

## **Community Health Assessment**

### **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 Update 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

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

Albany County Department of Health, James Crucetti, MD  
 Clinton County Department of Health, Paula LaCombe/Laurie Williams  
 Columbia County Department of Health, Nancy Winch  
 Cortland County Health Department, Jacquelyn Gailor  
 Dutchess County Department of Health, Sabrina Marzouka  
 Lewis County Public Health Agency, JoAnn Seiler  
 Livingston County Department of Health, Joan Ellison  
 Monroe County Health Department, Cheryl Utter  
 Nassau County Department of Health, Betty Borowsky  
 Yates County Health Department, Lauren Snyder  
 New York State Association of County Health Officials, JoAnn Bennison  
 New York State Department of Health, Office of Local Health Services and Public Health  
 Information Group, Sylvia Pirani, Marie Miller, Mike Medvesky, Priti Irani

indicators are reviewed; (4) avoiding duplication of information; (5) offering the potential for 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 1 - 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 2 - 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 3: Information on Process:** Requests background information on assessment (eg. 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:

<b>Pages</b>	<b>Description of Contents Attached</b>
1	Local Health Department Information
2-7	Part I: CHA Core Indicators
8-10	Part II: Focus Areas
11-12	Part III: Process
13	Healthy People 2010 Focus Areas
14	2003-04 CHA Submission and Technical Assistance Information
14-16	Frequently Asked Questions (FAQs)
17-18	Annotated Glossary

Also attached are LHD Focus Areas submitted in 1999-2004 CHA and 2001-2002 CHA Update.

**CHA UPDATE SUMMARY FORM**

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

Part I: Data Review

Part II: Information on Local Health Focus Areas/Priorities

Part III: CHA Process Information

**Local Health Department Information**

Local Health Department Name: \_\_\_\_\_

Address: \_\_\_\_\_

Commissioner/ Public Health Director: \_\_\_\_\_

CHA Liaison/Contact person for CHA Update: \_\_\_\_\_

CHA Liaison Information- Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**Part I: Which of the following CHA Core Indicators have you reviewed?**

<b>CHA Core Indicators Reviewed</b>						
Section is labeled with HP2010 categories and Article 6 in parenthesis. `Indicators' lists data for which county-level data is available currently, or will be available within the next two years, are listed with comments. If currently, only state-level data is currently available e.g.BRFSS indicators, says so in the comments section. However some counties that implement their own surveys may have data at the local level.						
<b>Section</b> HP2010 (Article 6)	<b>Indicators</b>	<b>Yes</b>	<b>No</b>	<b>Not Avail</b>	<b>Comments</b>	
General Population Description ( <b>DEMOGRAPHICS</b> , <b>CHILD HEALTH</b> )	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				1998 census rate by County	
	Median family income					
	% of unemployed					
	high school drop out rate or school attendance rate				1998 census rate by county	
	% of children in poverty					
	<b>OTHER – Please specify:</b>					
Access to Quality Services ( <b>FAMILY HEALTH:</b> <b>CHILD HEALTH</b> )	% Medicaid or self pay at delivery					
	% of adults who could not see doctor due to cost				State rate available	
	% of children uninsured (less than18 years)				State rate available	
	<b>OTHER – Please specify:</b>					
Cancer ( <b>CHRONIC DISEASE</b> )	% of women with PAP in last 2- 3 years				State rate available	
	% of women with mammogram in past 2 year; 3 (50+), 3 years (40 +)				State rate available	
	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)				
	<b>OTHER – Please specify:</b>					
Diabetes (CHRONIC DISEASE)	Rates of diabetes hospitalizations/1000 diabetics					State rate available
	Diabetes mortality					
	Uncontrolled diabetes hospitalizations (18-64 years)					
	Diabetes prevalence in adults					State rate available
	<b>OTHER – Please specify:</b>					
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				1998 Census
	WATER QUALITY	% of public water supplies in compliance				
		% of populations served by acceptable water systems				
	<b>OTHER – Please specify:</b>					
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					
	<b>OTHER – Please specify:</b>					
Food Safety (COMMUNICABLE DISEASES)	E.coli					
	Salmonella					
	Shigella					
	# and rate of foodborne outbreaks in regulated facilities					
	<b>OTHER – Please specify:</b>					

