

# Rethinking Community Health for Good



## Leading with Vision.

There is comfort in keeping things as they are. But what if we can do better? What if the change we want to achieve requires reimagining how we get there?

Community health is more complicated than ever. Hospitals are confronted with addressing the immediate and long-term needs in an ever-evolving economic and healthcare landscape. How they identify community health needs and the strategies to solve them may also evolve.

## With Experience comes Wisdom.

Tripp Umbach has been a leader in community assessments since the early 1990s, and more than 500 communities have trusted us to lead them through this effort. Our passion has always been social responsibility and improving our world. We have unique insight that allows us to envision the future.

Our innovative REDESIGN leans on past wisdom, draws from current fieldwork, and advances with creative thinking. Real change is possible if we are brave enough to pursue it. And how can we not? The strength and well-being of our community depend on it.

## What is Driving REDESIGN?

In 1960, healthcare spending was \$147 per person. Today, it is more than \$11,800. Even when adjusting for inflation, the average American today pays ten times more on healthcare services than a generation ago. This rate of increase has yet to result in better population health. One could argue that our health has substantially declined, particularly for vulnerable groups. So, why do most hospitals continue to “check the box” on the IRS mandate when the process is not working?

One key indicator of community health is life expectancy. It is an essential measure of a country’s overall health because it reveals the quality of healthcare systems and the socioeconomic factors that influence living standards.

According to the Institute for Health Metrics, the recent plateau of national life expectancy may be due to a lack of universal health insurance, rising obesity levels and correlating diseases, and higher rates of child mortality.<sup>1</sup> Factors like race, geography, disparities in income, educational attainment, and living conditions based on the local environment influence the status of life expectancy. Since 2000, life expectancy has decreased more than in the past 100 years. While losing more than 1 million lives to COVID is partially to blame, the U.S. is the only developed country to see a decrease in life expectancy over the same period.

The economic impact of this leveling in life expectancy is astounding, as the U.S. government assigns the monetary value of each year of life at \$100,000 per person per year. When accounting for persons who die early, the cost of losing six years of life annually adds to roughly \$1.5 trillion. The plateau and recent decline in observed life expectancy reveal that we have traveled down the road with hospitals taking the lead in community health planning as far as possible.

Further, the drastic increase in healthcare spending has yet to create stability for hospitals across our county. Even with trillions of dollars flowing within the healthcare delivery system, urban safety net hospitals and small rural hospitals struggle to operate financially and risk closure. Therefore, change is necessary to address unsustainable increases in cost, poor health status, and disparities among populations.

<sup>1</sup> [Institute for Health Metrics and Evaluation](#)



## Why REDESIGN Now?

The current solution to improving individual and community health is improving healthcare systems. Hospitals are an essential piece. However, when it comes to the key drivers of health - genetics, behavior, healthcare, and social/environmental factors – healthcare systems do not typically have the most significant influence on individual choices and lifestyles. On the other hand, social and environmental conditions shape our daily lives and influence the choices we make willingly or even unconsciously because options are limited or unavailable.



Source: Centers for Diseases Control and Prevention

Access to affordable housing and living environments, healthy food and recreation, viable transportation, employment opportunity, economic stability, and quality education are foundational factors that significantly influence individual and collective health.

COVID-19 revealed the inequities in our healthcare system and the public health storm already affecting marginalized people. The COVID-19 health and economic crisis shed light on social determinants' significant impact on community health. For instance, death rates from COVID-19 were significantly higher for persons with poor health and lower socioeconomic status, disproportionately affecting communities of color.

As the world's wealthiest country boasts the most advanced biomedical research infrastructure and healthcare institutions, our approach to assessing and solving community health seems to fail. The source of health – holistic wellness – stems from addressing social, economic, and environmental conditions. As a result, thriving community health relies on developing a systematic design that promotes equity, progress, and long-term sustainability. Therefore, we need to reexamine the approach to assessing needs and finding solutions to strengthen our community's health and well-being. Such an approach must go far beyond a mandate from hospitals checking the box to avoid losing tax exceptions.

## The Challenge for Changemakers

A hospital's point of view is imperative to community health conversations. However, current CHNAs that focus on hospital leadership need a comprehensive community perspective to formulate a thorough and systematic strategy for achieving a strong, safe, and thriving community for all.

Therefore, advancing community health today starts with rethinking yesterday's community health needs assessment. It also mandates the engagement and leadership from non-healthcare partners.

