

COMMUNITY HEALTH NEEDS ASSESSMENT TOOLKIT

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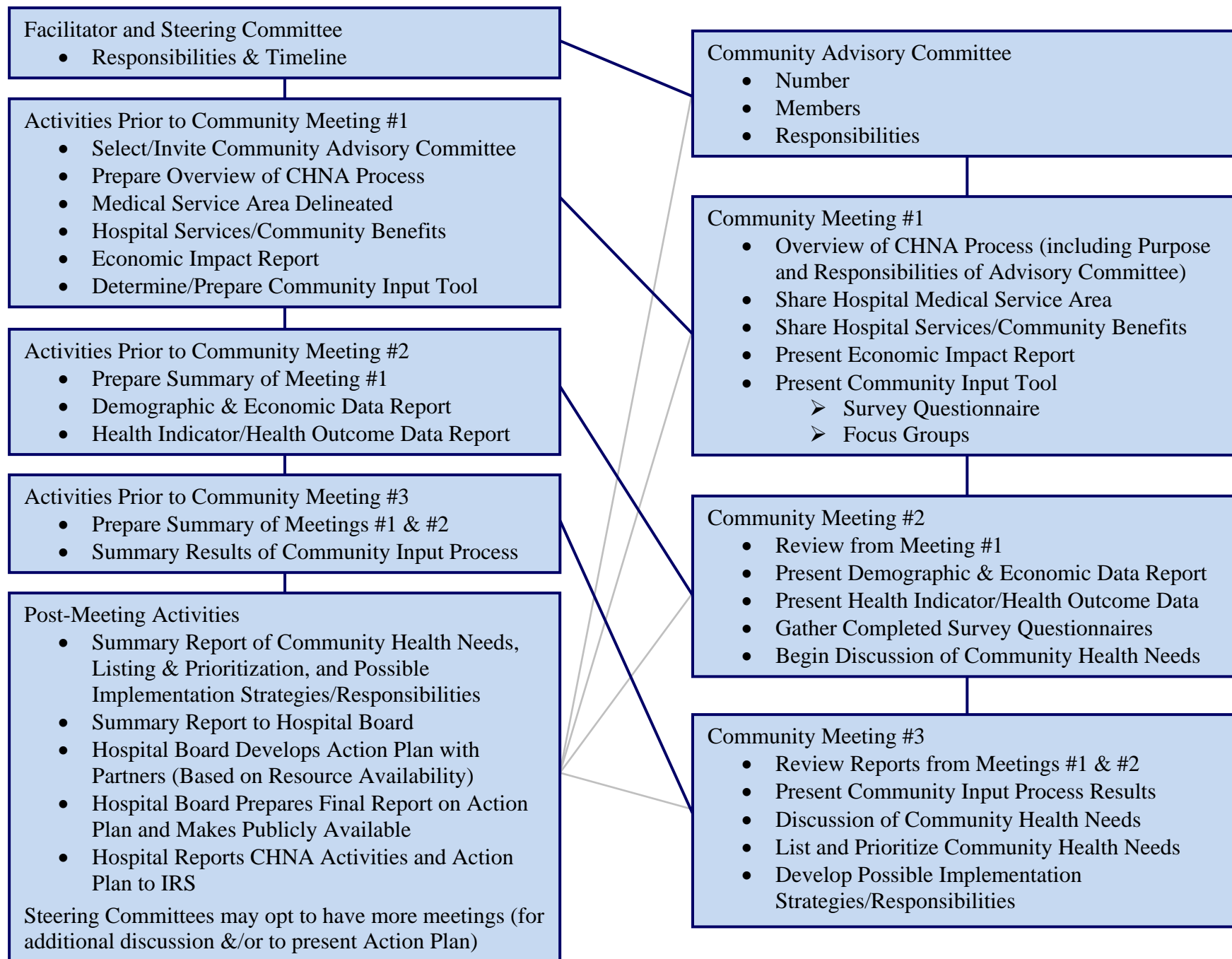
I. Executive Overview

“The Patient Protection and Affordable Care Act” of 2010 requires that all 501(c)(3) hospitals conduct a community health needs assessment. The purpose of this toolkit is to provide a relatively quick, non-intensive process to complete the requirement for rural hospitals. The toolkit is designed for state level professionals such as state offices of rural health, state hospital associations, state cooperative extension agencies, health departments, or consultants to facilitate the process in rural hospitals at no or low cost to the hospitals. The toolkit is also relatively easy to adopt if hospitals desire to conduct the assessment themselves. All data sources and materials for implementation are included, with additional assistance available from the National Center for Rural Health Works and additional online resources available from the website of the National Center (www.ruralhealthworks.org).