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				State-level data currently
	Cholesterol checked in last two years				State-level data currently
	% of adults with high blood pressure				State-level data currently
	% of adults with high cholesterol				State-level data currently
	<b>OTHER – Please specify:</b>				
HIV (HIV)	AIDS Case Rate				
	AIDS Mortality Rate				
	% of HIV positive newborns				
	<b>OTHER – Please specify:</b>				
Immunization and Infections Diseases (TB, DISEASE CONTROL)	% of 65+ with flu vaccine in last year				State-level data currently
	% of 65+ ever had pneumonia vaccine				State-level data currently
	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				
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				

	Drug related mortality				
<b>Section</b> HP2010 (Article 6)	<b>Indicators</b>	<b>Yes</b>	<b>No</b>	<b>Not Avail</b>	<b>Comments</b>
Injury Prevention and Control (FAMILY HEALTH: INJURY PREVENTION AND CONTROL)	Drug related hospitalizations				
	<b>OTHER – Please specify:</b>				
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)				
	<b>OTHER – Please specify:</b>				
Nutrition and Overweight (FAMILY HEALTH: NUTRITION)	% of adults eating 5 or more servings of fruit or vegetables/day				Synthetic estimate
	% of adults overweight and obese				Synthetic estimate
	% children underweight (0-4 years, low SES)				
	% of children overweight (2-4 years, low SES)				
	<b>OTHER – Please specify:</b>				
Oral Health (FAMILY HEALTH: DENTAL HEALTH)	Oral health status in 3 <sup>rd</sup> graders, caries experience				Not currently available
	Oral health status in 3 <sup>rd</sup> graders, untreated caries				Not currently available
	Oral health status in 3 <sup>rd</sup> graders, dental sealants				Not currently available
	Oral health status in 3 <sup>rd</sup> graders, last dental visit				Not currently available
	Oral health status in 3 <sup>rd</sup> graders, insurance coverage				Not currently available
	Oral health status in 3 <sup>rd</sup> graders, regular source of dental care				Not currently available
	<b>OTHER – Please specify:</b>				
Physical Activity and Fitness Stroke	% of adults with regular and sustained physical activity				Synthetic estimate
	% of adults with no leisure time physical activity				Synthetic estimate

(CHRONIC DISEASE)	<b>OTHER – Please specify:</b>				
<b>Section</b> HP2010 (Article 6)	<b>Indicators</b>	<b>Yes</b>	<b>No</b>	<b>Not Avail</b>	<b>Comments</b>
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				State-level data currently
	% of adults now have asthma				State-level data currently
	Asthma mortality				
	COPD mortality				
	COPD hospitalizations				
	<b>OTHER – Please specify:</b>				
STD (STD)	Rates of Early syphilis (15-19 years)				
	Gonorrhea (15-19 years)				
	Chlamydia (15-24 years, male and female)				
	<b>OTHER – Please specify:</b>				
Substance Abuse (CHRONIC DISEASE)	Cirrhosis mortality				
	Adult binge drinking				Synthetic estimate
	Teen binge drinking				State-level data currently
	<b>OTHER – Please specify:</b>				
Tobacco Use (CHRONIC DISEASE)	% of adults smoking cigarettes				Synthetic estimate
	Youth smoking				State-level data currently
	<b>OTHER – Please specify:</b>				
Vision and Hearing (FAMILY HEALTH;	Pediatric (0-4 years) otitis media hospitalizations				



(FAMILY HEALTH: CHILD HEALTH)	<b>OTHER</b> – Please specify				
Emerging <sup>6</sup> Health Issues					
Emerging <sup>6</sup> Health Issues					

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<sup>6</sup> 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: Focus Areas**

1. For each focus area added, please provide, as best possible, the information<sup>A</sup> requested. If no new focus area was added (or less than three focus areas were added), please complete this section for at least three current focus areas identified<sup>B</sup> in your 2001-2002 CHA Update and/or 1999-2004 CHA. Please use a separate form for each focus area, and make copies of the blank form (next page) as needed.

Focus Area (Example)	What strategies have been identified?	Were available service resources reviewed for this focus area? (Y/N)	What service gaps or strengths were identified?	HP 2010 Area <sup>B</sup> (select from key):	Community Priority?
e.g. Sexual Activity	Example: Need to reduce sexual risk among adolescents	Y	Need to continue/improve, education, intervention programs in schools and local communities		
	Improve access to health care	Y	Teens do not keep their appointments at a number of community health clinics		
	Need to collect information regarding level of adult caregiver – youth support	N	Currently, surveys do not collect this information, and there is no local resources/capacity to collect this information		

<sup>A</sup> An annotated glossary of terms used in the Update is attached. For a more extensive glossary, please refer to <https://commerce.health.state.ny.us/hpn/nyschds/chac/glossary.html>

<sup>B</sup> List of focus areas identified in your 2001-2002 CHA Update and/or 1999-2004 CHA is attached.

