COMMUNITY HEALTH NEEDS ASSESSMENT TOOLKIT

Prepared by:

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Prepared with Input and Advice from:

Community Health Needs Assessment National Advisory Team

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OUTLINE OF STEPS AND ACTIVITIES

APPENDICES

COMMUNITY HEALTH NEEDS ASSESSMENT TOOLKIT

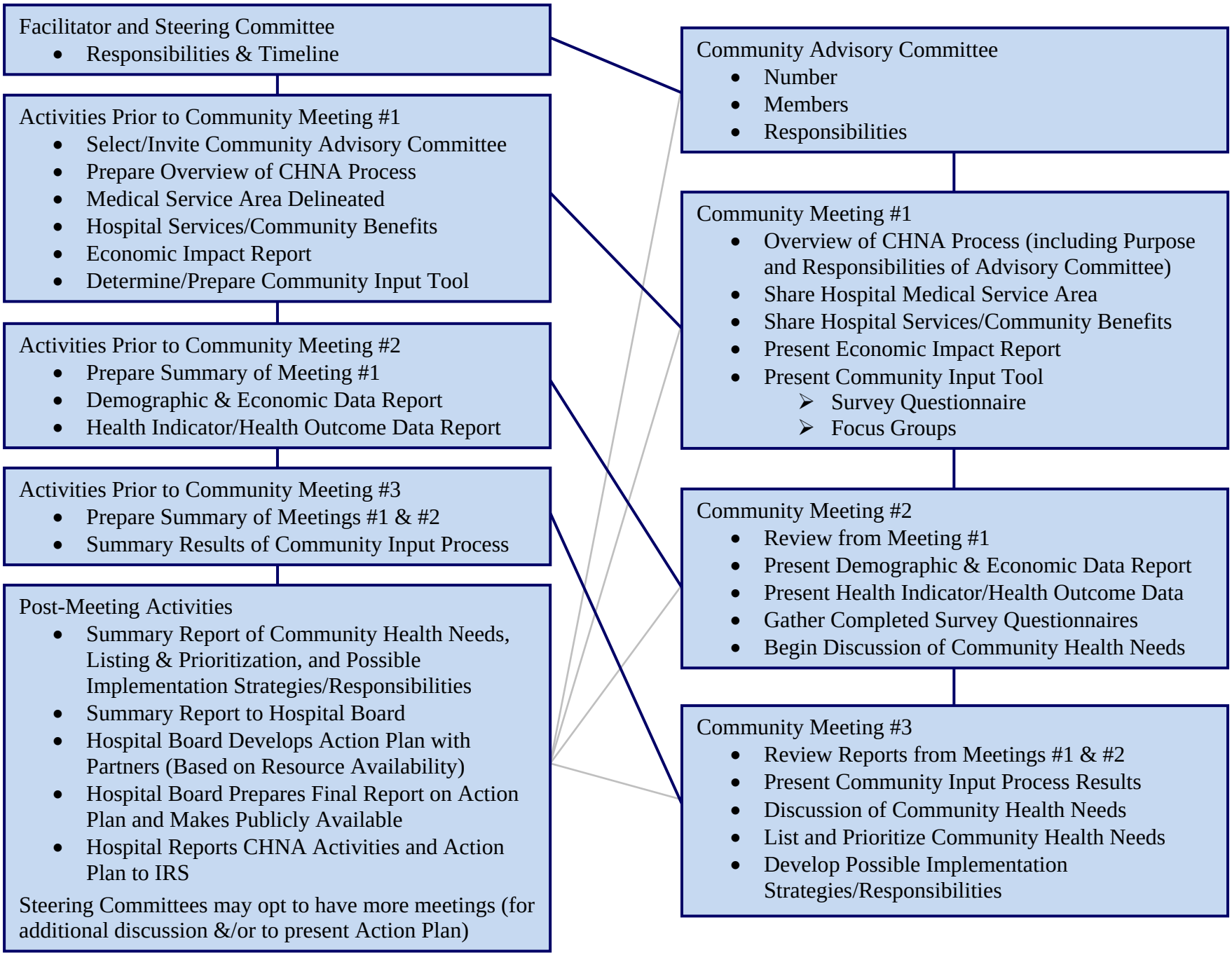
I. Executive Overview

"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.

II. **Introduction**

Why?

"The Patient Care and Affordable Care Act" of 2010 requires that all 501(c)(3) hospitals conduct a community health needs assessment (CHNA). The overarching view of the community assessment must be health needs from the perspective of the community, not the perspective of the health providers within the community. This is an important distinction because much of the discussion will be focused on health provider activities. Thus, the community orientation is critically important.

Duplication and/or Partnering

There are other community health needs assessment processes available. Potential users are encouraged to evaluate this toolkit and other available CHNA processes to select the one which best fits their delivery style and their community needs. Two other community assessment processes that are readily available include the Catholic Healthcare Community Assessment Process and Association of Community Health Improvement. The toolkit provided here is intended to be very effective and efficient in achieving the legislative requirements, as well as being applied at a minimal cost to the hospital.

