

The State of Ohio commissioned the Health Policy Institute of Ohio to facilitate stakeholder engagement and provide guidance on improving population health planning. As part of this process, HPIO facilitated development of a set of recommendations for improving Ohio's population health planning infrastructure. HPIO took into consideration the key challenges and contributing factors identified by Population Health Advisory Group (PHAB) and Infrastructure Subgroup members listed in Appendix 1A of the full report titled "[Improving population health planning in Ohio.](#)"

The recommendations are based on best practices identified through literature review, examples from other states (refer to second Population Health Advisory Group [meeting two materials](#))¹ and group member feedback. Of the states reviewed, New York provided the most comprehensive population health planning model, particularly around state and local-level assessment and plan alignment, as well as local health department and hospital collaboration (for more information on New York's approach to community health planning, see https://www.health.ny.gov/prevention/prevention_agenda/). The recommendations for improving Ohio's population health planning infrastructure reflect many of the elements incorporated in the New York model and identified as best practices in literature.²

Overall goals for the population health planning infrastructure recommendations

Members of the Infrastructure Subgroup, consisting primarily of local health department and hospital representatives, came to consensus on a set of overarching goals for the population health planning infrastructure recommendations:

1. Improve the health of Ohioans by deploying a strategic set of evidence-based, upstream population health activities at the scale needed to measurably improve population health outcomes.
2. Develop a more efficient and effective way to do high-quality community health assessment and improvement planning in Ohio that:
 - a. Results in widespread implementation and evaluation of evidence-based strategies

- b. Helps nonprofit hospitals and local health departments to meet IRS and PHAB requirements
- c. Balances local needs and innovation with statewide alignment and coordination
- d. Increases and supports collaboration between hospitals and local health departments, and with other community partners

Key assumptions and considerations

Based upon subgroup member input, HPIO outlined key assumptions and considerations for development of the recommendations for improving Ohio's population health planning infrastructure:

1. State health assessment (SHA) and state health improvement plan (SHIP) will be:
 - a. Guided by a broad conceptual framework that includes the social determinants of health, health equity, and a life-course perspective
 - b. Developed through meaningful community leader input and engagement, including local health departments, hospitals and input from sectors outside of public health and health care
 - c. Informed by local-level assessments, planning documents and other existing information about Ohio's health needs
 - d. Actionable documents that can be used as a go-to source for priorities, metrics, objectives and evidence-based strategies
 - e. Updated every three years on a timeline that allows for alignment with local community health plans
2. More strategic allocation of resources is needed to implement population health activities at the scale needed to improve population health outcomes.
3. Hospitals and local health departments may choose to identify priorities in common with their entire service area or county, as well as priorities that address localized health needs (such as by city, zip code, neighborhood or special population or age group).
4. Community health assessment and planning collaboration should occur at least at the county level and in some cases may be more effective across multiple counties.

5. Provision of tools (e.g. templates, checklists) and other forms of technical assistance to communities will support and strengthen the population health planning infrastructure.
6. Additional guidance or requirements around community-level health planning will not conflict with federal and national requirements and standards.
7. Some communities are further along in collaborating and aligning on their plans and assessments and should be provided with opportunities to spread best practices to other communities.
8. Improved population health planning will provide hospitals and local health departments with a streamlined approach to more effectively and efficiently target and amplify resources to address the health needs of their community, while also meeting IRS and PHAB requirements.
9. Improved population health planning supports the transition to value-based payment models and delivery system reform.
10. Standardizing certain elements of the population health planning infrastructure may be phased in over time.
11. A system for tracking community-level progress on

population health outcomes for SHIP core metrics will be developed. ODH will compile and share existing secondary data at least at the county level for the priorities and core metrics identified in the SHIP.

Recommendations

The final recommendations to improve Ohio's population health planning infrastructure are organized under four domains:

1. State and local level assessment and plan alignment
2. Local health department and hospital plan alignment
3. Funding
4. Transparency and accessibility

Recommendations are provided for a set of core components under each of these four domains. Recommendations indicate that the state either requires or issues guidance regarding each core component of population health planning (see Figure 1 for the full set of recommendations). The proposed timeline for implementation of these recommendations is outlined in Figure 2.

