

Appendix 3: Summary of “Exploring the Impact of Community Assessments in New York State” Survey

Total Responses: 148

Number of local health departments/surveys sent = 58/70; # received: 52

Number of hospitals/health systems/surveys sent = 220/467; # received: 46

Number of “integrated county planning” counties/youth agencies/surveys sent = 36 # received: 13

United Way = 21; # received:5

Number of substance abuse-mental health agencies/surveys sent =57/112 # received: 29

Other (university, non-profit): 3

1. Community assessment is an ongoing process that typically results in products such as a report, or policy/program decisions. Regarding your most recently completed community assessment, please identify the product and year of its completion?

Product type (e.g. assessment report, report card, policy decision, grant proposal, strategic plan)

Responses: 132; Not Applicable/Skipped question = 16

2006 =18

2005 =77

2004 =17

2003 = 9

2002 =4

2001 =1

2000 and older =6

2. How long did your last assessment product take to complete?

Responses: 147; Skipped question: 1

Less than one year = 91

1 – 2 years = 53

3 – 5 years = 3

6 – 10 years = 0

More than 10 years = 0

Skipped question = 1

3. Which of the elements listed below did the community assessment process include? It is acknowledged that you may not have been involved with every aspect. Check all that apply.

Responses: 138 Skipped question: 10

Collaboration or partnership with three or more organizations = 97

Secondary data collection and analysis = 112

Primary data collection (e.g. survey, community input, focus groups) = 116

Used to plan programs, policies etc = 93

Repeated periodically = 69

At least one of the end products is a report = 112

Other =14

- collaborated with Upper Hudson Primary Care Consortium and Rural Health Network to contract to work on CHA in collaboration with counties
- Grant proposals have been written/approved from assessment data.
- Our prevention partnership has improved over overall planning process and we are more competitive in securing grants. We just secured two \$500,000.00 grants
- Secondary data was collected and reported in an additional report.
- program/funding decisions
- Board retreat with facilitator to come up with the Strategic Plan

- Community District Profiles
- we met over a period of 6 months with a broad spectrum service providers in the community (schools, health care, mental health, law enforcement etc.) developed a priority concern listing and collected data. We combined the local data with secondary data and put together a comprehensive data package, We also pulled together a detailed narrative of program services and gap areas. All of this is hardcopied, printed on disk and on the web for anyone's personal use. It has been used for grants, targeting service program change, comparison among other entities.
- used mini MAPP process
- Tri county community health assessment was done with the assistance of a consultant at the School of Public Health that incorporated the elements above.
- relied on local data including community agency annual reports, assessments, health care and dental care access assessments, community survey analysis
- Internal hospital patient databases
- Outpatient and inpatient feedback
- Nyack Hospital is a member of the Health Priorities Steering committee of Rockland County Department of Health (RCDOH). The RCDOH hired an independent consultant to conduct an assessment and over 20 agencies participated in the project. A community health assessment was published in 2005.

4. What was immediate result of the assessment process in your community? Check all that apply.

Total responses = 136; Skipped question = 12

Issues important to the community were identified = 115

Common priorities among three or more organizations were established = 77

A new partnership was formed to address the health issue = 30

New community strategies and/or action plan was developed = 78

Enhanced collaboration across two or more agencies = 86

Efficiency of a partnership or organization increased = 54

Data and/information from this process was used to write a grant = 86

Used for advocacy on a health issue = 72

Identified a research gap = 19

Other = 17

- The Press uses the CHA report on our website in various articles as do various community agencies. We have recently hired an Epidemiologist who is using the report as a platform for other studies.
- Help establish organizational funding priorities for next 3 years
- Information was used to direct the allocation of grant funds.
- Community District Profiles are provided to 43 neighborhood advisory bodies which conduct public hearings and set priorities for programs supported by federal anti-poverty funds. For 43 areas, program priorities are then reflected in agency Request for Proposals.
- The assessment process resulted in a document that conformed to the guidance of the NYSDOH that was required for completion of the report.
- Met a NYS requirement
- This is an ongoing process with annual updates and a complete report every 5 years (2005). There weren't a large # of new priorities, although 1 identified in the area of housing in 2004 was cemented in a new 'Track' to work on.
- Fulfill state requirement
- Community agencies and most health care orgs in this county have a strong collaborative network. CHA data collection and analysis relied on this network as an important part of the CHA
- Identified health issues, i.e. cancer clusters, pediatric asthma as needing more attention throughout the community.
- The assessment & assessment process led by the local DOH serves as a foundation

for new strategies and more efficient partnerships. Our organization goals (annual priorities and strategies) incorporate addressing needs identified for the community in the assessment.

