

2005 – 2010 Community Health Assessment Summary Form

Definition and Purpose

Community Health Assessment (CHA) is the ongoing process of regular and systematic collection, assembly, analysis, and distribution of information on the health needs of the community. This information includes statistics on health status, community health needs/gaps/problems, and assets. The sharing of findings with key stakeholders enables and mobilizes community members to work collaboratively towards building a healthier community.

History

The 1988 landmark report of the Institute of Medicine (IOM) entitled, "[The Future of Public Health](#)," identifies assessment, policy development and assurance as the three core functions of public health. The IOM committee defined the mission of public health as "fulfilling society's interest in assuring conditions in which people can be healthy." The core public health functions provide a framework for pursuing this mission.

Community Health Assessment in New York State

In 1997, The Public Health Agenda Committee (PHAC), a group of state and local health department representatives convened to examine state and local processes, proposed that CHAs should reflect the individuality of the community and engage community members in the assessment process.

The PHAC recognized assessment as a critical step in the overall ongoing public health planning process that provides a foundation for policy development, assurance, program implementation and evaluation.

In 2001, keeping these concepts in mind, the CHA workgroup* began development of the CHA Summary Form (hereafter referred to as the Summary Form). The Summary Form was developed with the intent of: (1) allowing counties flexibility in the format of CHA documents while (2) assuring that key information is reported, and can be located; (3) assuring key indicators are reviewed; (4) avoiding duplication of information; (5) offering the potential for

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optimal sharing of information at the local, regional and state levels; and (6) keeping the reporting simple.

Components of the Summary Form include:

Local Health Department Information: A cover sheet containing Local Health Department (LHD) contact information.

Part I - Data Review: A checklist of health indicators reviewed as part of the process for updating the CHA. Currently, much of this data is available in the Community Health Data Set, and a few others on program sites on HIN/HPN. In the year 2003, NYSDOH will add county-level data indicators so they are available at one site.

Part II – Information on Article 6 Service Areas and Programs: Collects information related to Article 6 Service Areas and Programs.

Part III - Information on Local Health Focus Areas/Priorities: Requests information on current and new health focus areas for which programs or activities are being planned for or implemented by the county.

Part IV: Information on Process: Requests background information on assessment (e.g., Mobilizing for Action through Planning and Partnerships (MAPP), other, or none), and information-gathering (surveys, reports) processes used in the community, and how community members were involved in assessment activities.

Attachments:

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18	Healthy People 2010 Focus Areas
19-20	Annotated Glossary

*** CHA Workgroup Members, July 2001 - July 2002:**

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Columbia County Department of Health, Nancy Winch
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CHA SUMMARY FORM

Please note, the completed summary form must be attached with the Comprehensive CHA. A form for electronic submission will be requested at a later date.

The CHA Summary Form consists of Local Health Department Information (below), and three parts.

- Part I: Data Review
- Part II: Article 6 Service Areas and Programs
- Part III: Information on Local Health Focus Areas/Priorities
- Part IV: CHA Process Information

Local Health Department Information

Local Health Department Name: _____

Address: _____

Commissioner/ Public Health Director: _____

CHA Liaison/Contact person for CHA: _____

CHA Liaison Information- Phone: _____ Fax: _____

Email: _____

Date Submitted: _____

Part I: Have the following CHA Core Indicators been reviewed?

