

The Healthcare Association of New York State is proud to announce our “Call for Submissions” for the 2023 Community Health Improvement Award which recognizes outstanding initiatives improving the health and well-being of communities.

Please complete this form and submit by **5 p.m. on June 5** to the community health staff at [chia@hanys.org](mailto:chia@hanys.org). Applications received after this deadline will not be considered.

### CHIA INITIATIVES ARE:

- ✓ community-focused, using a collaborative approach to identify and address the health needs of the community;
- ✓ typically preventive, usually taking place outside of a clinic/hospital and not part of acute care; and
- ✓ related to the *New York State Prevention Agenda*.

### CHIA INITIATIVES ARE NOT:

- ✓ quality improvement/patient safety/care transition initiatives or inpatient-focused.

One award nomination is allowed per HANYS member hospital or continuing care provider.

## 1 SUBMITTER INFORMATION

Name and job title:

Organization name as it should appear in publication:

Organization address (include city, state and ZIP code):

Email:

Phone number:

## 2 INITIATIVE INFORMATION

Official name of initiative:

Year initiative began:

*Please note that your initiative must have been established in 2013 or later and existed for at least one year prior to submission.*

### 3 DESCRIPTION OF INITIATIVE FOR REVIEW

*This information will be reviewed by a panel of judges in consideration for the award.*

#### **BACKGROUND AND PREVENTION AGENDA PRIORITY (15 POINTS)**

- *Please provide a brief history of your initiative, describe the community health need, your needs assessment process and the target population and goals.*
- *Please describe the Prevention Agenda Priority Area your initiative is related to and how. (3,000 character limit)*

#### **APPROACH AND COLLABORATION (30 POINTS)**

*Please explain your approach and how the initiative addresses health disparities in the community. Describe the extent of your collaboration with community groups and identify their roles and the assets they brought to the initiative. (3,000 character limit)*

### 4 DESCRIPTION OF INITIATIVE FOR REVIEW, CONTINUED

#### RESULTS AND IMPACT ON THE COMMUNITY (35 POINTS)

*Please identify quantitative and qualitative results and the impact of the effort on community health, including any impact on reducing health disparities and advancing health equity. (3,000 character limit)*

#### CONCLUSIONS AND SUSTAINABILITY (20 POINTS)

*Please identify your lessons learned, including elements that contributed most to the initiative's success, and describe your ability and mechanisms to sustain the initiative. (3,000 character limit)*

## 2023 COMMUNITY HEALTH IMPROVEMENT AWARD SUBMISSION FORM

### 5 SUMMARY OF INITIATIVE FOR PUBLICATION

*This is a shortened description of your initiative that will be used in the HANYS' annual "Community Health Initiatives Across New York State" publication, on the HANYS website, as well as potential electronic promotion. Please secure approval from your communications department prior to submission if necessary.*

#### INITIATIVE DESCRIPTION AND GOALS

*Please describe the approach and goals of your initiative, including how it is related to a Prevention Agenda Priority Area. (1,300 character limit)*

#### PARTNERS

*Please list each community partner separated by a comma. (700 character limit)*

#### OUTCOMES

*Please highlight your top three outcomes only and include data for measurable results. (700 character limit)*

#### LESSONS LEARNED

*Please briefly explain two lessons learned. (500 character limit)*

#### SUSTAINABILITY

*Please demonstrate sustainability and/or the mechanism to achieve sustainability. (500 character limit)*

#### INITIATIVE CONTACT NAME AND TITLE

*This will be the contact name listed in the publication. If this is the same name as the submitter, please note that in the space provided below.*

#### INITIATIVE CONTACT INFORMATION

*If any of the below information is different from what was listed for the submitter, please provide this information as it should appear in the publication:*

- ADDRESS:
- EMAIL:
- PHONE:

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### ACKNOWLEDGEMENT

BY SUBMITTING YOUR APPLICATION, YOU CERTIFY THAT:

- ✓ your 2023 CHIA submission is complete;
- ✓ you understand that the wording you provided will be used for publication purposes and is subject to editing;
- ✓ you understand that once you submit, the content is final and you will not be able to make additional changes;
- ✓ your organization is a HANYS member; and
- ✓ this is the only submission from your organization.

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### SUBMISSION INFORMATION

TO SUBMIT THIS FORM AND RECEIVE CONFIRMATION:

- Send the completed submission form by email to [chia@hanys.org](mailto:chia@hanys.org) with the subject line "COMPLETED 2023 CHIA SUBMISSION FORM." By sending an email with this subject line, you will receive an automated confirmation email to print for your records.
- Questions? Contact Kristen Phillips, director, community health policy, at [kphillip@hanys.org](mailto:kphillip@hanys.org) or 518.431.7713.

Typed initials:

Date:

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**THANK YOU FOR YOUR SUBMISSION!**