

Community Planning: A Step by Step Guide


The Intent of the Community Health Needs Assessment (CHNA)

Describe	Decide	Determine	Dedicate
•Status of the population	•Areas for Health Improvement	•Factors contributing to health issues	•Assets to address population health improvement

Step 1 – Prep for CHNA

- **Identify Community Benefit Team** as CHNA core team (if one exists)
 - If one does not exist, assemble one with reps from some / all of these depts.

▪ Administration	▪ Admissions
▪ Strategy / planning	▪ Communications / marketing
▪ Finance	▪ Clinical services
▪ Advocacy / governmental relations	▪ Social services
▪ Patient financial records	▪ Foundation



This team ideally should serve as the Community Benefit Team for your hospital.
 - Engage executive leadership and hospital board
 - Review and evaluate the previous CHNA and CHIP
- **Identify Partners** (both joint and collaborative) **and Participants**
 - Decide if this will be a **joint partnership** or **single organization CHNA**. If joint engage:
 - Other not for profit hospitals
 - Long Term Acute Care facilities (e.g. CHRISTUS facilities in your region)
 - Local public health departments
- **Identify agencies and organizations in the community who can be collaborative partners** in the process and help encourage/enable individual community members to participate at appropriate times
 - United Way
 - FQHC's and other health care providers
 - Social Service providers, especially those that serve vulnerable or minority populations
 - State agencies (e.g. mental health, rehabilitative services, environmental protection, health and human services)
 - Community foundations
 - Public safety / law enforcement
 - Business organizations / Chambers of commerce
 - Elected officials / Legislative leaders
 - Civic organizations
 - Population advocacy groups
 - Faith based organizations
 - Catholic Charities
 - CHRISTUS Fund recipients in your region

IRS rules require participation from at least one state, local, regional public health department.

- **Establish budget**
 - Expenses: consultant, data collection, printing, meeting supplies, etc.
 - Resources: monies, staff time, meeting space, etc.
- **Decide on use of consultant**
 - Determine extent of their involvement
 1. Guide and advise
 2. Perform specific tasks
 - Collect / analyze secondary data
 - Facilitate focus groups / community forums
 - Collect / analyze primary data (surveys, interviews, focus groups, forums)
 3. Conduct entire assessment
 - Properly vet applicants / candidates
 - Review background and experience
 - Review previous written CHNA reports
 - Proper acknowledgments (of all contributions from external resources)
 - Design a contract that establish expectations with a timeline, benchmarks and obligations
 - Completion date for data collection, data analysis, document preparation
 - use of multiple methodologies / data collection instruments
 - participants reflect community diversity
 - payments tied to deliverables
- **Conduct a formal evaluation of previous CHNA**
 - Include key stakeholders, collaborative partners and members of the community
 - Ensure participants reflect the diversity in your community

All of the costs associated with the Community Planning qualify as community benefit.

NOTE: This is the place in the written document where credit is given to the consultant

❖ Provide the Community Benefit Services department status update for Step 1

Step 2 – Develop scope of the CHNA

- **Determine the community demographics**
 - Geographic area to be served – your ‘community’
 - If joint partnership, the CHNA must include combined service areas
 - priority populations – low income / vulnerable

<ul style="list-style-type: none"> ▪ seniors ▪ children ▪ pregnant women ▪ immigrants 	<ul style="list-style-type: none"> ▪ ethnic / minority groups ▪ impoverished neighborhoods ▪ uninsured / underinsured ▪ people with disabilities
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 - social, behavioral, environmental factors that exist
 - social: poverty, education, crime, violence, social disorder
 - behavioral: diet / exercise, smoking, alcohol, drug abuse
 - environmental (built & natural): pollution, toxic chemicals, climate, transportation, housing

Step 3 – Data that describes your community

- **Data Collection**
 - Identify indicators to be included

<ul style="list-style-type: none"> ▪ Child health ▪ Infectious diseases ▪ Natural environment ▪ Social environment ▪ Resources / assets 	<ul style="list-style-type: none"> ▪ Demographic and socioeconomic status ▪ Access to health care ▪ Health status of overall and priority populations ▪ Risk factor behaviors ▪ Conditions related to top 10 causes of death
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When selecting indicators use ones that:

1. Relate to standards and benchmarks
 - Healthy People 2020
 - Federal Poverty Level
2. Are informed by organizational needs and priorities
3. Have reliable and valid data

- Sources for Relevant secondary data (relate to selected indicators)
 - Local, state, and national health agencies
 - County: public health, human services
 - State: health department, vital records, human services
 - National: Census, Centers for Disease Control, Community Health Data Initiative, Behavioral Risk Factor Surveillance System
 - Hospital utilization, and other clinical, data
- Gathering Primary data
 - Identify community stakeholders / members to
 1. Participate in key informant interviews
 2. Participate in focus groups
 3. Participate in surveys / questionnaires
 4. Participate in public forums

BEST PRACTICE

TIP: Use 3 of the 4 primary data methods

❖ Provide Community Benefit Services department status update on Indicators

Step 4 - What does the data indicate?

- **Data analysis**
 - Comparison
 - How does the community compare to other communities, the state, the country?
 - Trends
 - Is indicator data increasing, decreasing or staying the same over time?
 - Benchmarks
 - How does the community measure up against standards?
- **Data interpretation**
 - Disparities
 - Identify and understand race, age, gender, income
 - Causality
 - What are the societal factors?
 - What are the physical / environmental factors?
- **Identify the Significant Health Needs**

❖ Provide Community Benefit Services department status update on Identified Significant Health Needs

Step 5 – Prioritization of needs

- **Determine**
 1. Who will help set priorities:

Public health providers	Community leaders	Service providers
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 2. What criteria will be used to set priorities:
 - Magnitude: number / percentage impacted
 - Severity: how much worse than the norm
 - Historical trends
 - Alignment of problem with organization's strengths / priorities
 - Impact on vulnerable populations
 - Importance of the problem to the community
 - Existing resources that address the problem
 - Relationship of problem to other community issues
 - Feasibility of change / availability of tested approaches
 - Value of immediate intervention vs. any delay

3. Methods used to prioritize the needs:

- Use smaller groups that reflect community diversity and rank the needs
- Validate / reconcile priorities in a larger community gathering

Step 6 – Write the report

- According to IRS, written report should include
 - **Evaluation of the impact of any actions taken to address significant health needs identified in the previous CHNA**
 - Additionally, reference any written comments received about the CHNA or CHIP, along with any actions taken in response to those comments
 - **Description of the community served by hospital(s) and how that was determined**
 - **Description of the process and methods used to conduct the assessment**
 - Sources / dates of data and other information
 - Analytical methods used to identify community health needs
 - Information gaps that impacted hospital's ability to assess health needs
 - All of the organizations with which the hospital collaborated
 - All 3rd parties hospital contracted with to assist in conducting the CHNA
 - **Description of how hospital took into account input from persons who represent the broader community**
 - When / how organization consulted with these persons
 - Identification of any individual providing input who has special knowledge or expertise in public health (name, title, affiliation, brief description of the knowledge / expertise)
 - Identification of any individual providing input who is a leader or representative of medically underserved, low income, minority populations, populations with chronic disease needs in community served by the hospital
 - **Prioritized description of all the community health needs identified through the CHNA and a description of the process / criteria used in prioritizing these health needs**
 - Detail which health needs you will address, what approaches you will use to address them, and how you will measure / evaluate the success
 - Detail which health needs you will not address and explain why you will not address them. Include here a description of existing health care facilities and other resources in the community that are available to respond to the needs identified in the CHNA that you will not address

Step 7 – Board approval of CHNA report (NOTE: The IRS rules state that a CHNA / CHIP is not officially conducted until the governing board for the hospital has approved the document.)