CHA Core Indicators Reviewed						
The "Section" column contains HP2010 categories and Article 6 in parenthesis. 'Indicators' lists data statements for for which county-level data is available currently, or will be available within the next two years, are listed with comments.						
Section	Indicators	Yes	No	Not Avail	Comments	
HP2010 (Article 6)						
General Population Description (DEMOGRAPHICS, CHILD HEALTH)	Population breakdown by age, race and ethnicity					
	Proportion of special populations (migrant, homeless, non-English speaking, single-parent less than high school education)					
	%of population at or below poverty level					
	Median family income					
	% of unemployed					
	high school drop out rate or school attendance rate					
	% of children in poverty					
	OTHER – Please specify:					
Access to Quality Services (FAMILY HEALTH: CHILD HEALTH)	% Medicaid or self pay at delivery					
	% of adults who could not see doctor due to cost					
	% of children uninsured (less than 18 years)					
	OTHER – Please specify:					
Cancer (CHRONIC DISEASE)	% of women with PAP in last 2- 3 years					
	% of women with mammogram in past 2 year; 3 (50+), 3 years (40 +)					
	Cancer mortality	Lung				
		Breast				
		Cervical				
		Colorectal				
		Oral (45-74)				
	Cancer incidence	Lung				
		Breast				
		Cervical				
Colorectal						
Oral (45-74 years)						

Section	Indicators		Yes	No	Not Avail	Comments
HP2010 (Article 6)						
Cancer (contd.) (CHRONIC DISEASE)	Early Stage Diagnosis	Lung				
		Breast				
		Cervical				
		Colorectal				
		Oral (45-74 years)				
	OTHER – Please specify:					
Diabetes (CHRONIC DISEASE)	Rates of diabetes hospitalizations/1000 diabetics					
	Diabetes mortality					
	Uncontrolled diabetes hospitalizations (18-64 years)					
	Diabetes prevalence in adults					
	OTHER – Please specify:					
Environmental Health (FAMILY HEALTH: LEAD POISONING PREVENTION; ENVIRONMENTAL HEALTH ASSESSMENT)	HEALTHY HOMES	% children in birth year cohort screened for lead by age 2				
		Children ages 1-6 with blood lead levels >=10 :g/dl				
		% of persons living in pre-1950 housing				
	WATER QUALITY	% of public water supplies in compliance				
		% of populations served by acceptable water systems				
	OTHER – Please specify:					
Family Planning (FAMILY HEALTH: FAMILY PLANNING)	Births to teen mothers (<18 years) as % of total births					
	Pregnancy rate (total)					
	Adolescent pregnancy rate, 10-14 years					
	Adolescent pregnancy rate, 15 – 17 years					
	Adolescent pregnancy rate, 15 – 19 years					
	Induced abortion to pregnancy ratio					
	OTHER – Please specify:					
Food Safety (COMMUNICABLE DISEASES)	E.coli					
	Salmonella					
	Shigella					
	# and rate of foodborne outbreaks in regulated facilities					
	OTHER – Please specify:					

Section HP2010 (Article 6)	Indicators	Yes	No	Not Avail	Comments
Heart Disease and Stroke (CHRONIC DISEASE)	Cardiovascular disease mortality (ICD 10 100-199)				
	Disease of the heart mortality (ICD 10 100-109, 113, 113, 120-151)				
	Coronary heart disease mortality ((ICD)				
	Cerebrovascular disease mortality (ICD-10 160-169)				
	BP Check in last two years				
	Cholesterol checked in last two years				
	% of adults with high blood pressure				
	% of adults with high cholesterol				
	OTHER – Please specify:				
HIV (HIV)	AIDS Case Rate				
	AIDS Mortality Rate				
	% of HIV positive newborns				
	OTHER – Please specify:				
Immunization and Infections Diseases (TB, DISEASE CONTROL)	% of 65+ with flu vaccine in last year				
	% of 65+ ever had pneumonia vaccine				
	Pneumonia/flu hospitalizations (65+ years)				
	Measles incidence				
	Rubella incidence				
	Pertussis incidence				
	HIB incidence				
	Hep A incidence				
	Hep B incidence				
	Number of TB cases per 100,000 population				
OTHER – Please specify:					
Injury Prevention and Control (FAMILY HEALTH: INJURY PREVENTION AND CONTROL)	Suicide mortality (15-19 years)				
	Homicide mortality				
	Self-inflicted injury hospitalizations				
	Assault hospitalizations				
	Unintentional injury mortality				
	Unintentional injury hospitalizations, <10 years				
	10-14 years				
	15-24 years				
	25-64 years				
	65+ years				
	Traumatic brain injury hospitalizations				
	Indicated abuse and neglect cases (<18 years)				
	Work related injury mortality/10,000 workers				
	Alcohol related motor vehicle injuries and deaths				

