

COMMUNITY HEALTH NEEDS ASSESSMENTS DURING COVID NOT MISSION IMPOSSIBLE

As of this writing, the Internal Revenue Service has twice delayed deadlines for filing required community health needs assessments (CHNAs). With later deadlines looming, community benefit leaders are proceeding to plan and carry out their next assessments and implementation strategies.



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What at first looked like an impossible task because of working from home orders, prohibitions against public gatherings, overworked health departments and the need to address current conditions, conducting CHNAs is proving to be doable because of commitment to community well-being, building on prior work and a healthy dose of creativity.

DRIVEN BY MISSION

This is no time to ignore community need, say community benefit leaders. In some communities, over half of their residents have lost jobs and more have had their hours, and pay, reduced. The most vulnerable in our communities have become more vulnerable — people of color, immigrants and homeless people. Social needs, such as food and housing insecurity, seen before the pandemic are even more widespread.

With the need comes the will. With the will the way.

BUILDING ON PRIOR WORK

Community benefit leaders report that their best tools in addressing needs at this time are the partnerships they developed during past CHNAs. The CHNA process involves multiple organizations as they prioritize needs and plan for how to best address them. Relationships with community organizations, public agencies, faith-communities and others close to the pulse of communities are excellent sources of information about what is happening now. Town halls and focus groups may not be possible, but phone calls, virtual interviews

with key informants and, of course, Zoom meetings allow community benefit leaders to gather information needed to plan for addressing needs.

The other valuable tool is the information collected during the last CHNA. One community benefit leader told CHA, “if access to care, mental health, food insecurity and housing were found to be significant needs in the last CHNA, it is a good bet that they are still problems, only more so with new populations.”

GOING WHERE THE NEED IS

To determine immediate needs as well as information needed for CHNAs, community benefit leaders can go to and turn to what may be new sources: homeless shelters, libraries, grocery stores. The voice of the community may be loud if we listen. Key informants with current knowledge may be found in housing authorities, elected leaders, university researchers, local social service providers and 2-1-1 offices.

PUBLIC HEALTH DEPARTMENT RELATIONSHIPS ARE IMPORTANT

The pandemic has put many health departments, already strained, in overworked, overstretched circumstances. Still, keeping up with public health contacts can result in valuable input for the needs assessment and for developing collaborative strategies for addressing the public health crisis. Hospitals can also use this time to plan with public health officials to advocate for more resources to build up public health infrastructure.

RACIAL INEQUITY

While prior work and prior relationships can be helpful in the next round of needs assessments,

community benefit leaders agree that there is urgency for addressing racial inequality and looking at the root cause of health problems. Recent events, such as the death of George Floyd, have revealed long-standing structural and systemic racism that has contributed to health disparities. Many hospitals are looking internally at their own role in perpetuating racism. They are also forging new relationships with community partners that can help them understand and begin to address local problems. This may mean delving into issues outside of the health arena such as education, food, transportation, employment and housing policies.

WHAT THE VIRUS HAS TAUGHT US

Researchers tell us that people who are older, have pre-existing heart and respiratory problems, are obese and/or use tobacco are at higher risk of contracting the coronavirus. This suggests that traditional community benefit activities such as screening, early detection and intervention for these issues are more important than ever.

The virus has also shown us the power of collaboration — with other hospitals, with public health and with other organizations. It has shone a bright beam on the importance of root causes, especially structural racism. It has amped up creativity as hospitals and their partners have had to learn to find new solutions and new ways of working together.

NEED TO PIVOT?

Some hospitals are likely to modify their CHNA from prior years. To do so, it is important to realize what is legally required for community health needs assessments and what is not.

IRS rules require hospitals to:

- Define the community
- Assess the health needs of the community
- Solicit and take into account input from the community and public health
- Document the CHNA in a written report approved by an authorized body
- Make the CHNA report widely available

to the public

The rules go on to say what must be described in the written CHNA report:

- Definition of the community served
- Description of the methods used to conduct assessment
- Description of who the organization worked or contracted with
- Description of how the hospital solicited required input
- Written comments received on most recent CHNA and assessment and implementation strategy
- Criteria used in identifying significant, prioritized needs
- Description of the resources available to address health needs
- Evaluation of the impact of actions since the previous CHNA

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The IRS rules do not say we must produce academic-style papers with multiple tables and charts; they do not require hiring expensive contractors or full-time researchers. They do not require reporting that all planned activities were carried out and were successful.

The purpose of IRS requirements is transparency: let the community know you are aware of its needs, are working with partners to prioritize and address those needs and what progress is being made.

That we can do.

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