❖ Provide Community Benefit Services department a copy of the board approved CHNA report

Catholic Health Association. *Addressing and Assessing Community Health Needs* (Discussion Draft: Revised June 2013)
Connecticut Hospital Association and Connecticut Association of Directors of Health. *Guidelines for Conducting CHNA* (March 2013)
Association of Community Health Initiatives, American Hospital Association. *Community Health Toolkit*

The Intent of the Community Health Implementation Plan (CHIP)

Enable	Evaluate	Create
<ul style="list-style-type: none"> the community to work together to improve the health of the population 	<ul style="list-style-type: none"> the needs of a particular community 	<ul style="list-style-type: none"> a plan that addresses those needs

Step 8 – Develop the CHIP

- For each identified priority to be addressed:
 - Set Goals / Objectives & Identify Indicators**
Be sure to use the SMART model!
 - Identify intervention approaches**
 - What is the timeline?
 - What are the outcome measures?
 - Who is responsible for carrying this out?
 - Emphasis should be on evidence based approaches
 - www.communityguide.org
 - www.healthpeople.gov
 - www.healthycommunitiesinstitute.com
 - www.countyhealthyrankings.org
 - www.nrepp.samhsa.gov
 - Validate approaches with the community**
 - Share proposed action plan with key stakeholders, collaborative partners and the community before finalizing implementation plan
 - Be sure to establish clear expectations as to what can and cannot be done
 - Write the plan**
 - What's your mission?
 - What is your target area / priority population?
 - How was the CHIP developed and adopted?
 - What are the significant health needs and how were they prioritized?
 - Which needs will your hospital address directly and how?
 - Which needs will your hospital address in collaboration with others and how?
 - Which needs will your hospital not address and why not?

Please use the implementation plan template provided by the Community Benefit Services department



Don't forget to refer to the CHIP template for all items to include and how they are to be arranged

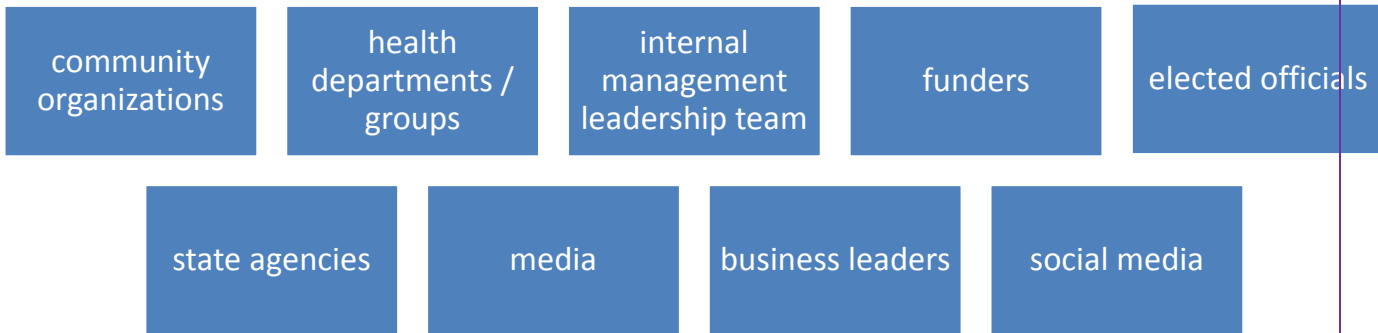
- Once CHIP is written, develop a monitoring process to
 - Establish accountability
 - Assess outcomes
 - Evaluate success
 - Determine if any adjustments or revisions are needed
 - Ensure compliance

Step 9 – Board approval of CHIP report (NOTE: The IRS rules state that a CHNA/CHIP is not officially conducted until the governing board for the hospital has approved the document.)

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Step 10 – Widely disseminate CHNA and CHIP reports

- Required
 - Website
 - must have previous and current CHNA and current CHIP posted
 - must have a process for public to comment on CHNA and / or CHIP
 - Paper copy for public inspection (upon request)
- Encouraged



- ❖ In addition to digital copies of CHNA & CHIP, please submit to the system office a description of the program evaluation component and how outcomes for the different approaches are to be measured

