

Using the CHNA Process to Address the Social Determinants of Health

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Association for Community Health Improvement

ACHI is a forum for aligning broad-based stakeholders to advance a common goal - improving the health of the communities they serve.

- Personal membership group of the American Hospital Association
- Membership: 1,000+ members from health care, public health and community development sectors
- Cultivates the professional development of individuals in the fields of community health, population health and community benefit

2017 ACHI National Conference

- 14th annual conference
- 750 participants from health care, public health and community development
- Community development topic track:
 - Community development for health
 - Improving the home neighborhood environment
 - Safe communities
 - Activating resident leadership
 - Neighborhood revitalization
 - Community investment



A New Approach for Hospitals

Can Mount Sinai be serious? The answer is a resounding yes. In fact, we couldn't be more serious.

Mount Sinai's number one mission is to keep people out of the hospital. We're focused on population health management, as opposed to the traditional fee-for-service medicine. So instead of receiving care that's isolated and intermittent, patients receive care that's continuous and coordinated, much of it outside of the traditional hospital setting.

Thus the tremendous emphasis on wellness programs designed to help people stop smoking, lose weight and battle obesity, lower their blood pressure and reduce the risk of a heart attack. By being as proactive as possible, patients can better maintain their health and avoid disease.

Our Mobile Acute Care Team will treat patients at home who would otherwise require a hospital admission for certain conditions. The core team involves physicians, nurse practitioners,

registered nurses, social workers, community paramedics, care coaches, physical therapists, occupational therapists, speech therapists, and home health aides.

Meanwhile, Mount Sinai's Preventable Admissions Care Team provides transitional care services to patients at high risk for readmission. After a comprehensive bedside assessment, social workers partner with patients, family caregivers and healthcare providers to identify known risks such as

problems with medication management and provide continuing support after discharge.

It's a sweeping change in the way that health care is delivered. And with the new system comes a new way to measure success. The number of empty beds.

1-800-MD-SINAI
mountsinaihealth.org



IF OUR BEDS
ARE FILLED,
IT MEANS WE'VE FAILED.



Hospital alignment with population health

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Population health aligned with mission



Strong collaborations with community organizations



Priorities are aligned with public health department's priorities



Financial resources available for population health initiatives



Programs address socioeconomic determinants of health



■ Strongly disagree ■ Disagree ■ Neutral ■ Agree ■ Strongly agree

Source: [Health Research & Educational Trust, 2015.](#)

How do hospitals partner?

Not involved

No current partnerships with this type of organization

Funding

Grant-making capacity only

Networking

Exchange ideas and information

Collaboration

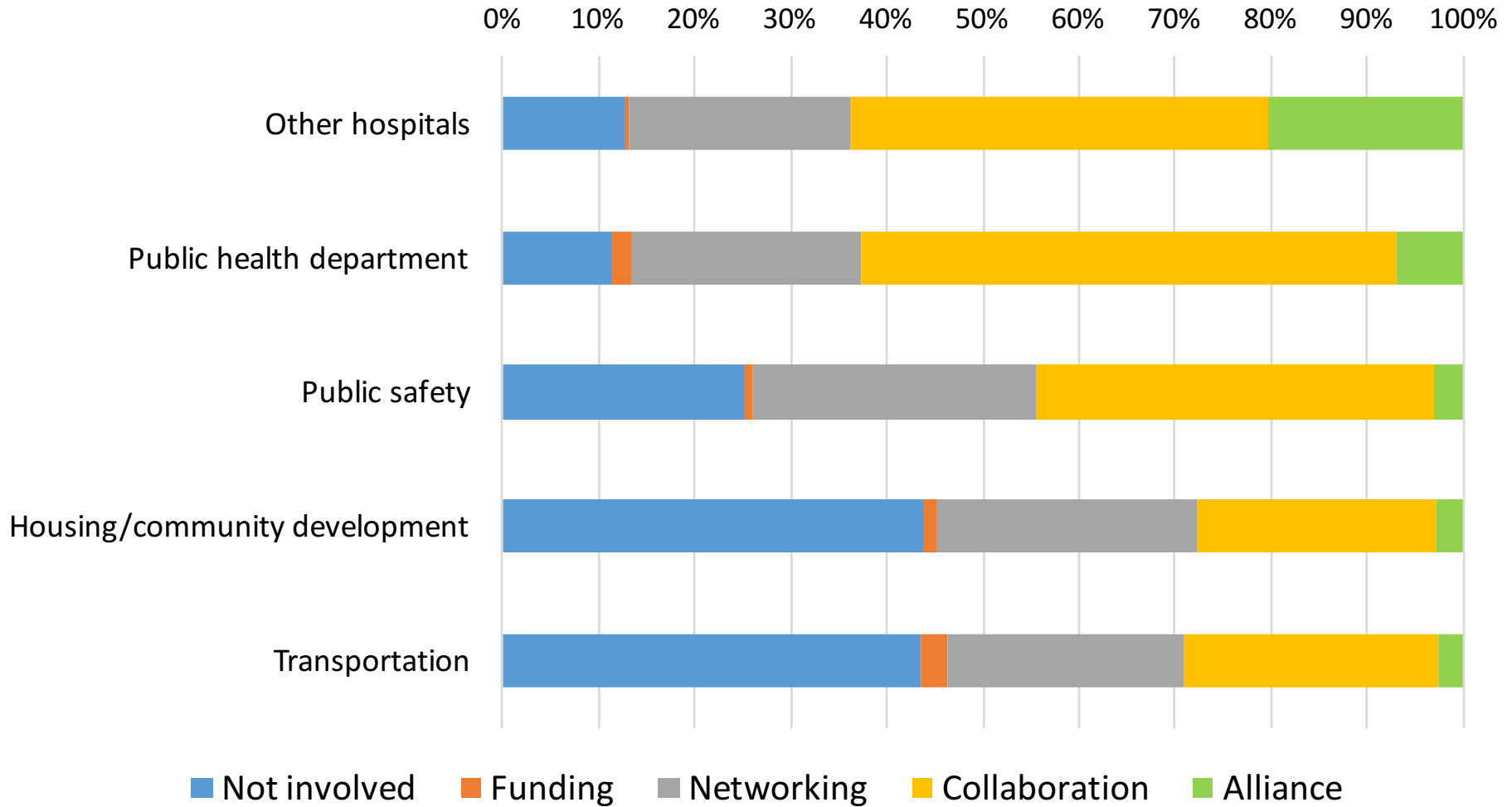
Exchange information and share resources to alter activities and enhance the capacity of the other partner

