
Motivating questions:
1. **Purposes**: What are the emerging guiding principles for actionable, co-created community health needs assessments and implementation plans?
2. **Practices**: Who examples best illustrate the transferable lessons regarding how to achieve success and avoid setbacks?
3. **Strategies**: How to best advance effective conduct of CHNAs, cross-sector collaboration, improve alignment, and reduce duplication?
4. **Improvements**: What additional resources are needed to promote and track the success and impact of CHNA processes?

Outcomes anticipated: Engagement of the full range of front-line leadership, resources, and partnerships for effective action on the greatest opportunities for transformative improvement in individual and population health and health equity.

REPRESENTATIVE OBSERVATIONS

- The results of a recent examination of whether Community Health Improvement (CHI) processes are improving alignment, fostering collaboration, and demonstrating promise to improve health outcomes found that facilitating factors included creating structures that meet the local context; addressing multiple requirements to assess community needs; using multiple approaches to meet requirements; and implementing strategies that fit the local context; maximizing data resources, and monitoring implementation strategies and health outcomes. Areas for improvement included bolstering the collaborative structure in a community, engaging the business sector; clarifying focus and strategy; engaging partners at the right level; obtaining more useful data; and moving beyond assessment to address implementation, monitoring and evaluation steps in CHI process (AA, MD).

- Another work group member shared the findings from her organization, the Hospital Council of Northwest Ohio, which facilitates CHNAs across many counties. They found that disparities emerged among minorities, those 65+ and those with lower incomes when they looked at subgroups within a larger data set. Those disparities translated over into the community health improvement process (CHIP) strategies (JR).

- CDC Office of the Associate Director for Health Policy has created numerous tools to support evidence-based practices, such as an online tool kit sharing examples of assessment and implementation plans, and resources for collaborating across sectors, called the Community Health Improvement Navigator (JK).

- In a case study, the Sioux Falls Health Department served as a convening entity, coordinating a regional assessment and implementation process that involved two competing health systems. The assessment was carried out jointly, and the health systems collaboratively decided on three priorities to address in the CHI
process. They identified the priority areas based on the scalability and the ability of health systems to influence the outcomes. Community members were engaged throughout the process in a variety of ways, including block parties and asking for input from youth (MM, CH, CM).

- The second case study spotlighted the Healthy City Initiative in Baton Rouge, LA. In the absence of a local health department, the Mayor's Office was deeply engaged in the process and provided a staff person to bring together the community and different health systems. Their assessment revealed lingering effects of historical segregation, and beginning efforts to address it through the educational system and increased attention to adverse childhood experiences (CB, JH).

- The third case study featured the Backyard Initiative, a project between seven south Minneapolis neighborhoods and Allina Health. The director of the anchor community partner, the Cultural Wellness Center, provided an example of the importance of perspective: rather than thinking of Allina as addressing problems in its "backyard," her community saw Allina as setting up in their backyard, and chose to work with the health system as an equal partner. The success of the initiative is because the people who have lived in this neighborhood for generations are not seen as targets of change, but rather as agents of change, and have dedicated 42,000 volunteer hours over the course of this 10-year partnership. When considering the scalability and replicability of this initiative, the Allina partner noted the importance of considering the mindset of equal partnership, and realizing that engaging organizations is not the same as engaging the community (AA, EZ).

- The lunchtime presentation presented the strategy of investing in community as a way of achieving more equitable health outcomes. Dr. Nicole Alexander-Scott gave examples of recent efforts to transform the system of healthcare delivery in Rhode Island by creating health equity zones and community health teams. As the elected president of ASTHO, her challenge to the organization is to build healthy and resilient communities by changing how health departments work with them and investing in local partners (NA-S).

- In a session focused on centering health equity in CHNA and implementation strategies, Dr. Philip Alberti of the AAMC stressed the need to move towards more shared leadership in the process of conducting the needs assessment and determining implementation strategies, and remaining cognizant of the fact that tracking disparities is not the same as measuring progress towards health equity (PA). Dr. Julie Morita described the City of Chicago’s plan to move towards equity: leverage data; prioritize health equity in all interventions; address root causes of inequity whenever possible; and emphasize collaboration with a variety of stakeholders (JM). Finally, Lubna Ahmed of We ACT for Environmental Justice provided insight into her organization’s on-the-ground practice of engaging with community members, describing the process of holding community meetings and empowering residents to participate and affect policies that affect the health of their surroundings and themselves (LA).

- Considering how to use the process of a CHNA and the concurrent implementation strategies to effectively identify and address the social determinants of health, Dr. Stacy Lindau of the University of Chicago highlighted the role that technology can play to effectively identify and address different social determinants, with an example of an EHR plug-in that showed available community resources to a provider, in response to an identified need (SL). John Gale spoke to the unique challenges and opportunities posed by a rural setting, and the need to build long term community partnerships, to leverage existing resources (JG). Finally, Nancy Kasen provided the example of Beth Israel Deaconess Medical Center’s efforts to navigate the shift from a patient-centered approach to system-wide change, and noted the importance of an anchor institution strategy that utilizes available data about employees to recognize and address disparities (NK).
In the last session, on the role of measurement to drive processes, outcomes, and systemic change, Dr. Michael Stoto elaborated on the recent study mentioned, stating that their review of exemplary CHI processes found “excess variation” in how hospitals define the community they serve and identify priorities, and were more focused on conducting CHNAs than on developing implementing strategies, monitoring efforts and evaluating the results (MS). Pamela Schwartz provided examples from Kaiser Permanente’s efforts to prioritize collaboration and design implementation strategies that authentically engage and partner with community to identify health needs, and commit to addressing community needs by partnering and leveraging all of their assets towards community health across their 45 health systems (PS).

**Collaborative activities for consideration**

- **Continue Work on Special Publication: CHNA Principles and Practices:** Writing Groups were formed for different chapters, covering topics ranging from the CHNA process as a vehicle for community-driven change, to health system/public health collaboration in CHNAs, to CHNA process as a vehicle for addressing health equality and social determinants of health, have been formed. Working Group members are actively collaborating on ongoing working calls to develop the content of these chapters.

**Participants**

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