Dr. Leak: Welcome to the Healthcare Disparities Podcast. This is our regular exploration of health equity. And it's a program of course, and an initiative of Movement is Life. I'm Michelle Leak. I'm a healthcare administrator in Jacksonville, Florida at Mayo Clinic. And I'm your co-host for today. I'm joined by my co-host Bill Finerfrock.

Bill: Thanks, Michelle. Thanks, everyone for being here, looking forward to today's program.

Dr. Leak: So, before we jump into this topic of community health needs assessment, I wanted to give you just a little bit of background. Our panelists joining us today are all from the Jacksonville Metropolitan Area in Jacksonville, Florida. They are leaders in Jacksonville and for their respective healthcare organizations, and they are specifically responsible for the community health needs assessment that all nonprofit hospitals are required to complete every three years. So Bill, before we go into the formal introduction of our panel members, tell our audience a little bit more about community health needs assessment.

Bill: The community health needs assessment is something that grew out of the Affordable Care Act or what generically is referred to as Obamacare. And it was a key part of that legislation, although it's not something that has necessarily gotten a lot of attention in the general public but the idea

is that in order to be able to do a good job of providing care in your community, it's important to try and understand what the needs are. The community health needs assessment legislation, as Michelle said, requires that non-profit healthcare organizations engage in this community health needs assessment. What are the needs through surveys, through assessments in your community? And then, what are you going to do to meet those needs in your community and these organizations that are here with us today, and we'll get into this a little bit later, but have really taken a unique approach to this, how to develop the community needs assessment. I've been involved with this in my community and as we will elaborate on it later, I think what you guys are doing is really the right way to do this, but it's not the way that everybody is doing their community needs assessment. So, thank you for what you're doing, and I really look forward to hearing what you have to say today.

Dr. Leak: Thank you so much for that Bill, so much appreciated. So, we're going to explore with our panel today, this very novel, collaborative community-wide model for completing a community health needs assessment and we're going to discuss how this strategy is so key for healthcare planning and how it provides, providers the opportunity to combine their efforts to eliminate healthcare disparities. So with that, let's introduce our panel, and as I introduce each one, I'd like for them, just to talk a little bit about their role at their respective organizations and tell us a little bit about their

organizations, because the other thing that I think is so unique about this collaborative effort in Jacksonville, Florida, to do a community health needs assessment is that the different healthcare systems that have come together in this partnership. So, if we could, we'll start with Melanie Patz. Melanie is the Vice-President of Community Investment and Impact at Baptist Healthcare in Jacksonville.

Melanie: Thanks, Michelle. Baptist Health is a five-hospital health system in Northeast Florida and located headquartered in Jacksonville. We have more than 1200 team members and we have more than 150 primary care physicians throughout Northeast Florida. Our mission is to continue the healing ministry of Christ by providing accessible quality healthcare services at a reasonable cost in an atmosphere that fosters respect and compassion, and our vision is a lifetime of health together. We are the largest private employer in Northeast Florida. Many of the health systems are large private employers in the communities where they're located and we are locally governed. So, it's really important for us to make sure that what we're doing to improve the health and wellbeing of our community is focused on Northeast Florida and Jacksonville, where our team members live and where our patients live and work.

Dr. Leak: Melanie, thank you so much and thank you again for joining us today. Our second panelist is Ann-Marie Knight. Ann-Marie is the Vice-President of

Community Engagement and the Chief Diversity Officer at UF Health, Jacksonville. Welcome, Ann-Marie.

Ann-Marie: Thank you, Michelle. Good morning to everyone. As Michelle said, I'm Ann-Marie Knight. I serve as the Vice- President for Community Engagement and Chief Diversity Officer, at UF Health Jacksonville. We're a system, locally, we have two hospitals, one in Duval County, and one in Nassau County. We have 100 specialties over 400 faculty full-service hospitals, but I guess our niche, if we have something that's different from our colleagues, we serve as the safety-net hospital for our region. I'm pretty proud of that responsibility. It ties specifically to our mission, which is to heal, to comfort, to educate, and to discover through quality healthcare, elimination of health disparities, medical education, innovation, and research. And I mention that only because of the tie to your work as an organization around the elimination of health disparities. Thanks for having me.

