Community Health Needs Assessment (CHNA)/Implementation Plan

Iowa Flex Program Resource Guide for Critical Access Hospitals (CAHs)

Prepared by the Iowa Rural Hospital Flex Program

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Acknowledgements

The Flex Program would like to express sincere appreciation to the Iowa HHS Community Health Assessments and Improvement Planning (CHA CHIP) team members for their significant contributions of time and resources to this resource guide. Collaborations between the Iowa Flex Program and the CHA CHIP team members began in 2022 with the intent to better serve the needs of both Iowa local public health staff and Critical Access Hospital staff who are both tasked with leading and completing meaningful needs assessment processes. This guide is intended to provide not only resources that would enable CAH staff from 501©3 Critical Access Hospitals required to complete the CHNA every three (3) years, but also to explain and highlight community health planning information that local public health staff use to complete their CHA CHIPs. Our collective goal is for CAHs and local public health to serve as partners in their community and to seek ways to work together to support healthy community members. Healthy communities regularly ask what is working well and what challenges exist to guide program planning and needed interventions.

Introduction

This document was prepared by the Iowa Department of Health and Human Services Flex Program with input and resources shared by the CHA CHIP planning team members to provide tips for preparing both a CHA CHIP for local public health staff and a CHNA/Implementation Plan for Critical Access Hospitals. These best practices are applicable to both hospitals and health departments. However, the required timeline to update the assessment and plan for health departments is 5 years instead of 3 years for hospitals. One of the best practices is to write these plans so that they are readable and understandable to the target audiences. There are also some links to helpful resources.

One of the provisions in the Patient Protection and Affordable Care Act passed in 2010, requires all nonprofit hospitals to complete a Community Health Needs Assessment (CHNA) and an Implementation Plan. The purpose of the CHNA is to identify the health-related needs in the community and develop a plan of action to address these needs. This requirement, which went into effect in 2012, must be completed by all nonprofit hospitals to maintain their tax-exempt status.

Although considerable progress has been made in meeting most or all of the Internal Revenue Service (IRS) requirements for the CHNA and Implementation Plans, some Critical Access Hospitals (CAHs) have experienced difficulties in meeting all the requirements. The purpose of this resource guide is to provide some basic resource documents and best practices that will provide clear information about how to both develop the CHNA and the steps for preparing the implementation action plan.

Although this resource guide is designed to help clarify the steps and the process for completing the CHNA and Implementation Plan, many hospitals are using these tools to develop strategies in population health and identify and address the social determinants of health (SDOH). The SDOH are conditions in which people are born, grow, work, and age and affect the health and quality of life in both negative and positive ways. These conditions include employment, food access, housing, transportation, and literacy skills. For more information on the SDOH, please see Understanding and Addressing Social Determinants of Health: Opportunities to Improve Health Outcomes. A Guide for Rural Health Care Leaders [link.uiowa.edu].

Approach

To be successful in both planning and implementation population efforts, it is essential for hospitals to establish collaborative partnerships with local health departments and community-based organizations. In addition, it is also critical to obtain community feedback through surveys, focus group or key informant interviews, town hall meetings, and public comments.

Critical Access Hospital (CAH) Community Health Needs Assessment (CHNA)/ Implementation Plan

Since the law was passed in 2010, numerous reports and documents have been prepared to assist hospitals in developing these plans. After reviewing many of these reports and documents, a decision was made to limit this resource guide to only a few documents that we think will be most useful to the Iowa CAHs. It does include one very lengthy document that provides an overview of each step in the process of both assessing community health needs and the implementation of the action plan. The components of the resource guide include:

I. **IRS Requirements Checklist:** https://www.chausa.org/docs/default-source/community-benefit/030215_cha_assessaddressbookletsummary.pdf

This document provides a list of the criteria that must be addressed in the CHNA and the Implementation Plan. All the criteria must be addressed to meet the requirements of the law and achieve IRS approval.

II. **Catholic Health Association of the United States,** ***Assessing and Addressing Community Health Needs*****, 2013:** https://www.chausa.org/docs/default-source/community-benefit/2015-cbassesmentguide.pdf

Assessing & Addressing Community Health Needs describes a variety of ways hospitals may conduct CHNAs and develop implementation strategies. This resource provides a much more detailed step-by-step process to completing the CHNA and Implementation Plan. The approach taken may depend on the size of the hospital, the size and makeup of the community, the existence of a current valid assessment, and the presence of on-going community assessment efforts.