- used to develop marketing and strategic planning initiatives
- Information used for Community Service Plan
- Informed public about our community service plan
- Created as comparable to survey taken two years earlier to gauge progress on specific issues
- Planning/Prioritizing Hospital Services
- Gaps in treatment services in the community. Percentage of service needs met within the subsets of type of service indicated.
- Information use to develop a Local OMH plan.

5. What changes did the process and/or results produce at an organizational/agency level? Check all that apply (randomly distributed order).

Total responses = 135; Skipped question = 13

Incurred more funds and/or staff time = 26

A new program/service was implemented = 54

A health program/service was modified = 36

A policy recommendation was proposed or modified = 17

Saved funds and/or staff time = 8

An existing health policy was modified = 17

A health policy recommendation was proposed = 17

Other = 23

- Internal Committees/teams were created to address specific projects. Forthcoming budget was modified to locate funds towards activities identified by the assessment. Staff training needs were identified and staff training conducted (e.g., training on national public health performance standards. Job descriptions were modified or created to respond to assessment items.
- Entire staff trained on relevance of identified health priorities to their duties
- Supported need for existing programs
- Review of programs is currently taking place
- The Community Health Education efforts had begun to 'stagnate' other than grant focused activities. This community effort was revitalized by the 2005 Assessment.
- Identification of the need for part-time epidemiologic support
- The data from the assessment has been used in shaping target populations/services for new grants.
- Initially it involved more staff time. But, in the long run the document has been used many times over to prepare community presentations, to supplement grant development and as a data reference for the Human Services Inter-county Planning Team.
- see # 4
- Identified need for a model such as MAPP. Identified need for more partner involvement with the assist of a consultant or additional staff.
- in process
- Our focus is mainly on human service organizations and so the community assessment determined which funding priorities the United Way would target for a larger allocations process.
- Additional funders came forward to enhance an existing program
- Our Board of Directors used the Strategic Plan to run the organization
- Antipoverty program priorities were established based on the information from the District Profiles and community input. Health policy is not primary focus but comes into play via a variety of educational, family, youth and adult programs (e.g., parenting, life skills, violence prevention).
- Being used as base for long range strategic planning within our local health department and

- is the basis for continued implementation of the MAPP process in the community.
- community coalitions have been developed and are in process
 - A new Mental Health RFP was issued for not for profit agencies in Westchester County. In addition, A new program is operating, "Healthy from Birth for Life program whose goals it is to improve birth outcomes in Westchester County through Social Health Marketing Campaigns. Youth ages 10-21, are encourage to engage in healthy behaviors early in life to reduce the event of preventable chronic diseases such as diabetes, heart disease and obesity.
 - Focus was on children and family services in the community.
 - Aimed our marketing efforts at a different focused demographic group
 - Brought attention to neglected areas of service delivery.

6. What changes did the process and/or results produce at the community level? Check all that apply.

Total responses = 135; Skipped question = 13

Health of the community showed improvement in a priority area = 33

Health of the community showed improvement in a related, but not priority area = 21

A community benefit was demonstrated in a priority area = 70

A community benefit was demonstrated in a related, but not a priority area = 21

Environmental changes were made that have been proven to have a positive impact = 18

Health of the community turned in a negative direction in a priority area = 9

An unintended consequence was demonstrated in a related, but not a priority area = 4

Environmental changes were made that have been proven to have a negative impact = 1

Other = 43

- Too soon to say
- Really we are still working on some of the recommendations. Our Early Childhood Coalition has benefited from the experience as has our STEPS program which focuses on the need to address childhood obesity. Environmental changes include the creation of "walkable communities", various physical activity targets for school age children, changes in school lunch programs, changes in childcare providers' policies and procedures.
- see # 4
- awareness was raised
- none of the above
- Too soon to evaluate.
- none
- too early to tell
- cannot provide an answer as the CHA was just released a few months ago
- Not enough time has passed to measure the above.
- It is not easy to identify community change directly impacted. Only now are we beginning to see an outside entity pick up interest in developing a program in an underserved area.
- we are still in the 'best practices' research phase
- Provided better, more user friendly information to community-based organizations. Created conditions that fostered increased community involvement in addressing health issues.
- Increased awareness of priorities across the county through dissemination of report and report card
- No changes have been identified directly related to the assessment process
- No change noted.
- Resulted in the identification of priority area needs and increased awareness of identified issues.
- no demonstrable effects

- Too soon to determine the impact. We are still trying to develop and implement some programs d/t the assessment.
- Data helpful in supporting programs and identifying needs
- community and health benefit anticipated
- Have not shared results with community partners yet
- It is too early to determine a true improvement other than in the area of additional and more comprehensive screening programs.
- We are still in the process of evaluating this.
- No change to date.
- Yet to be determined.
- more time is needed to implement suggestions and then massage data.