Dr. Leak: You bet, Ann-Marie, thank you. And now we are going to introduce our third panelist, Paula Bides from Ascension Florida and Gulf Coast. She is the Director of Community Benefits. So, Paula welcome.

Paula: Thank you, Michelle. And to talk a little bit about our organization, we are part of Ascension, one of the leading non-profit Catholic healthcare

systems internationally, as well, we strongly tie into our faith-based organization. I'm the Community Benefit Director of Central Florida Gulf Coast. So, I work with Southeast Georgia, Northeast Florida, then across North Florida over into the Gulf Coast, Southern Alabama, and into a little bit of Mississippi has our footprint. Here locally with Ascension St. Vincent's, we absolutely connect in our three-hospital system, acute care system, as well as primary and specialty care and supporting services to serve our mission. So, delivering compassionate care.

Dr. Leak: Great to have you here with us. And we will now introduce my colleague, Ashley Pratt. Ashley Pratt is the Director of Community Engagement at Mayo Clinic, here in Florida. So, welcome Ashley.

Ashley: Thank you so much, Michelle, and it's a pleasure being here today. A little bit about Mayo Clinic. Mayo Clinic is a nonprofit organization with a mission of inspiring hope and contributing to health, and well-being by providing the best care to every patient through integral clinical practice, education, and research and extending our strategic mission through active community engagement activities. We are located in Jacksonville, Florida, and we're an essential piece of Mayo Clinic with our headquarters based in Rochester, Minnesota. Mayo Clinic in Florida has been in operation for more than 30 years. We are uniquely qualified to care for the serious and complex health needs of people in the local community,

Southeast region of the United States, and across the globe. Giving back to communities is an integral part of Mayo Clinic's mission and our vision through our Mayo Clinic community engagement department is to be a proactive partner, inclusive of diverse and underserved populations, and contribute to the overall health sustainability, livability, and vibrancy of the many communities we serve, we all serve both locally and at the enterprise level at Mayo Clinic.

Dr. Leak: And Jessica Cummings. So glad to have you with us this afternoon as well. Jessica is the Executive Director of Community Health at Brooks Rehabilitation Center here in Jacksonville.

Jessica: Thank you, Michelle. Thank you for having us on this podcast. Brooks Rehabilitation has been headquartered in Jacksonville for just over 50 years now. We really strive to have a mission to empower people, to achieve their highest level of recovery and participation in life through excellence and rehabilitation. A little bit unique from my colleagues is Brooks is a post-acute care hospital. So once an individual has recovered enough to need rehabilitative services, whether that be physical rehabilitation, speech rehabilitation, occupational therapy they would come to Brooks. We have 41 different locations throughout the State of Florida. So not only Northeast Florida where we're headquartered, but also down into Central Florida and then over to the west down into the Tampa area.

Truly it is our mission and our values in order to create excellence in care through compassion, innovation, integrity, teamwork, accountability, and to finish that out with continuous learning. So it is a pleasure to be here with my colleagues to share this important topic.

Dr. Leak: Thank you so much, Jessica. And again, thank you to all of our panelists. And I think that we can hear from the overview of their respective organizations that top-rated hospitals and medical facilities have really put Jacksonville on the map as a center for advanced medicine and hearing the commitment to the health and wellbeing of the community that we serve is an inspiration, certainly to me and I think to everyone. You know, the metropolitan area of Jacksonville, the population is 1.5 million. It's the fourth largest metropolitan area in Florida and our listeners may not know that Jacksonville is the largest city by area in the country. So, a lot of ground to cover, a large population, but we are blessed to have the medical facilities that we do. So let's jump right into the first question and we are very much interested in how this collaborative approach to completing the community health needs assessment came about. And we are also very interested in understanding how the health needs assessment helped you and is helping you to address the identified gaps that came about as a result of your work with the community health needs assessment.

Ann-Marie: So, Michelle that is a fantastic question. And when we started thinking as a collaboration about what we would talk about today, we honestly want to flip that question back to you. You were at the forefront of the establishment of this partnership. So would you mind in honor of our group taking the lead on that response?