<sup>B</sup> HP210 Focus Areas are attached on p. 13

Focus Area	What strategies have been identified?	Were available service resources reviewed for this focus area? (Y/N)	What service gaps or strengths were identified?	HP 2010 Area <sup>B</sup> (select from key):	Community Priority?

<sup>B</sup> HP210 Focus Areas are attached on p. 13.

2. If you have dropped or deleted a focus areas or priority that was identified as "current" in the 2001-02 CHA Update, please check (✓) all that apply. If no reasons are listed, NYSDOH will assume that your LHD is working on all health issues identified in Part 2- #1, plus those listed in your 2003-04 CHA Update and 1999-2004 CHA.

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 III: CHA Process Information**

**1. Is your community health assessment process guided by a planning model or framework such as: (check all that apply)**

- a. MAPP (Mobilizing for Action through Planning and Partnerships; ([http://mapp.naccho.org/MAPP\\_Home.asp](http://mapp.naccho.org/MAPP_Home.asp))
- b. CDC's Framework for Program Evaluation (<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm>)
- c. Other: \_\_\_\_\_
- d. None

**2. Does your 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: \_\_\_\_\_

**3. 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 your last CHA report (2001-2002 CHA Update or 1999-2004 CHA) 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

**4. On a scale from 1 through 5, how easy was it to complete the 2003-04 CHA Update? (Check One)**

     **1**           **2**           **3**           **4**           **5**  
**Very Easy    Easy        Fair        Difficult    Very Difficult**

**5. Please attach any reports recently completed that would be of interest to other lhds or state/regional staff, or any additional comments or suggestions you have regarding the CHA Update.**

## 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

**FREQUENTLY ASKED QUESTIONS (FAQ)  
COMMUNITY HEALTH ASSESSMENT (CHA) 2003-04 UPDATE**

**1. When is the CHA Update due?**

The CHA Update is due to the New York State Department of Health (NYSDOH) by Dec. 31, 2002.

**2. To whom should the CHA Update be submitted (and how many copies)?**

Three copies of the CHA Update are required to be submitted to:

Two copies to:

1. Lucy Mazzaferro, Office of Local Health Services, Center for Community Health, 821 Corning Tower, Albany, NY 12237, Phone: (518) 473-4223; Fax: (518) 473-8714; email: [lam02@health.state.ny.us](mailto:lam02@health.state.ny.us)

One copy to:

2. Regional office . . . .

**Capital Region:** Gary Riviello, NYSDOH CDRO, 2 Third Street, Frear Bldg, 4th Floor, Troy, 12180; Phone: (518) 271-2605; [ger01@health.state.ny.us](mailto:ger01@health.state.ny.us)

**Central Region:** Diane Dwire, NYSDOH-Central Region, 217 South Salina Street, Syracuse, NY 13202 (315) 426-7795; [dmd06@health.state.ny.us](mailto:dmd06@health.state.ny.us)

**Metropolitan Region:** Algerine Gambles, NYSDOH-Metroplitan Region, 5 Penn Plaza, NY, NY 10001-1803; (212) 268-7057; [amg05@health.state.ny.us](mailto:amg05@health.state.ny.us)

**Western Region:** Dolores Schumacher, NYSDOH - Western Region, 584 Delaware Avenue, Buffalo, NY 14202-1295; Phone: (716) 847-4302; [das06@health.state.ny.us](mailto:das06@health.state.ny.us)

**3. Who can we contact for more information?**

Please look through the FAQs, and if your question is not answered, contact your regional office staff person, listed below, via email or phone. A CHA Secure Discussion Forum has been also set up on the HIN if you would like to post your question.

