

Progress to Date on Local Collaborative Planning

Background

Local Planning Process in NYS

The Prevention Agenda 2013-2018 vision is for New York to become the nation's healthiest state by addressing five health priorities:

- 1) Preventing chronic diseases
- 2) Promoting healthy and safe environments
- 3) Promoting healthy women, infants and children
- 4) Promoting mental health and preventing substance abuse
- 5) Preventing HIV, sexually transmitted diseases, vaccine-preventable diseases and healthcare-associated infections.

The Prevention Agenda has five priority-specific action plans with established goals, outcome objectives, and health indicators to measure progress, including in achieving reductions in health disparities. Each action plan describes evidence-based interventions that can be implemented by sector (e.g., health care providers, employers, academia). The interventions are also organized by level of public health impact, to focus attention on those activities that will have the most significant outcomes.¹ These priority-specific plans serve as the blueprints for local community health improvement planning in New York State.

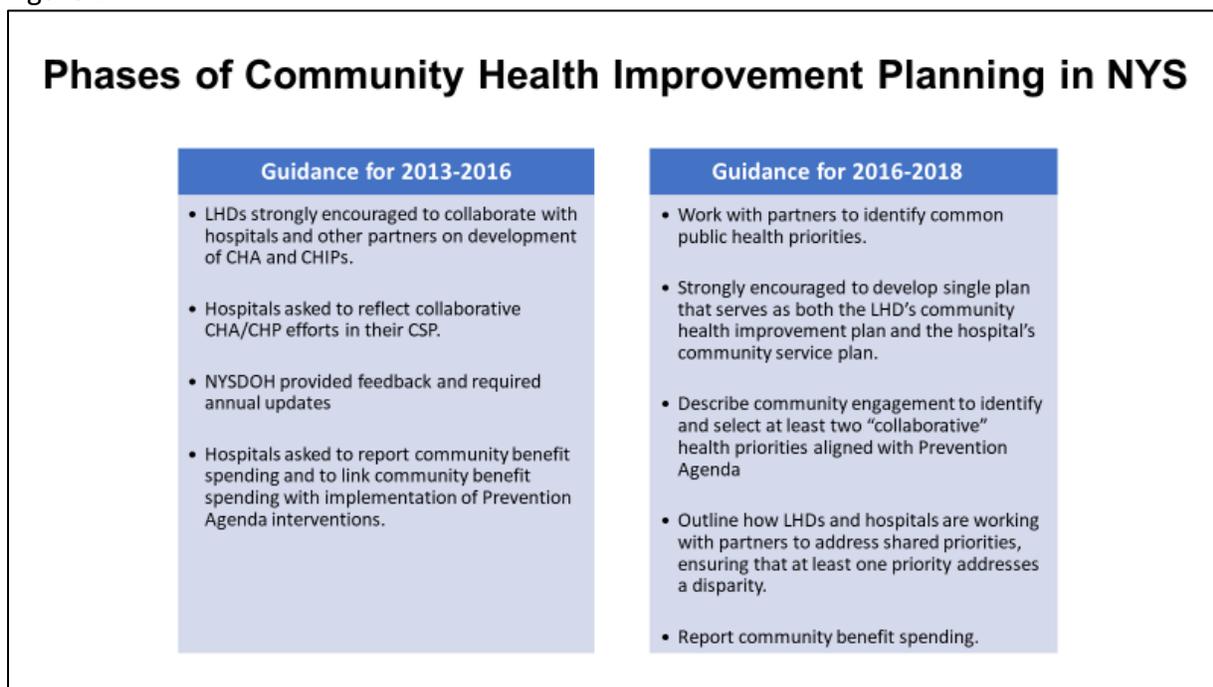
The New York State Department of Health (DOH) regulates both local health departments (LHDs) and hospitals, which are required by State Public Health Law to conduct community health assessments and develop community health improvement plans. Since 2008, the Prevention Agenda has been the framework for this local planning. Prior to the development of the Prevention Agenda, the reporting was retrospective – what has the LHD or the hospital done to improve health in the community. When the Prevention Agenda was established, NYS began requiring that LHDs and hospitals conduct prospective and collaborative assessment and planning (Fig. 1).