Dr. Leak: Absolutely. This was back in 2011, I think as Bill mentioned the requirement became law with the Affordable Care Act in 2010 and 2011 leaders from Mayo Clinic here in Florida, Baptist Health, Brooks Rehab, Clay County Health Department, and the Duval County Health Department, as well as Nassau County Health Department and Putnam, Shands, Jacksonville, St. Vincent’s and Wolfson's Hospital convened to form the Jacksonville Metropolitan Benefit Partnership to conduct the first ever multi-hospital system and public health sector, collaborative community health needs assessment. Now that's a mouthful. What it really boils down to is the buried group of healthcare leaders, healthcare organizations, whether it's in healthcare delivery, whether it's in public health coming together to complete this community health needs assessment, not as a requirement just to check the box that we did it but because we believe in the health and wellbeing of the communities we serve and where we live. I think what really made it possible for us to step into this partnership was the comradery that had already been established as the foundation with the CEOs of our respective organizations and

coming together on a pretty regular basis to share ideas, to talk about some of the opportunities that we see individually and collectively in our community in terms of advancing the health and wellbeing of Jacksonville in the larger metropolitan area. So today the partnership really consists of nine nonprofit hospitals that truly represent a shared voice and vision for improving population health and wellness in the Jacksonville metropolitan area. The partnership's vision then was then and is now to improve population health in the region by eliminating the gaps that prevent access to quality integrated healthcare and to improve access to resources that support a healthy lifestyle. So that was the mission then some 10 plus years ago, right, and that is the mission today. So let's move on to the second question. And Paula I'd like us to start with your thoughts on this one. A situational overview. So, could you give us and our listeners an outline of this model, the where, the who, the what, and when, if you like of how this sort of has come together?

Paula: Sure, absolutely. Michelle, and as you said this model really wasn't unprecedented for us, the hospital CEOs work very collaboratively in our community to really bring forth public policy initiatives, things such as banning smoking across all our hospital campuses, opioid prescribing policy changes, working to support free and charitable clinics. These have all been precedencies that our organizations have worked together on. So with the development of the community health needs assessment, all of

our healthcare systems coming together and having their representative there really was a natural fit, from the community health needs assessment tends to be the focus and drive much of the work, but as it's developed and changed and needs have become different and needs have stayed the same we've seen that we can work collaboratively on the report as well as the implementation plans and strategies in our community to improve the health and wellness, as well as work on other community initiatives that we've seen outside that engagement community, education, infant mortality. We've had mental health initiatives. We're all very supportive. We still continue to meet monthly as well as support every healthcare system's initiatives, programs, communities, because we know as we all would, all of our healthcare systems would benefit from that rise in health and wellness in our community. It really drives everything that we do.

Dr. Leak: I'm struck by, you know, the needs that are identified through the community health needs assessment. They are pretty significant and there are a lot of them. And from what you described, it only makes sense for each member of the partnership to leverage what they do best and bring that to the table in alignment with a specific need. The other thing I think about improving the health and wellbeing of the communities in which we serve is that those communities need to know us, and we need to know them, right. To develop that trust so that you can partner with them to

improve health and wellbeing. So could someone talk a little bit about that being the face of your organization out in the community and the effort that it takes to build that trust and engagement?

Ann-Marie: So, I mean, each of us has unique relationships in the community. There's a little bit of overlap, right. But you hit it on the head, Michelle, there's an advantage that we each can bring based on the relationships we have. I'm thinking about my colleague, Paula, who of course Ascension is a Catholic institute, right? So we know we could leverage those relationships very uniquely when it comes to our work in the community. So that's how we look at our work. You know, we often come to meetings, and we have a topic, and we say, okay, who do you know, who do you know, who do you know? And so that way we can kind of think together to see what's the best approach in navigating whatever the topic is with a particular community. So me going to a community that may be Melanie, already has a strong relationship with is not advantageous to the group, Melanie already has that relationship, right? So we look at each other and we ask about relationships and opportunities like that.

Dr. Leak: Bill, I think you had a comment perhaps.

Bill: I'm just fascinated listening to you talk and the attitude and the mindset that you are all bringing to the table because it is so unique. I've had the

opportunity to work with communities all around the country, and more often than not different healthcare providers see themselves as competitors, not collaborators. And the message even in this short period of time we've been together is one of you see yourselves as collaborators, not competitors. And how does that come about? I mean, I think you referenced, you know, your CEOs. Is it because the CEOs recognized that a long time ago, but you know, is this replicable in other communities or are you guys the unicorn that we can all say, wow, that's really cool and beautiful, but it only can exist in Jacksonville?