Figure 1. **Recommendations to improve Ohio's population health planning infrastructure**

	Where we are today	Recommendation
1. State health assessment (SHA) and state health improvement plan (SHIP) and local level (local health department and hospital) assessment and plan alignment		
1a. Health priorities	<ul style="list-style-type: none"> • Limited intentional alignment of local health department and hospital plan health priorities with the SHIP 	<p>State issues guidance encouraging local health departments and tax-exempt hospitals to address at least two health priorities in their plans from a menu of priorities identified in the SHIP (referred to hereinafter as SHIP-aligned priorities).</p> <p><i>Guidance issued by July 2016</i></p>
1b. Measures (metrics, indicators)	<ul style="list-style-type: none"> • Not all SHIP objectives are specific and measurable • Very limited intentional alignment of local health department and hospital assessment and plan metrics with the SHIP 	<p>State issues guidance encouraging local health departments and tax-exempt hospitals to include at least one core metric from the SHA and SHIP in their assessments and plans for each SHIP-aligned priority.</p> <p><i>Guidance issued by July 2016</i></p>
1c. Evidence-based strategies	<ul style="list-style-type: none"> • No common definition of evidence-based strategies • Limited or unknown use of evidence-based strategies to address population-level health outcomes 	<p>State issues guidance encouraging local health departments and tax-exempt hospitals to select evidence-based strategies from a menu of strategies in the SHIP to address SHIP-aligned priorities.</p> <p><i>Guidance issued by July 2016</i></p>
2. Local health department and hospital alignment		
2a. Collaboration on assessments and plans	<ul style="list-style-type: none"> • Significant variation across and within counties along collaboration continuum (See Figure 3) • Collaboration more common in assessment than implementation phase 	<p>State issues guidance encouraging local health departments and tax-exempt hospitals in the same counties or with shared populations to partner on assessments and plans through a common:</p> <ul style="list-style-type: none"> • Conceptual framework • Process template or checklist • Set of metrics (including metrics tracking racial and ethnic disparities) • Health prioritization criteria • Set of health priorities • Set of SMART objectives • Set of evidence-based strategies that can be implemented in community-based and clinical settings • Evaluation framework • Accountability plan • Exchange of data and information <p><i>Guidance issued by July 2016</i></p>

Figure 1. **continued**

	Where we are today	Recommendation
2b. Timeline	<ul style="list-style-type: none"> Hospitals are on three-year cycle (as required by the Internal Revenue Service), with many starting in 2012 on a rolling basis that varies widely across the state Most local health departments are on five-year cycles (maximum as required by the Public Health Accreditation Board) on a rolling basis that varies widely across the state 	<p>State requires local health departments and tax-exempt hospitals to align with a three-year timeline for assessments and plans. Local health department and hospital plans covering years 2020-2022 and their related assessments must be submitted to the state in 2020 and every three years thereafter (in 2023, 2026, etc.).</p> <p><i>Requirement issued by July 2016, effective in 2020 per subsequent guidance</i></p>
3. Funding		
3a. State funding for county-level assessments and plans	<ul style="list-style-type: none"> Local health departments develop assessments and plans for their jurisdiction; hospitals develop plans for their "community" Assessments and plans for local health departments and hospitals can cover a geographic area that is smaller than a county 	<p>To defray the cost of transitioning to a three-year assessment and planning cycle, the state will seek additional funding for local health departments that choose to collaborate on one county-level assessment and plan. Local health departments can pool together this additional funding to support development of multi-county collaborative assessments and plans.</p> <p><i>Funding and disbursement methodology identified by July 2016</i></p>
3b. Hospital community benefit	<ul style="list-style-type: none"> Hospitals are required to comply with federal IRS hospital community benefit rules and regulations Ohio has not added additional requirements or guidance 	<p>State issues guidance encouraging tax-exempt hospitals to allocate a minimum portion of their total community benefit expenditures to activities that most directly support community health planning objectives, including community health improvement services and cash and in-kind contributions.</p> <p><i>Guidance issued by July 2016</i></p>
4. Transparency and accessibility		
4a. Assessments and plans	<ul style="list-style-type: none"> No central repository of all assessments or plans Local health departments submit their assessments and plans to the Ohio Department of Health on a voluntary basis (information is not easily accessible to the public) and many voluntarily post documents on their own websites Hospitals are required by the IRS to post assessments on their websites and some hospitals post plans to their website, but this is not required by the IRS 	<ul style="list-style-type: none"> State requires local health departments and tax-exempt hospitals submit their assessments and plans to the state. State provides online repository of all assessments and plans. <p><i>Requirement issued by July 2016, effective in 2017 and every three years thereafter</i></p>
4b. Schedule H	<ul style="list-style-type: none"> Schedule H data is not compiled by the state; data is not easily accessible format for the public or state policymakers 	<ul style="list-style-type: none"> State requires tax-exempt hospitals to submit to the state their Schedule H and corresponding attachments, including reporting on each category of expenditures in Part I, Line 7(a)-(k)* and Part II of the Schedule H on an annual basis. (Government hospitals with "dual status" as a 501(c)(3) must submit equivalent information). State provides online repository of Schedule H and equivalent information. <p><i>Requirement issued by July 1, 2016, effective in 2017</i></p>