7. Would you illustrate at least one change in the community with examples? (open-ended)

Total Responses=131; Skipped = 17

- Identification of higher rate of infant mortality among african-americans resulted in the formation of the Healthy Birth Coalition, a grass-roots, community-based group within the inner-city.
- Greater collaboration between our local immigration coalition and federally funded community health center through a referral policy and communication
- Community Health Educations efforts were increased due to program changes in the Department of Health.
- dental education has become a priority to be put in place for K-1 using nursing students. 2 agencies were put in contact to revive a dental clinic. a general health and wellness county-wide initiative has begun based on improved nutrition, increased exercise and a tobacco-free life-style based on data and community concerns about increasing childhood obesity
- Creation of an addition Public Health Nurse assigned to disease and control activities.
- Provided justification for existing programming, identified gaps/needs that need to be addressed. Provided a foundation for examining the needs of the community more globally, not just focused on a single issue or problem.
- Addressing Mental Health Needs more fully
- several counties in our region compared our outcomes and planned activities or applied for grants to address those issues.
- Oral health rose up as a high priority, and this was frankly unexpected. While it was always perceived to be a problem, for the first time, available data demonstrated how significant a problem oral health is. As a result, partnership with the North Country Children's Clinic and Carthage Area Hospital to expand child dental access has been initiated. Additionally, the local health department is now on the NYSDOH Oral Health listserve, and has attended several oral health conferences to obtain as much information possible to aid in improving adverse indicators.
- Within the organization, a new umbrella program was implemented to bring together the many elements of our Take Care New York policy. Pilot programs in target areas of high need are underway & we are partnering with many organizations as well as primary health care providers in these areas to realize TCNY goals.
- Access to mental health services was identified as a priority. A coalition of all MH provider agencies, a FQHC, 2 Public Health agencies, 2 DSS, 2 OFA and other provider agencies got together to identify gaps, strengths and weak-nesses in the system, and to design an improved system. Washington County now has a Community Mental Health Nurse. We received a NACCHO grant to facilitate the group to move forward with the integration of primary care, mental health and public health. The work continues to move forward.
- It include some out of state partner and it also brought some community agencies closer together with the health department
- Our organization is now focusing on risks associated with a variety of chronic disease instead of the disease itself.

- Health Educator will spend more time on asthma education in schools.
- Focus groups researching child health issues and school readiness. Enhanced focus within already established coalitions.
- No change noted.
- In 2004 at the Annual Blue Ribbon Committee (BRC) meeting (release of annual community assessment update), concern about substandard housing and it's effect on the community (low neighborhood attachment) developed into an effort to bring in programs that would increase neighborhood attachment in a specific area of the City where drug and alcohol use negatively impacts lifestyle. At the last BRC meeting when the 2005 Full Report was released, a new 'Track', Housing was established. In the targeted area, police presence has been increased in a manner that is interactive with the residents - not just enforcement, an outside company is working with economic Development to purchase, renovate, and rent some run down properties to low income with the goal of selling them to one of those families in the future. Although some may argue that this is not a 'health' program, it will have a positive effect on the health of some of the people living in this area.
- collaborative regional group formed to address immigrant population medical issue with strong community support
- none
- Gave impetus to a perpetual problem (lack of public transportation) that affects many members of our county. Although identified as a need for non-emergency medical transportation, the assessment results served as a catalyst to the county to carry out a study and develop a plan to address the transportation issue.
- Identification of areas of need. EX.. more intervention/education for childhood obesity
- reliance on data to drive planning and service development.
- 8 county group formed to address common deficiencies
- Health Education efforts were strengthened around issues related to Cerebrovascular Disease.
- Dental services for underserved
- Since the Director that was responsible for the CHA is no longer Director, it is difficult to answer in a specific manner. Our Teen Pregnancy Prevention activities have increased
- Improvement in the area of services for juvenile justice.
- Better coordination between the LHU and community coalitions in regards to activities to address focus areas.
- Creation of an Article 28 dental clinic and other preventive services for low-income.
- New services funded
- Rural health network adopted the obesity epidemic as a priority
- Data was more efficiently shared across agencies
- Reinforced the collaboration that exists. Other agencies would refer to the health dept for health data.
- Identified new opportunities for action to enhance chronic disease prevention activities.
- by using data gained from community health assessment a grant was obtained to provide dental screening and referral in local schools.
- A committee of various community agencies was formed to improve educational materials and health of mothers and infants to reduce pre mature births and infant mortality.
- Brought together many community stakeholders to identify problems. Document that has been used extensively throughout the community for grant writing, organizational priority development and other uses.
- more funding and technical assistance to our food security programs
- Our approach to PINS students has given us the opportunity to look at what community resources that are already in place to help students and parents. Also, our youth shelter that provides a safe haven and respite services for troubled youth, now has an after care component where we follow the progress of a child and his or her family for 3-6months after the stay. In addition, we look at ways to help our immigrant youth populations who emigrate here without documentation and need assistance. These examples were all results of our