Dr. Leak: Great question. Ashley, why don't you start there?

Ashley: Yeah, and thank you, and I mean, it's a great point. I think it's something that we talk about all the time, right? We joke about you know, we're competitive with each other but when we're together we focus on partnership priorities through the community health needs assessment. And, you know, the large benefits of the collaboration is that we spend time information sharing on best practices, upcoming programs, and leverage each other's support. But we know, putting the competitiveness aside, you can do it when we know that our mission ultimately is the same that we want it to make the greatest impact to the community. We want to address the health disparities by looking at those social determinants of health and combating them. And so that is a lot of what our priorities, our

strategic priorities may be different at each institution, but our mission to help support the community combat these issues, like I said before is important to all of us. We know that when we do learn more from each other, work together, whether it's all five of our systems working together or pieces of our systems, because there may be some different projects that we're each working on, we know that if we come together to collectively address the community on certain topics and having our health systems come together as a united front, it makes the biggest impact in our community and that's why that competitiveness goes to the side. At times, we look at it too, but we know that it benefits our community and that's why we leave that competitiveness aside.

Dr. Leak: Ashley, thank you. Anyone else like to comment on that in terms of the benefit of a collaborative versus competitive approach, how you can set that competitive piece aside and step up with the collaborative? Melanie, please.

Melanie: Paula mentioned this as one of the reasons or one of the projects that our CEOs did together, and that was becoming smoke-free campuses. And we did that on the same day. And so one of the benefits that I would say is it provides us with cover when we all do things together, then there's less likelihood that any one of our organizations will experience any negative backlash.

Bill: Jessica you're the post-acute care facility, and almost by definition, you're not the competitor necessarily with these folks, you're the entity to whom they all, I would presume refer patients who have exhausted whatever their needs are for an acute care and are going to use. So how do you kind of fit in with all of these folks in this process?

Jessica: You know, I jokingly like to say that we are Switzerland, right? So we exist in this world and we're just happy that everybody is our friend. But the reality is as being the post-acute provider we have a unique opportunity to serve the collaborative as a whole, thinking just of our CEOs. My CEO runs our CEO meeting, right? So they all occur at Brooks, which just happens to be a central location in Jacksonville. So that works well in a post-COVID time, they'll go back to meeting in person. So geographically we're centrally located, which works well. My leader, Doug Bayer being the post-acute CEO leads that meeting. And so it helps to have that one kind of central look into things. But I think also in addition to that we have a unique patient base, right? So our goal is to work with those with differing abilities to get them back to a life that that's normal in, whatever the new normal happens to be. And so we find it to be particularly great that we can all collaborate in different ways because each of our acute care providers has different strengths. And so, we might work together on

a particular diagnosis that each has their own strengths to, in order to really give the patient an overall best chance at recovery.

Dr. Leak: I know the other thing I was thinking about a little bit is that the needs of the community are different and never more so than in Jacksonville with this, huge landmass, right? So, Jacksonville really encompasses rural and urban communities. And I would think that there may be some overlap in the gaps in access to care and what you're seeing out of your assessment but there are some market differences I would think as well. So, how has the collaborative helped you to address not only the identified healthcare needs in the urban core if you will but also in our rural communities?

Ann-Marie: I think CHNA is by designer kind of tied into an acute care campus. But as you mentioned, Michelle, really so much of the work has to happen in the community and everyone's footprint in that is a little different. So, you know, we talked about having an overlap, but there are so many specialties and so much outreach and so many different cultures, you have specialties, aspects that we can tie into that everybody really brings to the table. And we said it once, so I'll say it again, maybe it is because there are so many of us that we're not competitive, but our missions all align. All of us have that same vision and as we have the strength in bringing people together, we're really able to cross from the urban core, into the rural, even outside our traditional community, kind of aligns

primary service area that the CHNAs require us to define, so that we're more inclusive. We're able to bring more people to the table. Having more resources and more communication and more outreach really is the power of this group and engagement.

