Kirstin Craciun

Director, Stakeholder Engagement and
Health Equity
Better Health Partnership

Optimizing CHNAs / CHIPs for Action
2024 Learning Collaborative

Session Objectives

- Describe why public health departments, hospitals and other entities conduct community health needs assessments and implementation strategies / improvement plans.
- Increased awareness of the need to ensure authentic community engagement and sufficient data collection for underrepresented population groups.
- Understand different approaches to CHNAs / CHIPs at a local public health department and in a different region of the state.

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Optimizing CHNAs / CHIPs for Action
What Are They And Why Are They Done?

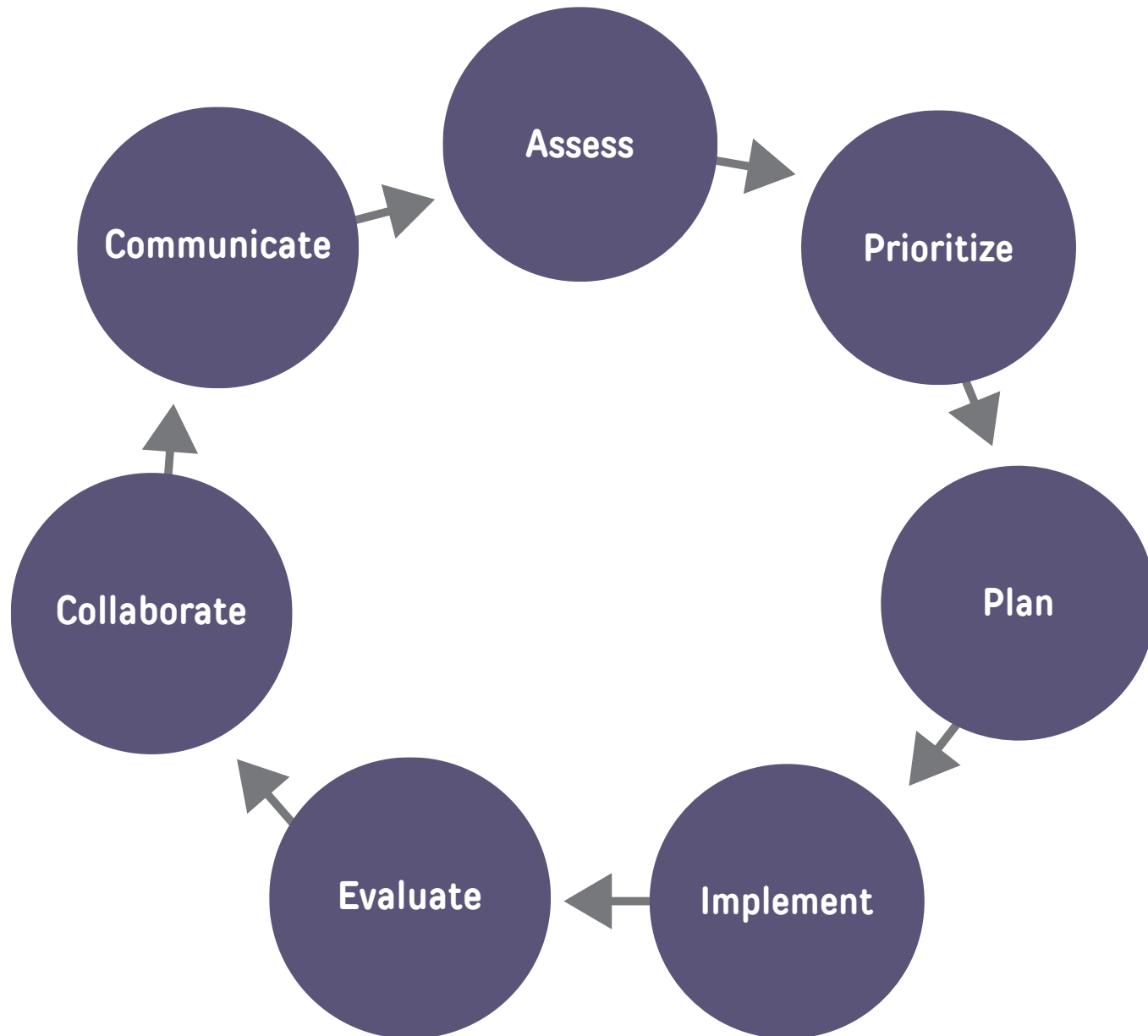Community Health Needs Assessments (CHAs / CHNAs)
- Identify and evaluate health-related needs in the communities served by various stakeholders (i.e. public health departments, hospitals and others).