Section	Indicators	Yes	No	Not Avail	Comments
	Drug related mortality				
HP2010 (Article 6)					
Injury Prevention and Control (FAMILY HEALTH: INJURY PREVENTION AND CONTROL)	Drug related hospitalizations				
	OTHER – Please specify:				
Maternal Child Health (MATERNAL AND PERINATAL CARE)	% early prenatal care				
	% late or no prenatal care				
	Infant mortality rates				
	Post-neonatal mortality				
	Perinatal mortality (28 weeks to 7 days)				
	Spontaneous fetal deaths (20+ weeks)				
	% infants with gestational age < 37 weeks				
	maternal mortality				
	SIDS mortality				
	Spina bifida or other NTD's				
	% VLBW (<1.5K)				
	% of LBW (<2.5K)				
	% pregnant women with anemia (low SES)				
	OTHER – Please specify:				
Nutrition and Overweight (FAMILY HEALTH: NUTRITION)	% of adults eating 5 or more servings of fruit or vegetables/day				
	% of adults overweight and obese				
	% children underweight (0-4 years, low SES)				
	% of children overweight (2-4 years, low SES)				
	OTHER – Please specify:				
Oral Health (FAMILY HEALTH: DENTAL HEALTH)	Oral health status in 3 rd graders, caries experience				
	Oral health status in 3 rd graders, untreated caries				
	Oral health status in 3 rd graders, dental sealants				
	Oral health status in 3 rd graders, last dental visit				
	Oral health status in 3 rd graders, insurance coverage				
	Oral health status in 3 rd graders, regular source of dental care				
	OTHER – Please specify:				
Physical Activity and Fitness Stroke (CHRONIC DISEASE)	% of adults with regular and sustained physical activity				
	% of adults with no leisure time physical activity				
	OTHER – Please specify:				

Section	Indicators	Yes	No	Not Avail	Comments
HP2010 (Article 6)					
Respiratory Diseases (FAMILY HEALTH; CHILD HEALTH;; CHRONIC DISEASE)	Pediatric (0-4 years) asthma hospitalizations				
	Asthma hospitalizations (0-17 years)				
	Asthma hospitalizations (5-64 years)				
	Asthma hospitalizations (65+ years)				
	Asthma hospitalizations (total)				
	% of adults ever have asthma				
	% of adults now have asthma				
	Asthma mortality				
	COPD mortality				
	COPD hospitalizations				
	OTHER – Please specify:				
STD (STD)	Rates of Early syphilis (15-19 years)				
	Gonorrhea (15-19 years)				
	Chlamydia (15-24 years, male and female)				
	OTHER – Please specify:				
Substance Abuse (CHRONIC DISEASE)	Cirrhosis mortality				
	Adult binge drinking				
	Teen binge drinking				
	OTHER – Please specify:				
Tobacco Use (CHRONIC DISEASE)	% of adults smoking cigarettes				
	Youth smoking				
	OTHER – Please specify:				
Vision and Hearing (FAMILY HEALTH; CHILD HEALTH)	Pediatric (0-4 years) otitis media hospitalizations				
	OTHER – Please specify				

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Section HP2010 (Article 6)	Indicators	Yes	No	Not Avail	Comments
Emerging ⁶ Health Issues					
Emerging ⁶ Health Issues					

⁶ Emerging Health Issues are those issues in your county for which information is currently being gathered statewide or locally, but not presently listed under the CHA core indicators e.g. Lyme disease, bioterrorism.