This booklet summarizes federal requirements for tax-exempt hospitals and recommendations from community benefit and public health experts on conducting assessments and developing implementation strategies described in the book. This document is lengthy, but it is very thorough and readable. It discusses key concepts (e.g., defining your community), preparing for the assessment (e.g., staff and Board involvement), and describes the purpose and scope of the project. It also outlines the key steps in developing the CHNA, including types of data, defining priorities, and communicating the results. Finally, it summarizes the steps for developing the Implementation Plan, including the use of evidence-based approaches to meet the priority health needs.

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Enacted as part of the Patient Protection and Affordable Care Act of 2010, the Internal Revenue Service (IRS) requires a tax-exempt 501©3 hospital organization to conduct a CHNA once every three (3) years for tax years beginning on or after March 23, 2012. In addition, the hospital organization must have an authorized body adopt a written implementation strategy to meet the needs identified in the CHNA.

Conducting a CHNA requires a hospital organization to do the following:

1. Define the community served
2. Assess the health needs of the community
3. Solicit and consider input received from persons who represent the broad interests of the community, including those with special knowledge of or expertise in public health
4. Document the CHNA in a written report that is adopted by an authorized body of the hospital facility
5. Make the CHNA report widely available to the public.

In addition, a hospital organization's implementation strategy must be a written plan that, for each significant health need identified, either:

1. Describes how the hospital facility plans to address the health need, or
2. Identifies the health need as one the hospital facility does not intend to address and indicates why it does not intend to address the particular health need. An authorized body of the hospital facility must adopt the implementation strategy. Generally, this must be done on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility finishes conducting the CHNA.

Timeline

It will be helpful to establish a timeline for the process that maps out the necessary steps for the completing the CHNA and Implementation Plan.

A recommended timeline would include:

- 3 months for planning
- 3 months to complete all surveys/gather needs assessment data and prioritize, and
- 3 months for developing action plans and final writing.

Source: AHA Community Health Improvement (2023)(https://www.healthycommunities.org/resources/community-health-assessment-toolkit)

CHNA CHECKLIST

This checklist is meant as a planning tool for non-profit hospitals to help ensure compliance with IRS regulations during the development and implementation of a Community Health Needs Assessment (CHNA) and Implementation Strategy conducted every three years. Additional information can be found on the **IRS website** (Link).

IRS CHNA Requirements	Noted in Report
Community Served	
Geographic area served	
Target populations served + I.e., children, women or aged + As applicable include medically underserved, low-income, or minority populations	
Principal functions + Specialty area or targeted disease	
CHNA Process and Methods	
Data and other information used in the assessment	
Data collection and analysis methods	
Collaborative or contracted partners noted	
Broad Interests of the Community Served	
Description of how input was collected and received from persons who represent the broad interests of the community served Required Sources: + At least one state or local public health department or state Office of Rural Health + Members of medically underserved, low-income, and minority populations served + Written comments received from recent CHNA and Implementation Strategy	
Significant Health Needs	
Description of identified significant health needs	
Description of resources available to address identified health needs	
Evaluation of the impact of any actions taken to address identified health needs from the preceding CHNA	
Authorized Body Adoption	
Documentation of CHNA report adoption by a hospital authorized body	
Widely Available to the Public + Webpage + Paper copy available upon request	

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IMPLEMENTATION PLAN CHECKLIST

IRS Implementation Strategy Requirements	Noted in Report
Addressing a Significant Health Need	
Written plan with description of action intended to take to address health need(s) and anticipated impact of actions	
Identification of resources to commit to address health need(s)	
Description of planned collaboration between hospital facility and other organizations in addressing the health need(s)	
Not Addressing a Significant Health Need	
List reason(s) for not addressing a significant health need + I.e., resource constraints, others addressing the need, lack of expertise, low priority, lack of effective interventions to address the need	
Joint Implementation Strategies	
Developing an Implementation Strategy with partners? + A separate plan must be written tailored to the hospital facilities specific resources Adopting a joint CHNA and Implementation Strategy with partners? + Identification of how it applies to the hospital + Identification of the hospital roles and responsibilities in taking action and the resources committed + Includes a summary to easily locate portions of the joint strategy that relate to the hospital	
Authorized Body Adoption	
Documentation of Implementation Strategy adoption by a hospital authorized body + Completed before the 15th day of the fifth month after the end of the taxable year the CHNA is finished (same due date of Form 990)	