Community Health Strategies (CHIP/ Implementation Strategy)
- Use results from the assessment to develop strategies to help meet identified needs.

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Optimizing CHNAs / CHIPs for Action
What Are They And Why Are They Done?

Assess → Prioritize → Plan → Implement → Evaluate → Collaborate → Communicate → Assess

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Stakeholder	Regulatory Tie	Timeframe	Terminology and Notes
Public Health departments	Public Health Accreditation Board (PHAB); Ohio Dept. of Health (ODH)	Every 3 yrs (in Ohio)	CHA / CHIP
Hospitals – 501(c)(3)	Internal Revenue Service (IRS); Affordable Care Act	Every 3 yrs	CHNA / Implementation Strategy
Federally Qualified Health Centers (FQHCs)	Health Resources and Services Administration (HRSA); Public Health Services Act	Every 3 yrs	Needs Assessment
Alcohol, Drug Addiction and Mental Health (ADAMH) boards	Ohio Department of Mental Health and Addiction Services; Ohio Revised Code	Every 3 yrs	Community Assessment and Plan (CAP)
Community Action Agencies (CCAs)	Head Start/CSBG	Every 3 yrs	Community Needs Assessment
Other (geographic, population-based, etc.)	N/A	N/A	Varies – conducted by community development corporations, LGBTQ+ advocates, United Way organizations, etc.

Optimizing CHNAs / CHIPs for Action
Challenges

Assessment
- Insufficient data for certain populations
- Abundance of overall data
- Analysis paralysis; prioritization

Strategy development
- Assessment vs implementation effort
- Siloed efforts

Funding / backbone support
- Mismatched, fragmented funding

Unrealized potential to drastically improve health outcomes
- Ohio ranks 44th on health value
  - Ohioans live less healthy lives and spend more on health care than people in most other states.

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Optimizing CHNAs / CHIPs for Action
Future Opportunities

Align, Facilitate Collective Impact Health Priorities
- Align and coordinate stakeholder activities for identified common health priorities and disseminate promising practices.
- Identify who is accountable and responsible for activities.

Collective Impact Fundraising
- Develop and advance sustainable fundraising strategies to support partner organizations in collaborative regional health improvement.

Collective Impact Quality Improvement and Evaluation
- Conduct a multi-regional evaluation to identify effective strategies and inform future funding/investments.

Shared Advocacy Agenda

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Lauren Bartoszek

Director, Community Health
The Health Collaborative

THC Mission Statement

Purpose & Impact

We unite and empower healthcare stakeholders and community partners to address critical healthcare issues that are **best solved together.**

THC Vision Statement

What the organization aspires to be

The Health Collaborative is the **essential partner to accelerate positive healthcare change** to create a thriving and healthy community.

THC Values

WE ARE AMBITIOUS

We embrace a culture that values confidence in our abilities, a curious spirit that propels us forward, and an unwavering commitment to honest communication.

WE ARE IN IT TOGETHER

We foster a respectful and collaborative environment that thrives on inclusivity, where every voice is not only heard but valued.

PILLAR OF COLLABORATION

We approach challenges with patience and understanding, knowing that together, we can achieve greatness.

