



MEETING FOCUS: Community health needs assessments as a means to activate communities in co-creating agendas to promote health and well-being.

Motivating questions:

- 1. Purposes: What are the ways in which community health needs assessments activate communities to actively address health issues, and promote population health and well-being?
2. Practices: What are promising examples of communities demonstrating effective and meaningful partnerships to co-create actionable health needs assessments and follow-up on priority issues?
3. Results: What measurable policy, program, or health outcomes have been catalyzed by CHNA processes?
4. Improvements: What policies, tools, information, or incentives might best enhance the spread and results of CHNAs?

Outcomes anticipated: Shared understanding of the steps necessary to better capture and disseminate best principles and practices for community health needs assessment, and how might the NAM be helpful?

REPRESENTATIVE OBSERVATIONS

- 501(r) regulations requiring nonprofit hospitals to perform a triannual CHNA were designed to provide flexibility; IRS is evaluating the CHNA process and welcomes guidance on evolution of practices and any barriers to promising practices, which may inform guidance notices. (ER)
• Hospital community benefit (CB) work is evolving from random acts of kindness to more intentional, coordinated work. There is increased movement toward community health building and upstream health factors. Common needs being addressed at individual, community and policy levels include: exercise, nutrition, weight; access to health services; mental health and mental disorders; diabetes; and substance abuse. Common challenges include: establishing evaluation plans, setting benchmarks and metrics, selection of strategies; and prioritization of needs. (JL)
• Zip code is a marker of health status and improving population health is a multisectorial process. Best practices include: joint planning at front end; full community stakeholder engagement; shared data sets; regionalization as appropriate; and elimination of gerrymandering to avoid populations. (GB)
• Federal rules have increased transparency and created opportunities for community organizations to partner with hospitals; recurring themes, incorporated in the forthcoming Community Benefit Dashboard, show importance of: combining social determinants and CB frames; centering and following lead of residents; hospital champions; investment in staff, funding and time; and struggle of public health and hospitals with "who" and "how deeply" to engage. (JC)
• KP's CHNAs show common issues: nutrition and active living, economic opportunity, childhood education, and many areas identified gun violence. Investment in upstream and policy change include investment in: firearm violence research; City Health initiative; procurement and purchasing practices; partnership with local business to help them grow and draw capital; offering construction jobs to those reentering from criminal justice system; and inclusion of social determinants in investment portfolio. (BC)
• The value of the nonprofit tax exemption for hospitals is \$24.6 billion. It is unknown how CB dollars are allocated and how much is directed outside hospitals; Community Benefit Insight is a tool to help gather that information. Opportunities include: broaden definition of community health improvement to include community building; report on CB spending that is linked to CHNA activities; establish community-wide health improvement guidance. (MB)
• An ASTHO survey shows that only 21.2% of health agencies have implemented or are planning to implement regulations or guidelines specifying how CB activities are implemented and enforced. Further, CHNAs are aligned with public health frameworks only 60% of the time and few CB funds support health department activities in meeting community health needs. Best practices include: partnership, including entities and collaborative activities; alignment with accreditation requirement; framing CB as investment; having designated CB staff in health systems leads to greater public health integration; house coordination within health agencies. Challenges: difficult to determine funding source of services provided; IRS community benefit reporting may not reflect total community health spending. (MP)
• Rural hospital closures are a major issue for communities, and rurality is a disparity in itself. Population health can serve as a unifying link between CB, hospital accountability, and accountable care. Rural strategies: build on access initiatives; coordinate on health prevention initiatives; share relationships; address determinants of health; and exchange and use information for CHNAs. (JG)
• There is a 16-year life expectancy gap within 2 miles on the West Side of Chicago; West Side United is a partnership of health systems, CBOs and residents with a vision to improve neighborhood health by addressing inequities in healthcare, education, economic vitality and the physical environment using a cross-sector, place-based strategy, and an aim to reduce the life expectancy gap by 50% by 2030. (DH)

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THE LEARNING HEALTH SYSTEM SERIES

