



CHA/CHNA Collaboration  
LHD Survey Results | March 2015

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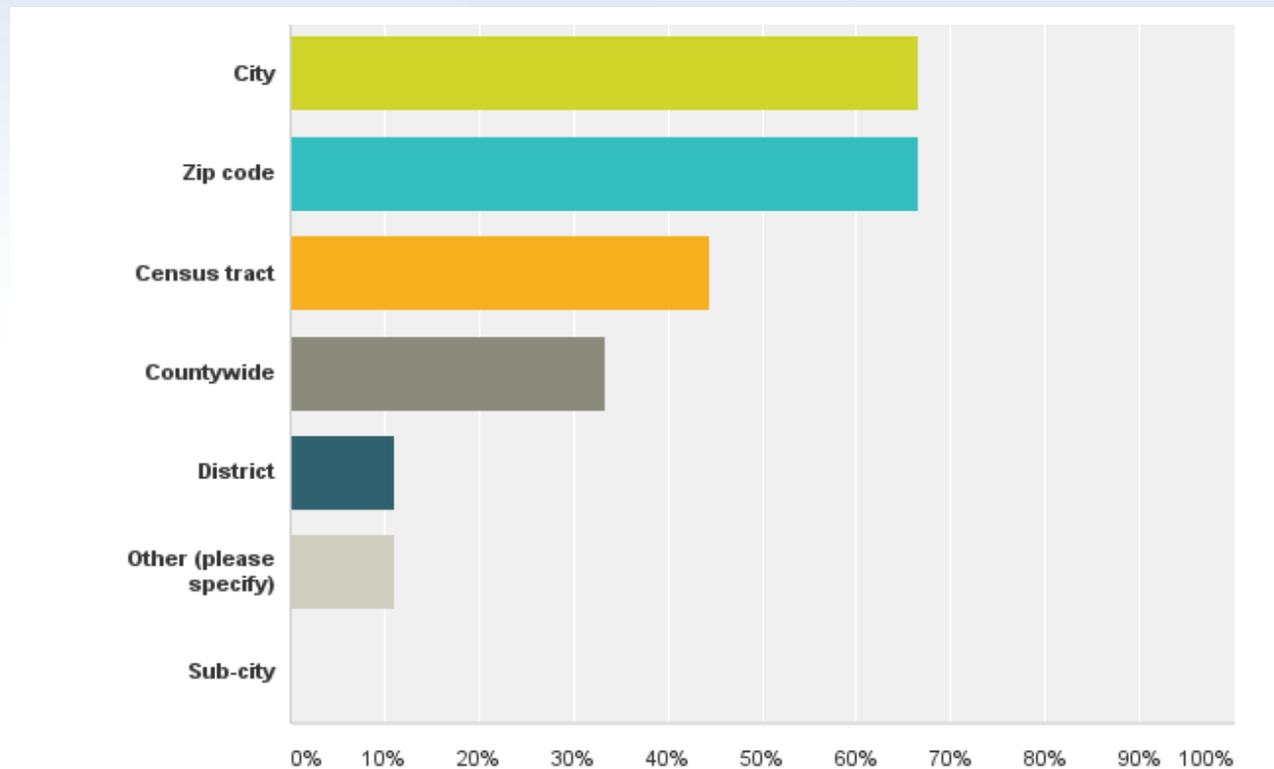


# LHDs Updates to CHA Indicators

FREQUENCY	# LHDs
Annually	3
Every 3 Years	2
Every 5 years	2
TBD	1

# Target Level of Geography for Community Health Assessment

- Many LHDs are interested in producing their data at a sub-county level.