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Part II: Article 6 Service Areas and Programs

Article 6 Service Areas and Programs: 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 Basic Service areas and the program areas 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.

Article 6 Service Areas and Programs

Article 6 Service Area and Programs	Is this Article 6 health issue identified as an area of concern	Is this Article 6 issue discussed under a Focus Area	If Yes, what is the Focus Area?	What are the strategies	What are the strengths and gaps	HP 2010 Area (selected from key):
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						

Article 6 Service Area and Programs	Is this Article 6 health issue identified as an area of concern	Is this Article 6 issue discussed under a Focus Area	If Yes, what is the Focus Area?	What are the strategies	What are the strengths and gaps	HP 2010 Area (selected from key):
Basic Service Area: Disease Control Programs:						
Sexually Transmitted Diseases						
Tuberculosis						
Communicable Diseases						
Immunization						
Chronic Diseases						
Human Immunodeficiency Virus (HIV)						
Optional Services						
Dental Health Services						
Home Health Services						
Optional Other Services						
Medical Examiner						
Emergency Medical Services						
Laboratories						

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Article 6 Service Area and Programs	Is this Article 6 health issue identified as an area of concern	Is this Article 6 issue discussed under a Focus Area	If Yes, what is the Focus Area?	What are the strategies	What are the strengths and gaps	HP 2010 Area (selected from key):
Other Additional Programs, not listed above						

Part III: Focus Areas for 2005-2010

1. Complete the table for each focus area established for 2005-2010. Please use a separate form for each focus area. Please note, this will have to be completed electronically. Please make copies of the blank form to use as a worksheet if needed.

Focus Area	What strategies have been identified?	What service gaps or strengths were identified?	HP 2010 Area ^B (select from key):	Was there a community process implemented to identify this Priority?

^B HP210 Focus Areas are attached on p. 17

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2. If you have dropped or deleted any focus areas or priorities from 1998-2004 CHA (that were also listed in the Updates), please list these areas and complete the table. Please check (✓) all that apply.

Health Focus Area	Focus area deleted (check all that apply)				
	Goal reached	Grant ended	Displaced by new focus/priority	Incorporated into current focus	Other (write in)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV: CHA Process Information

1. Which criteria were used to identify in local focus areas? (check all that apply)

- a. Size of the health issue
- b. Seriousness of the health issue
- c. Whether intervention implemented were measurable
- d. None of the above
- e. Other: _____

2. Which stakeholders were involved in the decision to identify local focus areas?

- a. Local health department staff
- b. Hospitals
- c. Community Leaders
- d. None of the above
- e. Other: _____

3. Is the community health assessment process guided by a planning model/framework: (check all that apply)

- a. MAPP (Mobilizing for Action through Planning and Partnerships; (http://mapp.naccho.org/MAPP_Home.asp)
- b. CDC's Framework for Program Evaluation (<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm>)
- c. APEX-PH
- d. Other: _____

_____ e. None

4. Does the health assessment process involve the community in (check all that apply)?

_____ a. In providing input

_____ b. Data collection

_____ c. Data analysis

_____ d. Part of a community health assessment team

_____ e. None of the above

_____ f. Other: _____

5. Please list any data gathering initiatives, or updated CHA related documents (published statistical analysis, web-based resource, work group reports, report cards, media packages, etc.) that have been prepared since submitting the last 2003- 2004 CHA Update that you think would be helpful to share with regional staff or staff from other local health units.