- community assessment or focus groups with young people.
- Stronger connection between Health ed. and Family Planning. Improved website to allow easier access and more complete data on health issues.
- Increased use of data and discussion of cross departmental issues. Development of an interactive web-based indicators database has been supported by the county executive and is being developed.
- More open discussion about the lack of services and continued need especially around mental health in the community. Very positive to have multiple agency discussion. Continued discussion on needs of dental health needs. One agency is now expressing interest developing further program in dental health services for underserved children and adults.
- community coalitions have been formed and we are looking at existing resources and looking to partner and consolidate programming.
- Mental health providers and public health are sitting at the same table planning interventions regarding suicide and depression. Executive level people have been participating faithfully.
- Funding priorities changed due to the results of the profile. Community awareness and interest in some issues increased.
- Increased collaboration among diverse partners.
- Program priorities vary in each of the 43 areas that used the District Profiles, and should now reflect 'current' priorities determined through community input.
- Cannot respond. See previous answer
- The Board of Directors completely changed their fund distribution process. Designed new paperwork and moved to outcome measure reporting on the part of the grantees.
- More programs have begun working together to impact related issues.
- United Way funding was better directed to priority programs.
- Cross-systems case planning
- none
- none
- The community assessment brought about a new awareness of the health issues in the community. The Rockaways have an extremely large number of civic groups who rarely focus upon health issues. Our assessment and appearance at many of these organization's meetings brought about a new health awareness which has not been present. Additionally, the Hospital Center now writes a health article in a local residential complex newsletter - another first in the community.
- Plans to renovate our Emergency Room so that is it more patient friendly. Add a CT scan so that patients do not have to travel for these medical necessities.
- St. Vincent's Hospital Manhattan recently obtained designation as a stroke center, and health assessment screenings and educational sessions were offered in the neighboring communities.
- Justification for expanded mobile services (dental van). Continued and increased focus on addressing the mental health needs of children & youth. Increased focus of planning services which will benefit the elderly. Implementation of a pilot caregiver program in collaboration with Office for Aging.
- Enhanced free cancer screening for high risk communities
- Various groups associated with certain health issues re-directed their efforts.
- increased number of health screenings provided in the county
- Expanded primary care
- We worked directly with discharge planners/case managers to ensure that people who were being discharged from area hospitals were being given proper consideration for appropriate rehabilitation services, whether acute or subacute.
- The Legislature is considering contributing part of their National Tobacco Settlement money to the Local Health Department for use in prevention or cessation of the use of spit tobacco.
- The Commission for a Healthy Central New York, which has representatives from an eight county region and includes representatives from Universities and Medical Schools, Public

Health and community based organizations, convened a full day workshop to identify top priorities that would benefit from a regional approach. Subcommittees are now working to implement evidence-based interventions across the region.

- We have not been able to leverage the CHA for definite community benefits or change.
- a greater awareness of challenges and strengths has been achieved
- Age level of the target population shifted. 14-16 year olds in a funding stream shifted to 9-12 year olds.
- Increased awareness of the usefulness of the CHA in identifying health priorities. Identified the need for additional primary data. Identified the value of the assessment in writing grants. Identified the need to report assessment findings in clear language appropriate for all levels.
- Increased collaboration at the local and regional levels among LHUs and CBOs.
- see # 4
- The need to do additional research at the health department, resulting in the hiring of an Epidemiologist/Biostatistician. We now can delve more deeply into our perinatal data set data, CD and outbreak data and STD/HIV issues. Chronic disease will also be a priority.
- There is a heightened awareness regarding health disparities within the Department. This is evidenced by the increased inclusion of recommendations from the community-based Nassau County Minority Health Task Force in the policies and decisions of the Department.
- Identified need for improved mission and vision statements for several community based action groups.
- Brought to our attention the concerns of obesity and other chronic diseases and the need to take action to prevent further spread.
- New collaboration between hospital systems and school districts to develop and implement programs to increase physical activity and improve nutrition among school children
- The Community Services Board has been integrated into MAPP planning and prioritizing.
- Realization of other community organizations of top health priorities in county and a greater willingness to collaborate given scarce resources and identification of a common need.
- Realization of how devastating cancer statistics are in Allegany County. New foundations and support groups are being formed as a result. Much is also being done with physical activity and nutrition.
- Increased collaboration between agencies and organizations with the Health Department; several of these entities became better aware of resources available through the Dept.
- Proposal for a low-demand housing program for the MICA (mentally ill/ chemically-dependent) population in the two counties has come out of our planning efforts. Partnership of two local agencies and three state agencies has been formed.
- Better school and community-based cooperation. More organization and understanding.
- People became more attuned to the cost of services and the way services could be continued in view of reduced state funding.
- Greater awareness of the critical issues facing youth substance abuse leading to community organization to respond to those issues.
- formal coalition between 2 local colleges and community group (underage drinking)
- Organizations gained a greater awareness of each other, their services
- Increased stakeholder interest in participating in local planning - identifying unmet service need.
- Increase discussion amongst community organizations (RE CTC to decrease risk factors for youth, Visits/Survey Re County Treatment providers)
- Insight for looking at ways to fill in gaps
- Reallocation of staff resources to significantly enhance services to the dually diagnosis population
- We learned that the community needs greater access to information about the availability of mental health services. To meet this demand, we are implementing a behavioral healthcare website.
- Involvement of diverse group including families, not for profit agencies, government, law enforcement, schools, business all focused on one issue