Dr. Leak: And Bill your work with the rural community specifically, we know that there are some unique challenges and oftentimes because of some of the gaps that we see in urban communities that becomes the central focus of trying to close any of those gaps. And so, I think it's just been within the last couple of years where we have really been trying to engage with the populations in the rural communities, because they are equally, if not even more so vulnerable.

Bill: Yeah, that's absolutely right. I mean, for a long time, I mean, it's kind of the fly-over communities and the presumption is, for example, you know, homelessness is an urban problem. Food deserts are an urban problem. You know, how could you have a food desert in a rural community because that's where everything gets grown? But the reality is that just because there's a cornfield down the road, doesn't mean that there's necessarily fresh corn available in that community, because of the way the process and the systems work. And so, part of the challenge is getting people to understand that many of the challenges that we have recognized and identified as a society are not unique to urban

communities and that these things exist in rural areas. The difference is that simply they're not as visible. You know, we don't see the homeless population in rural communities because they're living in the woods. In the urban areas, we see them because they might be tragically, sleeping on a grate or somewhere in the city, outside of an office building you know, or as I said food, the perception, other issues, income insecurity, because it's just simply not as visible, but fortunately in the last couple of years, I think there is a growing acknowledgment that these problems do exist in rural communities and the need to do it. And I think it was interesting, I was not aware that Jacksonville's footprint was so large in terms of the geographic and that you would encompass some more of the rural communities are certainly less densely populated areas of Florida, as opposed to just thinking of it exclusively as an urbanized area.

Dr. Leak: Absolutely. So, I think that that really makes the point, too. There are so many needs, right? In rural communities, urban communities, and everything in between. It really puts the point on the whole benefit of sharing and leveraging the specialties and the relationships that each organization has developed and can bring to the table so that they can collectively think about what's the best strategic approach to this. So, I think that's another fabulous benefit of coming together in a partnership to complete the CHNA. The other benefit that I'm recalling back in 2010 and 11, I think that at that time we engaged the Health Planning Council of

Northeast Florida to support the assessment, to sort of do some of the heavy liftings with the data collection, if you will, and some of the data analysis. And I'm thinking back to that's a pretty significant cost for one organization to take on. But if you have several organizations who have developed relationships are already comrades, if you will, come together, share that cost, it certainly reduces the burden on any one organization. So, I think that's another pretty significant benefit.

Bill: I had mentioned, I'm active locally on the health board, in the part of Northern Virginia, where I live, and it was the complete opposite there. And it was very frustrating because you had the health department doing a community needs assessment. We had one hospital doing their needs assessment. We had Kaiser Health Plan doing with their hospitals doing a needs assessment. And then we had another nonprofit hospital doing their needs assessment. They're all out there talking to the same people, interviewing the same people, essentially coming up with four reports that by and large looked largely the same because they found the same thing. But yet we expanded four times the resources instead of people doing exactly what you did, which is okay, let's come together, let's share resources, information, and come up with a community report that we can all buy into. When Michelle was telling us about this, I was like, boy, you know, can we bring you guys up and send you to other communities?

Because what you were able to do is not typical of what happened in a lot of communities. So again, hats off to you guys.

Dr. Leak: Thank you, Bill. Before we segue into what are some of the challenges, Bill mentioned the report itself. So, many in our audiences may not know that there's actually a physical report. So could someone share with us how the public might access the report?

Ann-Marie: The easiest thing to do is to go to your local hospital's website or one of ours and search for the Community Health Needs Assessment, or the acronym, CHNA. It is publicly available, which is actually a mandate, is publicly available and on each of our websites for the community to navigate.

Dr. Leak: And I think to add to that, Ann-Marie, thank you, not only the results of the assessment, but also what the identified gaps are and what each healthcare organization has prioritized and has allocated resources to come up with a strategy and an implementation plan to try to close those gaps. And all of that information I believe is available in the public report.

Ann-Marie: Absolutely. And when we talk about the CHNA, the CHNA itself is just a report of the data, telling us all about the community, what the gaps and opportunities are. What Michelle has just described is our community

health implementation plan, which then outlines exactly what each hospital will do. So, here in Jacksonville, many of our hospitals have the report, but we may have twists. You heard that our footprint may be different. So, we take the same larger report, and we slice it by the counties that we represent. So, all of our reports are very similar, but then when you look at our implementation plan, we may have very specific work that our hospitals are doing relative to the reports. So, the Community Health Improvement Plan, the details that Michelle described are very unique to each hospital while the CHNA content really overlaps all of us.