The Health Collaborative
2024 – 2026

Strategic Pillars

Community Health
Facilitate a collective health agenda for the region with a focus on equity and SDoH

Workforce Innovation
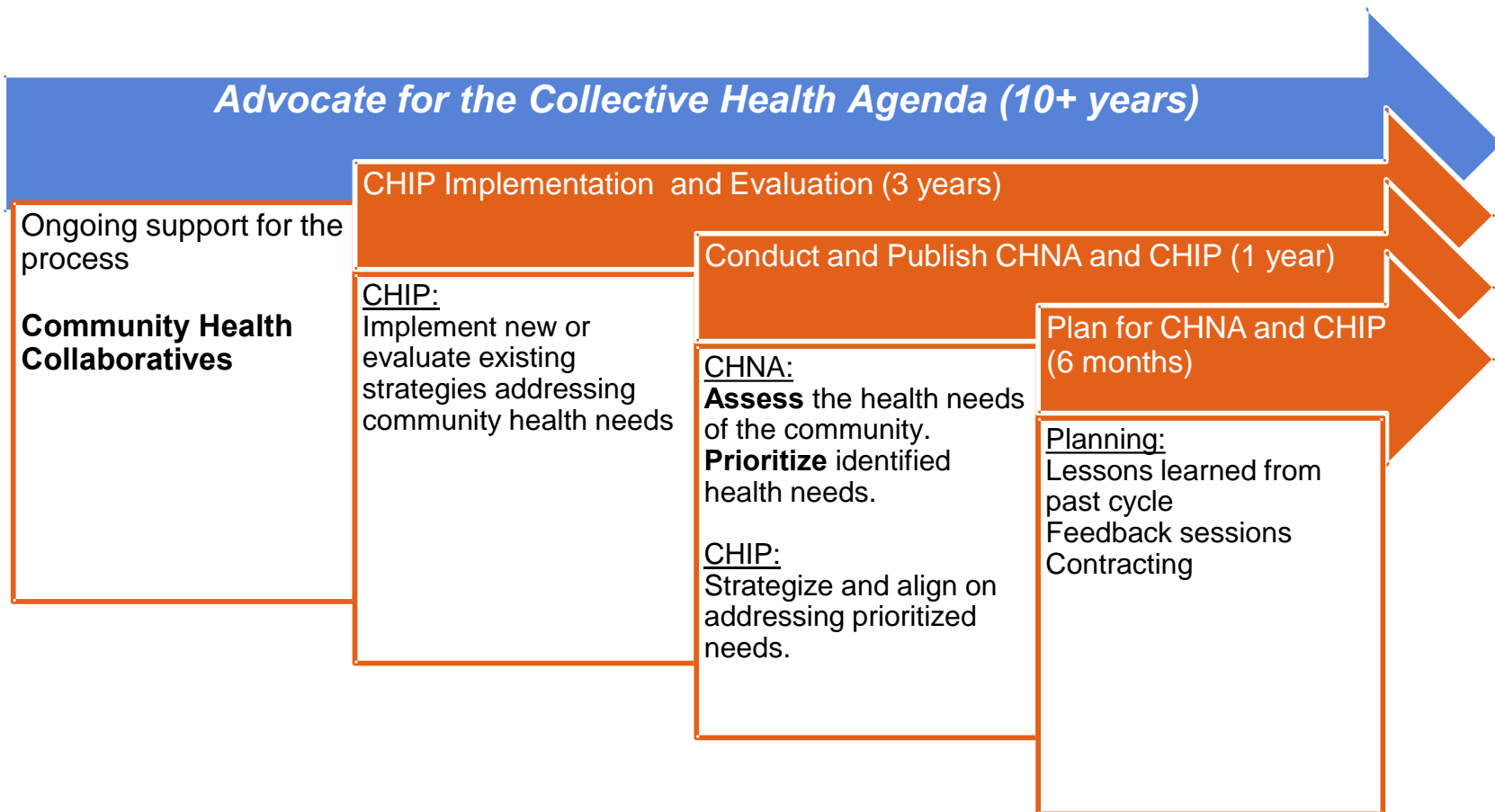Increase the size, diversity and preparedness of our region's healthcare talent pipeline

Emergency Preparedness
Proactively implement measures to develop a well-coordinated strategy for addressing regional emergencies and threats.

