

EQUITY & REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

PPC Summit

November 9, 2021

BACKGROUND

- Community health needs assessment (CHNA) mandated by Affordable Care Act for non-profit health systems
- HCIF helped to coordinate **collaborative CHNA** process in 2019, first for the region
- Current assessment project
 - **Period:** July 1, 2021 - June 30, 2022
 - **HCIF role:** Project management & coordination, community engagement, qualitative data collection, report writing
 - **Key partners:** Philadelphia Department of Public Health, Philadelphia Association of Community Development Corporations

PARTICIPATING HEALTH SYSTEMS

- **Children's Hospital of Philadelphia**
- **Doylestown Hospital**
- **Grand View Health**
- **Jefferson Health, including Einstein Healthcare Network**
- **Main Line Health**
- **Penn Medicine**
- **Redeemer Health**
- **Temple Health**
- **Trinity Health Mid-Atlantic**

OUR VALUES & VISION

- **Collaboration** drives shared understanding of shared communities and reduces community burden.
- The rCHNA is an ongoing process, and its **purpose is not limited to meeting requirements.**
- We pursue **authentic community engagement** at all phases, and to involve grassroots community members in addition to key stakeholders.
- We use a **broad, long-term lens** of community health needs while involving all those who play a role in advancing community health.

APPROACH TO COLLABORATION

- Governed by steering committee and qualitative team that are convened regularly
- Use of **consensus-based decision-making** = moving forward with an option that everyone can live with.
- Seek to **honor individual system needs** while working **in service of the group.**

DATA INCLUSION

Quantitative indicators

- Public health measures available for 5-county area at ZIP code level

Qualitative data collection (47+ meetings)

- Geographic community meetings with **community residents**
- Topic or population-focused focus group discussions with **community organization or other key representatives**
- Other relevant secondary data sources (quantitative or qualitative)

OPERATIONALIZING OUR VALUES

- **Measuring representation**
 - Voluntary demographic reporting by steering committee, qualitative team, and project team members
 - Voluntary demographic reporting by all qualitative meeting participants (community residents and community organization representatives)
- **Encouraging community engagement** by health systems at all phases of the process

AUTHENTIC COMMUNITY ENGAGEMENT

- Recognizing community organizations as **linchpin and connector**
 - Engaging diverse and harder to reach populations
 - Addressing access barriers to virtual meetings
- Providing **funding** to community organizations AND community member participants for participation
- Being **flexible** with data collection methods that meet the needs of communities
 - Take into account factors like language and comfort with/access to technology
 - Leverage what is available and most useful to community organizations

FOR THE FUTURE

- **The current cycle:**
 - Comparing the demographic makeup of qualitative meeting participants against communities' demographic profiles
 - Engaging in more proactive outreach to particular communities with lower representation
 - Ensuring timely sharing of final report with communities
 - Supporting hospitals with community engagement during implementation planning process
- **Next cycle → Potentially identify particular set of indicators for comparison/stratification by demographic characteristics to hone in on disparities**

QUESTIONS?

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