Funding for this resource was provided by the Health Resources Services Administration, Rural Hospital Flexibility Program (Catalog of Federal Domestic Assistance (CFDA) 93.241).

III. Best Practices for Community Health Assessments and Community Health Improvement Planning (CHA CHIP)

Writing Collaborative CHNAs with Other Hospitals or Public Health Departments

Hospitals can choose to partner with other hospitals, public health departments or community stakeholders to conduct a joint assessment. Conducting a collaborative CHNA has many advantages:

- Financial – Share the cost of conducting the CHNA.
- Information sharing – Leverage the expertise from individuals at each organization.
- Resource sharing – Utilize resources (monetary, in kind, staff, etc.) for assessment and implementation.
- Data – Align data from electronic health records to provide information on health care usage and health status (see Appendix E). Public health department data repositories are a useful source for population-level data.
- Relationship building – Strengthen relationships between participating organizations.
- Aligned implementation strategies – Coordinate implementation strategies to achieve maximum impact on overall population health.

Health Research & Educational Trust. (2016, June). *Engaging patients and communities in the community health needs assessment process*. Chicago, IL: Health Research & Educational Trust.

Community Health Assessments and Improvement Planning (CHA CHIP)

CHA CHIP has more than a 30-year history in Iowa and represents vital local action to promote and protect the health of Iowans. At least every five years, local public health assures a community-wide process takes place to identify the most important factors affecting health in the community and to plan strategies to build on strengths and work on gaps. These CHA CHIP discussions form the foundation for statewide planning and action to improve the health of all who live, work and play in Iowa.

Federal requirements for nonprofit hospitals to conduct community health needs assessments every three years present an opportunity for hospitals and local public health to join forces to identify needs and craft strategies for meeting them. Working together can result in greater collaboration between hospitals and local public health and an initiation of new partnerships. Both groups in the health system stand to gain from the relationship. Even more important, the community benefits when data, resources, and expertise are shared to attain the common goal of a healthier community.

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Community Health Assessments & Community Health Improvement Plans

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The community health assessment (CHA) identifies key health needs and issues through comprehensive data collection and analysis. The assessment gives counties information about the community's current health status, needs, and issues. In turn, this information can help with developing a community health improvement plan (CHIP). The CHIP is a long-term, systematic effort to address public health problems based on the results of the CHA. For any questions, please contact cha-chip@idph.iowa.gov.

BEST PRACTICES

READABILITY

Please keep health literacy in mind when drafting CHAs and CHIPs. Typically, public health communications should be written at or below an 8th grade level. The SMOG Index is the most commonly used readability formula in Public Health and Healthcare settings.

DATA

The CHA should include both primary (data collected and analyzed by the county such as a survey, focus groups, etc.) and secondary data (information collected, published, or reported by others). It is recommended to include the demographic profile of your county, morbidity and mortality data, disparities, and factors (positive or negative) that impact the health of the county. Do not forget to include your County's top issues identified during the CHA process.

PARTNERSHIP/ INVOLVEMENT

One benefit of a CHA is the development of partnerships between organizations and community residents with the shared goal of improving the health of the community. In your work, think about who is currently involved, who is missing, and how you can engage your community.

TIMELINE

The CHA/CHIP process should occur at least once every five years. Once completed, the CHA and CHIP should be living documents that you frequently reference in your day to day work.

CHIP ELEMENTS

The CHIP that you publish should have (at minimum) the following items identified: priority health issues, as well as goals, objectives, and strategies for each issue. This will serve as your action plan.

