- ____ Laboratories..... _____

Please add any other programs not listed and provide the page number:

- 1._____
- 2._____
- 3._____
- 4._____
- 5._____

____ B. Access to Care – general discussion of health resources....._____

- ____ 1. Description of the availability of
 - a) ____ hospitals_____
 - b) ____ clinics _____
 - c) ____ private providers..... _____
 - d) ____ information about access to health care providers _____
- ____ 2. Discussion of primary care and preventive health services utilization (Possible data source: The Behavioral Risk Factor Survey)....._____
- ____ 3. Discussion of commonly-identified barriers and affected sub-groups _____
 - ____ a) Financial barriers — inadequate resources to pay for health care, inadequate insurance, Medicaid eligibility vs. Medicaid enrollment vs. access to providers..... _____
 - ____ b) Structural barriers – insufficient primary care providers, service sites, or service patterns..... _____
 - ____ c) Personal barriers — the cultural, linguistic, educational, or other special factors that impede access to care..... _____

____ C. The Local Health Care Environment....._____

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- ____ 1. Identification and discussion of aspects of the environment that influence the attitudes, behaviors, and the risks of community residents for poor health within the following categories:
 - a) ____ physical..... _____
 - b) ____ legal..... _____
 - c) ____ social..... _____
 - d) ____ economic..... _____

- ____ 2. Other components of the health-related environment include:
 - a) ____ institutions (e.g., schools, work sites, health care providers)..... _____
 - b) ____ geography (e.g., air, water quality)..... _____
 - c) ____ media messages (e.g., TV, radio, newspapers)..... _____
 - d) ____ laws and regulations (smoking policies)..... _____

There is no need for a community health assessment that relates to regulatory environmental programs defined by 10NYCRR40-2 and -3. However, the need for additional environmental health programs conducted by the LHD must be substantiated by data analysis within the CHA.

____ **Section Two - Local Health Unit Capacity Profile** - profile of staff and program resources available for public health activity in the county.
(Suggested Resource: APEXPH)..... _____

- ____ 1. Profile of the local agency's infrastructure, includes:
 - a) ____ organization _____
 - b) ____ staffing and skill level..... _____
 - c) ____ adequacy and deployment of resources..... _____
 - d) ____ expertise and technical capacity to perform a community health assessment..... _____

____ **Section Three - Problems and Issues in the Community**

____ A. Profile of Community Resources - community resources available to help meet the health-related needs of the county..... _____

- ____ 1. 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. _____

- ____ 2. Collaborative efforts on
 - a) ____ development of hospital community service

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- _____ plans (CSP)
- b) _____ assessments
- c) _____ collaborative planning processes.....

_____ 3. Assessment of services for:

- a) _____ availability
- b) _____ accessibility
- c) _____ affordability
- d) _____ acceptability.....
- e) _____ quality
- f) _____ service utilization issues such as:
 - (1) _____ hours of operation.....
 - (2) _____ transportation
 - (3) _____ sliding fee scales.....
 - (4) _____ other... ..

_____ 4. Discussion of significant outreach or public health education efforts and whether they are targeted to the general population or identified high-risk populations.

_____ 5. A summary of the available clinic facilities and private provider resources for Medicaid recipients should also be discussed. (Suggested resource: The PATCH model.)

_____ **B.** Access to Care

- _____ 1. 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.....
- _____ 2. Local circumstances/barriers related to priority health concerns and/or disparities have been considered.....

C. Profile of Unmet Need for Services

_____ 1. Identification and discussion of additions to and changes in services that will improve the health of the identified at-risk groups.....

_____ 2. Discussion of types of changes to better serve

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the target group (e.g., lower/no cost, better hours, transportation assistance, increased sensitivity to populations in need, language, increased acceptance of Medicaid, and integration and/or co-location of services)..._____

- ____ 3. Identification of gaps in services and their location (e.g., township, city or census tract)....._____
- ____ 4. Discussion of problems that might be encountered in providing these services....._____
- ____ 5. Disease control program sections specifically assess needed changes to public health law and codes....._____

____ **Section Four - Local Health Priorities** - describe new (or intractable) areas of public health which rank as high local priority identified by more recent Prevention Agenda or other collaborative efforts between the LHD, hospitals, and other community-based organizations, health care providers, consumers..... _____

- ____ 1. List and description of 2-3 priorities under the Prevention Agenda..... _____
- ____ 2. Listing and description of additional priorities .. _____
- ____ 3. Summary of the process for public health priority(ies) identification:
 - a) ____ how recent....._____
 - b) ____ who was involved..... _____
 - c) ____ how were priorities determined..... _____
- ____ 4. Discussion of noteworthy accomplishment for both the LHD and other community public health partners..... _____

____ **Section Five - Opportunities for Action** - building on all of the above sections, opportunities that the local health unit/department, solely or in partnership, can pursue are identified to alleviate the priority public health problems._____

- ____ 1. Opportunities include the contribution/role played by:
 - a) ____ community-based organizations....._____
 - b) ____ businesses..... _____
 - c) ____ labor and work sites_____
 - d) ____ schools..... _____
 - e) ____ colleges and universities....._____

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- f) ____ government....._____
- g) ____ health care providers....._____
- h) ____ health care insurers....._____
- i) ____ the food industry....._____
- j) ____ the media....._____
- k)

(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(s).)

____ **Appendix A – Community Report Card**

____ A. Report card attached....._____

____ B. Explanation of document distribution....._____