

# San Joaquin County Community Health Needs Assessment

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## IT'S ALL ABOUT PARTNERSHIPS

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**Barb Alberson**

**Moving Forward - August 27, 2015**

# The “To Do” List

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**2016 Community Health Needs Assessment (CHNA)**



**Community Health Improvement Plan (CHIP)**



**Public Health Accreditation  
Pre-requisites**

# County Medi-Cal Managed Care Plans Also Benefit



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- Health Net
  - Health Plan of San Joaquin
- 
- **Group Needs Assessment (profile of county needs) required by Dept. of Health Care Services**
  - **Due October 2016**

# Ready-made for SJC Partnering on CHNAs Since 1994 (SB 697)



All members of Healthier Community  
Collaborative

# CHNA 2016: Mobilizing for Action through Planning and Partnerships





# **JOINT** Community Health Improvement Plan (CHIP)

March 2016 – June 2016

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- Partners committed to broad **ownership** with participation **from all sectors**
- Will provide strategic direction so programs **aiming for shared goals**
- Conduct **prioritization** to categorize EACH Significant Health Need as *high, medium, low*
- **Key driver - complementary funding opportunities** (e.g., community benefit grant-making, PHS program development)

# Hired Consultant Group to Guide Process/develop CHNA and CHIP Using MAPP Tools



- ✓ **Designing RFQ was a group process**
- ✓ **Jointly funded - 4 hospitals, PHS, First 5, CMC**
- ✓ **St. Joseph's (Dignity Health) agrees to be fiscal agent**

**Additional Requirements:  
Community Health Needs Assessments  
for Charitable Hospitals  
Final Rule Issued: 12/31/2014  
by Internal Revenue Service**



## Side-by-side comparison of Affordable Care Act (ACA)/Internal Revenue Service (IRS) and Public Health Accreditation Board (PHAB) Standards for Community Health Needs Assessments (CHNA) and Community Health Implementation Plans (CHIP) with Best Practices

Managing the Overall Process		
Partnering with Community Stakeholders		
ACA/IRS	PHAB	Best Practices
<p>A hospital facility must solicit and take into account input received from all of the following sources in identifying and prioritizing significant health needs and in identifying resources potentially available to address those health needs:</p> <ul style="list-style-type: none"> <li>At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of that community.</li> <li>Members of medically underserved, low-income, and minority populations in the community served by the hospital facility, or individuals or organizations serving or representing the interests of such populations</li> <li>Written comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy</li> </ul> <p>Additional sources of input: a hospital facility may solicit and take into account input received from a broad range of persons located in or serving its community, including, but not limited to: health care consumers and consumer advocates, nonprofit and community-based organizations, academic experts, local government officials, local school districts, health care providers and community health centers, health insurance and managed care organizations, private businesses, and labor and workforce representatives.</p>	<p>The process for the development of a community health assessment must include participation of representatives of various sectors of the tribal/ local community. This must include partners outside of the health department that represent tribal/community populations and health challenges. [1.1.1T/L]</p> <ul style="list-style-type: none"> <li>Must use a collaborative process to identify health issues and assets [1.1.1T/L]</li> <li>Tribal or local community at large must have an opportunity to review and contribute to the assessment. Preliminary findings of the assessment must be distributed to the community at large and the community's input sought. [1.2.2 T/L]</li> <li>The partnership conducting a community health assessment must meet or communicate on a regular basis [1.1.1T/L]</li> <li>The community health improvement planning process must include:             <ul style="list-style-type: none"> <li>Broad participation of community partners</li> <li>Representation of populations at risk [1.1.1T/L]</li> <li>Issues and themes identified by stakeholders in the community [5.2.1L &amp; T]</li> </ul> </li> <li>Monitor progress on implementation of strategies in the community health improvement plan in collaboration with broad participation from stakeholders and partners [5.2.4A]</li> <li>Note: Members of the community health improvement planning process may or may not be the same as members of the community health assessment partnership. [5.2.1L &amp; T]</li> </ul>	<ul style="list-style-type: none"> <li>Assure broad sponsorship/leadership of the overall process. [MAP-P]</li> <li>Include broad participation of community partners who reflect a cross section of the community [ACHI, CHANGE , CHA-USA, CHR, CTB, IOM, MAPP, MAP-IT, PHAB]</li> <li>Engage community members who are affected by the specific issues being addressed [CHA-USA]</li> <li>Community input should reflect the racial and ethnic makeup of the community. [CHA-USA]</li> <li>Involve members of the community from the beginning of the community health needs assessment process and throughout the process. [CHA-USA, IOM , PHAB]</li> <li>Evaluate the partnerships periodically [MAP-IT]</li> </ul>

# Some Areas of Concern

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- **HOW TO ACCOUNT FOR OUTREACH** to ensure that CHNA engages members of medically underserved, low-income, and minority populations in the community served by the hospital facility?
- **WHAT IS NEW EVALUATION OF THE IMPACT** of any actions that were taken “since the hospital facility finished conducting its immediately preceding CHNA to address significant health needs identified in the hospital facility's prior CHNA(s)?”
- **HOW SPECIFIC** will Individual implementation plan have to be in explaining identified needs that hospital will not be able to address?
- In general, not always easy to discern nuances of interpretation.