HELPFUL RESOURCES

- SparkMap Community Assessments
- County Health Rankings
- Behavioral Risk Factor Surveillance System (BRFSS)
- Iowa Public Health Tracking Portal
- Iowa HHS CHA/CHIP Homepage
- ISU Data for Decision Makers
- Readable; Readbility Checker (free)
- Inclusive Communication Principles - CDC

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IV. Potential Data Sources, Evaluation Strategies, and Other Resources

The lists below provide links to some important Iowa databases, evidence-based prevention interventions and strategies, and evaluation strategies**:**

Resources for Developing, Implementing, Tracking, and Evaluating Health Improvement Strategies

- Chronic Disease Prevention Strategies: CDC list of priority actions related to nutrition and physical activity that states and communities can take to reduce the risk of chronic diseases.
- Community Tool Box: University of Kansas resource provides tips and tools for taking action in communities and evaluating progress.
- Guide to Community Preventive Services: The Centers for Disease Control and Prevention (CDC) guide that can help hospitals, public health agencies, and other stakeholders make decisions about adopting evidence-based strategies for improving community health.
- Healthy People Tools & Resources: Healthy People 2030 evidence-based resources to support and inform work to improve the health of communities and individuals.
- What Works for Health: Comprehensive information from County Health Rankings to help communities select and implement evidence-informed policies, programs, and systems change.

Community Health Assessment and Community Health Improvement Plan Reporting

- The Iowa HHS webpage includes basic steps, tools, and best practices for CHAs and CHIPs for local and state health departments.
- Iowa HHS Partnership Assessment Tool: This is a PDF with links to an online tool to ensure well-rounded partnerships to accomplish the planned tasks and goals or your coalition, alliance or collaboration. Link needs to be changed by John.
- Current CHA CHIP Assessments and Plans: An interactive map allowing to view a county's most recent community health assessment and improvement plan.

County Data Sources

- Behavioral Risk Factor Surveillance System (BRFSS) data by county: Topics include alcohol and tobacco use, gambling, chronic health indicators, physical activity, overweight/obesity, immunization, health status, days of poor health and healthcare access/coverage.
- Cancer Profiles: Cancer statistics for the nation, states, and counties produced by the National Cancer Institute and the Centers for Disease Control and Prevention (CDC). statecancerprofiles.cancer.gov
- CARES Sparkmap: Free mapping tool and comprehensive community health assessment report from the University of Missouri Center for Applied Research and Engagement Systems.
- County Health Rankings: Annual County health snapshots from the University of Wisconsin Population Health Institute.
- Healthiest Communities: Annual County health snapshots from the Aetna Foundation and U.S. News & World Report.
- Iowa Health Fact Book: Iowa county data from the University of Iowa includes demographics and vital statistics, data on disease incidence and mortality, health and social determinants of health, health resources, and environmental factors.
- Iowa Kids Count: Trends in the well-being of Iowa children compiled by Common Good Iowa.
- Iowa Public Health Tracking Portal: Public health data maintained by the Iowa Department of Health and Human Services.
- Iowa State Data Center: Population, housing, business and government statistics for Iowa counties, including data from the U.S. Census Bureau, Iowa state agencies, and other state and federal sources.
- Iowa Youth Survey: 6th, 8th, and 11th graders' attitudes and experiences with alcohol, drugs, violence, and peer, family, school, and neighborhood/community environments.
- Trust For Public Land's ParkServe: Information about park systems and the percentage of city, town and community residents within a 10-minute walk of a park broken down by race/ethnicity, age and income.
- U.S. Census Bureau State & County QuickFacts: Fast, easy access to facts about all states and counties, and for cities and towns with more than 5,000 people.

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V. Community Health Assessment and Improvement Planning (CHA CHIP) Training Opportunities

Following is a list of Community Health Assessment on-demand trainings and webinars from Regional Public Health Training Centers funded through Health Resources and Services Administration (HRSA). Please note, these trainings are a place to start when looking for resources on Community Health Assessments.

