Answers to Webinar Chat Questions

ASTHO produced a webinar called "How State Health Agencies Can Use Community Health Assessments to Promote Health Equity." The webinar was held on June 24, 2014 at 4pm. The moderator was Frances Phillips, Independent Consultant. Presenters included:

- Gayle Nelson, Director, Hospital Community Benefit Program, The Hilltop Institute
- Kevin Barnett, Senior Investigator, Public Health Institute
- Geoff Wilkinson, Director for Policy and Planning, Massachusetts Department of Public Health

Question	Answer	Presenter
What are some of the examples of community benefit work that focus on the built environment? What cities/hospitals are doing this?	Here are two examples. Nationwide Children's Hospital's Healthy Neighborhoods, Healthy Families (Columbus Ohio), a public-private partnership, renovates or repairs neighborhood homes, among other things. And Cincinnati (Ohio) Children's Hospital Medical Center used geocoding technology to identify clusters of re-admitted asthma patients who lived in substandard housing units owned by the same landlord. It then partnered with the local Legal Aid Society which helped tenants form an association to compel the property owners to make repairs. More information is available at: http://www.hilltopinstitute.org/publications/HospitalCommunityBenefitsAfterTheACA-ScheduleHIssueBrief5-October2012.pdf	Gayle
What tools can we use to leverage authentic qualitative data collection from vulnerable pops; and how can we address shared authorship, when sometimes Needs Assessments are conducted by hospital marketing departments?	The tools we developed are intended to call out and share both examples where there is legitimate and ongoing engagement, and when the process is a sham.	Kevin
This is a question for Kevin. Kevin, you mentioned you'd looked at CHA/CHIPs that you were able to	I would need to go back to our team to confirm, but among those CHAs we could access (and were not just summaries or listings of health statistics), I believe almost all identified the areas with geographic concentrations of health disparities - we'd have to dig a bit further to determine and verify the specific metrics used in each case. In general, however, there is much greater sensitivity to this issue.	Kevin

access. Did you examine these in detail (as you did with the CHNAs), and if so, what were your findings relating to whether they identified geographic health disparities?		
Are some communities or hospitals actually focusing of the poorest communities. Any promising practices that can be replicated? Are any hospitals focusing on tobacco related heath disparities?	Jeannette Noltenius. Here are several sources of promising practices: The Cochrane Library. http://www.thecochranelibrary.com/view/0/index.html#http://www.thecochranelibrary.com/view/0/browse.html National Prevention Council. (2012). *National Prevention Council action plan: Implementing the national prevention strategy*. Retrieved from http://www.surgeongeneral.gov/initiatives/prevention/2012-npc-action-plan.pdf New York Academy of Medicine, Trust for America's Health. (2013). *A compendium of proven community-based prevention programs*. Retrieved from http://healthyamericans.org/assets/files/Compendium_Report_1016_1131.pdf The Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute (UWPHI). (2014). *County health rankings and roadmaps: What works for health.* Madison, WI. Retrieved from http://www.countyhealthrankings.org/roadmaps/what-works-for-health	Gayle
what if any is the relationship of the role of enabling state legislation in setting the scope of role/authority of the SHD in negotiating the degree of influence on local hospitals without too	One of the recent areas of focus has been for the state HD to make an effort to get greater alignment with state priorities. It blew up in their faces in MN, but NY hospitals are expected to address this in their reporting. Haven't done a systematic review of this issue, but key consideration is the degree to which there is flexibility to both select priorities and determine the specific design of strategies at the local level -- better when at the state or federal level to establish broader parameters, and provide the info needed for local/regional folks to provide more scrutiny.	Kevin

much pushback?		
The Worcester MA example has health equity listed separate from other 5 domains. Should health equity not be considered a dimension of all the other 4 domains, i.e., equity in access to healthy foods, etc.	The Worcester, MA CHA/CHIP listed health equity as one of five domains for action and further identified four objectives for that domain. One of those objectives is, "Ensure that each public health priority area in the CHIP identifies strategies to address oppression and the social determinants of health." In other words, Worcester is doing what the questioner suggests. The value of identifying health equity as its own domain is to ensure it receives full attention as a health priority. Worcester addressed a concern we see with a variety of CHIPs and SHIPs: saying health equity is part of everything and located everywhere can beg the question of how elimination of disparities is operationally prioritized. Worcester is bringing the issue into sharp, explicit focus with its approach. Here's a link to the executive summary of Worcester's CHIP: http://www.worcesterma.gov/uploads/28/51/2851b669d4506fc09feb4b984805d03e/chip-executive-summary.pdf	Geoff
To what extent can the CHNA process influence the standardization of demographic data collected by collaborating entities in states where there is no state level legislation on this?	An easy way to approach this would be to require and/or encourage all to use the VPF tool on www.chna.org in the ID of health inequities in a region, and ask all (regardless of relative proximity) to address how they will focus some proportion of their resources in these areas. It gets directly at the reality of the situation, which is that those hospitals located in more affluent areas and less proximal to low income census tracts are taking advantage of the poor job the IRS did in allowing hospitals to use their service area (defined in terms of their patient populations) as their geo parameters.	Kevin
Thoughts about using 2-way texting to communicate directly with Community members and gather data for CHNA?	Absolutely - an excellent idea -- the immediate future in this work will move towards crowd sourcing for local data collection.	Kevin