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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