CONDUCTING A COMMUNITY ASSESSMENT

Course/ Link	Objectives	Details
An Introduction to Community Assessment and Data Collection	▪ Explain the importance of community assessments ▪ Discuss the important of community-level data ▪ Identify key components of the data collection process ▪ Select an appropriate data collection method ▪ Identify ways to share data with community assessment planning team members and the community	Length- 45 min Published 2020 Sponsor: Emory University Region IV Public Health Training Center Certificate of Completion
Community Assessment: Conducting Windshield and Walking Surveys	▪ Recognize when windshield and walking surveys are an ideal method for community assessment ▪ List the components of systematic windshield and walking surveys ▪ Infer themes from survey findings ▪ Identify methods to share findings with the community assessment planning committee	Length- 40 min Published 2020 Sponsor: Emory University Region IV Public Health Center Certificate of Completion
Community Assessment: Conducting Surveys	▪ Identify when a survey is an ideal method for community assessment. ▪ Discuss at least 3 types of question and response options for use on a questionnaire survey. ▪ Discuss delivery methods available for questionnaire dissemination. ▪ Identify sources for survey question development. ▪ Explain how you analyze the data collected from a questionnaire.	Length- 45 min Published 2021 Region IV Public Health Center

Community Assessment: Conducting Focus Groups	▪ Recognize when a focus group is an ideal method for assessing a community. ▪ Discuss the preparation necessary for conducting a focus group. ▪ Apply the necessary steps to conduct a focus group. ▪ Analyze the data collected from a focus group.	Length- 60 min Published 2020 Region IV Public Health Center Certificate of Completion
Community Assessment	▪ Explain the reasons for conducting a community assessment ▪ Define the components of a community health assessment ▪ Identify the types of data for assessing the needs and assets of the community of interest	Length: 45 min Published 2017 Northwest Center for Public Health
Six Steps to Performing a Community Health Assessment	▪ Describe the process of collaboration with community members and community leadership to perform a Community Health Assessment (CHA); ▪ Identify community health issues on which to focus a CHA; ▪ Identify, collect, analyze, and synthesize community health data; and ▪ Communicate data results to create change in your community	Length: 300 min Published 2018 Dornsife School of Public Health

DATA

Course/ Link	Objectives	Details
Public Health Data and You	▪ Provides a practical understanding of statistical approaches to data summary, presentation, and analysis that can be used by public health professionals at all levels. ▪ Addresses competencies associated with Analytical/Assessment Skillset identified by The Council on Linkages Between Academia and Public Health Practice	Length: 3 hr course (5 segments about 35 minutes each) Published: Unknown Sponsor: East Tennessee State University Region IV Public Health Training Center
Presenting Public Health Data	▪ List the common ways to present data. ▪ Choose an appropriate format to present specific kinds of data. ▪ Identify good design practices for tables and charts.	Length: 45 min Published 2008 Northwest Center for Public Health Practice
Principles of Data Quality	▪ Develop the knowledge and skills required to effectively manage and interpret data by focusing on the core principles of data quality. ▪ Help enhance the analytical or assessment skills of participants as identified by the Council on linkages between academia and Public Health Practitioners and the Public Health Workforce Interests and Needs Survey	Length: 30 min Published 2021 Sponsor: East Tennessee State University Region IV Public Health Training Center

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MESSAGING

Course/ Link	Objectives	Details
An Overview of Public Health Reaching Across Sectors	▪ Describe the importance of cross-sector partnerships to improve health outcomes ▪ Describe public health for audiences outside of public health ▪ Define what framing is and why it matters for communication ▪ Identify language barriers for cross-sector understanding ▪ Brainstorm ways to bridge gaps in communication between public health professionals and professionals in other sectors ▪ Discuss recommendations from the research findings/Map the Gaps from FrameWorks Institutes research to understand other sectors' needs and perceptions ▪ Describe recommendations from the research findings from Hattaway Communications about communicating about public health to general audiences ▪ Select communication strategies to combat stereotypes and failures in communication between public health and other sectors	Length: 30 min Published 2020 Sponsor: Emory University Region IV Public Health Training Center Certificate of Completion