***Note:** Schedule H Part I, Line 7: (a) financial assistance at cost, (b) Medicaid, (c) costs of other means-tested government programs, (d) financial assistance and means-tested government programs, (e) community health improvement services and community benefit operations, (f) Health professions education, (g) subsidized health services, (h) research, (i) cash and in-kind contributions, (j) total other benefits, (k) total add lines 7d and 7j.

Terminology key

Assessment: Hospital community health needs assessment; local health department community health assessment

Plan: Hospital implementation strategy; local health department community health improvement plan

Tax-exempt hospital: All nonprofit and government-owned hospitals that are recognized as a tax-exempt charitable organization under §501(c)(3) of the Internal Revenue Code and are required to comply with the Internal Revenue Service community health needs assessment requirements; 79 Fed. Reg. 78954 (Dec. 31, 2014) See Appendix 2B for flowchart of a hospital's requirements under 501(c)(3)

SMART objective: An objective statement that is specific, measurable, achievable, realistic and time-bound

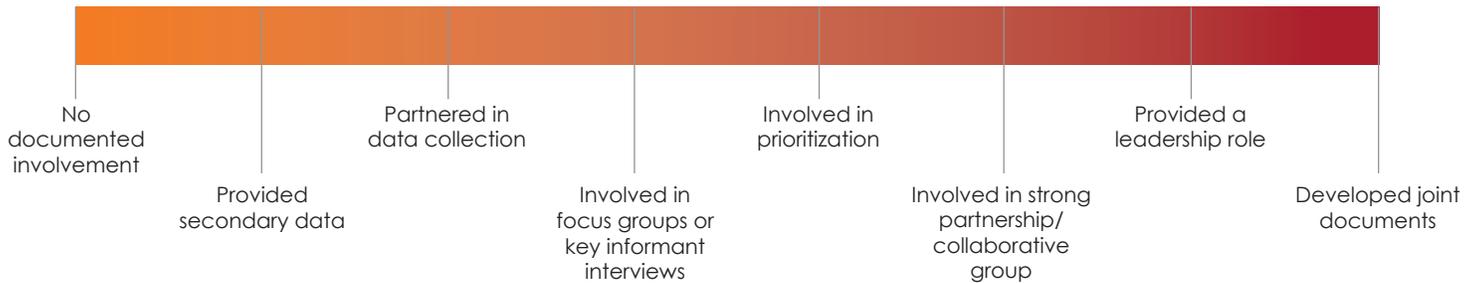
Example: Decrease the prevalence of cigarette smoking among adults (ages 18+) by 3.3 percentage points from 2012 to 2020 (data source: BRFSS)

Figure 2. Population health planning infrastructure recommendations timeline

Population health planning activity	2016	2017	2018	2019	2020	2021	2022	2023
State and local public health accreditation	Public Health Accreditation Board (PHAB) accredits Ohio Department of Health (2015)		Local health departments (LHDs) required to apply for PHAB accreditation		LHDs required to be PHAB accredited			
State health assessment (SHA) and state health improvement plan (SHIP)	Release of SHA and SHIP	SHIP (2017-2019)		Release of SHA and SHIP	SHIP (2020-2022)		Release of SHA and SHIP	SHIP (2023-2025) 
Local health department and tax-exempt hospital assessments and plans	State enacts tax-exempt hospital and LHD reporting requirements and issues guidance for local assessments and improvement plans	Existing tax-exempt hospital and LHD assessments and plans submitted to state			Tax-exempt hospital and LHD assessments and plans submitted to state			Tax-exempt hospital and LHD assessments and plans submitted to state
					Tax-exempt hospital and LHD plans (2020-2022)			Tax-exempt hospital and LHD plans (2023-2025) 
	Tax-exempt hospital Schedule H information annual reporting							