# Ta Da!!



## Community Health Needs Assessment Toolkit

### Part I: Overview, Pre-Assessment, & Data Collection

Kaiser Permanente  
National Community Benefit  
Updated May 2015

# Planning Team

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## Core Planning Group

- Oversight, direction, strategic vision

## Harder+Co

- Project direction and management
- Community Health Needs Assessment and Community Health Improvement Plan lead



## MIG, Inc.

- Community engagement
- Community Themes and Strengths Assessment and Forces of Change Assessment lead



## Core Team

Oversee all communications and strategic planning; produce goals and objectives; review workgroup recommendations



## Steering Committee

Provide draft vision and goals; frame planning process

## Community Stakeholders

Provide input on existing conditions, community needs, and potential solutions to inform the CHNA and CHIP

# Core Team Composition

## *Project Leadership*

Name	Title	Organization
Petra Stanton	Manager, Community Health Services	Dignity Health, St. Joseph's Medical Center
<b>Tammy Shaff</b>	<b>Community Benefits Program Manager</b>	<b>Sutter Tracy Community Hospital</b>
<b>Barbara Alberson</b>	<b>Senior Deputy Director, Policy and Planning</b>	<b>San Joaquin County Public Health Services</b>
Marie Sanchez	Community Benefits Manager	Kaiser Permanente Central Valley
Lani Schiff-Ross	Executive Director	First 5 San Joaquin
Robina Asghar	Executive Director	Community Partnership for Families
Denise Ranuio	Financial Analyst, Community Health Dept.	St. Joseph's Medical Center
Sandra Beddawi	Director, Health Education	Community Medical Centers, Inc.
Jenny Dominguez	Director, Health Education	Health Plan of San Joaquin
Jill Lopez-Rabin	Cultural and Linguistics Consultant	Health Net of California
Martha Geraty	Health Education Specialist	Health Net of California
Jane Rachel Tunay	Manager, Public Programs	Health Net of California
Sheri Coburn	Director, Comprehensive Health Programs	San Joaquin County Office of Education
Carolyn Sanders	Director, Maternal Child Care	Dameron Hospital Association
Carla Bomben	Dep. Dir., Standards and Compliance	San Joaquin General Hospital

**MAPP now working well but every tool needs tweaking to ensure aligns with IRS requirements and PHAB 1.5. Standards. Partners involved at each step of the way**

**... a very hands-on process.**

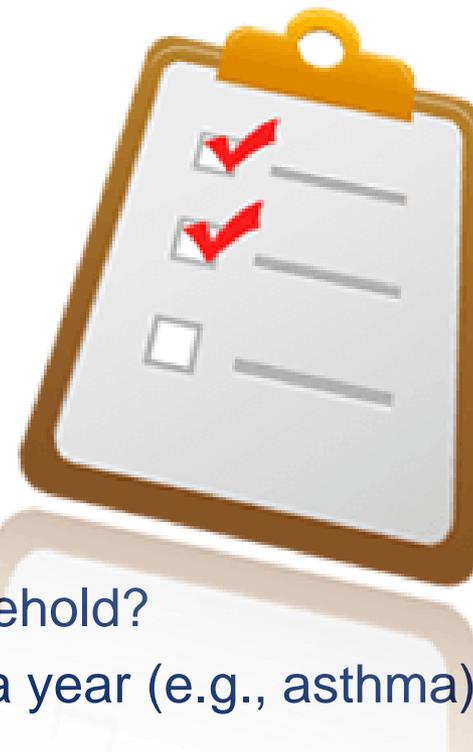


# E.G., Focus Group Participant Questionnaire

TO DOCUMENT REACHING MEDICALLY UNDERSERVED, LOW-INCOME, AND  
MINORITY POPULATIONS SERVED BY THE HOSPITAL

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1. Home Zip Code?
2. How many children?
3. Age?
4. Gender?
5. Race or Ethnicity?
6. How well speak English?
7. Annual income?
8. How many people live in your household?
9. Have medical condition more than a year (e.g., asthma)
10. Etc.



# Health Equity Lens



**Shift in thinking for consultants – We revised all outreach materials, survey instruments, and indicators to consider the larger world of root causes; health impacts of disparities.**

# Focus Group Questions: Strengths and Needs

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## ***What Does a Healthy San Joaquin County Mean to You?***

- Q. What do you like about your neighborhood or community? Why?
- Q. What don't you like about your neighborhood or community? Why?
- Q. What would make life better for you, your family, and your neighborhood or community? Why?
- Q. What three things that we discussed today would improve your life the most?**

# Accomplishments

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**Surveys completed  
(2,900 total, 30+% in Spanish)**

**32 Focus Groups conducted**

**40 Key Informant Interviews  
in process**

# Work in Progress



- ✓ **Selecting Secondary Data Indicators**
  - 150 indicators vetted with stakeholders
  - 1<sup>st</sup> Tier / 2<sup>nd</sup> Tier / 3<sup>rd</sup> Tier / 4<sup>th</sup> Tier
  - Kaiser Platform Requirements for “common indicators” as Guide
- ✓ **Ensuring CHNA data corresponds with EXACT geographical boundaries for hospital service areas**
- ✓ **Prioritizing health needs and crafting county wide CHIP**
- ✓ **Supporting each other on Implementation Plans (one for each hospital partner using CHNA data by service area)**

# Hospital + PH = Partnership: Lessons Learned

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- Have hospital partner handle consultant contract.
- Have LHD Accreditation Coordinator (or equivalent decider) lead (or co-lead) process.
- Google Kaiser CHNA Toolkit. Part 1 (May 12015). Part 2 about to be issued.
- Read and re-read IRS requirements for CHNAs.
- Don't rely solely on MAPP - it works for PH but not hospitals.
- Be patient in selecting indicators since dealing explicitly now with social determinants and out-of-the-box thinking.
- MUST have census track-level data to coincide with requirement for CHNA data by service area.
- Establish the deadline for each hospital board review – they really vary.
- Not clear how hospital boards will react to countywide priorities although partners excited about taking concerted action.

Take home – lots of work but



worth it!



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