- Appreciation of the need for further substance abuse education on a middle and high school level, and the advantages of collaboration between substance abuse treatment programs and their local school districts.
- Organizational changes are being made in two service areas to deliver integrated treatment which will benefit patients.
- The development of a county wide plan that provides direction for the development of services.
- increased interest and action with specific agencies/employeers in the 'wellness' area, regarding exercise, nutrition, and stress reduction.
- Increased referrals of Spanish speaking clients into treatment based on access and availability assessment.
- Community Readiness for change in 'culture' of alcohol, drug and tobacco used noted.
- Efforts are being made to increaase community awareness of services offered. And the need for better communication with community partners.
- The community is on board with collaboration on assessments that are being done in different agencies. We are all using each other's needs assessments in pursuing other funding sources, etc.
- The department convenes a monthly forum of key community representatives, including treatment providers, social services and law enforcement, that successfully developed and implemented cross-system, collaborative community service plans for 25 crisis prone, high need individuals with co-occurring disorders linking them to rehabilitative services and resulting in diminished use of emergency services and improved quality of life.
- Community became involved in addressing a preventive approach to an alcohol/drug issue.
- Greater communication with school districts

8. How would you rate your community assessment product? (Choose one)

Very Effective = 32

Moderately Effective = 77

Makes no difference = 8

Ineffective = 4

Other = 10; Total responses = 131; Skipped question = 17

- Effects of the community assessment process should show impact once they are released publicly. This will occur once we receive 'approval' from the State.
- Moderately effective. It has been difficult to follow through on addressing the identified priorities with existing staff and funds.
- Minimally effective
- We have discovered that it is very important to get more involvement from community stakeholders.
- Needs to follow a model such as MAPP.
- No comment, our assessment was geared to human services.
- We did not use a "canned" product, but improvised a great deal to reach a similar end result. Cost of canned products is prohibitive for us.
- A work in progress
- Health statistics are an important part of the Profiles but our process is designed to generally take into account all aspects of community life -- not solely health.
- Thankfully we had a consultant helping us in the process. Even then, it was an extremely significant amount of time I personally put into completing the process and format, and that does not include other staff and the consultant.
- We are in the process of making improvements and carrying out some of the community health assessment which include: HIV/Aids, childhood obesity, high blood pressure and juvenile mental health issues.
- focus wasn't specifically on health
- It is moderately effective for the active partners in the collaborative, but hasn't really made a huge impact in the community.

- We are still in the process of evaluating, so I am unable to comment at this time.
- the real benefit was in the process not so much in the product
- Too preliminary in our process to rate; we are engaged in a multi-year process of assessing service need.

9. How would you rate your community assessment process? (Choose one)

Total responses = 129; Skipped question = 19

Very Effective = 35

Moderately Effective = 74

Makes no difference = 8

Ineffective = 4

Open-ended Comments = 20

- Although the process was somewhat disjointed due to staffing changes, the process was moderately effective.
- Many people have been involved in this process since we began it in 2000. The written product is used by politicians, economic developers, non-profits when writing grant proposals, etc.
- no process beyond the LHD was used
- The results and data analysis were very helpful, especially identification of issues by age groups and comparison to HP 2010
- Thankfully we had a consultant helping us in the process. Even then, it was an extremely significant amount of time I personally put into completing the process and format, and that does not include other staff and the consultant.
- Health statistics are an important part of the Profiles but our process is designed to generally take into account all aspects of community life -- not solely health.
- A work in progress
- We did not use a 'canned' product, but improvised a great deal to reach a similar end result. Cost of canned products is prohibitive for us.
- No comment, our assessment was geared to human services.
- Needs to follow a model such as MAPP.
- We have discovered that it is very important to get more involvement from community stakeholders.
- Again, we are still in the process of evaluating.
- I cannot comment on the assessment process of our health department.
- Not conducted by this department.
- We are in the process of making improvements and carrying out some of the community health assessment which include: HIV/Aids, childhood obesity, high blood pressure and juvenile mental health issues.