The charge for change should be on something other than hospitals. Although they have a vested and genuine interest in their community's health, hospitals also have overwhelming pressures to protect their organizational business model.

Before the mandate within the Affordable Care Act in 2010, community health needs assessments involved various healthcare and social service organizations, churches, civic groups, public safety,

and public health leaders. Less than one-third of CHNAs completed before 2010 had hospitals as the sole leader in the process. Their sole intent was to improve the health and well-being of people in every aspect. Although the ACA mandate overshadowed this earlier approach, public health and hospital leaders who understand the benefit of a more community collaborative strategy are growing.

In conjunction with the necessity to fulfill the ACA mandate, many hospitals and other community-based organizations are returning to the original vision of CHNAs and seeking ways to address the physical, economic, mental, and social impacts on health. It is time for the healthcare industry, policymakers, community action groups, and civic leaders to join in and rise to the responsibility this time for what communities are demanding from large institutions. The leaders who go beyond what is expected are the change-makers our communities need.

## For Change to Occur, Action is Required.

Community health needs assessments are more than a mandate. They offer a roadmap for identifying barriers to individual and population health and informing the solutions to achieve a thriving community.

While fulfilling the obligation of the mandate, there is some promising news indicating that healthcare leaders are paying more attention to addressing social determinants of health (SDOH) in local communities. They view this as a strategic imperative due to the linkages between SDOH and health outcomes. A recent report from the Healthcare Intelligence Network shows that 88 percent of health systems are currently considering social determinants of health (e.g., employment status, housing, food security, home environment, and transportation options) when seeking to impact target populations.

This trend continues to move in the right direction. Today, 50 percent of the U.S. health systems and commercial payers utilize "social determinant"

data of some type in making risk assessments, patient outreach, and business decisions. However damaged, the U.S. healthcare delivery system is paying more attention to the need for successful actions to address community health and related economic disparities.

Healthcare leaders are also shifting their strategies to achieve the economic benefits of managing social determinants of health. By addressing the root causes of disease, healthcare systems can lower emergency visits, reduce readmission rates, and achieve higher-quality outcomes. These are important as government and private payers continue to drastically lower reimbursement and penalize hospitals, physicians, and other healthcare providers for poor quality care and readmissions.

While this shift in focus may seek to protect a multi-trillion industry over the intrinsic desire to value human life, a REDESIGN can accomplish both goals: health and economic vitality.



## Reimagining the CHNA

CHNAs are best organized and driven by a broad group of community stakeholders. Included community representation and participation at every phase is vital to determining the comprehensive community needs, especially those of marginalized groups. A collaborative process with all sectors working together offers excellent potential for lasting community transformation in education, health, and quality of life.

A REDESIGN of the CHNA deploys holistic care, engages patient families and community throughout, and addresses underlying SDOH to ensure the long-term sustainability of U.S. healthcare organizations and the economy. This can only be accomplished through a comprehensive community lens.

Thus, CHNAs must evolve into a full-fledged Transformation Initiative that provides healthcare, public health, and social service organizations with a platform to better understand and respond to community needs and a vehicle to connect with healthcare, education, and economic development

at the community level. This approach allows local government and economic development groups to gain a broader understanding of how to invest federal funds to achieve long-term strategic investments at the neighborhood level.

Community assessments must focus on a wide-range of topics, such as preparing for public health threats and needs, SDOH, and navigating economic uncertainty. This requires collaborating with a diverse cohort of organizations and individuals beyond and even in front of hospitals: including leaders in education, government, social services, and economic development. Communities can only achieve the comprehensive transformation that yields population health, economic growth, and social well-being.

Tripp Umbach's 30 years of experience gives us an advantage in the scope of what is possible. The REDESIGN of the CHNA offers a path for strategic collaborations to be the catalyst for creating health equity and advancing community health.





## Going Forward and Farther. Together.

Innate within us all is a drive to live with purpose and leave our mark. Somewhere along the way, other mandates, expectations, and limitations cloud that vision. REDESIGN of the CHNA charts our next course with the community health needs assessments and brings us to that deeper intention.

While hospitals remain in a leadership role, moving forward requires community groups, business leaders, community foundations, and government agencies to mobilize toward action for necessary change in community health.

Tripp Umbach is well versed in transformative projects combining strategic vision and innovative action resulting in meaningful impact for communities worldwide. The REDESIGN product represents an essential step for all of us. To improve health for good.

**Tripp  
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Turning Ideas Into Action



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