



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

The New York State Department of Health (Department) is deeply committed to improving population health and reducing health disparities across New York State. In keeping with our efforts to advance the statewide objectives in the 2025-2030 Prevention Agenda, we released a new Annual Progress Report guide.

This guide provides an overview of New York's specific requirements to help Local Health Departments, and all nonprofit hospitals track and document progress towards community health improvement efforts. Monitoring the Community Health Improvement Plan/Community Service Plan (CHIP/CSP) is essential to keeping the plan a living, meaningful document that reflects ongoing progress while promoting transparency and accountability.

The annual progress reports are due by December 31 of each reporting year, or by the preceding business day when December 31 falls on a weekend or holiday. The report will be submitted through the Survey Management and Response Tool (SMART) in the Health Commerce System. The survey will be sent to the following Health Commerce System (HCS) Roles on October 31, 2026:

- For Local Health Departments, the roles of Commissioner or Public Health Director and Community Health Assessment (CHA) contact, and Health Commerce System Coordinator.
- For hospitals, the roles of Chief Executive Officer or President, Community Service Plan (CSP) Hospital Coordinator, and Health Commerce System Coordinator.

Local Health Departments and hospitals should ensure that the contact information for these designated roles is kept up to date. Attachment A of this guidance provides additional information and guidance to help ensure role assignments.

Organizations who originally submitted a joint Community Health Improvement Plan (CHIP) are highly recommended to continue to submit one consolidated report representing the contributions of all participating Local Health Department(s) and hospital(s). This collaborative approach aims to leverage combined efforts and shared resources, improve effectiveness, and reduce duplication in assessment and planning efforts.

Thank you for your commitment to improving the health of all individuals in New York. For questions or further information, please contact prevention@health.ny.gov.

Sincerely,

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Director

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The 2025-2030 Prevention Agenda: Annual Progress Report Guidance

Purpose

The Annual Progress Report documents the annual progress on interventions identified in the Community Health Improvement Plans (CHIP)/Community Service Plans (CSP) throughout the 2025-2030 Prevention Agenda cycle. The Excel workplan, a component of the annual report, serves as a living document and should be updated and submitted each year.

Submission Deadline

Annual Progress Reports are due on or before December 31 of each reporting year.¹ Any extension request must be received by prevention@health.ny.gov at least one week before the deadline.

Who Must Submit?

All Local Health Departments and hospitals **must** submit an annual report.

- Organizations who originally submitted a joint Community Health Improvement Plan (CHIP) must submit one consolidated report representing all participating Local Health Department(s) and hospital(s).
- Organizations who submitted individual Community Health Improvement Plans/Community Service Plans (CHIP/CSP) must submit an individual report.

What to Submit?

The annual progress report consists of two required components:

1. **Annual Progress Report Narrative:** Complete the narrative by answering the required survey questions directly in the [Survey Management and Response Tool \(SMART\) link](#); and
2. **Annual Update Workplan ([Excel template](#)):** Upload the completed Excel workplan template to Survey Management and Response Tool (SMART) in the designed attachment field.

¹ For more information about the submission timeline, please refer to Table 2 on page 2 of the Community Health Planning Guidance for 2025-2030 https://health.ny.gov/prevention/prevention_agenda/2025-2030/docs/letter_and_guidance.pdf.

Survey Management and Response Tool (SMART) form submissions provide automated confirmation messages. If you encounter submission issues, please contact the Prevention Agenda Team at prevention@health.ny.gov.

Where to Submit?

Submit your annual progress documents through the Survey Management and Response Tool (SMART) in the Health Commerce System (HCS).

The 2025-2030 Prevention Agenda: Annual Progress Report Guidance

Instructions for Completing the Annual Progress Report

Where to Download the Excel Template of the Annual Workplan Update?

The [Excel template](#) is available to download from the [Prevention Agenda](#) website. Navigate to the Community Health Planning Resources tab and, under the section labeled “Annual Progress Report”, click on the [hyperlink](#) to download the Excel template.

The Annual Update Workplan template contains the same structure as the original Workplan, with additional columns (K–T) to capture your annual progress in each selected intervention for the entire cycle of your Community Health Improvement Plan/Community Service Plan (CHIP/CSP). This was purposefully developed to allow organizations to easily transfer data from their original Workplan submission to the Annual Update Workplan Excel template which is required to be updated each year.

Table 1: Annual Progress Report Submission Timeline for the 2025-2030 Prevention Agenda Cycle²

Reporting Year	Columns	Local Health Departments	Hospitals
Dec 2026 (Year 2)	K–L	Update the Intervention Status and Progress Metrics using the 2025–2030 Workplan as the basis for reporting.	Update the Intervention Status and Progress Metrics using the 2025–2027 Workplan as the basis for reporting.
Dec 2027 (Year 3)	M–N	Update the Intervention Status and Progress Metrics using the 2025–2030 Workplan as the basis for reporting.	Update the Intervention Status and Progress Metrics using the 2025–2027 Workplan as the basis for reporting.
Dec 2028 (Year 4)	O–P	No annual progress update is required. Submit a mid-cycle Community Health Assessment (CHA) and, as needed, a revised Community Health Improvement Plan (CHIP) and Workplan.	No annual progress update is required. Submit a new 2028–2030 Community Health Assessment (CHA), Community Service Plan (CSP), and Workplan.
Dec 2029 (Year 5)	Q–R	Update the Intervention Status and Progress Metrics using the updated 2025–2030 Workplan as the basis for reporting.	Complete the Intervention Status Update and Progress Metrics using the 2028–2030 Workplan as the basis for reporting.