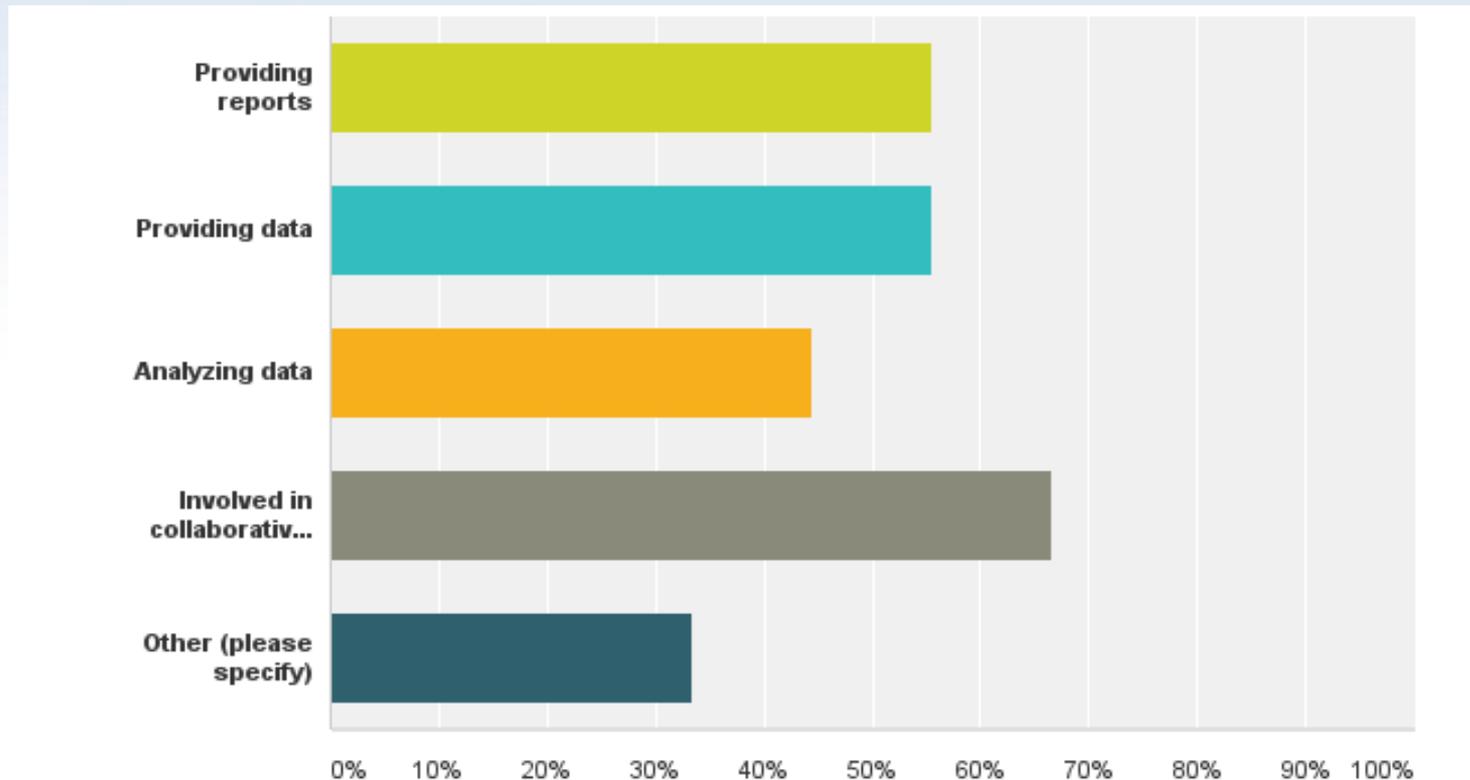


## Plans to collaborate with hospitals to align CHNAs/CHAs

- All member LHDs are currently engaged at some level to align CHNA/CHA indicators with hospitals.
- Most LHDs are in the preliminary stages of operationalizing this collaboration
- Long Beach written agreement
  - coordinating use of data with local hospitals
  - working toward 1 shared CHNA for the city
  - align hospitals and the LHD in the next cycle
- San Bernardino is working to implement common indicators through their Community Vital Signs initiative.

# Nature of Past Collaborations with Hospitals

- **Most LHDs have extensively collaborated with hospitals to help them prepare their CHNAs in the past.**



# Future Collaboration

- Common set of health indicators and benchmarks
- Data sharing
- Joint stakeholder outreach meetings
- Philanthropic funding
  - Explore possibilities for creating wellness trust
- Platform allowing CBOs to advertise needs, resources, share event info

# Advice for Advancing Collaboration

- Start early (as soon as last cycle of CHA/CHNA has completed)
- Challenge with CHNA/CHA cycles syncing
- Involve senior leadership, including elected officials (San Bernardino)

# Electronic Medical Record Data / Data that hospitals collect that LHDs would like to have shared

- Aggregate data on diagnoses or % of patients on medication for chronic conditions such as hypertension (Orange)
- # of emergency room visits or hospitalizations related to asthma (Santa Barbara)
- Data on high utilizers of ER services or other forms of care by neighborhood = strategic for public health services (Long Beach)
- BMI, rates of testing for preventive services, markers for quality of care, how well chronic diseases are managed such as diabetes control, rates of diagnosis for selected chronic disease (currently done via survey). (Los Angeles)
- Limitation of this data is that it only measures the population in the health care system but in areas with high penetration of a particular health care system could still be informative. (Los Angeles)

# Kaiser Permanente Collaboration

- Almost all LHDs have collaborated with KP, with the exception of Santa Barbara
  - (KP does not serve SB)

# Takeaways

- LHD collaboration with hospitals to align CHNA/CHA health indicators and timelines
- Data reciprocity with non-profit hospitals
- A regional approach
- Reducing the administrative burden of the CHNA process
- Establishing collaboration in the data collection / analysis phase of the process
- Shared CHNA/CHA indicators and goals for a unified voice to decision makers

# Possible Alliance Next Steps

- Work with LHDs to develop priority list of data they wish to have shared by KP.
- Region-wide conversation with KP Southern California
- Synchronizing CHNA/CHA indicators (Long Beach, San Bernardino)
  - share lessons learned
- Survey LHDs for engagement in the community benefit implementation process
- Collaboration as a means to adopt unified policy options for the implementation plans

# Challenges

## **CURRENT BARRIERS TO COLLABORATION:**

- CHNA requirements every 3 yrs
  - off-cycle from the hospitals
  - lack of time to implement (short time frame for community outreach)
- Lack of staff/ funding
- Challenge of collaborating with multiple hospitals over a large geography.