Duplication of community health needs assessments in your community should be avoided if possible. Other organizations involved in community assessment may be open to collaborating in a combined community assessment. For instance, many, if not all, public health departments have long been hosting community assessment processes with various partners. If a public health department has recently completed a community assessment and the medical service areas of the public health department and the local hospital are basically the same, the results of the recently completed community assessment of the public health department may possibly be utilized by the hospital governing board to determine which community issues the

hospital can address. The hospital governing board will review the community issues to determine resources available, develop appropriate work plans, determine who will provide the necessary components of the plans, plan any coordination and collaboration with other organizations and agencies, and propose timetables for implementation. The results of the community assessment from the public health department and the hospital governing board's plans on how to deal with the community issues will be reported to the Internal Revenue Service (IRS) to fulfill the requirements of community assessment.

Again, local organizations are encouraged to partner or collaborate to work together to avoid duplication. This is especially important for future community assessments. Many public health departments conduct a community assessment every five years and the new legislation requires that hospitals conduct one every three years. This is the perfect opportunity for these two organizations to partner and conduct a comprehensive community assessment every five years with an updated shorter version in the middle, every 2 ½ years. This could avoid duplication and develop more cooperation and coordination between the hospital and public health department, while both organizations meet their reporting requirements.

Background

In order to develop this toolkit to meet the hospital CHNA requirement, the National Center for Rural Health Works formed a national advisory team to assist with development of a toolkit which rural hospital administrators and personnel from state hospital associations, state offices of rural health, and others can use to meet the new requirements. Members of the national advisory team are included in **Appendix A**. The national advisory team met in Kansas City on November 23, 2010 to share ideas and to begin development of the toolkit. The U. S. Department of Health and Human Resources, Federal Office of Rural Health Policy, provided financial support for the meeting.

The national advisory team recommended that the proposed toolkit be tested in several communities. The toolkit was tested and revised based on pilot applications with Labette Health in Parsons, KS, Oswego Community Hospital in Oswego, KS, and Battle Mountain General Hospital in Battle Mountain, NV. The toolkit was further tested in communities in Mississippi, Florida, Texas, and New Mexico. Products from the most recent community CHNA process, Guadalupe County, New Mexico, will be utilized to illustrate the toolkit.

Legislative Requirements

Before discussing each of these points, the new requirements for Section 501(c)(3) Status hospitals for the community health needs assessment will be shown.

Community Health Needs Assessment Requirements

i. The organization must conduct a "community health needs assessment" not less frequently than every three years and adopt an implementation strategy to meet the community health needs identified through the assessment.

ii. A "community health needs assessment" must include input from persons "represent[ing] the broad interests of the community served by the hospital facility," including those "with special knowledge of or expertise in public health."

iii. The assessment must be made widely available to the public.

Even though the requirements state that the organization must conduct a needs assessment and adopt an implementation strategy, the organization does not have to include an implementation strategy for each need. It may not be economically feasible to implement every suggested strategy. The strategy must only address what can be completed and what actions are to be implemented. The requirements state that the first needs assessment must be completed during the first tax year following March 2011. After that, the assessment must be completed every three years.

The Act also requires hospitals to have financial and billing and collection policies in place and available to the public. Example policies and procedures may be available from the American Hospital Association (AHA); please check with AHA directly. Hospital boards should review their policies and procedures and modify them to reflect the requirements. Below are the new requirements for Section 501(c)(3) Status hospitals for the financial assistance and billing and collections:

Financial Assistance Policy Requirements

i. The organization must establish a financial assistance policy that –

1. Is in writing.
2. Includes the eligibility criteria for financial assistance and specifies whether such assistance includes free or discounted care.
3. States the method for applying for financial assistance.
4. Includes a description of the actions the hospital may take in the event of non-payment where the organization does not have a separate billing and collections policy.
5. Includes measures to widely publicize the policy within the community served by the organization.

ii. The organization must establish an emergency medical care policy that –

1. Is in writing.
2. Requires the organization to provide non-discriminatory emergency medical care to an individual, regardless of that individual's eligibility under the financial assistance policy required above.

Requirements Regarding Charges

i. Charges for emergency or other medically necessary care provided to persons who are eligible for assistance under the financial assistance policy described above cannot exceed "the amounts generally billed to individuals who have insurance covering such care."

ii. The use of gross charges is prohibited.

Billing and Collection Requirements

i. The organization cannot engage in "extraordinary collection efforts" before it has made a reasonable effort to determine whether the individual is eligible for assistance under the organization's financial assistance policy.

This toolkit does not include any other information on the financial assistance requirements, requirements regarding charges, or billing and collection requirements. This toolkit is designed to assist with the community health needs assessment requirements only.