Course/ Link	Objectives	Details
Cross-Sector Collaboration – Easy to Say, Challenging to Do: An Introduction to PHRASES	▪ Explain the de Beaumont Foundation's commitment to tools and resources for the public health workforce and the importance of collaboration in today's public health practice. ▪ Describe the PHRASES (Public Health Reaching Across Sectors) project and how it will support public health practitioners in their cross-sector efforts. ▪ Discuss the framing research that is currently informing the development of the PHRASES toolkit. ▪ Locate resources related to the PHRASES project now and in the future.	Length: 90 min Published 2019 Sponsor: Emory University Region IV Public Health Training Center Certificate of Completion
PHRASES: Using Message Framing Tools to Build and Sustain Cross-Sector Partnerships	▪ Differentiate situations in which they may use one or more framing recommendations based on partners' needs and values. ▪ Identify case situations in which they may use a certain framing tool to engage in conversation with other sectors. ▪ Select appropriate framing techniques and critique responses about communicating to other sectors. ▪ Draft ideas for messaging to engage in conversation with other sectors for real-life public health case situations using the framing tools.	Length: 30 min Published 2021 Sponsor: Emory University Region IV Public Health Training Center Certificate of Completion
Becoming the Hero of Your Story: Developing and Distributing Persuasive, Resonant Messages for Your Key Audiences	▪ Describe the concept of targeted messaging and how it relates to communicating about public health issues ▪ Explain how the stages of behavior change impact public health messaging ▪ Discuss the three most important components to a successful public health message ▪ Identify the most common pitfalls in public health storytelling	Length: 90 min Published 2008 Region IV Public Health Training Center

Course/ Link	Objectives	Details
Visualizing Data Stories	▪ Describe the significance of data visualization as a communication strategy ▪ Identify three data visualization techniques for communicating health information around social determinants of health ▪ Compare visualization techniques that tell a story to different audiences.	Length: 90 min Published 2021 Northwest Center for Public Health Practice

HEALTH EQUITY & SOCIAL DETERMINANTS OF HEALTH

Course/ Link	Objectives	Details
Connecting Cross-Sectors to Advance Health Equity Where it Matters	▪ Identify areas for collaboration and improvement to advance organizational capacity that support equitable practices. ▪ Recognize effective strategies beyond understanding definitions to promote diversity, equity, and inclusion. ▪ Apply relevant tools that promote culturally-responsive equity.	Length: 90 min Published 2021 Sponsor: Emory University Region IV Public Health Training Center Certificate of Completion
Health Equity: Making Your Health Department More Culturally Competent	▪ Define key terms- health disparity, health equity, social determinants of health, cultural competency, and cultural humility (and explain how they relate to local health departments). ▪ Explain the relationship between health inequities, the social determinants of health, and cultural competency as it relates to health outcomes in their community. ▪ Identify cultural competency gaps within their organization using the CLAS standards.	Length: 90 min Published 2019 Sponsor: Emory University Region IV Public Health Training Center Certificate of Completion

Understanding the Rural Landscape: What Works in Improving Health and Well-Being	▪ Discuss key challenges and opportunities for building meaningful partnerships with rural communities to advance health and well-being ▪ Identify resources and tools public health entities can use to support their work in and with rural communities	Length: 90 min Published 2018 Sponsor: Emory University Region IV Public Health Training Center Certificate of Completion
Racism, Bias, and Other Determinants of Health: Issues and Actions	▪ Describe social determinants of health ▪ Describe the role of bias in medical decision making & impact on adverse health outcomes ▪ Connect addressing bias to provision of equitable high-quality care ▪ Recognize how our backgrounds inform our perspectives and how we relate to colleagues & pts ▪ Explore strategies that students and physicians can employ to mitigate bias	Length: 90 min Published 2021 Sponsor: Emory University Region IV Public Health Training Center Certificate of Completion
Understanding Population Health Concepts	▪ Define health equity, health disparities, and health inequities ▪ Explain how social factors (e.g., access to employment, discrimination, neighborhood safety) influence health ▪ Identify connections between social factors and varying health outcomes in a community	Length: 90 min Published 2021 Northwest Center for Public Health Practice
Determinants of Health	▪ Explain biological and genetic factors that affect a population's health ▪ Explain effects of environmental factors on a population's health ▪ Explain behavioral and psychological factors that affect a population's health ▪ Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	Length: 90 min Published 2021 Region V Public Health Training Center