Assessment = Tax-exempt hospital community health needs assessment; local health department community health assessment
Plan = Tax-exempt hospital implementation strategy; local health department community health improvement plan
Tax-exempt hospitals = All nonprofit and government hospitals recognized as tax-exempt charitable organizations under section 501 (c)3 of the Internal Revenue Code and that are required to comply with the Internal Revenue Service community health needs assessment requirements; 79 Fed. Reg. 78954 (Dec. 31, 2014)

Figure 3. **Continuum of collaboration between local health departments and hospitals**



Source: HPIO and the Ohio Research Association for Public Health Improvement analysis of local health department and hospital community health planning documents, March 2015. For more information, see HPIO’s publication “Making the most of community health planning in Ohio: The role of hospitals and local health departments.”

Tools and technical assistance

There was also consensus among subgroup members that local health departments and hospitals could benefit from additional tools and technical assistance to support the development of higher-quality assessments and plans. Taking into account this feedback, HPIO identified the following opportunity areas for the provision of technical assistance:

- Collaboration, trust building and collective impact among community partners
- Authentic community member engagement and facilitation
- Primary and secondary data collection, quantitative and qualitative analysis and presentation (including technical assistance on power analysis and adequate sample sizes)
- Health prioritization process
- Identification of evidence-based strategies
- Developing SMART objectives
- Identifying and aligning population health measures with clinical measures
- Evaluation and ongoing monitoring

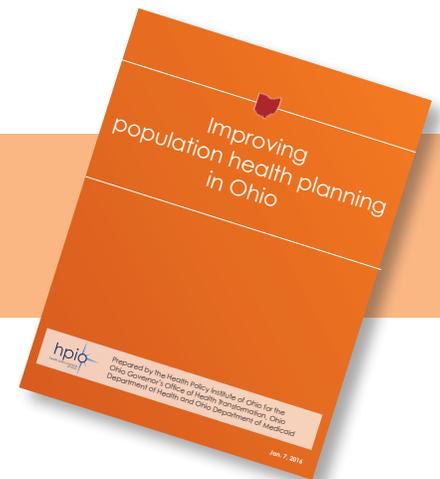
HPIO also provided recommendations for tools that can help state and community-level planners:

- Regularly-updated list of potential facilitators and neutral conveners in Ohio for assessment and planning processes
- Regularly-updated public list of stakeholders charged with leading their respective organization’s community health planning processes (i.e. identifying the hospital and local health department liaisons)
- Map that illustrates “community” as geographically defined by local health department and hospital assessments and plans
- Map that identifies priorities, strategies and objectives selected at a county-level or sub-county level
- Learning communities that provide opportunities for peer-to-peer sharing with others who are leading assessments and plans

Appendix 1B provides a compilation of existing tools that can be used to inform the development of local health department and hospital assessments and plans.

To download the complete report, “Improving population health planning in Ohio,” visit

www.hpio.net/populationhealth



Prepared by the Health Policy Institute of Ohio for the Ohio Governor’s Office of Health Transformation, Ohio Department of Health and Ohio Department of Medicaid

Appendix

Appendix 1A. Summary of key population health planning infrastructure challenges and contributing factors