10. Please rank the three most important factors (with 1 being most important) that influenced the rating of your community assessment process? (choose 3)

Total responses = 130; Skipped question = 18

Leadership of the community assessment process = 37

Quality of collaboration = 34

Staff dedicated to the community assessment process = 26

Report format = 2

Report content = 12

Report distribution = 0

Results/impact of the assessment = 19

11. Would you like your assessment experience to be considered as a practice that can be shared with others?

Total responses = 130; Skipped question = 18

Yes = 29

No = 130

12. If yes, would you please give us your name and contact information:

- Rockland County Health Dept
- Warren County Health Services
- Washington County Public Health
- Hamilton County
- Cortland County Health Department
- Rockland County Department of Health
- Westchester County Youth Bureau
- Cayuga county Health and Human Services
- Mental Health/Youth Bureau
- Clinton County Health Department
- United Way of Schenectady County
- Nassau County DOH
- Renss. Co. Dept for Youth
- Dutchess County Department of Health
- Monroe County Department of Public Health
- Franklin County Public Health Services
- Allegany Co Dept of Health
- Adirondack Medical Center
- Kings County Hospital Center
- Franklin County Community Services
- hamilton county community services
- Broome County Mental Health

13. If you participated in training/technical assistance opportunities, how helpful was it with your assessment? These opportunities may include self-study, online courses, organized training sessions, or special training sessions you were sent to. Select one response per row.

Total responses = 129; Skipped question = 19

Training/technical assistance	Very Helpful	Somewhat helpful	Made no difference	Not helpful	Not Applicable
Working with partnerships e.g. self study on working with partnerships	17	26	7	1	79
Conducting surveys e.g. web course on conducting surveys	10	24	6	1	89
Locating Data e.g. regional training on locating data	20	43	6	4	57
Interpreting and	24	38	10	1	57

analyzing data Eg. "Public Health Data: Our Silent Partner, Using Data Effectively"					
Using software to analyze data	11	18	13	3	85
Evaluation using the logic model e.g. 2-day evidence- based public health	20	28	12	1	72
Evaluation process e.g. 2-day Evaluating your program needs,	21	31	5	1	69
Steps in a planning process e.g. Building on Community Health Assessments	23	33	10	1	63

14. Would you please recommend at least one resource (e.g. training, publication) that was particularly helpful for you with information on how able to access it?

Total responses = 32; Skipped question = 116

- Mobilizing for Action through Planning and Partnership
- Evidence Based Public Health
- MAPP
- MAPP
- Map
- youth development training
- Community programs to promote Youth Development
- MAPP Process
- NYC Community health Profiles
- WebMD - (Health Share Technologies)
- NYSDOH
- PRISMS Data from 2003- OASAS
- SAMHSA
- OASAS Local Plan Data
- Communities That Care
- Community Health Assessment Clearing House
- Westchester County Health Dept Assessment
- NYC Community health Profiles

Demographics

15. How were you involved with the community assessment process? (check all that apply)

Total responses = 129; Skipped question = 19

Coordinated the process = 70

Wrote the report = 48

Was part of a coalition, workgroup or team that advised on the assessment process = 77

Provide input at a meeting = 80

Shared my organization's community assessment report = 77

Assisted with data gathering and/or analysis = 77

Worked on action planning/implementation of a priority issue = 69

Other = 16

- Was assigned to complete the report at the end stages of the process. Other staff that had been assigned to the project had been reassigned to other duties.
- Co-chairperson
- Was the overseer and editor.
- Overall project guidance and direction as head of department
- Have yet to be involved with the development of one. I am always collect data and analysing it for our county.
- administered surveys, provided adventure challenges as a planning platform
- supervision
- Assisted the Commissioner in the coordination of the process
- Supervise community assessment staff
- part of audience which received info which we use in hospital planning and Community Service Plan. I volunteered to get together people from our organization to provide input, but the consultant ran out of time
- We used outside consultant to do focus groups, analyze the data and prepare/present the report.
- None - no one is here who was part of that process
- Broome County Health Department was responsible for the assessment, so some of the questions previously answered do not apply to me as a participant. They need to determine if their process should be viewed as Best Practice.
- community assessment was conducted prior to me joining the staff