Figure 1



While LHDs and hospitals collaborated on assessments for the first Prevention Agenda in 2008-2012, there was not a lot of progress on local implementation. Thus, in preparation for the next iteration of the Prevention Agenda in 2013-2018, the NYS Department of Health issued guidance to clearly spell out the process that should be followed in each community and then worked with its partners to offer technical assistance and support for their planning (Fig. 2).

Figure 2



The guidance aligned with recommendations made by the Public Health Accreditation Board for public health agencies seeking accreditation² and with requirements issued by the Internal Revenue Service for hospitals to comply with community benefit reporting standards, including completion of a Community Health Needs Assessment, that were established by the Affordable Care Act.³ Whereas in the past, LHDs had done the planning every four years and hospitals had done it every three years, LHDs and hospitals now complete the community health improvement planning process every three years, in alignment with the IRS requirements. This change was made to facilitate collaboration.

In 2012, in conjunction with the 2013-2018 Prevention Agenda, New York State guidance encouraged LHDs and hospitals to collaborate on completing community health needs assessments for 2013-2015, engage other community partners to work with them to identify two common public health priorities from among the Prevention Agenda priorities, and develop a plan for addressing those priorities.⁴ Plans were due by the end of 2013.

In 2015, NYS guidance asked LHDs and hospitals to work together to assess community health needs and identify common public health priorities aligned with the Prevention Agenda and develop a community health improvement plan for the period 2016-2018.⁵ In this cycle, NYS strongly encouraged LHDs and hospitals to consider developing a single plan to serve as both the LHD's community health improvement plan and the hospital's community service plan. NYS guidance also strongly encouraged use of evidence-based interventions to address the priorities selected as part of the planning process. Plans were due by the end of 2016.

For both cycles, DOH, the Greater New York Hospital Association, the Healthcare Association of New York State, and the New York State Association of County Health Officials sponsored training sessions on the guidance, as well as technical assistance on how to complete the planning process. DOH priority-specific subject matter experts provided technical assistance on implementing evidence-based interventions. Staff from the Office of Mental Health and the Office of Alcohol and Substance Abuse Services participated in cross-agency efforts to align the Prevention Agenda planning guidance with guidance they issued to local governmental agencies for planning behavioral health service provision.

In 2014, the NYS Health Foundation (NYSHealth) supported 17 communities with grant awards totaling \$500,000 to help 27 LHDs implement their *Prevention Agenda* plans. NYSHealth also awarded the New York Academy of Medicine (NYAM) a grant in 2014 to provide technical assistance to Prevention Agenda grantees and other LHDs as they implemented their Community Health Improvement Plans, and created learning collaboratives to provide more resources and networking opportunities.⁶ In 2016, NYSHealth awarded NYAM a second grant to continue to support the needs of LHDs and strengthen their collaborations with nonprofit hospitals and community-based organizations.⁷

Monitoring Local Progress

DOH staff read each plan submitted for 2013-2015 and 2016-2018. The reviews indicate that over time there was increased attention to local collaboration, as well as evidence that local community health improvement plans had been implemented.

Staff used an online survey to describe their findings. Two reviewers read each plan to ascertain:

- The priorities selected
- Evidence of collaboration between the LHD and nonprofit hospital(s) in the county
- Inclusion of evidence-based interventions in the plan to address the selected priorities
- Evidence of process and outcome measures to assess progress
- Evidence of plans for sustaining community engagement and the kinds of partner organizations that had participated

Reviewers were assigned by county to read all of the plans submitted in that county in order to ascertain, as one indicator of collaboration, whether the county's LHD and hospital(s) chose the same priorities.

In addition to the three-year plans produced in 2014 and again in 2017, staff created an online survey for LHDs and hospitals to describe their progress in the first year of implementing their three-year plan. The survey asked the organizations to report progress in two focus areas they were working on. For each focus area, they were asked to identify the intervention they were furthest along in implementing. The organizations were asked to select them from a provided list of evidence-based interventions, but could enter "other" as either of their selections. They were then asked a series of questions about each intervention, including the target population, the expected number of people to be reached, and whether and how frequently they were collecting data to measure progress.