Dr. Leak: So, Ann-Marie, could you elaborate on that a little bit more in terms of the implementation plans? I would imagine that, you know, one of the gaps that are identified by the assessment is access to high quality affordable care, right. And so, each organization might say, okay, let's see where that aligns with what our unique capabilities are. So, where I'm getting at is that I think as you're developing your implementation plan, there probably is some discretion with your partnership group, right, as everybody's sort of putting what they're going to do on the table, could someone elaborate a little bit on that process?

Melanie: Each one of our hospitals takes the community health needs assessment needs that were identified and then uses a different process for prioritizing the needs that we will address over the next three years. And when we

find commonality among all of our hospitals, that's when we identify projects that we would do as a collaborative working together. So, we've done that a couple of times in the past, we have done that when I think that very first assessment Michelle, that you were a part of indicated that health education was lacking significantly in our community. So, all of our organizations came together and funded and exhibit at our local museum of science and history to increase health education and health knowledge. Since then, we've worked together on projects to train people in mental health first aid, because mental health was identified as a priority for a majority of our hospitals. And we are excited to report that we just met our goal of 10,000 people in Northeast Florida trained in mental health first aid. And then, we've got a current collaborative project working on senior health, specifically, reducing falls in seniors. And so, we all have areas that we've identified that are different from each other and there we'll be doing our own individual projects, or we may partner with one or two other organizations to do those projects. When we have that consistency, that's when we identify the opportunity for a collaborative effort.

Dr. Leak: Excellent examples, and congratulations on your mental health, meeting your goal and challenge, as we know, and as we've seen, particularly in COVID that it is at crisis proportions. It has been for a very long time, but COVID certainly put a spotlight on it differently because of our restraints, right, in terms of being able to interact.

Ashley: Michelle, could I jump in there to add on to Melanie and Melanie gave a great overview on the implementation plan? And that's kind of what I was alluding to earlier is that we focused on the partnership priorities based off that commonality where we come together, and then each of the hospitals do focus on, you know, kind of hone in on a couple of the priorities obviously to make a larger impact with them when you kind of hone in on, and then it's based off some of the services that we're able to, you know, to provide, but then listing in the implementation plan, you may say, here are the top priorities that for example, like Mayo Clinic is addressing, right. But we also address the ones that we are, that it isn't, not, that it's not a priority, right but, but these are the ones that do not have a specific focus on because of X, Y, Z, because there's an organization doing this. So, we recognize the other partnerships or organizations that may be focusing on it that we may partner with in a different way, but we don't have priority programs essentially focused on it.

Dr. Leak: Thank you, Ashley. So, I think now we're going to turn to the challenges the benefits are certainly significant and, and obviously the community has benefited, and your respective organizations have, this has been 10 years plus going now, right. There are several community health needs assessments. What have been if any of the challenges with a partnership and this collaborative approach?

Ann-Marie: To address the benefits, I think we've alluded to that a little bit already, but I'll put it in a nice little quote, right? "Many hands make light work," right? So, if we're going down a road that is similar to each other, it makes better sense to do it together, right? Not simply from the financial standpoint, but that's a big one, but from the standpoint that we can leverage each other's existing work and the future work that we're about to embark on. So, for example, Melanie mentioned the Mental Health First Aid Initiative, and that we made it to our 10,000. Well, it was interesting when we all took our CHNAs back to our institutions and worked on the implementation plan. First, we just started bubbling with our call, identifying which priorities were the most important to our respective institutions. And when we came together at a meeting and we said, okay, what's in your cards, we all had mental health as a priority and said, all right, what can we do together? So that is, in my opinion, one of the biggest benefits of this approach to the work is that we can, you know, raise the work a bit easier and maybe even bigger because we have come together.

Dr. Leak: Absolutely and leverage your respective expertise and resources.

