MEETING FOCUS: Review of CCDmIC Work Group progress in the areas of community health assessments, community engagement metrics, and technologies for engagement.

Motivating questions
1. Project: What is the current state of play of various ongoing projects supported by the collaborative?
2. Aims: How can these activities contribute to the goal of a health care system that continuously learns while maintaining a patient and family engaged care culture?
3. NAM role: Where are the opportunities to spotlight innovation or call for needed changes, where the NAM has a unique role to lend value?

OUTCOMES ANTICIPATED
To plan for the completion, dissemination, and implementation of Working Group products.

REPRESENTATIVE OBSERVATIONS

Assessing Meaningful Community Engagement for Health and Health Care
- The “North Star” of this steering committee is to identify a set of indicators that best assess the extent, process, and impact of community engagement, with the end outcome being a reduction in disparities and improved care outcomes at the local, state, and national levels. However, the committee faces challenges, including synchronizing patient-level literature and community engagement indicators, bringing in knowledge from other fields, and acknowledging other social issues that clearly impact health disparities. (SAG, AH, BN).
- Trust is the key to community engagement. Healthcare needs to meet patients where they are, and the industry needs to build trust among everyone. This also may mean making sure that some patients are not left out by narrow definitions of “community.” (JT)
- This complex field of evaluating engagement is emerging, with some measures currently under development but not yet published. It is also challenging to measure different levels of the socioecological framework. It will be necessary to measure whether subsequent policies have actually addressed the concerns of engaged groups. There is no true engagement if they were consulted but their input was not acted upon. (CW)

Community Needs Assessments: Principles and Practices
- Co-chairs of the working group noted that the scope extends beyond tax-exempt hospitals to include the community assessment work done by local health departments and has begun to consider the entire process from assessment to implementation. They offered key principles from each of the five chapters, which included an emphasis on collaboration and partnership, and
challenges, such as distinct histories of different communities and a short timeframe in which to
develop the requisite trust. (JC, JT)

- In pursuing the goal of creating equitable community development, experts in the housing,
economic, or transportation fields may be valuable consultants to help frame public health issues as
part of other problems that face the whole community. (EOA, LK)
- Practitioners should specify what they consider to be trusted data sources and draw on the
knowledge contained in the community. (SO) Training community members to obtain data could
lead to more trust in the data. (JH)

Reflection and Opportunities for Action

- Both groups indicate that changes need to be community driven. This requires clarity on which resources
communities will need, how to compensate community members for their time, and how to generally shift
power from hospitals to the people. As both groups progress towards their goals, they must continuously
acknowledge that gauging and increasing community engagement is only as effective as the tangible
outcomes that it produces in improving the health of the community. (CW)
- Failing fast is a viable approach to change, especially when paired with rapid cycles of improvement. (KB, SO, MS)
- The National Academy of Medicine can help in part by setting up an evaluation plan for expected Community
Engagement outcomes. With its national reputation, it can help develop trust in institutions and data sources. (KB)

Luncheon Discussion

- Speaker Kyu Rhee noted that three core principles define IBM’s mission. First, artificial intelligence (AI) is
meant to help humans do their job, not replace them. Second, transparency and accessibility are crucial.
Third, providers must have training in the skills necessary to best use AI. (KR)
- This field must include a range of data sets and increase the diversity of thought to prevent disparities.
Transparency is crucial in ensuring that biased data are not being used to solve health disparities. (CW)

Working Group on Technologies for Person, Family, and Community Engagement

- The working group described its goal of finding new ways to advance technology and accelerate its
adoption as a toolset to help engage patients, families, and communities in health care. There is an
examination of how people can aggregate the health data they collect about themselves every day, and
how care providers can harness that information. Patient-centered design can empower communities to
create their own solutions with the data they own and collect themselves. (TC)
- The application of technology and data needs to be made more applicable and approachable; perhaps
through story-telling. As per the title of the working group, the focus should be on the people and their
activation—the technology is just a means to this end. (BN)
- There is a lack of granular data within a community, and much of what we have—from a CHA, for
example—is collected retroactively instead of prospectively. Data could be more interconnected; perhaps
public health can help to allow for more detailed data collection and make connections. Data can be
fungible. (SP)
Patient and Family Engaged Care: An Essential Element of Health Equity

- Population health necessitates health equity—that is, social justice in health. But engaged patients and families do not necessarily lead to equity; equity needs to be considered as a core component of healthcare systems. Hospitals can be key anchor institutions to drive this change towards equity. (MS)
- The paper envisions total health equity, but the physical manifestation of this vision is hard to describe. It is clear, however, that many levers throughout institutions need to be aligned to promote equity. For example, leadership certainly needs to be diverse, and engaged patients should come from diverse backgrounds. (JT)
- One major challenge in improving diversity and equity in the care system is the ever-increasing time required to train the professionals who will drive those changes. Perhaps solutions can be gleaned from other fields, where some organizations have been able to increase diversity by starting with senior management. (KB)

Collaborative Activities for Consideration

- Continue work on publications: Special Publication on Assessing Meaningful Community Engagement; Special Publication of CHNA Principles and Practices; Discussion Papers on Technology for Patient, Family and Community Engagement and Patient and Family Engaged Care as an Element of Health Equity.
- Explore additional projects at the intersection of patient and family empowerment, community engagement, and structural changes to the health care delivery system of care.

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