



Complex Care Startup Toolkit

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Program design: **Understand population root cause needs**

This document is part of the *Complex Care Startup Toolkit*, a practical collection of guides, templates, and other tools to launch and grow a new complex care program. Find the full toolkit at www.nationalcomplex.care/startup-toolkit.

As you are building your complex care program, uncovering and addressing the root causes of negative health and social outcomes is an important foundation. These supports assist with stabilization and maintenance of health and wellness. Using multiple sources of data to better understand the needs of your target population will strengthen the design and impact of your initiative. It's often easier to address the immediate causes of negative outcomes while disregarding the more fundamental and challenging root causes of instability, but without addressing those root causes, it's hard to meaningfully improve outcomes.

Key considerations

1. What population health data is available to analyze and integrate with other programmatic datasets?
2. Where is the data coming from and how is it being aggregated and stored? Is there a way to change that to better meet these needs?
3. Have you interviewed providers, community-based organizations, and community members to better understand their long and short term needs?
4. How do racial disparities impact the community's health and wellbeing?

Below, find resources you can use as you work through each of these key considerations.



Resources

Key consideration # 1: What population health data is available to analyze and integrate with other programmatic datasets?

- **National equity atlas**

This detailed racial and economic equity report card database helps you to understand inequities in your community.

- **AARP livability index**

This population health dataset that compares community livability via 7 categories (housing, neighborhood, transportation, environment, health, engagement, and opportunity) helps you to integrate population health data and programmatic datasets.

- **The United States Census Bureau data**

This population-level demographic, economic, and social data helps you to integrate population health data and programmatic datasets.

- **Reviewing the Community Health Needs Assessment (CHNA): Initial questions to consider**

This guide helps community organizations to find and understand nonprofit hospitals' CHNAs.

Key consideration # 2: Where is the data coming from and how is it being aggregated and stored? Is there a way to change that to better meet these needs?

- **Toolkit for communities using health data: How to collect, use, protect, and share data responsibly**

This toolkit helps you to understand where healthcare data comes from and how to use it.

- **Race, ethnicity, and language data: Standardization for health care quality improvement: Improving data collection across the health care system**

This guide helps you to understand information flow across health systems.

Key consideration # 3: Have you interviewed providers, community-based organizations, and community members to better understand their long and short term needs?

- **Conduct a three-part data review to understand patient needs**

This guide helps you to inform the integration of population data and information from provider and participant interviews to better understand root causes of negative health outcomes and build better models of care delivery.

- **Engaging patients and communities in the Community Health Needs Assessment process**

This guide helps nonprofit hospitals to engage patients and communities in the CHNA process.

Key consideration #4: How do racial disparities impact the community's health and wellbeing?

- **Diagnosing the disparity**

This guide helps you to identify and understand racial disparities in your community.

- **Mapping Medicare disparities**

This interactive map helps you to understand disparities between subgroups of Medicare beneficiaries as a starting point to understand and investigate geographic and racial and ethnic differences in health outcomes.

About the Camden Coalition of Healthcare Providers

We are a multidisciplinary nonprofit working to improve care for people with complex health and social needs in Camden, NJ, and across the country. The Camden Coalition works to advance the field of **complex care** by implementing person-centered programs and piloting new models that address chronic illness and social barriers to health and well-being. Supported by a robust data infrastructure, cross-sector convening, and shared learning, our community-based pro-grams deliver better care to the most vulnerable individuals **in Camden** and **regionally**.

The **National Center for Complex Health and Social Needs** (National Center), an initiative of the Camden Coalition, connects complex care practitioners with each other and supports the field with tools and resources that move complex care forward. The National Center's founding sponsors are the Atlantic Philanthropies, the Robert Wood Johnson Foundation, and AARP.