Paula: I think just to speak to some of the challenges, you know, I think about some of the community projects that we've tried to do together, you know, sometimes they just don't work like anything. I think back about a

community garden and really everybody came together to do their due diligence, to make sure that this was important to the community, to find the right place and we just love the program. We're never able to really find the right place, the right fit, the right leadership for that. So, I think that's part of it is like any good program, you've got to have a good vetting and a good metrics, and you've got to have people that are invested enough to just say, you know, it's not working, and we'll just find something else. There are lots of ways to kind of address that need. And I would say another aspect from our institution being Catholic healthcare, there are some programs we just would not support as an organization. It's outside our mission. It may not be outside other's missions, but with our ethical and religious directives, we do sometimes have that bumping up against different missions and visions. So, I appreciate that everyone gives grace for that.

Dr. Leak: Absolutely. And I think it's because of your longstanding comradeship, if you will, that you're able to voice that and everyone's respective of that and you move on. Melanie, were you going to say something?

Melanie: I was going to add another challenge. We had a prep meeting for this yesterday because we do things together and Ashley actually brought us all together for that meeting. And during the conversation, Paula brought up that sometimes it's difficult for other organizations to partner with us

because we all are separate entities. And that requires separate contracts, separate funding, and you've seen some of these collaboratives where they will actually come together and have one entity through which funding might flow. We have not done that. That was actually recommended as a result of not our last CHNA provider, but the one prior to that, and we still see that there are benefits in us having our own entity but coming together for common problems and common solutions.

Dr. Leak: Thank you, Melanie. Jessica?

Jessica: Michelle, the other thing that I would say as one of the challenges is the Community Health Needs Assessment brings about some pretty, hard to swallow opportunities within the community, and it's really hard to move the needle, right? So, for instance, we've seen over and over in the Community Health Needs Assessment, the same issues coming to the top, the same priorities coming to the top, and we, as an organization have said, we were really trying to show change. We're trying to make an impact and these issues keep coming forward. I don't know that we've got a good solution for that other than we just keep working at it. But as an organization, right, we're all fixers. By nature, we all want to make sure that we can help those that maybe need a little bit extra and it's so hard to move the needle. We've seen this with health disparities that we keep seeing that coming forward, and really, it's just a struggle to try to figure

out what's the correct solution there, or what's going to make the greatest impact. I don't know that we found it yet, but, but we're going to keep trying,

Dr. Leak: Sometimes things just don't work out, right, or sometimes you can't move the needle as quickly as you would like. So, I just want to give a shoutout to all of you for being so resilient. And then, still keeping your eye on the work that still has to be done. You still have to continue to try to focus to move the needle, but also pivoting to where you can make a more immediate difference to address a more, even more immediate need like the pandemic. So, I think that that resiliency piece is a very powerful point to just reflect upon. You have to be really resilient to do this work, to stand in this space, right, and do the work. So, I wanted to comment on that.

I think an opportunity that the collaborative has even with the various reports published on the websites for the respective organizations, I was thinking back to someone who reached out to me last year from North Carolina was the leader of a very small grassroots effort trying to address the healthcare needs in their community having to do with diet and exercise, for example, right? And I think that specifically is what it was as they were looking at the rising levels of diabetes and heart disease in their community. And I just simply asked, have you seen your community health needs assessment, right? And they didn't even know what a

community health needs assessment was or that organizations like all of the ones that you represent are required to complete this assessment every three years and develop an implementation plan. So, I think that that presents an opportunity in terms of really trying to bring this work to grassroots level community organizers, who may not know that there might be some opportunities for a partnership or even consultation with those that are engaged in this work on a regular basis. And Jessica, I would like to ask you to think about this next question, and this is really the last question for the group, and maybe we could start with you if that's okay. What advice would you have for healthcare leaders that may be considering a similar approach in terms of the ropes to skip and the ropes to know if there might be an opportunity for a similar type of collaborative effort to address community health needs assessments?

Jessica: Sure, and I would say that, you know, part of the start of a collaborative effort is to have the buy-in of your executive leadership team. So, it's really easy at our level to come together as a collaboration, but when you're speaking at that executive leadership level there might be a bit more sensitivity to the competitive nature of the two organizations or multiple organizations. So, I would say to have those executive leaders understand what this partnership is going to bring and what it's going to do and how it's going to benefit not only the individual organization, but how it's going to benefit the community as a whole. And then, the other thing that I would

say is sometimes we just have to set our pride aside and we have to do what's right for the community. So many times we can get caught up in how our organizations are performing individually. And sometimes we have to put that, put that aside and say, this is the right thing to do. So it's what we're going to do.

