

## CHNA 2022 Prep Group Meeting Summary – Wednesday, September 1, 2021, 1-3pm

### Federal Requirements: IRS document

- Gives good guidance, steps to follow, how to ID community, how to assess needs, etc. (attached)
- Additional sources of input, great summary

### State Requirements: Prevention Agenda 2019-2024 Website

- In ~2008, state made push to have everyone work collaboratively
- 6 year cycle; currently in third 6 year cycle
- 5 priorities: have remained essentially the same (list of current priorities attached)
  1. Prevent Chronic Disease
  2. Promote Healthy and Safe Environment
  3. Promote Healthy Infants, Women, and Children
  4. Promote Well-being and Substance/Mental Disorders
  5. Communicable Disease prevention

### Our Charge

- From our CBO survey and/or interview analysis and Community Health Assessment Survey data, group via consensus selects 2 priorities (in the past has been chronic disease and mental health)
- Navigated Prevention Agenda website, looked at priorities, dashboard with key metrics and measurements, sample interventions, etc.
- As you get further into the Prevention Agenda dashboard and priority plans, you'll see sample interventions and measures that correlate to each priority
- Dashboard shows what we're working toward addressing
- Social Determinants of Health now incorporated into Prevention Agenda
- Look to dashboard to show collective impact, before and after (i.e. Collective Impact – Physical Activity Focus – We can all collectively say we're responsible for the improvements in the dashboard over time)

### LIHC Role

- Distribute the CHA survey, (current CHAS survey attached)
- Analyze survey results
- Provide analysis to all
- Collectively decide what the prevailing health needs and concerns are
- The group, under LIHC coordination and direction, selects two priorities we want to address *as a region* for the next three-year cycle

### In the meantime...

- Explore prevention agenda site and dashboard
- Look at action plans for each priority
- Research interventions to meet objectives (ie: CCHL, community outreach programs, chronic disease self-management programs)

- Evidence-based programs preferred by state, but not always feasible or what's best for the community (need a certified and trained facilitator to offer those programs, not always easy)

### Timeline

- **PLAN DUE END OF 2022**; working backwards from there
- Plan must be adopted by hospital boards of directors, county health departments, etc.
- Some hospitals not on calendar year timeline or fiscal year; timeline pushed up possibly
- CBO survey – start early January, perhaps sooner with return date of mid-February, analysis in hand by mid-March
- Need meeting to look at everything, look at results, select priorities
- **BY APRIL OF 2022**: The ideal is to have come together, reviewed all data, and made determination of our priorities by then
- Enables hospitals, health departments to then present the chosen priorities to those required to approve/adopt those priorities in timely fashion
- Hospitals and local county health departments are strongly encouraged to collaborate on needs assessment and ideally state would like one CSP/CHIP per county, but individual plans OK as long as collaborative partners are indicated, process for collaboration spelled out, etc.
- Community survey is ongoing, but whenever we decide on the final changes, we'll push it out immediately ASAP

### Conducting the Community Health Assessment

- CHAS survey: fulfilled by LIHC, developed by consensus
- Questions have remained the same thus far
- Analysis of survey results provided to all, readily available on LIHC site
- Individual and community perception of health needs/barriers and some demographic information
- Looks at zip code level data health needs

### Community Health Assessment Survey (CHAS) Discussion (this survey is for individuals)

- Name proposed by J. Logan: Long Island Community Health Assessment
  - Originally included Eastern Queens in the name because some providers were working in this region, which drew some patients from Nassau
  - Have very small percentage of respondents from this region
- COVID Question
  - Need to include something about the pandemic? Or not?
  - COVID questions could be leading
- Questions 1 and 2, option that reads "vaccine preventable diseases"
  - Tavora Buchman: standard, so makes sense to keep the same language and use it year to year
  - Perhaps include examples, like COVID, measles, flu in parenthesis after "vaccine preventable diseases" or add "communicable diseases"
  - Linda Mermelstein: agrees; list examples, flu, measles