Alliance

Formalized partnership (i.e., binding agreement) among multiple organizations with merged initiatives, common goals and metrics

Source: [Health Research & Educational Trust, 2015.](#)

Partnerships



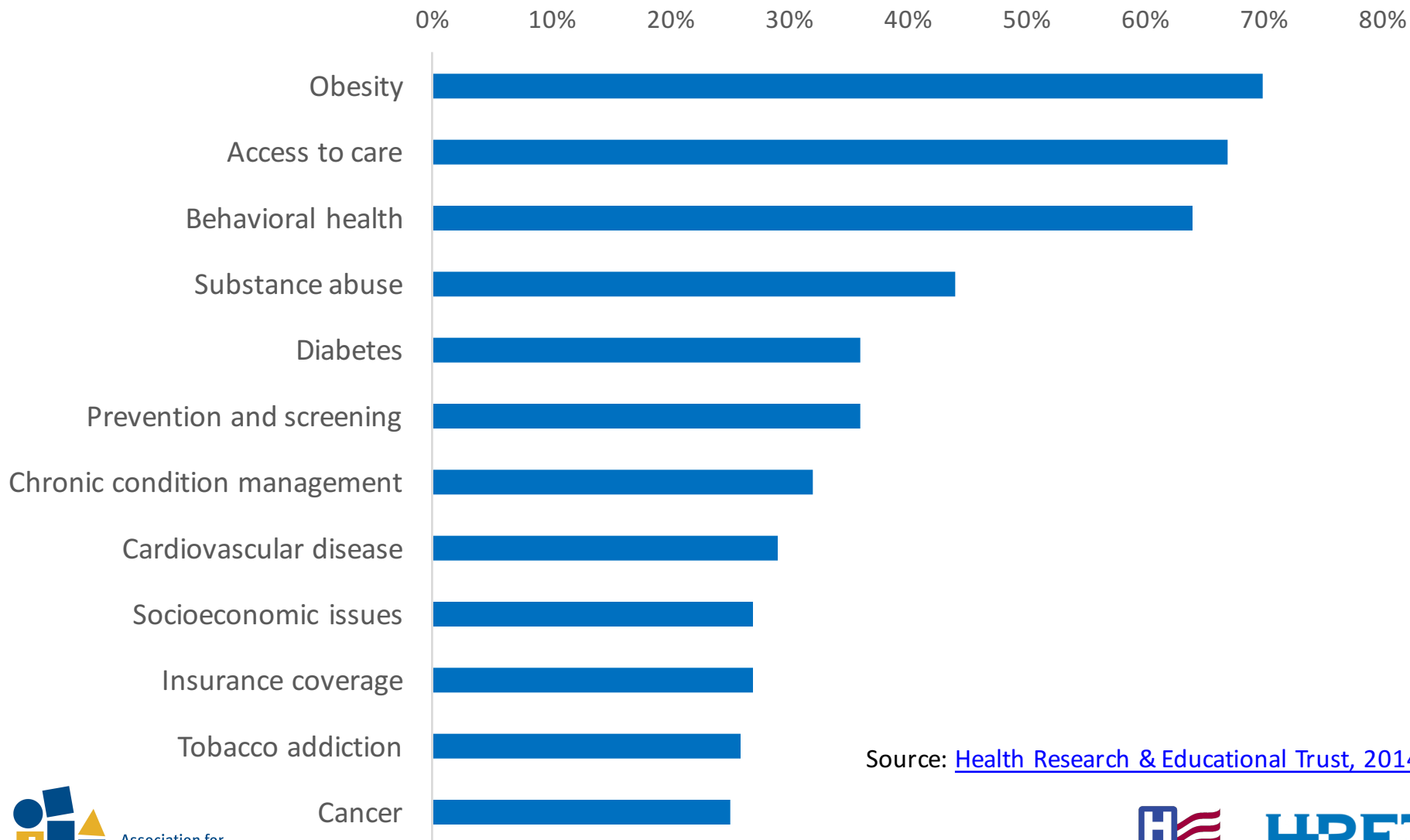
Source: [Health Research & Educational Trust, 2015.](#)