Current challenges Lack of ...	Contributing factors
<p>1. Actionable state health assessment (SHA) and state health improvement plan (SHIP)</p>	<p>1a. Priorities: The 2011 SHA did not highlight key challenges and the 2012-2014 SHIP had nine broad priorities. As a result, it was difficult for public health partners to come together around a manageable set of strategic priorities to improve the health of Ohioans.</p> <p>1b. Objectives: Not all objectives in the 2012-2014 SHIP were specific and measurable.</p> <p>1c. Implementation: The 2012-2014 SHIP did not include strong mechanisms to ensure implementation of SHIP strategies across the state, such as specification of backbone organizations with adequate capacity, dedicated funding sources, and recruitment of community partners to implement and/or fund SHIP strategies at the local level.</p> <p>1d. Ongoing monitoring and communication: Ongoing tracking of SHIP implementation and outcomes could be communicated more clearly and consistently to SHIP stakeholders, policymakers and the general public.</p>
<p>2. Alignment between state and community-level planning</p>	<p>2a. Alignment requirements: There is no requirement or formal guidance in Ohio that encourages local health departments and hospitals to align their community-level plans with the priorities and strategies outlined in the SHIP.</p> <p>2b. Timeline: Public Health Accreditation Board (PHAB) does not require that local health departments be on the same five-year assessment and planning cycle as their state health department. Under Internal Revenue Service (IRS) rules, hospitals are on a three-year cycle. See 3b. in this figure for more information on local health department and hospital assessment and planning timelines.</p> <p>2c. Bidirectional communication: There is no dependable mechanism ensuring that state and community-level health planning leaders in Ohio are consistently communicating with one another throughout their assessment and planning processes.</p> <p>2d. Actionable SHA and SHIP: See 1a through 1d of this figure for contributing factors.</p>
<p>3. Alignment between local health departments and hospitals</p>	<p>3a. Collaboration requirements: PHAB and the IRS provide guidance encouraging local health departments and hospitals to collaborate on development of their assessments and plans. However, neither entity provides comprehensive operational guidance on what meaningful collaboration looks like. As a result, collaboration among local health departments and hospitals occurs on a continuum, ranging from no collaboration to development of joint assessment and plan documents (see Figure 2.8). The level of collaboration among and between local health departments and hospitals varies widely across the state.</p> <p>3b. Timeline: Local health departments and hospitals across the state are on different assessment and planning cycles. PHAB requires local health departments develop an assessment and plan at least every five years. However, PHAB does not require local health departments within a state to be on the same five-year cycle. The IRS requires tax-exempt hospitals to complete their assessment every three years. A hospital is required to adopt an implementation strategy within four and a half months of conducting a community health needs assessment. There is no requirement that hospitals align on the same three year cycle across the state.</p> <p>3c. Definition of community: Local health departments and hospitals serving similar geographic populations may not share a common definition of community. PHAB requires local health departments to develop assessments and plans for their community, defined as the health department's jurisdiction. Under the IRS, hospitals are left with broad discretion to define the geographical scope of "community" in their assessments and plans.</p>
<p>4. Efficient data collection and sharing</p>	<p>4a. Population-level data: Data, particularly survey data, is not always available for specific groups (such as racial and ethnic groups or age groups), rural counties or for sub-county geographies (such as zip-code or census tract). As a result, local health departments and hospitals replicate surveys across regions of the state to ensure adequate sample sizes and the ability to analyze data at a sub-population level for their communities.</p> <p>4b. Clinical data: Hospitals may be reluctant to share data with local health departments for a number of reasons including: lack of a strong relationship with the health department, proprietary data concerns and restrictions due to health information privacy laws, particularly for data disaggregated at a sub-county level.</p>
<p>5. Implementation of evidence-based community health improvement activities</p>	<p>5a. Resources: Resources may be inefficiently expended in a community to conduct multiple assessments and plans, leaving fewer resources for implementation of community health-improvement strategies.</p> <p>5b. Identification of evidence-based strategies: Local health departments and hospitals may not share common definitions of evidence-based programs and many struggle to identify and implement strategies based upon best available evidence.</p> <p>5c. Worldview: Local health departments are more likely to implement evidence-based strategies through a population health lens. Hospitals are more likely to implement evidence-based strategies through a population medicine lens. See page 15 for definition of population health.</p>
<p>6. Sustainable funding</p>	<p>6a. Local health department funding: Local health department funding for assessments and plans is often fragmented or inadequate.</p> <p>6b. Hospital funding: Healthcare system financing and payment has historically favored institutional clinical care over investment in community-based health improvement strategies. Lack of clarity on which community-based health improvement strategies count towards hospital community benefit has diffused incentives for hospitals to invest more in these strategies.</p>
<p>7. Tracking progress</p>	<p>7a. Transparency requirements: There is no publicly accessible central repository for local health department and hospital assessments and plans in the state. Local health departments voluntarily submit their assessments and plans to the Ohio Department of Health (ODH), but submission is not required and ODH does not provide the public with access to submitted documents. Hospitals are required by the IRS to post their assessments on their websites, but these are often difficult to find. Hospitals are not required to post implementation strategies.</p> <p>7b. Evaluation requirements: Evaluation models to track progress on implementation of state and community-level health plans vary widely across the state. PHAB requires local health departments to track progress towards the objectives and metrics outlined in their plans. The IRS requires hospital assessments include an evaluation of the impact of any actions taken since their immediately preceding assessment. Neither PHAB nor the IRS specifies an evaluation framework that must be embedded in local health department and hospital plans.</p>