² Local Health Departments and hospitals follow different reporting requirements beginning in Year 4. Table 1 outlines the required submissions for each reporting year.

Dec 2030 (Year 6)	S–T	Update the Intervention Status and Progress Metrics using the updated 2025–2030 Workplan as the basis for reporting.	Update the Intervention Status and Progress Metrics using the 2028–2030 Workplan as the basis for reporting.
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How to submit the mid-cycle, or Year 4, submissions?

Further guidance and recommendations will be provided early in Year 4 to help plan and prepare for individual and joint submissions of the mid-cycle update.

How to Provide Annual Progress Report Updates on a Joint Plan?

For joint submissions, Local Health Departments and hospitals who originally submitted a joint plan are expected to make best efforts to maintain their collaboration throughout the Prevention Agenda cycle to ensure alignment. Collaborative approach will leverage combined efforts and shared resources, improve effectiveness, and reduce duplication in assessment and planning efforts.

Below you can find more details about the submission requirements for each reporting year:

- For years 2 and 3, submit one consolidated annual progress report for each reporting year, representing all participating Local Health Departments and hospitals.
- For year 4, Local Health Departments and participating hospital(s) should jointly conduct the Community Health Assessment (CHA) and update all relevant documents, including the Community Health Improvement Plan/Community Service Plan (CHIP/CSP) narrative, and Workplan. This collaborative approach will fulfill year 4 requirements for both entities while eliminating duplicate efforts.
- For years 5 and 6, submit one consolidated annual progress report for each reporting year, representing all participating Local Health Departments and hospitals.

How to Complete the Annual Workplan Update Template?

1. Using the most recently submitted Workplan, copy the content in columns B–J, including priorities, objectives, interventions, disparities addressed, family of measures, timeframe, implementation partners, and partner roles and resources.

Note: Local Health Departments and hospitals must always report annual progress using their currently active Workplan.

2. Complete only the columns for the applicable reporting year for each selected intervention (see Table 1). For example, complete Columns K–L for the Year 2 (December 2026) report, Columns M–N for the Year 3 (December 2027) report, and so on.

- **Intervention Status Update:** Select one of the relevant options from the dropdown menu to report the status of the selected intervention during the reporting year. Select one of the three options:
 - ***“Intervention Completed”***: The intervention activities planned for the reporting period were completed as intended.
 - ***“Intervention In Progress”***: The intervention activities planned for the reporting period were started during the reporting period but were not completed.
 - ***“Intervention Not Started”***: The intervention activities were not initiated during the reporting period.

Note: *An intervention may be marked as “Intervention Completed” even if the long-term outcome has not yet been achieved, provided that the planned activities for the reporting year were completed.*

- **Progress Metrics:** Report quantitative measures demonstrating progress toward annual milestones or intended outcomes. *Intermediate measures are recommended, although input, output, and outcome measures may also be used. Refer to column F “Family of Measures” in your original Workplan when selecting appropriate metrics.* Progress metrics do not need to demonstrate achievement of the final long-term outcomes.³
3. Save a copy of the workplan on your computer.
 4. Access the [Survey Management and Response Tool \(SMART\) survey link](#) and select your submission name.
 - a. The **submission name** is the name of the organization (Local Health Department, hospital, or health system) that submitted a Community Health Improvement Plan/Community Service Plan (CHIP/CSP). Joint plans are listed by county name. If you are unsure of which name to select, please review **Attachment B** for the list of submission names to see the participating organizations included in each submission.
 5. Within the Survey Management and Response Tool (SMART) survey, complete all required narrative questions:
 - **Biggest Successes:** Provide specific examples of the most significant accomplishments during the reporting year. This may include successful activities, partnerships, implementation milestones, progress toward intended outcomes, or other notable achievements. Please include examples of how you’ve addressed Prevention Agenda priorities.

³ For more information about Family of Measures, refer to question 12 of the Prevention Agenda’s Frequently Asked Questions on this page https://health.ny.gov/prevention/prevention_agenda/2025-2030/faqs.htm

- **Addressing Social Determinants of Health:** If applicable, provide examples of activities dedicated to promoting the social determinants of health priorities in your workplan. The social determinants of health priorities from the Prevention Agenda include poverty, unemployment, nutrition security, housing stability and affordability, health and wellness promoting schools, and opportunities for continued education.
 - **Challenges/Barriers:** Briefly describe the primary challenges or barriers, if any, that affected implementation or progress during the reporting year. Examples may include staffing constraints, funding limitations, equipment or technology needs, data limitations, or cultural and linguistic barriers.
 - **Workplan Revisions:** Identify if any revisions are being made to your workplan. Revisions may include, but are not limited to, changes to make interventions more effective, adjustments to implementation timeline, implementation of additional interventions, and adjustments of resource allocation.
 - **Resources and Support:** Indicate if there are any resources and support that can be provided by the Prevention Agenda team to guide implementation success and address any challenges. Examples may include, but are not limited to, technical assistance, meetings, workshops and additional guidance documents.
 - **Additional Comments/Justification:** Provide any additional information or context that may help explain your responses.
6. At the end of the survey, upload the Excel workplan to the designated attachment area.
 7. Submit the Survey Management and Response Tool (SMART) form.

If there are any questions on this guidance or documents identified in this guidance, please contact prevention@health.ny.gov.