Community Health Needs Assessments

A systematic process involving the community to identify and analyze community health needs and assets, prioritize those needs and then implement a plan to address significant unmet needs.

- Non-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years
 - Review data describing community health
 - Solicit and take into account input from the community
 - Identify significant health needs of the community
 - Prioritize needs for action
 - Describe strategies to address prioritized needs
 - Approach adopted by hospital authorizing body

Commonly identified priority needs in CHNAs



Source: [Health Research & Educational Trust, 2014.](#)

Community Health Assessment Pathway





Community Engagement

Hospital Benefits

- Better understanding of community, including social determinants
- Community buy-in for CHNA and implementation strategies
- Strengthen relationships with stakeholders

Community Benefits

- Gain perspective of community from health lens
- Sense of shared commitment to improvement
- Apply knowledge and experiences to the solution
- Investment in the process



Who to engage?

Individuals

- Community residents – representative of community demographics
- Patients (individual who receives health care)
- Family advocates

Stakeholder organizations/sectors

- Public health and housing departments and institutes
- Housing and community development organizations
- Environmental organizations
- Schools and school districts
- Law enforcement



Step 2: Identify and Engage Stakeholders

Establishing robust, trusting relationships with community stakeholders fosters a welcoming and inclusive environment, creating a stronger sense of joint ownership of the process.

- Develop an engagement approach
- Identify stakeholder to participate
- Form an external CHNA committee
- Map assets that support community health improvement



Step 3: Define the Community

Specifying the geographic focus and population characteristics determines the scope of your assessment and any interventions.

- Describe the geographic community
- Identify population groups
- Identify other organizations conducting health assessments



Step 4: Collect and Analyze Data

Summarize and synthesize qualitative and quantitative data to present a picture of overall community health and to highlight the particular needs of various populations in your community.

- Identify data on health, social services, housing, environment, etc.
- Collect data that can detect health disparities by neighborhood
- Apply community-engaged research principles
- Access EHR data
- Collect community-engaged data

#1:
#2:
#3:

Step 5: Prioritize Community Health Issues

Go through a process to distinguish the most pressing community health needs, based on the data collected. The identified priority health needs will be addressed through the implementation strategies

- Identify criteria for prioritization
- Select community health priorities
 - Make sure to address upstream factors
- Describe which needs were not prioritized



Step 7: Plan Implementation Strategies

Develop comprehensive, multifaceted strategies to address the community health needs prioritized in your assessment

- Engage strategic partnerships both within the hospital and with external stakeholders
- Align strategies with the hospital and other community stakeholder organizations
- Collaborative strategies increase potential for impact
- Determine your community's assets
- Select strategies to address priority needs
- Identify interventions with evidence of success



Step 7: Plan Implementation Strategies

- Tailor strategies to community culture
- Assess the impact the strategies would have on health in your community
- Set goals and objectives for the implementation strategies
- Adopt a logic model
- Consider evaluation from the start
- Identify funding sources and opportunities
- Document the implementation strategies



Step 8: Implement Strategies

Put into action the plan selected to address prioritized community health needs. This is an ongoing process where you are working to improve health by turning strategies into concrete, actionable steps.

- Continue engaging stakeholders
- Assemble an implementation committee and team for each strategy
- Develop an action plan
- Develop a budget

Community Health Assessment Toolkit



Thank you!

Contact information:

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