Our Approach

Advocate for the Collective Health Agenda (10+ years)

CHIP Implementation and Evaluation (3 years)

Conduct and Publish CHNA and CHIP (1 year)

Plan for CHNA and CHIP (6 months)

Ongoing support for the process

Community Health Collaboratives

CHIP:
Implement new or evaluate existing strategies addressing community health needs

CHNA:
Assess the health needs of the community.
Prioritize identified health needs.

CHIP:
Strategize and align on addressing prioritized needs.

Planning:
Lessons learned from past cycle
Feedback sessions
Contracting

2024 Regional CHNA
Greater Cincinnati

Geography + Scope:
18 counties, 3 states, X hospitals (system), X health departments

Frameworks + Methodologies:
MAPP 2.0, Health Equity Action Spectrum, principles of community based participatory research, American Hospital Association (AHA) and National Association of City and County Health Officials (NACCHO) guides to CHA/CHIP

Timeline:
~6 months to plan, ~1 year to conduct assessment, ~3-year strategies, ongoing implementation, evaluation, and advocacy

Outcomes to Date:
○10 advisory committee meetings
○X task force meetings
○60+ data metrics collected, analyzed, and reviewed by committees
○2-3 priorities set for the region

Next Steps:
Regional Health Agenda and Roadmap: shared priorities for the region, with clear strategies for sectors –
everyone has a role to play

Krista Wasowski

Health Commissioner
Medina County Health Department

HEALTHY NORTHEAST OHIO

Sharing Knowledge to Create Healthier Communities
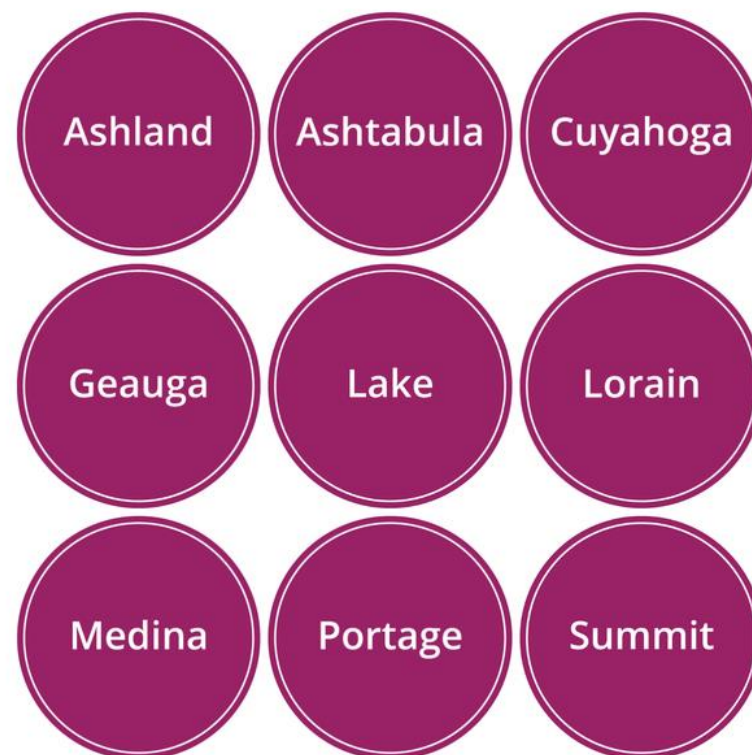
https://www.healthyneo.org/