- A number of factors are impacting health system focus on population and community health, but while systems report population health as central to mission, there is a disconnect in terms of resourcing. The path forward includes: getting to a shared framework; community and government partnerships; board engagement and education; strengthening linkages between quality with equity and disparities; and contextual approaches to advancing population health. ([AS](#))
- Meharry-Vanderbilt's lessons from models of community partnerships include: CHNA added fuel, but long-standing, mutually-beneficial partnerships already existed; ongoing input from community partners critical to implementation; an iterative process; implementation occurs across all pillars and missions; diverse portfolio of partners; and strategic investments. ([CW](#))
- Montgomery County is the healthiest county in Maryland, but upon deeper inspection there are vast disparities. Healthy Montgomery and Nexus Montgomery are broad-based community and health system partnerships that leverage global budget incentives, CHNAs and CHIPs to address upstream health factors. ([UA&AC](#))
- Hospital Council of Northwest Ohio uses a collective impact model across rural and urban counties that produces CHNAs and CHIPs, then addresses disparities through investment in cross-cutting strategies to: increase health insurance enrollment and outreach; improve access to comprehensive primary care; expand use of CHWs; increase care coordination using the Pathways Community HUB model; and implement cultural competency training for healthcare professionals. ([JR](#))
- The Work Group on Technologies to Enhance Person, Family and Community Activation will develop projects on a number of issues including: mythbusting around data use; consumer-driven exchange of information; infrastructure for addressing state-level disparities. It is also exploring a larger lifecycle project to reimagine the human lifecycle with health-related technology optimally applied to generate and preserve health. ([JM](#))
- CHNAs are a lever for a paradigm shift in healthcare which has led to rich discussions around “who” constitutes community and who will benefit, broadened thinking around co-producing health in community, and acknowledging gaps in moving from volume to value. (DF)
- Health disparities are a public health crisis akin to a forest fire, and through ACA we have asked hospitals to decide what part to fight, how to fight it, and how to measure it. Need in short order have more coordinated and scaled efforts. There is a failure of leadership in public and private sector on these issues. (PS)
- The partnership model in healthcare has gone from something done *to* someone, to *for* someone, to it being co-created; scale matters in terms of individual healing, community healing and global healing. With healthcare being 18% of economy, what does Hippocratic oath mean in world where climate change impacts disease burden, there are environmental refugees, and children being born with toxic chemical contamination? Food is a gateway strategy for the larger anchor role for healthcare; approach has evolved from removing fast food from hospital lobbies and has evolved to larger scale efforts to physicians writing prescriptions for healthy food and hospitals promoting local, sustainable food systems. This approach can also gives institutions the success and experience to take these larger issues on (GC)

COLLABORATIVE ACTIVITIES FOR CONSIDERATION

- *CHNA Principles and Practices*: Explore principles to optimize the added value of community health needs assessments, share promising practices on the conduct of assessments, and identify how IRS regulations and requirements related to community benefit can offer more guidance.
- *Improved networking for innovations*. Assess landscape of proven community engagement models and explore opportunities for better networking of patients, families and health system Patient and Family Advisory Councils in CHNAs so information about successful models is accelerated.
- *Assessment of community values*. Using *Vital Signs* framework, explore metrics for assessing community values and community engagement.
- *Equitable technology framework*. Develop a lifecycle approach to technology design and implementation where health-related technology optimally applied to generate and preserve health; identify critical stages, phases, socioeconomic strata, and conditions; and describe the ability of technology genres to impact these areas.
- *Executive incentives for reducing disparities*. Explore the use of health care executive compensation incentives to reduce community health disparities.
- *Person, family and community engagement for better care, better value and better health*. NAM initiative to support engagement of individuals, families, and communities as effective health and health care change agents by addressing three key areas: access to the evidence base to guide strategies; collaboration to apply evidence; and cultures and policies that are supportive and facilitative of their engagement.
- *Advancement of patient and family engaged care*. Develop common PFEC action and research agenda with a crosswalk of PFEC standards and measures and determine ways to digest the framework into messages for various stakeholders.

PARTICIPANTS

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CARE CULTURE AND DECISION-MAKING COLLABORATIVE

Organizations Participating

AARP	Consumers United for Evidence-Based Healthcare	Kaiser Permanente	RAND Corporation
American Academy of Nursing	C.S. Mott Children's Hospital	Lown Institute	Research!America
American Academy of Pediatrics	Dana-Farber Cancer Institute	Mayo Clinic	Robert Wood Johnson Foundation
American Academy of Physician Assistants	Dartmouth Center for Health Care Delivery Science	National Association of Community Health Centers	Schwartz Center for Compassionate Healthcare
American College of Clinical Pharmacy	Dell Children's Medical Center	National Business Group on Health	Sentrian
American College of Nurse-Midwives	Duke University	National Committee for Quality Assurance	University Hospitals
American Hospital Association	Emory University	National Governors Association	University of North Carolina
American Institutes for Research	Family Voices	National Partnership for Women & Families	University of Pennsylvania
American Medical Association	Georgetown University	National Quality Forum	University of Washington
American Nurses Association	George Washington University	Nemours Health System	Vidant Health System
Association of Academic Health Centers	Georgia Regents Medical Center	Northwestern University	Virginia Commonwealth University
Association of American Medical Colleges	Gordon and Betty Moore Foundation	NYU Langone Medical Center	Federal agencies:
Asthma and Allergy Foundation of America	Health Dialog	Oregon Health & Science University	U.S. Dep't of HHS
Beryl Institute	Healthwise	Patient-Centered Outcomes Research Institute	- AHRQ
Blue Shield of California Foundation	Henry J. Kaiser Family Foundation	Patient-Centered Primary Care Collaborative	- HRSA
Boston Children's Hospital	Informed Medical Decisions Foundation	PFCCpartners	- NIH
Braintree Rehabilitation Hospital	Institute for Healthcare Improvement	Planetree	- CMS
C-Change	Institute for Patient- & Family-Centered Care		- ONC
Cincinnati Children's Hospital	Johns Hopkins Health System		- CDC
Coalition to Transform Advanced Care	Josiah Macy, Jr. Foundation		U.S. Dep't of Defense
Consumers Union			U.S. Dep't of VA

THE NAM LEADERSHIP CONSORTIUM FOR A VALUE & SCIENCE-DRIVEN HEALTH SYSTEM

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