

Instructions for Completing 2021 Prevention Agenda Update

In these unprecedented times, we thank you for your service. We understand that the workplan timeline as reported in 2019 has been disrupted. This workplan update table will provide an understanding of the status. Please email the completed 2021 Prevention Agenda Workplan table to prevention@health.ny.gov by December 31, 2021.




This workplan update table uses the priorities of the Prevention Agenda reported in the 2019 -2021 Community Health Improvement Plan or Community Service Plan. The table rows A through H is the information you submitted in 2019. For example, if a plan identified Prevent Chronic Diseases and Promote Well-Being and Prevent Mental and Substance Use Disorders as the priorities, they are organized under different tabs.

Rows 1-4 one for each of the five priorities' tabs

- Row 1, Column A:** Completed name of organization(s). If multiple organization(s), include name of all partner organizations.
- Rows 4-5 in Columns A and B:**
Planning Report Liaison, entering name of person completing the workplan.
Email: the contact email. If there are questions about the workplan, State Department of Health staff will contact this person.

Rows 7 one for each of the five priorities' tabs

The information in columns A through H is from the report submitted in the 2019-2021 workplan. Please feel free to make changes if you need to. Below are instructions on how the information is organized. For columns A, B, and C, you will have to choose from the drop-down options.

- Column A – Priority:** Priority selected from drop-down menu. The drop-drop menu can be accessed from the little arrow  just outside the cell.
- Column B – Focus Area:** Focus Area selected from drop-down menu. The drop-drop menu can be accessed from the little arrow  just outside the cell.
- Column C– Goal:** Goals selected from drop-down menu. The drop-drop menu can be accessed from the little arrow  just outside the cell.
- Column D– Objectives:** Identified objectives in your 2019-2021 Plan that measurable outcomes, time-limited and aligned with the goal. The objective statement may be a slight variation from the one listed in the Prevention Agenda or it may be different. Some example objectives:

Strong objective	Weak objectives or not objectives
Goal: Increase food security Increase percent of adult who are food secure by 5% by December 2021 (baseline to be set in 2021)	Goal: Increase food security Implement a farmer's market (this is an activity, not time-limited, and vague on whether it is aligned with the goal)

<p>Goal: Prevent and address adverse childhood experiences (ACEs) Increase proportion of community members who completed trauma-responsive training by 5% by December 2021 (baseline: to be set in 2021) - <i>While it does not measure ACEs rates, a theory of change/logic model process would show that trauma-responsive communities prevent and mitigate ACEs. It applies that trauma-responsive training is being evaluated for impact</i></p>	<p>Goal: Prevent and address adverse childhood experiences (ACEs) Offer 3 trauma-informed training workshops (this is an activity, not time-limited, and not clear if it aligned with the goal)</p>
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- **Column E - Disparity:** Identified disparity, such as socioeconomic, racial/ethnic among others, for at least one Prevention Agenda priority
- **Column F - Interventions/Strategies/Activities:** Identified intervention(s) being implemented. To assess whether interventions were evidenced-based, best-practice or promising practices, Department of Health staff rely on the following sources:
 - [Prevention Agenda Action Plan](#)
 - Other scientific literature (e.g., [The Community Guide](#); [County Health Rankings & Roadmaps. What Works for Health](#); and [SAMHSA's Evidence-based Practices Resource Center](#))
 - Consultation with subject matter experts.
- **Column G – Family of Measures:** Family of input, output and intermediate measures. Intermediate measures are especially valuable for feedback, and guiding program or policy progress.
 - Input Measures: Efforts to implement the policy or program intervention (e.g., trainings offered)
 - Output Measures: Results of the activity (e.g., number of participants at the training)
 - Short-term Outcome: A result directly tied to the intervention and measured at the end of the activity (e.g., number of participants who reported they will use the training)
 - Intermediate Outcome: Includes what the intended participants gained (e.g., number of participants not smoking in six months, number of participants in a Complete Streets program that are walking or biking along a specific corridor). Can be measured several weeks or months after the activity ended.
 - Long-term Outcome: Measured a year or more after program completion. Should include changes in health conditions or status, policies or organizational structures (e.g., change in smoking rate in a city, county, state or region). Changes may be only indirectly attributable to the program.
- **Column H – Projected (or completed) Year 1 Intervention:** Described activity for Year 1 – 2019 that may be new or completed as the report is being submitted toward the end of the year.
- **Column I – Latest Status as of ...:** Describe objectives completed latest status as of specify month, year).

Column J – What partnerships or factors helped you (please provide at least one specific example):
Briefly describe what factors or partnerships enabled to work. Please name specific key partners.

The DOH will post feedback on the Health Commerce Site (HCS) by June 2022. The Workplan Review Criteria include the types of interventions being implemented as well as how you described progress to date.

Intervention and Progress Color Explanation

Color code	Interventions (cell shade)	Progress to Date
Green	Evidence-based, best practice, promising practice.	Strong indication of progress, including at least one data component that shows the progress or "fail forward" of the intended impact on participants, or a sample of participants after intervention or completing training.
Sky blue	Is a good intervention. Could be implementing more upstream interventions. Add population-based, primary or secondary policy or program intervention	Has input and/or output information; can be strengthened by including intermediate measures' data that show impact on participants, or a sample of participants after intervention or completing training.
Yellow	Provide more information and/or a citation if best practice; if not best practice, replace/add a stronger intervention	Needs some quantitative data
Orange	Insufficient evidence - No consensus on benefits and lacking strong independent evaluations Add best practice intervention, or conduct rigorous evaluation	NA
Red	Recommended against as proven to have negative consequences. Drop intervention and select a best practice intervention	NA
Deep blue	Missing information. Fill in missing information	Missing information