Title	Year	Audience	Attached to this form	Comments

County: _____

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6. On a scale from 1 through 5, how easy was it to complete the 2005 - 2010 CHA Summary Form? (Check One)
 1 **2** **3** **4** **5**
Very Easy Easy Fair Difficult Very Difficult

7. Please attach the Comprehensive CHA report to the Summary Form, and share any comments you may have about the CHA.

Healthy People 2010 Focus Areas

1. Access to Quality Health Services
2. Arthritis, Osteoporosis, and Chronic Back Conditions
3. Cancer
4. Chronic Kidney Disease
5. Diabetes
6. Disability and Secondary Conditions
7. Educational and Community-Based Programs
8. Environmental Health
9. Family Planning
10. Food Safety
11. Health Communication
12. Heart Disease and Stroke
13. HIV
14. Immunization and Infectious Diseases
15. Injury and Violence Prevention
16. Maternal, Infant and Child Health
17. Medical Product Safety
18. Mental Health and Mental Disorders
19. Nutrition and Overweight
20. Occupational Safety and Health
21. Oral Health
22. Physical Activity and Fitness
23. Public Health Infrastructure
24. Respiratory Diseases
25. Sexually Transmitted Diseases
26. Substance Abuse
27. Tobacco Use
28. Vision and Hearing
29. Not Listed as HP2010 Focus Area

ANNOTATED GLOSSARY

Community: The aggregate of persons with common characteristics such as geographic, professional, cultural, racial, religious, or socio economic similarities; communities can be defined by location, race, ethnicity, age, occupation, interest in particular problems or outcomes, or other common bonds (Turnock, 1997).

Community Health Assessment: Assessment is the ongoing process of identifying what needs to be done for improving the health of its people. It is the process of regularly and systematically collecting, assembling, analyzing, and making available information on the health needs of the community, including statistics on health status, community health needs, and epidemiologic and other studies of health problems. Assessment is one of the three core functions of public health agencies as identified by the Institute of Medicine (Turnock, 1997; and Novick & May, 2001).

Community Involvement: Community involvement often consists of, but is not limited to, participation in the design and provision of services, active advocacy for expanded services, participation at board meetings, support for services that are threatened to be curtailed or eliminated, and other activities that demonstrate that the community values a healthy community and an effective local public health system (Adapted from Novick & May 2001).

Emerging Health Issue: Health Issues in your county for which information is currently being gathered statewide or locally, but not presently listed under the CHA core indicators e.g. lyme disease, public health preparedness.

Focus Area: Selected broad health issue(s) that has been identified for more focused action in the community. They may include multiple strategies. Examples of these are “Maternal Child Health” in Healthy People 2010 focus areas or “Healthy Births” in Communities Working Together Health Priorities.

Gaps: A need identified as “unmet”.

Priority: Often used to imply “focus area”. Selected broad health issue(s) that has been identified for more focused action in the community. Examples of these are Healthy People 2010 focus areas or Communities Working Together Health Priorities.

Prioritization process: A formal or informal process used to identify priorities or focus areas. Examples of formal process are the nominal group techniques, Hanlon’s (Basic Priority Rating System).

Public Health System: The network of organizations and professionals that participate in producing public health serves for a defined population or community. This network includes governmental public health agencies as well as relevant health care and social service providers, community based organizations, and private institutions with an interest in population health. (Novick & Mays, 2001)

Service resources: Beneficial health services and prevention activities available within a population of interest.

Strategy: It is a broad statement of the action being taken, the audience being focused on, without necessarily identifying a time period.. For example, if “Sexual Activity” is identified as a focus area; the identified strategy may be “strengthening communication between adolescent and adult caregiver(s)” (adapted from MAPP).

Strengths: Beneficial characteristics of the community that positively impacts the strategy, or has the potential for doing so.

References:

[Mobilizing for Action through Planning and Partnerships \(MAPP\)](http://mapp.naccho.org/mapp_glossary.asp)
(http://mapp.naccho.org/mapp_glossary.asp) MAPP is a community-wide strategic planning tool for improving community health developed by National Association of County and City Health Officials (NACCHO) in partnership with CDC.

Novick L. F. and Mays G. P., Eds.; Public Health Administration: Principles for population-based management. Gaithersburg, MD: Aspen Publishers, Inc, 2001.

Turnock, B. J.; Public Health: What is it and How it Works. Gaithersburg, MD: Aspen Publishers, Inc, 1997.