

Making It Meaningful: Engaging Communities in CHNAs, Implementation, and Beyond

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July 12, 2011*



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About Community Catalyst

Community Catalyst is a national non-profit advocacy organization that works with national, state and local consumer organizations, policymakers and foundations to build consumer and community leadership to improve the health care system.

We support consumer advocacy networks that impact state and federal health care policy, and ensure consumers have a seat at the table as health care decisions are made.



Where We Work

Actively working to support statewide and locally based advocacy efforts in 40 states



Overview

- **Emerging Legal Framework** for Community Engagement
- **Getting There Together:** Roles—and Challenges—for Engaging Communities in a CHNA/Implementation Process

A Tale of Two Hospitals





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Emerging Legal Framework

- Existing legal standards for community engagement in CHNA/implementation

The ACA: Engaging the Community

1. Conducting a **community health needs assessment (CHNA)**
 - **“takes into account input from persons who represent the broad interests of the community served** by the hospital facility, including those with special knowledge of or interest in public health,” and
 - **is made widely available to the public.”**
2. Adopting an **implementation strategy** to address community health needs

Notice 2011-52: Who represents the community's broad interests?

- Hospitals **must** take input from:
 - Public health experts
 - Government agencies and departments with information relevant to community's health needs
 - “Leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community served”
- Hospitals **may** consult with health care consumer advocates, nonprofits, community-based organizations, academics, health care providers, private businesses, insurers and others located in or serving their communities.

State Laws or Guidelines Requiring Community or Public Health Input in a CHNA/Implementation

California	Connecticut
Maryland*	Massachusetts
New Hampshire	New York
Rhode Island	Texas

*Allows consultation with community leaders and requires consideration of most recent community needs assessment by certain state/local public health agencies.

Getting There Together

- Moving beyond a “compliance mentality”:
Principles that prioritize community
- Issues and opportunities

Moving Beyond Compliance: Principles that Prioritize Community

Quality community benefit programs engage communities, improve access to necessary care, and create long-term opportunities for strategic problem-solving to address underlying health needs.

They:

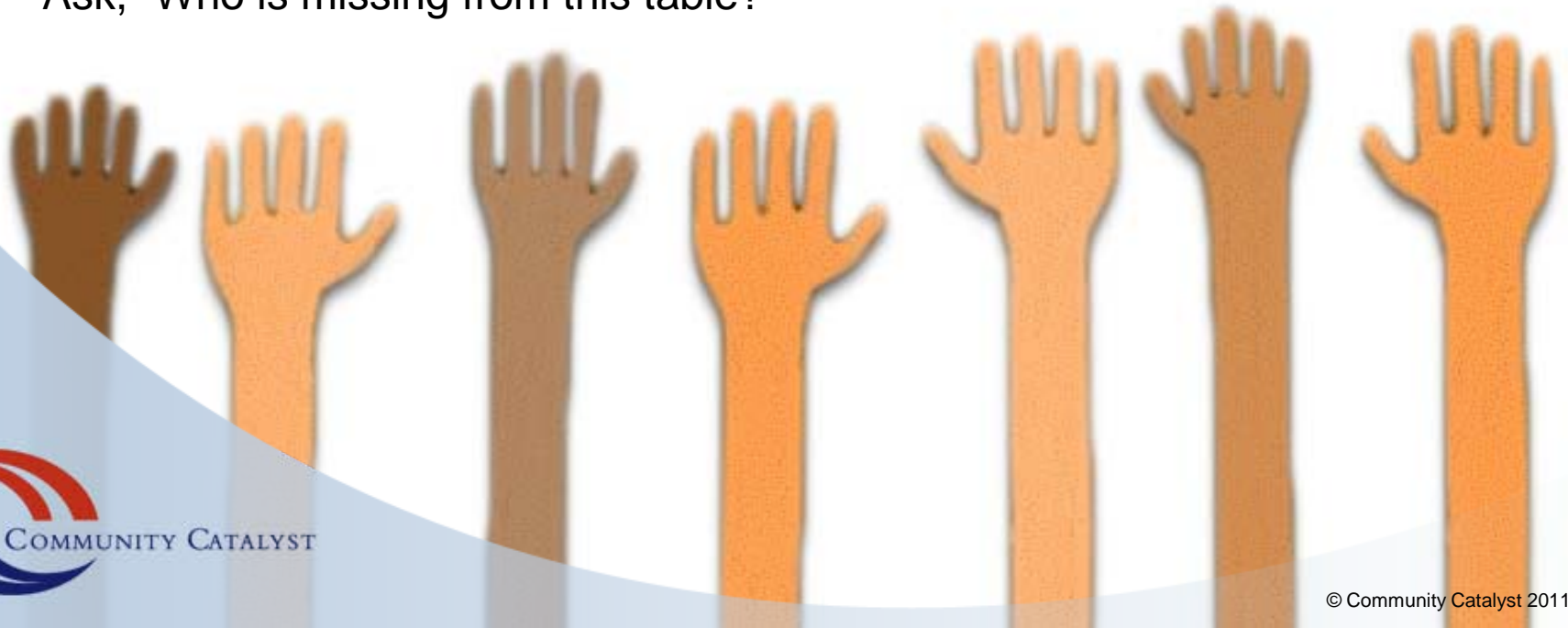
- Are **flexible** enough to include upstream measures to address disparities in health, tailored to local needs
- **Open (or sustain) lines of communication and partnership** between communities, hospitals, other providers and public health
- Are **accountable** and **transparent** to local communities
- **Target** and reflect the needs of vulnerable community members
- **Empower** community members, particularly those from vulnerable communities