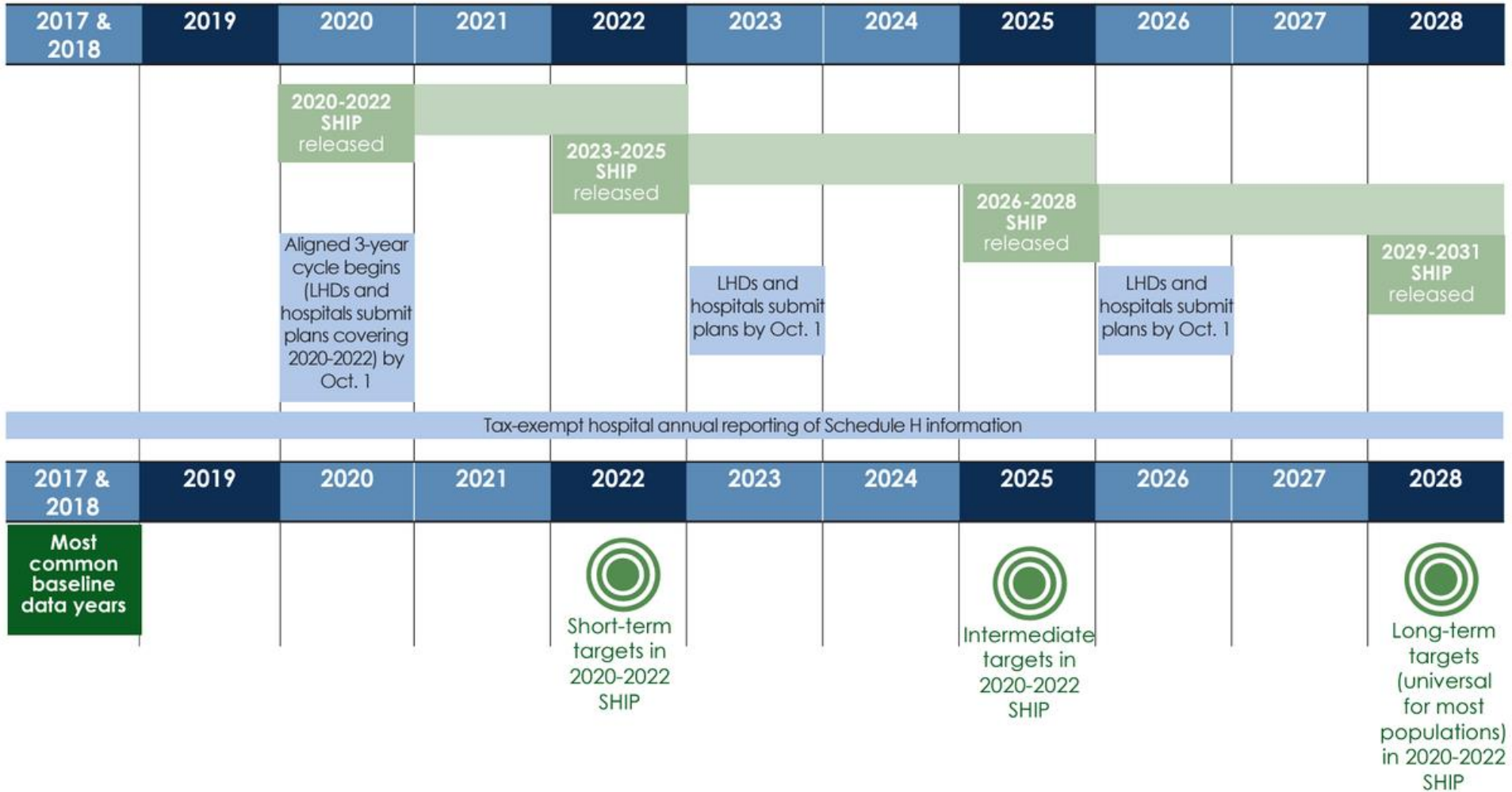## Welcome to Healthy Northeast Ohio!

This site provides access to population health data, evidence-based practices, and information about regional health resources and activities. By sharing best practices and learning from data, we can improve our region's health. Click here to learn more about our successful second quarter and updated website features.

Are you interested in learning about how healthyneo.org can support you? Click here for more information about utilizing this site to support community health improvement efforts.

