Conclusion

This report provides extensive data and information to characterize the demographics, socioeconomic conditions, access and quality of healthcare, health behaviors, and health status within the Cameron Foundation’s service area. The report can be used to understand the indicators within a locality and to compare indicators across localities. The content is also useful in identifying the disparities in indicators that exist by race and ethnicity, neighborhood, and socioeconomic status. Most importantly, the report provides a starting point for action to improve health by prioritizing populations and communities and the determinants of population health that serve as the basis for the RWJF County Health Rankings (clinical care-20%, behaviors-30%, social and economic factors-40%, physical environment-10%). Numerous resources in the public health literature provide guidance on how to utilize the results of a community health needs assessment such as this to promote community health and health equity.\textsuperscript{144,145,146} Below is a brief summary of key steps:

1. Convene partners to review and interpret the report’s findings

Engaging a diverse range of stakeholders helps to ensure that the interpretations of the report’s findings are relevant. To that end, convening a coalition of partners across multiple sectors, communities and perspectives will be important. This includes traditional health partners (e.g. public health, medical providers, hospitals, safety net clinics) as well as non-traditional partners (e.g. education, land use planning, business, transportation). In addition, it will be imperative to actively engage grassroots communities that represent and directly experience the realities of the health and SDOH issues that are present within the report. These could include local community-based organizations, faith organizations, neighborhood associations, and community advocates. Equitable inclusion of grassroots perspectives requires sharing of power. Arnstein’s ladder of participation provides useful guidance in assessing how grassroots participants have been engage previously, and how they can become more equitably engaged so that community voices are present in all aspects of health improvement work\textsuperscript{146}. Grassroots participation can occur through participation in the coalition, as well as through focus groups, townhall meetings, community surveys, and other approaches.

2. Identify overall health priorities, including disparities

Once the key partners are at the table and equitably included in the decision-making process, community priorities can be identified. Priorities should be based on a thoughtful review and evaluation of all of the available data and should include both universal priorities (e.g. county-wide obesity) and priorities focused on reducing disparities (e.g. reducing obesity among the demographic populations and neighborhoods with the highest rates). The Cameron CHNA demonstrated disparities by race, ethnicity, socioeconomic status, and neighborhood, all of which should be considered in priority development.
Criteria for prioritizing issues should be agreed upon by all partners, and can include the magnitude of the issue, the degree of disparity that exists, cost, feasibility, readiness to address, long-term impact, etc.\textsuperscript{147}

3. **Develop collaborative strategies based on the relative contribution of health factors to health outcomes; make a commitment to achieving health equity**

Typically, a disproportionate amount of funding and effort is focused on clinical care compared to other determinants of health. Strategies to address local priorities should reflect the relative contribution of the determinants on health (social determinants—socioeconomic factors and the physical environment—account for 50%; health behaviors-30%; clinical care-20%). Evidence-based and -informed strategies exist across all of these determinants and should be prioritized for inclusion in health improvement plans. Additional attention should be directed to demographic populations and communities/neighborhoods that experience disparities in the determinants of health and in health outcomes themselves. To that end, it is important to adapt strategies to local community history and perspectives. Effectiveness can be enhanced by building on local assets so that community buy-in and capacity are increased. In addition, cultural humility and trauma-informed care and community building are essential concepts to integrate into strategy development and implementation.\textsuperscript{148, 149} Utilization of equity impact review tools helps to assure that proposed strategies adequately consider disparities, minimize potential unintended consequences, and promote equity. Such tools draw attention to the following questions\textsuperscript{144}:

- Are those most affected by the issue actively involved in defining the problem and shaping the solution?
- How does this strategy improve the conditions for those communities most in need?
- Will those most negatively affected by the problem benefit the same, less so, or more so?
- What barriers or unintended consequences should be accounted for to make this strategy effective in underserved communities?
- How can we ensure effective implementation and enforcement of identified strategies across population groups or communities?

4. **Focus on the social determinants of health and their distribution**

Recognizing that the social determinants of health are the root causes of poor health and that health disparities result from inequitable distribution of SDOH, these factors should be addressed in order to promote health equity. For example, if a local priority is obesity, then SDOH such as the food environment, pedestrian infrastructure, and housing discrimination could all be important factors to address. Similarly, unemployment and other socioeconomic factors could be targeted as cross-cutting SDOHs to improve multiple health issues and reduce disparities.
5. Focus primarily on policies, systems, and environmental changes

A policy is “a law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions.” Systems improvements may include a “change that impacts all elements, including social norms of an organization, institution, or system.” Environmental improvements may include changes to the physical, social, or economic environment. Policies, systems, and environmental changes affect entire populations and are sustainable over time. They also require minimal individual effort in order to be effective. In comparison, programs often target individuals through services (e.g. clinical care) and behavior change (e.g. health education). Programs must be continued indefinitely in order to have a sustained effect. However, the reality of limited resources means that programs and their impact can only be maintained for a limited amount of time. Therefore, policies, systems, and environmental changes should take priority in order to have broad, lasting impact.

6. Build on existing interventions and fill gaps

Building on existing interventions prevents duplication of efforts and maximizes the impact of limited financial and human resources. The “Existing Programs” section of this CHNA provides a fairly comprehensive list of health-related programs and services that currently exist in the service area. Strategies should be designed to complement and expand existing strategies. In addition, new strategies should be implemented to fill gaps in the existing landscape and to build on local strengths and opportunities identified in the “strengths, weaknesses, opportunities, and threats” section of the report.

7. Evaluate and refocus

Collection, analysis, and interpretation of data by coalition members to evaluate impact of health improvement strategies ensures that effective strategies are continued (and possibly expanded) and ineffective strategies are reassessed to determine if they should be eliminated or altered. Process, outcome, and impact evaluation indicators and metrics should track disparities experienced among priority populations and communities to ensure that equity is prioritized. The CDC provides a straightforward and useful framework to design and implement evaluations of public health strategies.