[Addressing Health Equity: A Public Health Essential]	▪ Describe terms related to health equity. ▪ Identify how historically major advances in health status resulted from social reforms. ▪ Identify the health outcomes of affected populations. ▪ Describe the social determinants of health and how they contribute to health disparities and inequities. ▪ Describe the Healthy People initiatives that address health inequity. ▪ Explain the role of the public health workforce in addressing health inequity. ▪ Describe evidence-based approaches to promote health equity.	Length: 90 min Published 2012, updated 2019 Center for Public Health Continuing Education CEUs available until 2025.
[Population Health and Health Equity]	▪ Identify the roles and responsibilities of public health. ▪ Identify how the health care system influences health equity, including insurance coverage. ▪ Recognize the importance of and opportunities for collaboration in population health. ▪ Describe the concept of the social determinants of health. ▪ Discuss how 'place' impacts population and patient health outcomes. ▪ Identify types of information about a community that can inform a physician's practice. ▪ Consider the role of physicians as change agents. ▪ Describe at least one framework for cultural competence. ▪ Identify at least one interpersonal level strategy for health equity. ▪ Identify potential roles for physicians in health policy and advocacy work. ▪ Recognize opportunities to influence organizational and community policy to promote population health.	Length: 150 min Published 2021 Sponsors: Authority Health and the University of Michigan School of Public Health Region V Public Health Training Center

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COMMUNITY ENGAGEMENT

Course/ Link	Objectives	Details
Community Engagement: The People's Approach to Improving Health and Social Outcomes	▪ Define community engagement ▪ Discuss why community engagement is critical in advancing health and social equity ▪ Describe the role of local health departments (LHDs) in engaging local communities and their leaders in the design, implementation, and evaluation of health interventions and policies ▪ List best practices, strategies, and participatory processes for community dialogue and engagement ▪ Discuss ways to integrate community engagement in public health practice	Length: 90 min Published 2021 Region 2 Public Health Training Center
Community Change in Public Health	▪ Provide a definition of community ▪ Identify community components, characteristics, and typologies ▪ Outline and explain the components of a community diagnosis ▪ Explain the concept of perceived community/collective efficacy ▪ Outline and describe the community competency model ▪ Explain Rothman's model of community change Note relationships of Rothman's model to other change models ▪ Describe the levels of the political economy model ▪ Give examples of a political economy interpretation to health problem ▪ Define the concept of community coalitions	Length: 540 min Coursera- Johns Hopkins University May have a fee after a 7-day free trial.

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OTHER

Course/ Link	Objectives	Details
Cultural Competency in the Public Health and Health Care Workforce	▪ Define cultural competency. ▪ Describe factors that contribute to the need for a culturally competent public health and health care workforce (e.g., health disparities) ▪ Describe the significance and application of cultural competency for the public health and health care workforce. ▪ Describe salient barriers and challenges to the development and sustaining of a culturally competent public health and health care workforce. ▪ Describe best practices that contribute to the development and sustaining of a culturally competent public health and health care workforce.	Length: 90 min Published 2016 Sponsor: Florida A&M University Region IV Public Health Training Center Certificate of Completion
Holding Effective Meetings	▪ Determine the need for a meeting ▪ Plan a successful meeting ▪ Set up a meeting ▪ Effectively run a meeting ▪ Follow up on a meeting	Length: 60 min Published 2018 Sponsor: New England Public Health Training Center Public Health Learning Navigator

To speak with the CHA/CHIP team, please email cha-chip@idph.iowa.gov

Conclusion

The process of developing the CHNA and Implementation Plan provides hospitals with an opportunity to gain a better understanding of the health needs in their community and to engage local community partners such as local health departments and community-based organizations in implementing evidence-based interventions to address these needs. It will also help hospitals generate trust from community members and lead to the provision of new services that will improve the health of all people in their community. The CHNA process – from assessment through implementation and evaluation – can catalyze hospitals and their focus on illness prevention and the social determinants of health so they can foster community wellness and also provide medical services better tailored to their particular populations. Viewing the CHNA as an ongoing improvement process can make hospitals and health systems more community oriented and help ingrain community health improvement into the hospital's mission and operations. This approach to health and health care is becoming increasingly central as the health care field moves toward a paradigm focused on population health that financially rewards hospitals for preventing illness.

If you have any questions about the Resource Guide, please contact Iowa Flex Coordinator, Wanda Hilton:

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