The process is designed to be conducted through three community meetings. An overview of the process is presented in **Figure 1**. The facilitator and steering committee will oversee the entire process. The facilitator could be a hospital employee or an outside professional from a state agency or a consultant. The steering committee is a small group (three to five members) that will oversee the process. The steering committee members would typically be the hospital administrator, hospital marketing personnel, health department representative, hospital board member, or others identified by the hospital administrator. The responsibilities of the steering committee include:

- **Activities Prior to Community Meeting #1**
 - Select/Invite Community Advisory Committee
 - Determine Facilitator to Oversee Meetings
 - Prepare Overview of CHNA Process
 - Medical Service Area Delineated
 - Prepare Overview of Hospital Services/Community Benefits
 - Prepare Economic Impact Report

Figure 1. Overview of Community Health Needs Assessment (CHNA) Toolkit



- Determine/Prepare Community Input Tool (i.e., Focus Groups, Survey Questionnaire)
- XIII. **Community Meeting #1**
 - Introduction of Community Advisory Committee
 - Present Overview of CHNA Process
 - Share Medical Service Area
 - Share Overview of Hospital Services/Community Benefits
 - Present Economic Impact Report
 - Present Community Input Tool
 - i. Survey Questionnaire Methodology
 1. Have Community Advisory Committee complete survey questionnaire
 2. Have Community Advisory Committee take five or six questionnaires and have their constituents complete questionnaires
 3. Community Advisory Committee returns the completed questionnaires at Meeting #2
 - Review dates of Community Meetings #2 and #3
- **Activities Prior to Community Meeting #2**
 - Prepare Summary of Meeting #1
 - Prepare Demographic & Economic Data Report
 - Prepare Health Indicator/Health Outcome Data Report
- XIV. **Community Meeting #2**
 - Review of Meeting #1
 - Present Demographic & Economic Data Report
 - Present Health Indicator/Health Outcome Data Report
 - Gather Completed Survey Questionnaires from Community Advisory Committee Members
 - Begin Discussion of Community Health Needs
 - Review date of Community Meeting #3
- XV. **Activities Prior to Community Meeting #3**
 - Prepare Summary of Meetings #1 & #2
 - Summary Results of Community Input Process
- XVI. **Community Meeting #3**
 - Review Reports from Meetings #1 & #2
 - Present Community Input Process Results
 - Discussion of Community Health Needs
 - List and Prioritize Community Health Needs
 - Develop Possible Implementation Strategies/Responsibilities
- XVII. **Post-Meeting Activities**
 - Summary Report of Community Health Needs, Listing & Prioritization, and Possible Implementation Strategies/Responsibilities
 - Summary Community Health Needs Report Presented to Hospital Board
 - Hospital Board Develops Action Plan with Partners (Based on Resource Availability)
 - Hospital Board Prepares Final Report on Action Plan and **Makes Publicly Available**
 - Hospital Reports CHNA Activities and Action Plan to IRS

The toolkit proposes that three meetings be conducted. Three meetings should allow enough time for presentation, and discussion and input from the community advisory committee. Community meetings work best when held over lunch with a light lunch provided. The community meetings should be held one month to six weeks apart to allow for preparation and evaluation of the materials. The process should take about four to six months. The steering committee may add additional meetings to allow more time for discussion from the community advisory committee and/or to present the final action plan from the hospital board.

The complete toolkit will enable a facilitator and steering committee the ability to provide a community health needs assessment with relative ease. All data sets are identified and example products are provided. Documents and templates are available on the website of the National Center for Rural Health Works (www.ruralhealthworks.org).

For state agencies and consultants working with not-for-profit hospitals, the products and facilitation would be provided by these agencies and consultants. The final action plan would typically be completed by the hospital.