

	1. Setting the data needs	2. Data gathering	3. Data analysis	4. Data visualization	5. Identify Appropriate Interventions	6. Implementing the interventions	7. Evaluation of the interventions	Collaborations (across all the sections)
NEEDS	<p>Involve community in the CHNA process in a way that meets community data needs, not just data needs of the health system</p> <p>Funds for work or a mandate to complete the work</p> <p>Identify the boundaries of what and who and will be asked (social determinants of health, qualitative and quantitative info, etc.) Data to be gathered must be able to identify whether or not there is a need in population</p>	<p>Awareness of and access to existing data sets</p> <p>Respect for and adherence to data privacy rules and regulations</p> <p>Needs for filling the data gaps of the underrepresented group (low SES)</p> <p>Ways to collect the data that reflect the community needs/experience (ex. Community health workers, something like Waze, or self-reported data)</p> <p>Data at relevant geographic scales (e.g. zip code and Census tract)</p> <p>System for collaborating on sharing/gathering the data</p> <p>Overcoming issues with surveys or a way to avoid surveys as a data-gathering instrument</p>	<p>Data analysis requires a high level of technical capacity and specific software tools</p> <p>It takes too much time to analyze much of the data that exists. It should be more real-time</p> <p>Local knowledge to understand the context of where the data comes from (demographics, geography)</p>	<p>Easy to understand and visualized reports for people to make decisions (could have a map component)</p>	<p>Improve the physician's sense of community health and encourage them to consider the importance non-clinical interventions</p> <p>Quick and easy cost/benefit analysis based on the interventions that health system can use.</p> <p>An inventory of interventions which can be searched by context (demographics, diseases...).</p> <p>Knowing and understanding of health benefits of non-clinical interventions.</p>	<p>Needs for targeting interventions for a specific community</p> <p>Capacity of conducting the intervention implementation</p> <p>To provide a reference point / template for implementing the interventions and prioritise them</p> <p>Long term interventions which includes consistent and stable policies, funds, talented and patient.</p>	<p>Robust set of indicators to create an evaluation system for community health interventions - proximal and at the end of the project</p> <p>Evaluation can serve as baseline to inform need for future intervention / data needs</p> <p>Prepare reports for stakeholders that can be understood easily</p>	<p>Trust between organizations and between the organization and the communities</p> <p>Identifying the complementary strengths across different organizations</p> <p>Share the goals, costs and resources</p> <p>Overcome egos</p>
QUESTIONS	<p>Who decides on the data to be collected?</p> <p>Who decides on the funding?</p> <p>Whose money?</p> <p>How can we facilitate greater collaboration in sharing costs of collaboration?</p> <p>Who sets this work as a priority?</p> <p>Who sets the budget?</p>	<p>What can be defined as "meaningful" community engagement?</p> <p>Which stakeholders require more primary data?</p> <p>What data do the stakeholders want that is different from what is available?</p> <p>Do stakeholders communicate their data needs with other organizations?</p>	<p>What data can be categorized as "community experience"? What are the metrics?</p> <p>How do entities make the case for increased data analysis budget?</p> <p>What do you understand when you hear "data analysis"?</p>	<p>What is meant by data in actionable format? What kind of data is required?</p> <p>Data mapping to reveal needs is very context/community specific. How do we select these dimensions for creating these visualizations?</p> <p>How do you decide on the audience? Do you ever create outputs for multiple audiences for same project?</p> <p>What are common criteria in how you think about the visualizations?</p>	<p>How can we help in prioritizing health needs of the communities? What parameters need to be considered?</p> <p>What are the filters for an inventory of interventions that someone would like to see?</p>	<p>Who are taking the responsibility of implementing the interventions now?</p> <p>What are community member expectations of interventions?</p> <p>How do organizations engage communities effectively promote buy-in for their interventions?</p>	<p>How do you handle evaluation at different time scales required for different stakeholders?</p> <p>How do you evaluate the long-term evaluations? What's the challenge for doing that?</p>	<p>Why the trust is missing among organizations and between the organizations and communities?</p> <p>What prevent the organizations from sharing their data and resources? And how to get rid of these barriers?</p> <p>How might we overcome some of the egos and territorial competition between organizations in order to foster greater collaboration?</p>
ASSUPTIONS	<p>This process starts with someone identifying data needs</p> <p>The data needs from hospitals, governments, and communities have been different but are becoming increasingly similar</p> <p>The contextual information of each community should be considered</p> <p>Funds will be set aside, a regulatory requirement will exist, or a mandate will be in place for the process to begin.</p> <p>Community members have not played a large role in identifying the data needs</p> <p>Organizations are capable of identifying the most appropriate data needs</p>	<p>Most of the existing data is searchable and open source.</p> <p>There is an abundance of available secondary data but a lack of relevant primary data</p> <p>People have trouble finding the datasets that they are looking for</p> <p>An effective community outreach strategy exists, and the communities have enough motivations to contribute accurate data.</p> <p>The existing survey methods are not very efficient</p> <p>Health systems are not motivated to gather any primary data.</p> <p>Health systems lack the budget/technical skills to collect primary data</p>	<p>Time lag limits the effectiveness and usefulness of the data</p> <p>It is difficult for organizations to find competent talents to fill the capacity gap</p> <p>A method for how to contextualize data to communities is available</p> <p>Health systems do not have the capacity/skills for this work in the quantity required by CHNA</p>	<p>Data analyzers/visualizers care about making their reports understandable to target audiences</p> <p>It is difficult to make reports and visualizations that target audiences can understand</p>	<p>Most of the physicians have limited motivations to know about community health</p> <p>There is an efficient way to collect a comprehensive and practical intervention inventory</p> <p>There is a way to estimate/calculate health benefits of non-medical interventions</p> <p>It is possible to create a uniform way to calculate the cost/benefit of an intervention</p>	<p>Each intervention requires a different type of skillset.</p> <p>Health systems are not used to working with community-facing interventions, other organizations are more comfortable with those types of interventions</p> <p>Interventions can mean medical and nonmedical intervention. It can also mean patient-specific or community-wide intervention.</p>	<p>There is no criteria for the organizations to evaluate the interventions</p> <p>It is possible to measure ROI of an intervention</p> <p>There are resources/incentives for organizations to conduct thorough evaluations of their interventions</p>	<p>There is opportunity for greater collaboration, but it is not realized for a variety of reasons (egos, competitions for limited resources, need to justify work to funders).</p> <p>There is a desire to eliminate redundancy that occurs.</p> <p>There is some hierarchical issues between organizations, which make the collaboration very hard to initiate or the benefits from the collaborations are not equal.</p>