CALIFORNIA ACCOUNTABLE COMMUNITIES FOR HEALTH INITIATIVE
CACHI
...The Next Generation of Health System Transformation

The Children's Partnership

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Sacramento, CA 95814

Comments on the PNA Concept Paper

Dear Drs. Riley & Babaria:

We appreciate the opportunity to comment on DHCS' Population Needs Assessment (PNAs) concept paper. In principle, the undersigned organizations support the idea of integration of needs assessment processes in order to create efficiency and reduce duplicative efforts, better focus community input and shared decision making, and ultimately align resources to advance equitable health outcomes. We do have a few recommendations for how to make the proposal stronger and potential PNA process more impactful.

- **Create an aligned and unified process from assessment to implementation:** The proposed approach focuses only on alignment of the needs assessments between MCPs and LHDs. That is a good start, but we believe the strategy could be more impactful if it also included non-profit hospital assessments. Moreover, the assessments will only lead to improvements in health and equity if they are coupled with a coordinated and integrated set of strategies and improvement plans. There is abundant evidence that moving the needle on challenging health and equity issues requires multi-faceted strategies from multiple sectors. One of the clear learnings from over a decade of non-profit hospital community benefit requirements is that the disconnect between assessment and improvement/investment processes leads to strategies that are not responsive to community needs and that often serve narrow organizational goals. Oregon is held up as an example in the concept paper, but the alignment and community oversight presented in this PNA approach are much weaker than what Oregon has implemented. By encouraging much greater alignment across processes and between assessment and implementation plans, DHCS could create a structure that creates both the resources and accountability necessary to significantly impact population health priorities.
- **Make the guidance regarding community power sharing much more explicit and expansive:** The current concept paper names a commitment to input from a broad range of stakeholders but fails to lay out specifically how that input will be structured and limits the focus to the assessment process. Our experience, and the experience of dozens of our community partners, tells us that requiring "input" is at best of limited value and at worst a recipe for frustration and eroding trust. Community leaders have had too many experiences of well-resourced

organizations asking for their time and input in order to fulfill a requirement or appear engaged, only to be shut out when important decisions are made about resources and direction. This PNA proposal would be much more appealing and potentially transformative if community stakeholders were given true power and compensated for their participation in both the assessment and the strategy and resource-allocation decision-making process.

- **Specify that resources will be allocated to support a coordinating community-centered infrastructure:** A civic infrastructure that can facilitate a coordinated and collective strategy will ensure that these processes do not result in reports and plans that live on a shelf/webpage but rather provide the mechanism for genuine collaborative work to implement the community's shared priorities. Without some sort of central table and facilitator, consultants will be brought in to prepare several different documents and each organization (MCP, LHD, hospital, other sectors that participate) will go back and internally figure out what their obligations and priorities are. The California Accountable Communities for Health Initiative (CACHI) has years of experience creating and supporting such local cross-sector infrastructures, and with a recent commitment of $15 million from the state's general fund, will be investing in 37 sites in 27 counties across the state. There are also other collaboratives and organizations that are poised to play this convening role in other communities. However, such collaboratives are not self-sustaining; they need ongoing investment to fulfill their missions on behalf of communities. DHCS's requirement that MCPs reinvest a percentage of their profits into the communities they serve could provide a critical resource to support both the infrastructure and strategy implementation.

Please don't hesitate to reach out if you have question, or if additional information would be useful. We look forward to continued discussions with you as you advance this proposal.

Sincerely,

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