DOH reviewed the information provided in first year progress report surveys, and classified the interventions into six categories:

1. Those that demonstrated they were evidence-based
2. Those that were best practices or a promising practice
3. Those that showed some promise of being evidence-based but needed to be described more specifically
4. Those that were not described in sufficient detail for DOH to assess
5. Those that were described clearly, but lack consensus on their benefits or effectiveness
6. Those that are recommended against, as they have negative consequences for health

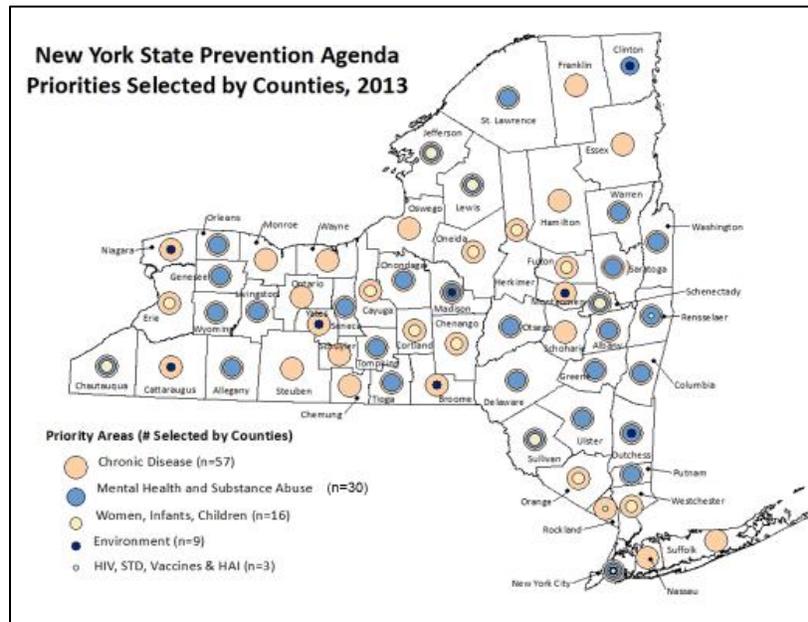
Staff calculated descriptive statistics to summarize how many LHDs and hospitals were implementing each kind of intervention.

Findings

Evidence of collaboration

Findings indicated that collaboration was strengthened over the six years of the Prevention Agenda. In 2013, nearly all LHDs and hospitals selected 'preventing chronic diseases' as a priority in their community and about half of them picked 'promoting mental health and preventing substance abuse' as their second priority. (Figure 3) The review indicated concordance between the priorities selected by LHDs and hospitals within the same county, demonstrating strong collaboration in the community health improvement process.

Figure 3



There was strong evidence in 2016 that the collaboration had strengthened. DOH received collaborative plans that year from more than half of the LHDs and the hospitals within those counties (Fig. 4). Joint planning took place outside of NYC, where big hospital systems serving multiple counties found it challenging to collaborate on planning with more than one county LHD.