Appendix 1B. Examples of tools that can assist in the development of community health assessment and plans

Key

- **Process:** Provides information and/or guidelines on how to conduct assessments and/or plans and the different components of the process, including identifying health needs
- **Report layout:** Provides a template for structuring the assessment and/or plan report
- **Primary data collection:** Provides information and/or guidelines on how to collect primary data (such as focus groups, key informant interviews)
- **Secondary data collection:** Provides data and/or indicators that can be incorporated into an assessment
- **Community engagement:** provides information and/or guidelines on how to engage community members and other community stakeholders in the assessment and/or planning processes
- **Implementation:** Provides resources or examples of evidence-based strategies that can be incorporated into a plan
- **Evaluation:** Provides information and/or guidelines on what to include in and how to conduct an evaluation plan to track or monitor progress

Resource	Description	Process	Report layout	Data collection		Community engagement	Implementation	Evaluation
				Primary	Secondary			
Association for Community Health Improvement Community Health Assessment Toolkit http://www.assesstoolkit.org/	<ul style="list-style-type: none"> • A guide for planning, leading and using community health needs assessments to better understand and improve the health of communities • Toolkit includes examples and guidelines for an assessment framework 							
Assessment Protocol for Excellence in Public Health http://www.naccho.org/topics/infrastructure/APEXPH/	Flexible planning tool that provides a framework for working with community members and other organizations to assess the health status of the community							
Asset-Based Community Development Institute http://www.abcinstitute.org/about/	Offers tools and trainings to mobilize asset-based community mapping and development							
Catholic Health Association, Assessing and Addressing Community Health Needs https://www.chausa.org/communitybenefit/assessing-and-addressing-community-health-needs	Offers practical advice on how hospitals can work with community and public health partners to assess community health needs and develop effective strategies for improving community health							
Centers for Disease Control and Prevention's Community Health Improvement Navigator http://www.cdc.gov/CHInav/	Provides expert-vetted tools and resources for: <ul style="list-style-type: none"> • Identifying geographic areas of greatest need within communities • Establishing effective collaborations • Finding interventions that work for the greatest impact on health and wellbeing for all 							
Community Commons http://www.communitycommons.org/	<ul style="list-style-type: none"> • Provides county-level data on health outcomes, health behaviors, clinical care, social and economic factors and the physical environment • Maps of sub-county-level data available for some indicators • Vulnerable Populations Footprint tool provides sub-county maps of low educational attainment and high poverty • Breakouts by age, race, ethnicity and other population characteristics available for some indicators • Trend data available for some indicators • Includes data visualization, mapping and community health needs assessment report tools 							