- Astha Muttreja: don't want to affect integrity of survey, "other" can be COVID for some who are concerned
- Greg Pigott: "vaccine preventable diseases" needs to be broken down for public (ie pertussis, shingles, etc); "it's public health speak"; suggests listing examples
- Others pointed out examples could be leading
- Stacy Villagran: perhaps include definition of "vaccine preventable diseases"
- Tavora Buchman – vaccine preventable diseases was in the prevention agenda, NOT all infectious diseases
- Linda Mermelstein: perhaps 2 categories? Vaccines and infections
- Question 3
  - "No insurance" is always up there; seems like a perception of others, since NYS actually doesn't have a high rate of uninsured; perhaps change to what prevents YOU, not the community
  - Perhaps "what prevents you and your family"
  - Other options: "adequate insurance" or remove the "no insurance" option
  - Yvonne Spreckels: 20% of Wyandanch respondents said they have no insurance #23
  - Tavora Buchman: don't remove or change question that is already there
  - CONCLUSION: Consider adding a question without adding another page
- Question 3 Options
  - Add immigration status (TO COMMUNITY, NOT SELF QUESTION)? Add business hours as a limitation?
  - Tavora Buchman – hesitant to add immigration option, could deter
  - Immigration status vs resident status; what's correct?
- Andrea Ault Brutus: immigration status is a more widely known term
- Race: why no Hispanic/Latino?
  - Hispanic/Latino is considered an ethnicity, according to census—this makes it easier for us to follow census rules
- Questions of "Zip code where you live" and "Town where you live"
  - Why both? – Tavora remembers the public was confused, sometimes didn't know their own zip code so we ask for both
- Insights from Customized Wyandanch Survey, Yvonne Spreckels
  - Yvonne's been working with Wyandanch; added 3 questions for survey
  - Out of 210 people since January 2021, few selected vaccine-preventable diseases for themselves or community (14% in q1 and 16% in q2)
  - Not sure if it's getting lost or not
  - For 2020: difference in responses
- Group agreed to add another question about internet access at home, but don't remove smart phone question
- **LHC to revise survey accordingly, then bring up for discussion at follow up meeting and take vote on the changes**

## CBO Feedback

- 2013: Distributed a CBO survey to limited contacts in both Nassau and Suffolk counties; Nassau County also held key informant interviews with select CBO representatives. Summarized results. (survey attached)
- Group did not have time to review each question on the CBO survey. Mostly this survey mirrors questions asked on the CHAS for individuals.
- 2016: two CBO summits held – one in Nassau County and one in Suffolk County – and overseen by LIHC
  - ~100 CBOs were involved, both counties
  - Transcribed conversations that occurred at each table and ran through Atlas Ti qualitative analysis software, key themes, full report provided by LIHC
- 2019: used focus groups for individuals
  - Had a firm do the analysis
  - And key informant interviews for CBOs
  - Outside firm conducted the analysis
- 2021
  - LIHC is no longer state-funded, less financial and human resources
  - Janine Logan suggests CBO survey – use the one from 2013, update if necessary
  - We can contact the CBO reps who say they wish to be contacted (as per an option on the CBO survey) and conduct key informant interviews with them via zoom and phone
  - Perhaps form a subcommittee to accomplish this task, depending on how many CBO reps opt to be contacted
  - We still have Atlas Ti qualitative analysis software, so we can do an analysis and have that primary data in addition to the CBO survey results
  - Tavora Buchman: if no other resources/funds, okay
  - CBO survey could probably go out beginning of 2022, January
  - Mid-April meeting, look at everything, look at results, select priorities
  - LIHC can provide limited metrics, but no CDSM programs, no active CCHL, not using Are You ready Feet?
  - Mostly provide social media stats, correlate to goals and objectives, does it meet disparities, etc. Our social media stats are looking at posts related to chronic diseases, mental health/substance misuse – how many occurred – both posts the LIHC generates and ones posted by LIHC participants
  - Use these metrics in addition to your own intervention data – the outcomes achieved by your individual program/interventions. Means you must have a plan for evaluation in place for each program/intervention
  - LIHC still active, still connecting sectors, provide a service to counties, CBOs and hospitals etc.

## Community Health Needs Assessment and Improvement Plan Templates

- LIHC to write again, following similar format, and giving as much info as possible, align with state template; state will likely not revise the template. Guidance from the state forthcoming soon.
- Journal of Am. Med. Journal – good resource

## CHNA 2022 Prep Work Group Moving Forward

- Meeting monthly from now until next April
- Meetings on the first Tuesday of every month from 1-3pm
- We will send transcript of this meeting, recording

## Misc. Notes

- LIHC meeting Sept. 23
- Feb 2022: 2021 CHAS analysis completed
- Waiting on updated state guidance for 2022 CHNA template

**NEXT MEETING: Tuesday, October 5, 2021 at 1pm**

<https://us06web.zoom.us/j/83185616511?pwd=MGxPTUtIa0VHZU0waS9UNitQVkJQT09>

Meeting ID: 831 8561 6511

Passcode: 473080