Figure 4

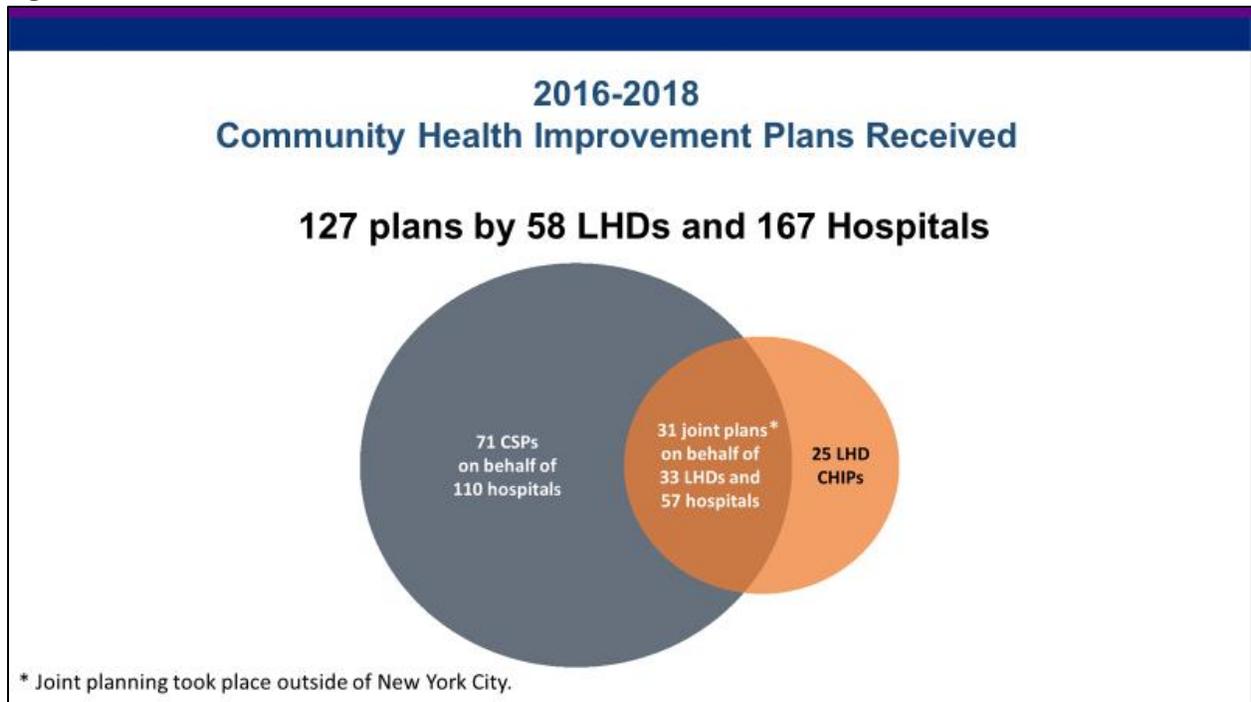
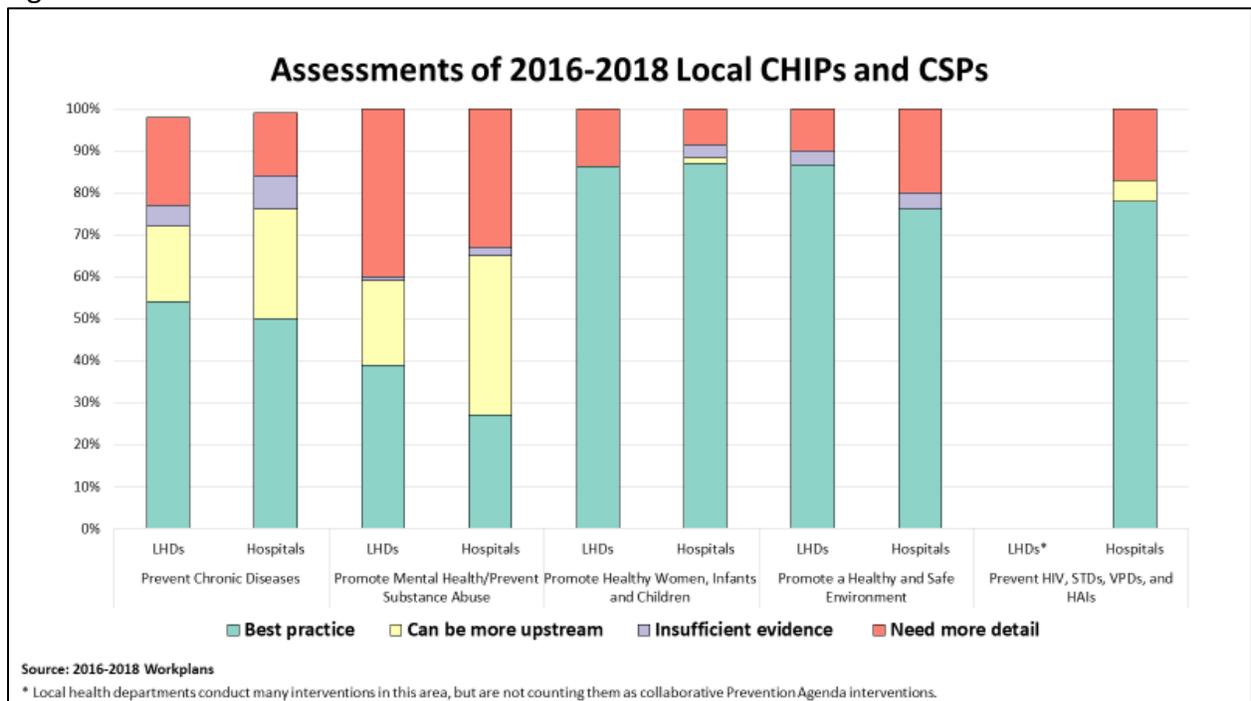