Appendix 1B. Continued

Resource	Description	Process	Report layout	Data collection		Community engagement	Implementation	Evaluation
				Primary	Secondary			
Community Guide (Guide to Community Preventative Services) http://www.thecommunityguide.org/	"Gold standard" source for evidence-based public health interventions in community settings, covering a wide range of health topics							
Community Health Advisor http://www.communityhealthadvisor.org/	Database of evidence-based policies and programs to reduce tobacco use and increase physical activity. Includes interactive tool that generates state and county-level estimates of the health and cost impact of implementing specific interventions.							
County Health Rankings & Roadmaps http://www.countyhealthrankings.org/	<ul style="list-style-type: none"> Provides county-level data on health outcomes, health behaviors, clinical care, social and economic factors and the physical environment. Includes an action center that provides resources and tools for key action steps needed to improve community health 							
Healthy People 2020 MAP-IT Guide http://www.healthypeople.gov/2020/tools-and-resources/Program-Planning	Framework can be used to: <ul style="list-style-type: none"> Mobilize partners Assess the needs of a community Create and implement a plan to reach Healthy People 2020 objectives Track a community's progress 							
HPIO Guide to Evidence-Based Prevention http://www.healthpolicyOhio.org/tools/health-policy-tools/guide-to-evidence-based-prevention/	<ul style="list-style-type: none"> Provides description of key concepts in evidence-based decision-making and guidance on how to identify credible sources of what works to improve health Includes links to recommended sources of evidence to address Ohio's highest priority health problems 							
HPIO Health Value Dashboard http://www.healthpolicyOhio.org/2014-health-value-dashboard/	<ul style="list-style-type: none"> Identifies Ohio's greatest health challenges and strengths Includes state-level data for population health, healthcare cost, prevention and public health, access, healthcare system, social and economic environment and physical environment Provides links to local-level data when available 							
Mobilizing for Action through Planning and Partnerships http://www.naccho.org/topics/infrastructure/mapp/	A community-driven strategic planning tool for improving community health that includes detailed steps and guidelines for conducting a community assessment							
NACCHO Resource Center for Community Health Assessments and Community Health Improvement Plans http://www.naccho.org/topics/infrastructure/CHAIP/	Provides practical, customizable tools and resources to support local health departments and their partners in completing community health improvement processes							

Appendix 1B. Continued

Resource	Description	Process	Report layout	Data collection		Community engagement	Implementation	Evaluation
				Primary	Secondary			
National Center for Rural Health Works CHNA Toolkit http://ruralhealthworks.org/wp-content/files/2-CHNA-Toolkit-Text-and-All-Appendices-May-2012.pdf	<ul style="list-style-type: none"> Provides a relatively quick, non-intensive process for rural hospitals to complete the community health needs assessment process Includes a detailed process plan, suggestions for primary data collection and materials to guide implementation 							
National Public Health Performance Standards http://www.cdc.gov/nphpsp/	Provides a framework to assess capacity and performance of public health systems and public health governing bodies							
Ohio Department of Health Network of Care http://www.odh.ohio.gov/features/odhfeatures/Network%20of%20Care.aspx	<ul style="list-style-type: none"> Provides county and city-level data on a wide variety of health outcomes and behaviors as well as the social and physical environment Breakouts by age, race, ethnicity and other characteristics available for some indicators Trend data and peer county comparisons available for some data 							
Principles to Consider for the Implementation of a Community Health Needs Assessment Process http://nnphi.org/wp-content/uploads/2015/08/PrinciplesToConsiderForTheImplementationOfACHNAProcess_GWU_20130604.pdf	<ul style="list-style-type: none"> Identifies guiding principles to inform community health needs Offers a pathway for hospitals, public health entities and other interested parties to work collaboratively to address the health needs of their communities 							
University of Kansas Community Toolbox http://ctb.ku.edu/en/assessing-community-needs-and-resources	<ul style="list-style-type: none"> Provides guidance for conducting assessments of community needs and resources Includes examples and outlines for conducting community assessments 							
What Works for Health (County Health Rankings) http://www.countyhealthrankings.org/roadmaps/what-works-for-health	<ul style="list-style-type: none"> Searchable database of evidence-based programs and policies to address health behaviors, clinical care, social and economic factors and the physical environment Includes a rating of the strength of evidence for each strategy 							

Notes

1. Health Policy Institute of Ohio. "Population Health." Accessed Jan. 6, 2016. <http://www.healthpolicyohio.org/populationhealth/>
2. Rosenbaum, Sara. The George Washington University School of Public Health and Health Services, Department of Health Policy. "Principles to Consider for the Implementation of a Community Health Needs Assessment Process." June 2013. <http://nnphi.org/CMSuploads/PrinciplesToCon->

siderForTheImplementationOfACHNAProcess_GWU_20130604.pdf; Supporting alignment and accountability in community health improvement. Prybil, et al. Commonwealth Center for Governance Studies, Inc. "Public Health Institute, 2014; Improving community health through hospital-public health collaboration." November 2014.