16. Which organization do you represent:

Total responses = 129; Skipped question = 19

Health department = 52

Hospital = 28

Health systems = 7

County Social Services = 3

County Mental Health = 17

County Youth Bureau = 10

County Office for the Aging = 0

Not-for-profit community-based organization = 9

University = 2

Other = 11 (City Dept of Health & Mental Hygiene; alcoholism and substance abuse; County Drug and Alcohol Addiction; County CD; County MRDD; County Community Services ; Department of Drug and Alcohol; Local Government Unit; Community Services Board; combined MH & PH; united way; Integrated County Planning)

17. Which organizations did you partner with for your assessment

Total responses = 129; Skipped question = 19

Health department = 67

Hospital = 60

Health Systems = 52

County Social Services = 67

County Youth Bureau = 59

County Mental Health = 63

County Office for the Aging = 65

Not-for-profit community-based organizations =

University = 36

None = 11

18. Which region of New York do you represent (check all that apply)

Total responses = 129; Skipped question = 19

Western (Allegany, Cattaraugus, Chatauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates) = 33

Central (Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins) = 37

Northeast (Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington) = 32

Metropolitan (Dutchess, Nassau, New York City, Orange, Putnam, Rockland, Suffolk, Sullivan, Ulster, Westchester) = 27

Statewide = 1

19. Do you have any other comments that you would like to share? (open-ended)

Total responses = 56; Skipped question = 116

- An environmental health component of the community assessment represents a core, foundational piece of a comprehensive community assessment, and should be a required element of the LHD's Community Health Assessments. Recommend PACE:EH as a possible methodology that NYSDOH could adopt:[<http://www.naccho.org/topics/environmental/CEHA.cfm>]
- we had no-one in-house to edit and drive the process so had to contract with such a person to allow for the time it took
- Due to the relative small size of this agency, the community health assessment document is prepared through an experienced contract agency with input from local health department staff.
- This is the first CHA that I was actively involved in and it has made a world of difference. Everything else we do with the MPHSP, essential services and health indicators, the performance reports, etc. all make sense when you can see how it all ties in together. We plan on having a data base that keep ongoing statistics so that we check our progress when new programs are developed to fill the gaps identified.
- We used a contractor to assist as our 5 counties are very small, with limited staff and expertise. Our data set is also so small that statistically, only a regional assessment can truly be used to compare data with state or national data.
- Labor resources are extremely limited for the purpose of ongoing collaboration for report writing. Local health units are challenged with pressing issues such as pandemic flu planning, which takes away valuable resources. The department has the expertise for excellent planning, just not enough people to do everything well.
- 'Cortland Counts: An Assessment of Health and Wellbeing' is a community process. Our Rural Health Network, Seven Valleys Health Coalition, is the lead agency with the County Health Department, Cortland Regional Medical Center, SUNY Cortland, and Cortland County United Way as the other involved sponsors. There are now 4 areas addressed as separate 'Tracks' for priority and goal setting: Health, Jobs, Youth, and now, Housing. Different community groups take on leadership roles in each of the Tracks. All work together to accomplish priorities. The general public is involved in the goal setting and welcomed into any/all workgroups.
- The final report is too long and unfriendly. The exec summary was more useful. I would prefer a format for the meat of the document that is easier to read and more useful to the community. Maybe next time...
- This a process that should be the most important experience of a public health agency, and yet, we often don't realize the impact and potential of the CHA. This could be improved by regular trainings on how and what to do.
- Input and guidance from other local health department leaders greatly aided in the process and structure of our Community Health Assessment
- Have been a collaborative partner with the areas checked in previous question since 2000.

Prior to bringing those people to the table to complete the comprehensive needs assessment in our community our organization did the process alone. The collaboration works much better and the assessment is more comprehensive, allowing us to involve more people in the community.