**Capital Region:** Gary Riviello, (518) 271-2605; [ger01@health.state.ny.us](mailto:ger01@health.state.ny.us)

**Central Region:** Diane Dwire, (315) 426-7795; [dmd06@health.state.ny.us](mailto:dmd06@health.state.ny.us)

**Metropolitan Region:** Algerine Gambles, (212) 268-7057; [amg05@health.state.ny.us](mailto:amg05@health.state.ny.us)

**Western Region:** Dolores Schumacher, (716) 847-4302; [das06@health.state.ny.us](mailto:das06@health.state.ny.us)

**4. What if we are not able to submit the CHA Update in time?**

The 2003-04 CHA Update is due by December 31, 2002. As always, you can request an extension by contacting Lucy Mazzaferro, Office of Local Health Services, 821 Corning Tower, Albany, NY 12237. Phone: (518) 473-4223. Email: [lam02@health.state.ny.us](mailto:lam02@health.state.ny.us)

**5. What do you mean by (a) Focus Area; (b) Community; (c) Strategy; (d) Service resources; (e) Gaps; (f) Strengths; (g) Prioritization process; and other terms used in the Update.**

Please see annotated glossary attached. For an extended glossary, see <https://commerce.health.state.ny.us/hpn/nyschds/chac/glossary.html>



**6. Will there be training and/or technical sessions scheduled?**

Training/technical sessions have been scheduled for the following dates and sites in September. Please register by to be announced if you plan on participating.

Date	Site (Directions attached)

**7. There are a lot of CHA indicators in Part I. Do you expect us to review all of them for the 2003-04 CHA Update?**

LHDs are expected to review all listed indicators for which county and/or state-level data is available. It is time-consuming to review all of them. Most of the county-level indicators currently available are in the Community Health Data Set in the HIN. LHDs are advised to review at least the indicators identified as part of Article 6. Over the next year, it should be easier to do this review, as this “CHA core indicators” table will be available on the HIN and will be populated with data.

**8. How does “Bioterrorism and Public Health Preparedness” fit in with the CHA Update?**

For now, it is up to LHDs to identify “Bioterrorism and Public Health Preparedness” as an issue under Part 1: Emerging Issues and/or Part 2: Focus Areas. As NYSDOH collects more information on “public health preparedness”, it will be incorporated formally into the CHA.

**9. “Our Local Health Department has been following an MAPP process. For the 2003-04 CHA, could we submit information on this with the format suggested by our local partners, rather than a format suggested by NYDOH?”**

Yes. All LHDs will have to complete the summary form in addition to the CHA.

**10. What is the timeline for submitting CHAs and related documents to NYSDOH?**

Document	Period covered	Due Date	Comments
CHA Update CHA Full CHA Update CHA Update CHA Full	2003-2004; 2005-2010; 2007-2008; 2009-2010; 2011-2016	Dec. 2002 Oct. 2004; Oct. 2006; Oct. 2008; Oct. 2010	Full CHA is due every six years, and CHA Update once in two years between full CHAs
MPHSP	2003;	Dec. 2002	Should be completed every other year unless discussed otherwise.
Performance Reports	One year	December of every year	Due annually
State Aid Application	One year	Feb. 28 <sup>th</sup> of the year covered , or 30 days after adoption of municipal budget	Due annually

**11. “What if, our LHD completed a comprehensive CHA process in collaboration with community partners in 2001, and plans to do the next comprehensive one in 2005, but the NYSDOH comprehensive CHA is due in 2004?”**

In 2004, you would still need to complete the “summary form” and can attach the most recently completed, comprehensive CHA with any updates. When the comprehensive CHA is completed in 2005, please send a copy that can be used to amend the CHA on file to Article 6 and regional staff at NYSDOH.

**12. How will the 2003-04 CHA Update information be used and reviewed?**

The information submitted in the 2003-04 CHA Update will be entered into the newly developed CHA database. NYSDOH will review to assure that at least the CHA core indicators for which data is available has been reviewed, and to get an understanding of focus areas local health departments are working on, or those that have been deleted. Selected reports will be shared among staff at the central, regional and program offices within NYSDOH and within local health departments. Feedback on the process of completing the summary form, and its usefulness, will be considered in preparing the guidance for the 2005-2010 CHA.

**13. We are a very small LHD and need help with doing our CHA. Who can we approach to assist us?**

Work with your regional office staff person to identify your specific needs. NYSDOH is working with the CHA workgroup and other partners on making the CHA process less cumbersome by : (1) Working towards incorporating county-level data on CHA core indicators so it is not time-consuming to gather data for the CHA. This should be available in 2003; (2) Supporting the recently developed web-based CHA clearinghouse that is on the HIN/HPN. This site is currently being evaluated by the University at Albany School of Public Health. It has information and resources on CHA process, data, and practice, and can be accessed at <https://commerce.health.state.ny.us/hpn/nyschds/chac/index.html>.

**ANNOTATED GLOSSARY DEVELOPED FOR 2003-04 CHA UPDATE**

**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. Examples of these are Healthy People 2010 focus areas or 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.

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