

Community Health Improvement Award 2025 Submission Form

The Healthcare Association of New York State is proud to announce our “Call for Submissions” for the 2025 Community Health Improvement Award recognizing outstanding initiatives improving the health and well-being of communities.

Award criteria: Please see HANYS’ [CHIA website](#) for information on submission criteria. One award nomination is allowed per HANYS member hospital or continuing care provider per year.

Review process: The information on pages 2 and 3 of this document will be reviewed by a panel of judges in consideration for the award. As you complete each section, please be sure **not to include** any identifying information on these two pages that will allow the reviewers to recognize your facility, location, county, etc. Some examples of what not to include are provided in the box at right. The submission scoring the highest will be awarded.

Profile of submissions: All submissions that meet the award criteria will be included in HANYS’ annual [submissions profile book](#). This publication is promoted via email to members and posted on HANYS’ website and we encourage you to share it with your hospital and community. Be sure to provide a thorough summary of your initiative in section 4 for this purpose. We strongly suggest you secure approval from your communications department prior to submission as this will be a public document.

Submission deadline: Please submit this form to chia@hanys.org by **5 p.m. Feb. 18**. Applications received after this deadline will **not** be considered.

SECTION 1: SUBMITTER INFORMATION

Name

Job title

Organization name

(as it should appear in publication)

Organization address

(city, state, ZIP)

Email

Telephone number

SECTION 2: INITIATIVE INFORMATION

Official name of initiative

Year initiative began

Must have been established in 2015 or later and existed for at least one year prior to submission

Some examples of identifying information

Hospital or system name

Instead, use “hospital” or “system”

Example: Anywhere Medical Center; use “Hospital [or System, as appropriate]”

Hospital or system name within title of initiative

Instead, use “hospital” or “system”

Example: Anywhere Hospital’s Quality Care Initiative; use “Hospital’s” Quality Care Initiative

Partner name

Instead, use “county” or “organization”

Example: Anywhere County Health Department, use “County Health Department”

Example: Anywhere Dental Clinic provided assistance in this initiative; use “Dental Clinic” provided assistance in this initiative

You may also use a capital “X” in place of identifying information.

SECTION 3: DESCRIPTION OF INITIATIVE

The following information should not contain any identifying information about the organization or its location. Please see page one for details.

Background and *Prevention Agenda* Priority | 15 points

Please provide a brief history of your initiative and describe the community health need, your needs assessment process, the target population, the goals and how your initiative relates to specific *Prevention Agenda* Priority Areas (may refer to new or previous *Prevention Agenda* cycle). **(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)**

**SECTION 3: DESCRIPTION OF INITIATIVE
(CONTINUED)**

The following information should not contain any identifying information about the organization or its location. Please see page one for details.

Results and Impact on the Community | 35 points

Please identify quantitative and qualitative results and the impact your initiative had on community health, including reducing health disparities and advancing health equity if applicable.. **(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)**

SECTION 4: INITIATIVE INFORMATION TO BE INCLUDED IN PROFILE BOOK

Please provide a brief summary below of your initiative to be published in HANYS' annual "[Community Health Initiatives Across New York State](#)" profile book and shared publicly.

Please include all identifying information about the organization, its location and partners when completing the information on pages 4 and 5.

Initiative description and goals

Please describe your initiative, including the approach and goals, and how it relates 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)

You're almost finished! >

**SECTION 4: INITIATIVE INFORMATION TO BE INCLUDED IN PROFILE BOOK
(CONTINUED)**

Lessons learned

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

Please include all identifying information about the organization, its location and partners when completing the information on pages 4 and 5.

Sustainability

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

Project summary sentence

Please provide a sentence summarizing your initiative. (200 character limit)

Example: COVID-19 testing and vaccination deployments in vulnerable communities focused on reducing COVID-19 infection rates and increasing vaccination rates.

Initiative contact information

The information provided below will be published in the profile book. Please include full name, credentials (if applicable), full title and email address of the person who should be contacted for more information.

Name

Job title

Email

Continue to acknowledge page >

SECTION 5: ACKNOWLEDGEMENT

By submitting this form, you certify that:

- ✓ your 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 HANY member; and
- ✓ this is the only submission from your organization.

Initials

Date

To submit this form and receive confirmation, send the completed submission to chia@hanys.org with the subject line “**COMPLETED 2025 CHIA SUBMISSION FORM.**” By sending an email with this subject line, you will receive an automated confirmation email to print for your records.