Ashland

Ashtabula

Cuyahoga

Geauga

Lake

Lorain

Medina

Portage

Summit

B SHIP implementation timeline

2017 & 2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028

2020-2022 SHIP released

2023-2025 SHIP released

2026-2028 SHIP released

2029-2031 SHIP released

Aligned 3-year cycle begins (LHDs and hospitals submit plans covering 2020-2022) by Oct. 1

LHDs and hospitals submit plans by Oct. 1

LHDs and hospitals submit plans by Oct. 1

Tax-exempt hospital annual reporting of Schedule H information

2017 & 2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028

Most common baseline data years

Short-term targets in 2020-2022 SHIP

Intermediate targets in 2020-2022 SHIP

Long-term targets (universal for most populations) in 2020-2022 SHIP

Andrew M. Snyder

Research Fellow
The Center for Community Solutions

Adjunct Faculty
Kent State University College of Public Health

Greater Cleveland

LGBTQ+

Community Needs Assessment

As individuals and a community, we have an abundance of strength, resilience, and resourcefulness. At the same time, our community continues to be disproportionately affected by a range of physical, mental, and behavioral health; economic; social; legal; and political issues. Many organizations may overlook our needs because they don't understand what our needs are.

Overarching Goals

- Increase awareness about public health as it relates to the LGBTQ+ community in Greater Cleveland
- Describe the local LGBTQ+ population demographically
  - Currently unassessed, relying on estimates
- Describe the current status and resources available to the local LGBTQ+ community by domain
  - Identify the strengths and achievements
  - Identify weaknesses and unmet/latent needs
- Develop recommendations that inform future investments, health policies, and decision-making for the local LGBTQ+ community
- Strengthen partnerships within the local public health system

Executive Summary

- **Project Timeline**: January 2023 - December 2024
- **Upcoming Milestone**: Community celebration on October 19, 2024, marking transition to dissemination and evaluation phase
- **Collaboration**: Involvement of 180+ individuals from 120+ organizations
- **Community Presence**: Research team attended 120+ LGBTQ+ community events across Cuyahoga, Geauga, Lake, and Lorain counties
- **Data Collection Methods**:
  - Community survey (2,368 responses, 2,006 analyzed)
  - 26 intersectionality listening sessions (178 participants)
  - 19 interviews with 23 key stakeholders
- **Survey Demographics**:
  - 82.5% LGBTQ+, 17.5% allies
  - 22.4% BIPOC LGBTQ+ responses
  - 6 surveys completed in Spanish
  - 75% completion rate on 130-question survey, 363,041 unique data points collected
- **Participant Incentives**: Nearly $9,000 provided to listening session participants, and $2,125 provided to survey participants

Key Project Deliverables

- Full Community Report and Recommendations
- 2SLGBTQIA+ Racial Equity Report
  - Available beginning November 2024
- Executive Summary Hot Cards
- Interactive Self-reported Health and Socio-demographic Dashboard
- Community Resource Linktree
- Social Media Campaign
- Cleaned and Organized Data Set to go Back to the Community
- Community Celebration Event

Available to the Public
at www.lgbtqohio.org

Community Based Participatory Research (CBPR) Principles Applied to Community Needs Assessment

CBPR Principle	Community Needs Assessment Application
Community as unit of identity	Community of focus is defined in conversation with community members, not by hospital service area or stereotypical demographic categorization
Emphasis on strengths and resources	Deficit-based, top-down approach is replaced with an emphasis on community assets and what is already working
Collaborative involvement	Diverse community members are involved in every phase of the CNA process from design to evaluation
Mutual benefit	Process is designed to benefit all stakeholders, not just help hospital meet their regulatory requirements
Empowering processes	Process focuses on shared power and equity in the process, relinquishing control from the hospital to as many stakeholders as possible
Cyclical, iterative process	Static, linear process is replaced with an ongoing cycle of data collection, analysis, planning and evaluation
Positive and ecological perspectives	Overemphasis on deficits and individualized health outcomes is replaced with a contextual focus that assumes potential for progress
Shared knowledge	Findings are disseminated in a way that all people can understand, access and utilize
Long-term commitment	While CNAs are more than a three-year process, hospitals choose a long-term investment beyond the reporting period or the tax year

Q & A

What action can we take to increase trustworthiness in the CHNA/CHIP process?

Thank You

Afternoon Feedback

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