- I found the CHAERS process confusing and question its value. We organized the CHA according to basic public health indicators and Article 6 requirements. I would have liked to have arranged the CHA across the 'lifespan.' However, there was simply not enough time. We went with satisfying what NYSDOH required which in an of itself a formidable task. The CHA in my opinion is first and foremost about what NYSDOH requires and less about what's useful to the community despite information to the contrary. Nevertheless, we relied on local data which was helpful and on a community wide survey that had been done a year earlier by the United Way and the Human Services Coalition to identify the health priorities. Another point...There is a lot more data readily available electronically now. That's the good news. However there was so much to go through, it took a lot more time to evaluate which data to use and not use.
- Due to the amount of time needed to complete the assessment format required by NYSDOH and to have anything worthwhile sharing with other entities, it is a good thing this is not required annually- the more time between comprehensive assessments the better. First, we would not have the data; second, we would not get the participation from community agencies; third I'd find a new job- it was such a huge part of my time- which needs to be spent on a variety of program areas- not the least of which is Home Care and Preparedness.
- Utilizing the MAPP process allowed us to continue action cycle to implement plans of correction for the problems/issues we identified during the MAPP process. These were triggered by findings in our Community Health Assessment. Feedback from the community regarding the MAPP process and our CHA have been positive.
- None at this time. I am anxiously awaiting to see the end results of our self-assessment process. Once we have the new data we will hold a Board retreat and come up with a new strategic plan.
- We were forging a new path in 2002-2003. We conducted numerous focus groups and surveys, and collected secondary data and information from other assessments, but did not use any specific path or product in our approach. We can now see where we could have done some things differently, but still could not afford a 'canned' community assessment product. While certainly NOT a best practice, we ended up with an end result that we have been able to learn from and build on. We believe that learning is a key component of the journey.
- The CHAERS component was not particularly meaningful to us. The written report/narrative is extremely time consuming to prepare but it is important document to be able to share with our community partners. For small counties data trends need to be analyzed over at least a 10 year period to be reliable. A full CHA every 10 years would be more meaningful to us.
- There should be a fulltime planner at the county level dedicated to the purposes of planning. This position should feature a prevention focus
- A serious focus is needed exploring what community programs successfully make a difference in the well-being and healthy development of our children.
- The new information on NYSDOH web re: indicators, explanation of indicators and local statistics is very helpful. Well done.
- Since completing the Community Assessment have attended Evidence Based PH training which was excellent. I am sure this training will be used in future assessments.
- State DOH representatives/staff and training programs offered on the Community Health Assessment project have been extremely helpful and valuable. This is a difficult project for anyone not familiar with data, and LHDs normally do not have staff with much expertise in this area.
- I think the best way to do these assessments is for the state to decide on one process, have a one-day training and take everyone through the entire process. Everything was VERY confusing and I know I speak for a couple of other departments in saying that we were not sure of what we were doing and what we were supposed to do. I think people are looking for

a straight forward, simple process to follow. I just used common sense and came up with my own plan that I think, and my Director and Board of Legislators think, worked extremely well to get a true feel for a community based assessment. I would be happy to discuss it with someone at some point.

- Our region has a School of Public Health, and they helped the community collaborative to hold a forum, do telephone survey, and wrote the statistical report. However, the process was more than eight years ago. Currently, the duplication of health assessment resources by health care institutions, public health departments etc. is inefficient. NYS law drives an annual community service reporting process which is different from the county health department process, and this results in lack of synergy in health assessments. We don't need any more 'how to do a community health assessment', (I've participated in several 'how to' sessions; we need integration of processes and institutions so that one county health assessment can be used by multiple partners. I think the Schools of Public Health, whose research competencies are 'natural', should be charged by the State to do periodic community health assessments for local counties and make an up to date, common health assessment available to stakeholders to improve the health planning for the community.
- Patient Satisfaction Survey and all community meetings ask the question 'what needed healthcare services are not available to you or your family'
- Most non for profit hospitals do not have the resources to conduct full-scale community assessments.
- Over the past year Adirondack Medical Center has conducted a number of targeted assessments on service lines and community health issues. Additionally, we were a partner in a tri-county health assessment led by the County Departments of Public Health. For this survey we chose one assessment to keep answers consistent.
- These comments are all based on the Community Health Assessment done by our county.
- This was not a formal assessment, but more of an abbreviated one that followed up on one done a few years ago.
- Community Assessments are interesting as a fact-finding mission. However, given the current fiscal situation facing most hospitals, it is particularly frustrating to have researched and discovered health-related issues which need more attention, but be unable to fully address them and implement new programs because of financial issues. So many issues are investigated, studied and reported on - but as with many other areas, there don't seem to be enough resources available to properly and systematically make a big difference.
- We are a rehabilitation-only facility. Many of these questions do not apply to what we do.
- It should be noted that our answers to this survey were based on our local planning process. We have not been doing 'community assessments' per se, but rather have been working to include needs assessment as part of our comprehensive local mental hygiene service planning process. This involves reviewing prevalence, capacity and utilization data, along with stakeholder input, to determine unmet needs.
- My experience and use of data has been primarily with OASAS, preparing our annual Workscope Plan and the Local annual Service Plan. From introductory comments, I'm thinking this survey meant for health related responses. If this is helpful, that is good. If not, just toss it.
- The MAPP process was well organized and detailed. However, in retrospect, it appeared to stifle, and shapen the outcomes. We are looking for a different approach.