Figure 5



Evidence of Implementation

In 2013, the reviews indicated that while many LHDs and hospitals reported implementing evidence-based interventions to address chronic disease, including increasing the participation of adults in disease management classes, more than half of organizations reported on interventions that did not have a strong evidence base.

In 2016, a review of the interventions found that, in four out of the five priority areas, most of the interventions selected were either evidence-based or best practices (Fig. 5). In the fifth priority area, Promote Mental Health and Prevent Substance Abuse, proportionately fewer interventions were evidence-based or best practices, pointing to how new this priority is for LHDs, hospitals, and their partners to address. Technical assistance sessions have made a difference in helping local coalitions select and implement evidence-based and promising practices. In their one-year updates, LHDs and hospitals reported which measures they were using to track the progress of their interventions. Less than half of the organizations had identified interim measures to track progress.

The most recent one-year updates submitted in 2017 by LHDs and hospitals indicated continuing progress on implementing evidence-based interventions. The use of best practice strategies increased from 2016 to 2017. However, LHDs and hospitals also reported that tracking the impact of their efforts (i.e., using intermediate measures to assess short-term progress is a challenge. DOH also learned from the one-year updates that recruiting and retaining clients into interventions, such as chronic disease self-management programs, was challenging.

Lessons learned

From the six years of local community health improvement planning, NYS learned that guidance for local planning should require local collaboration and the use of evidence-based or best practice interventions. Annual monitoring and regular provision of technical assistance are essential to support local organizations in implementing their plans. Attention should be given to better support localities in monitoring progress and to assist them with identifying resources needed to implement their plans.

¹ Frieden TR. A framework for public health action: the health impact pyramid. *American Journal of Public Health*. 2010;100(4):590-595.

² *Standards and measures, version 1.5*. Public Health Accreditation Board (PHAB) web site. <http://www.phaboard.org/wp-content/uploads/SM-Version-1.5-Board-adopted-FINAL-01-24-2014.docx.pdf>. Published December 2013.

³ TD 9708 – Additional requirements for charitable hospitals; community health needs assessments for charitable hospitals; requirement of a section 4959 excise tax return and time for filing the return. *U.S. Department of the Treasury, Internal Revenue Service*. February 2, 2015. http://www.irs.gov/irb/2015-5_IRB/ar08.html.

⁴ Shah NR. Community Planning Guidance. New York State Department of Health. December 10, 2012. https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/docs/2013_community_planning_guidance.pdf.

⁵ Zucker HA. Community Planning Guidance for 2016-2018. New York State Department of Health. November 2015. https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/docs/letter_community_planning_guidance_2016_18.pdf

⁶ Press Release: NYSHealth and NYSDOH Announce Recipients of Grant Awards to Advance New York State's Prevention Agenda 2013-17. <https://nyshealthfoundation.org/2014/04/09/nyshealth-and-nysdoh-announce-prevention-agenda-grant-awards/>

⁷ NYS Health Foundation. Our Grantees: New York Academy of Medicine. <https://nyshealthfoundation.org/grantee/new-york-academy-of-medicine-june-2016/>