Key Takeaways

During the discussion on **Reimagining the Population Needs Assessment (PNA): Vision and Current State**

- DHCS:
  - Shared its vision for a reimagined PNA that seeks to cultivate a deeper understanding of member needs, with a particular focus on social drivers of health (SDOH); advance upstream interventions; deepen relationships among stakeholders; strengthen focus on equity by integrating more diverse sources of data; and support public health's response to emerging trends.
  - Emphasized the importance of MCPs' collaboration with local health departments (LHDs) to achieving vision.
  - Highlighted the opportunity for alignment with other similar types of assessments, namely those conducted by public health and non-profit hospitals.
  - Noted that the vision for modified PNA seeks to align and reduce duplication with accreditation requirements for the National Committee for Quality Assurance (NCQA).

During the discussion on the **Value of Collaboration Within Existing Efforts Within Existing Efforts**

- DHCS:
  - Facilitated a panel discussion on existing community health assessment (CHA) collaborative groups/processes with Esperanza Macias and Alexander Mitra (San Francisco Health Improvement Partnership), Nishtha Patel (Inland Empire Health Plan), and Peter Shih (County Health Executives Association of California).
- Panelists
  - Highlighted that CHA processes often involve community wide input from a broad range of stakeholders, including LHDs, hospitals, community based organizations (CBOs), school districts, community clinics, and other community stakeholders within these collaborative efforts.
  - Underscored the importance of gathering diverse data to improve community health.
  - Acknowledged that LHDs play an important role as a neutral convener for CHA processes because of their close relationships to the community.

- o Noted that MCPs could play an even more significant role in CHA processes but will need clear guidance that allows for flexibility, iteration, and ample time to build relationships with community partners.

During the discussion on **DHCS' Proposed Approach**

- DHCS:
  - o Solicited feedback on the proposed approach to the reimagined PNA, which entails:
    - MCPs meaningfully participating in the collaborative CHA/Community Health Improvement Plan (CHIP) processes already led by county LHDs.
    - County LHDs, in most cases, serving as the anchor to align and integrate MCPs and other local partner assessments with County CHA/CHIP process within existing LHD CHA/CHIP timelines.
  - o Provided a list of meaningful MCP activities in the CHA/CHIP process.
  - o Outlined MCP deliverables under the proposed approach.
- PHM Advisory Group Members and Other Stakeholders
  - o Expressed overall support for the proposed approach.
  - o Offered feedback on aligning timelines with existing CHA/CHIP processes.
  - o Considered how robust data for justice-involved individuals will be integrated and collected within this process.
  - o Recommended exploring opportunities for alignment with existing behavioral health assessment processes.
  - o Suggested rather than developing a report, developing more interactive, web-based versions of the CHA that are easier for users to access and read.
  - o Raised the importance of the proposed approach to continue to focus on issues that were important in previous PNA requirements, such special needs populations, persons with disabilities, cultural and linguistic needs and health education.
  - o Recommended incentivizing CBO participation in the proposed approach.
  - o Requested a high-level crosswalk of NCQA requirements.
  - o Inquired on best practices used for CHA/CHIP processes (e.g., the National Association of County and City Health Officials (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) methodology).
  - o Highlighted the challenge of this collaborative effort for MCPs that are present in multiple counties.
  - o Emphasized that implementation of the proposed approach will take time and resources.