

Los Angeles County Department of Public Health

Meeting Notes

**Key Community Stakeholder Convening for Los Angeles County
Community Health Assessment and Community Health Improvement Plan
November 6, 2013**

Purpose of Meeting:

- Provide information about the DPH's plan for a community health assessment (CHA) and community health improvement plan (CHIP)
- Consider opportunities to work together on these plans
- Discuss if there is interest in coordinating assessment efforts in the future
- Identify how the CHA & CHIP can be useful to community stakeholders

The following notes capture participants' comments during a group discussion on these questions:

- 1). *Are there any gaps in the current health assessments that have been developed in LA County? If so, what can we include in the CHA that would fill in these gaps?*
- 2). *Are there any gaps in current health improvement plans that have been developed in LA County? If so, what can we include in the CHIP that would fill in these gaps?*
- 3). *How do we make the CHIP a useful plan for stakeholders in LA County?*
- 4). *What are your lessons learned from conducting assessments and making health improvement plans, so that DPH learns from your experiences?*

Note: *Comments typed in black are from the group discussion. Comments typed in blue are taken from meeting participants' evaluation forms and index cards.*

General Comments

- The CHA and CHIP should include SPA level data and SPA level implementation strategies
- This plan should include a description of what are we doing about the problem, not just identify the problem
- Have a vision for what success looks like and be clear about what we want to accomplish with the CHA and CHIP
- Look at/research models of non-traditional strategies e.g., managed care plans that have provided housing advocates to patients in need of better housing
- **Pay attention to how each community is different. The built environment also dictates public health**
- **Be flexible, be iterative, welcome changing gears mid-stream and learning from mistakes**
- **Of course we want to help, but DPH needs to look at the requirements other organizations/sectors face re: assessment/implementation to see if we can coordinate and make the work meaningful for everyone**

Additional stakeholders to include/community engagement process:

- Listen to low-income residents to ensure what we propose is relevant
- Need more providers in stakeholder meetings, need business present also
- Include the private sector and chamber of commerce
- Look to RAND, they have good information
- There are so many health assessments but they often do not include diverse stakeholders. Need to include provider groups; many independent providers are not involved. Include schools, including those with MPH programs
- Learn from the model of community engagement in Willowbrook
- Use new formats to bring out those who do not usually participate
- Try new approaches to engage people who typically do not participate in civic meetings/matters
- **Include Los Angeles Fire Department and homeless shelters/coalitions**
- **Include the Veterans' Administration (VA), American Cancer Society and the cancer registry (in CA and LAC)**
- **Community members and other stakeholders need to be involved in the process; we need better community engagement**
- **Set up a committee structure on each issue with accountable leaders in each area**
- **Set up workgroups for each target area or issue area. Workgroups should develop ideas and then report back**
- **Hold SPA-specific meetings**
- **Some of the priority needs identified in our hospital's Community Health Needs Assessment are outside of the services we provide. It would be beneficial to collaborate with local organizations to identify so we can work together on the identified need. It would also be useful to figure out how to get community feedback for the implementation strategy collectively**

Assessments/Data

- How much assessment do we need to do? The same issues come up consistently
- Needs have been the same over the last 5 years in CHNAs; qualitative data is needed
- Secondary data has its limitations. More in-depth data is needed with a qualitative component.
- It is hard to have just SPA level data and make it relevant to hospitals (since they have their own catchment area)
- Hospitals cross SPA and zip codes; need special mapping tools
- Need data with a different geography, not just SPA
- School Wellness Center perspective: use it as a way to share results. Need better data sharing between partners. Wellness centers were based on the need data drilled down
- Include broad indicators such as those looking at social cohesion
- Obtain/use zip code level data

- Use infographics to describe the problem to communities
- Community Health Councils has a community advisory group, program to train students to count liquor stores and asks what they do want to see in their neighborhoods. Teach locals to do assessments and surveys
- **Utilize existing data platforms like Kaiser; do not re-create data that already exists**
- **Use primary data from local coalitions and nonprofit hospitals instead of DPH collecting it**
- **We need better data sharing**
- **It is important to coordinate with existing SPA level efforts to assess health**
- **Consider oral health as an indicator and conduct asset mapping**
- **It is important to break the data down to the lowest level possible to get an accurate picture of the health issues within local communities. SPA level data is too macro**
- **We need consistent benchmarks so data can be trended over time**
- **The Fire Department should have admittance and re-admittance levels and specifics as to why people were admitted, along with data broken down by zip code. 2014 will see large penalties for hospital re-admittance**
- **“Built environment” is very vague. Indicators should be broken down to specific, measurable and different indicators**
- **Some park inequality metric should be an indicator**

Implementation Plan

- We need collaborative implementation; we need to stay in contact with each other so we know what strategy/program is being implemented by whom
- It would be more helpful to us if DPH conducted SPA level planning when identifying implementation strategies in the CHIP (using SPA level data)
- As part of the process to develop the CHIP, DPH could work with the stakeholders in each SPA to identify appropriate implementation strategies – this would help hospitals when doing their mandating planning. Implementation strategies need to be selected to meet the needs of the area and build upon/complement the implementation strategies that already in place in each SPA
- SPA level data is okay but implementation needs to be local, take into account the local infrastructure
- Health needs are broad and the transition to implementation is a challenge, especially for hospitals
- The DPH process should include asset mapping to identify what services are currently being provided and have an expert/champion in each SPA for health issues prioritized
- Designate a backbone agency to drive process. DPH does not need to lead the implementation strategies for all health issues; rather, enlist other organizations to be involved and share ownership of the implementation plan
- The CHIP should provide cost estimates: What will it cost us? What resources do we need?
 - What resources are needed to move forward in public and/or private realm?

- **Be careful not to dictate an implementation plan that community members were not a part of developing**
- **Involve philanthropy in the CHIP so they can see how they can help fund implementation strategies. Also, involve special interest groups like ADA, Lung Association, etc.**
- **How much is being done to address the health issues affecting the homeless? There is a lack of housing which relates to public health**

Gaps in Existing CHIPs:

- Share information and results, including data, between partners. For example, the LAUSD Wellness Centers were established in neighborhoods based upon data which suggested them in particular areas
- Look at new models to improve health – in Connecticut, nurse specific follow-up for diabetes treatment. One year follow-up for a specific issue
- Issues can be broad. How do we meet our target? How do we measure the effect? For examples, look at what communities are doing to decrease disease. Look at existing programs
- **Create a list all the health-related collaboratives in LA county; this would be an important county resource to support the implementation of CHIP initiatives**

Measurement

- We should measure progress/changes at SPA level so we know the progress within the SPAs
- We need to determine how we will measure success
- Use the same terminology as our community partners
- Committees or an advisory group should set targets for improvement. The HP targets are not reasonable since they are met <35% of the time. We should set our own reasonable targets
- Broaden the measures to include sense of place and social engagement