Dr. Leak: Excellent advice, Jessica, and Jessica, we so appreciate you being able to join us, and we look forward to future discussions on this topic or others with you and your colleagues at Brooks. Do say hello to Doug and Mike and all of the great execs that you work with at Brooks. So, thank you again for joining us.

Jessica: I sure will. Michelle, thank you for the invitation. I hope to do this again. Bill, it's a pleasure to meet you. And thank you to my colleagues for having my back on this one.

Dr. Leak: You bet, Jessica. Ann-Marie, did you want to talk a little bit about what advice you would give to healthcare leaders that might be thinking about a similar model?

Ann-Marie: Sure. And, you know, I apologize upfront for a bit of redundancy, but it ties it together, I think nice and neatly here. You know, Bill made the comment about, you know, how easy or not it is for, you know, Jacksonville's doing

it, can others do it? And I was just nodding to myself and saying, of course, everyone could do it, but maybe it's not that easy, right? There's a couple of things I think that have to be taken into consideration. Know your potential team. We've talked about it already today, right? What's the business lines, what's the emphasis? You know, Paula, made it very clear thinking about the Catholic hospital system there are some things that she cannot step over the line on, right? So, you have to understand the mission, the cause, and truly the business lines that your fellow organizations are pursuing. We talked about our geography, what's the footprint, you know, as we all introduced ourselves, we identified where we're willing to go, so to speak. You have to understand that. I know our conversation today is about the community, but if we don't understand each other from the operational needs of our organizations, it could just really negatively impact our synergy. I like the acronym, the WIIFM, you know, what's in it for me, well, for our group, it's WIIFU, it’s what's in it for us. That's how we execute our work together. And we know what things we need to take off the table. I think we also have to be mindful to assess, to understand. So our topic today was really about developing and coordinating approaches around the CHNA, but in that conversation we had earlier about the implementation plan, there's that prioritization piece, and we've talked about it, that we have to understand which pieces are we willing to come to the table to support each other on, you know, because if you don't understand that, then we may, you know, butt heads a little bit,

you know, we have a specialty hospital in the mix. Jessica, oftentimes, is leaning and being swayed to our needs because not a lot of the specialty lines that we talk about or the needs of the community, are in direct impact of our work, we have to be mindful. The last thing I'll say is that we have to understand the value of our collective impact opportunities. She said it, Jessica said it, and I'll just say it a little bit differently. We've got to check our logos at the door. She jokes that she's Switzerland, I would say, and we've agreed to this, I think collectively, we are Switzerland when it comes to our organizations. So, many of our teammates come to us to navigate to another organization. So, we're the safe space in the community, around our hospitals systems. And so, we have to just be careful with that. You know, we have to own that. I think there's one thing about that I'd like to kind of point out about our partnership is that other organizations watch us intently. So, they try to navigate that to use us for Goodwill. So, you know, we're very mindful of, I hate to call it power, but I guess it is. So, you know, understanding the power that we have collectively, understanding our differences, service lines and how we view the community, where we are, are all important. Again, many hands make light work, but we have to understand that there are very different organizations coming to the table.

Dr. Leak: Melanie, were you going to add to that?

Melanie: I love what Ann-Marie said and the emphasis that she placed on what Jessica said. In addition, I'll throw out another phrase and it's "go fast, go alone, go far, go together." And so, one piece of advice is be prepared for things to not move quite as quickly as they would if you were doing it on your own. I mean, we're very careful to make sure that we are all on the same page with a collaborative project before we move forward. And while that takes a little bit more time on the front end, it enables us to get a whole lot more done for the community in the long-term.

Dr. Leak: Absolutely. I love that. "Go fast, go alone, go further, go together." It's just beautiful. Thank you. We're going to take a break for just a couple of moments. And when we return in the next episode of the Health Disparities Podcast, we'll be moving into part two and we will explore how the collaborative CHNA model in Jacksonville, Florida, played an important role in the community's response to the COVID-19 pandemic. So please join us for Part Two: A Coordinated and Collaborative Approach to Community Health Needs Assessment in the Context of the Pandemic. So, thank you to our panel for all of your insights today and thank you to our listeners for joining us once again.

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