Meaningful Community Engagement in a CHNA/Beyond: Who, What, When, How and Why

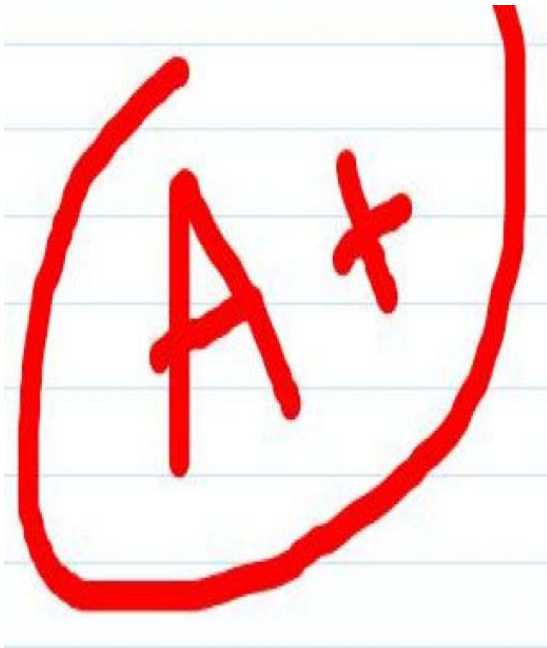


WHO: Set an Inclusive Table

- Draw from a broad spectrum within the community served.
- Pay particular attention to people who are themselves underserved or who work with underserved populations.
- Pay attention to the racial and ethnic makeup of any partnership or coalition.
- Ask, “Who is missing from this table?”



WHAT: Structure Programs that Send the Right Message



- Community Catalyst's Health Care Institution
Responsibility Model Act

- **Mission statement** with explicit commitment to community benefit
- **Board and senior management vested** in successful programs, including consumer engagement
- **CHNA** evaluates health needs and resources of the community served
- Community involved during CHNA with clear line to priorities chosen in **implementation strategy**
- Transparent, annual **reporting**
- **Fair** financial assistance, billing and debt collection practices

WHEN: Involve the Community Early and Often.

- During the CHNA
- During priority setting
- During implementation
- As the key target audience for any reporting

Common Challenges to Successful Engagement

- Competing priorities
- Lack of trust or perceived value
- Different (or lack of) capacity, experience or resources
- Changing demographics
- Previous history
- Internal pressure to focus on quantitative data
- Time-consuming!



HOW: Focus on *process*, not just the final *product*.

- Eliminate surprise.
- Understand local history and perceptions.
- Share, hear, and circle back.
- Set ground rules that encourage sharing and respect differing views.
- Invest in skill-building.
- Have the right skills on staff.
- Translate.
- Set expectations.



WHY: Community Engagement Adds Value to the CHNA and Implementation Strategy.

- Leverage data effectively.
- Build consensus on key priorities.
- Identify unlooked-for resources and unanticipated barriers to healthy communities.
- Reinvigorate partnerships.
- Win buy-in.
- Engage and develop community leaders who can help advance broader change.



Resources

- Analyses of state laws on free care and community benefit
- Model laws on financial assistance, community benefit, and hospital/HMO conversions
- Case studies and toolkits for community action around financial assistance
- Fact sheets, messaging tips, strategic planning for advocates and community groups

<http://www.communitycatalyst.org/projects/hap/resources>

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