III. **Facilitator and Steering Committee**

Prior to the first community meeting, the local hospital administrator will select a steering committee to guide the process and a facilitator to lead the community meetings and present materials and reports. The local hospital administrator will select a small group of local leaders as the steering committee to guide the process. Possible members for the steering committee include director of local health department, hospital management team or marketing director, local government representative, social service agency representative, and/or other knowledgeable community members. The suggested size of the steering committee is three to five members.

The facilitator will be designated by the hospital administrator (or the steering committee). This designated professional will be the lead facilitator for the meetings and will present materials and reports, as decided by the steering committee. This facilitator could be the local hospital administrator, a representative from the state office of rural health (SORH), a representative from the state hospital association, a consultant, or other community, region, or state leader. A list of the state offices of rural health (**Appendix B**) and the state hospital associations (**Appendix C**) are included.

The duties and responsibilities of the steering committee include:

- Selecting members for the community advisory committee,
- Identifying the medical service area of the hospital,
- Summarizing the hospital services and community benefits,
- Preparing materials and reports (or have these prepared) for the community meetings, and
- Assisting in facilitating the meetings.

Detailed information on each of the activities of the steering committee are given in the next chapters.

IV. **Activities Prior to Community Meeting #1**

The facilitator and steering committee will need to complete the following tasks prior to Community Meeting #1. These include:

- 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
- Determine/Prepare Community Input Tool (i.e., Focus Groups, Survey Questionnaire)

Select/Invite Community Advisory Committee

The steering committee will identify and invite community leaders willing to serve on the community advisory committee. The size of the committee will be determined by the population of the medical service area. It is suggested that a smaller rural hospital service area might need 15 to 25 members and a larger rural hospital service area from 30 to 35 members. The requirements clearly state:

> 'A "community health needs assessment" must include input from persons "represent[ing] the broad interests of the community served by the hospital facility," including those "with special knowledge of or expertise in public health."'

A listing of potential membership on the community advisory committee is included in **Table 1**. The community advisory committee should have a diversified membership representing the medical service area and the membership should be broad-based including not only health care providers but also representation from the other groups listed in **Table 1**. This listing is also available in **Appendix D**. It is strongly suggested that members of the steering committee initially call the potential members to personally invite them to be part of the community advisory committee. During the invitational call, the member of the steering committee can

Table 1
Potential Community Advisory Committee Members

City government(s); city manager, mayor, city council members
County government(s); county commissioners, county officers
State government; human services, health department, state legislators
Tribal government(s); tribal leaders, health care coordinator, local IHS representative
Health care providers
- Hospital administrator and other key hospital personnel
- Hospital board members
- Physicians
- Dentists
- Optometrists
- Chiropractors
- Clinics or community health centers
- Mental health professionals—i.e., psychiatrist, psychologist, counselors
- Nurse practitioners
- Physician assistants
- Therapists—physical, massage, speech, rehabilitation, occupational
- Pharmacists
- Medical equipment suppliers
- Home health providers
- Hospice
- Nursing homes, assisted living facilities, and adult day services
- School health
- Others

Emergency medical services (ambulance services)
Local public health officials
Chamber(s) of commerce
Economic development groups; coalitions, councils of government, sub-state planning districts
Industry/business; manufacturing, banks, phone companies, retail sales (Main St. businesses), groceries, realtors, insurance, fishing, farming, forestry, mining, petroleum, etc.
Public education; superintendent, principals, school nurse
Technology education (formerly vo-tech)
Higher education
Private education
Volunteer organizations; local food banks, soup kitchens
Religious leaders; ministerial alliance, ministers
Minority or disparate population groups or group leaders
Service organizations; Kiwanis, Lions, Rotary, Toastmasters, etc.
Social service organizations
Other community leaders

provide a short overview of the CHNA process, the responsibilities of the community advisory committee members, the number and duration of the meetings, and the date, time, and location of the first meeting. If the potential member agrees to participate as a community advisory committee member, a letter outlining the process should then be sent to the committee member. An example of an invitational letter is included in **Appendix D**.

The CHNA process includes three community meetings. Through these meetings, the hospital will obtain a prioritized listing of identified community needs with suggested implementation strategies/responsibilities. The hospital board will be able to develop an action plan from the listing, based on available hospital resources. The hospital will ultimately be able to meet the IRS reporting requirements. This will be accomplished through a minimum amount of time and resources from the hospital and community. However, some hospital administrators, in conjunction with their steering committee and facilitator, may desire to have more than three meetings.

Determine Facilitator to Oversee Meetings

The facilitator will be designated by the hospital administrator (or the steering committee). This designated professional will be the lead facilitator for the meetings and will present materials and reports, as decided by the steering committee. This facilitator could be the local hospital administrator, a representative from the state office of rural health (SORH), a representative from the state hospital association, a consultant, or other community, region, or state leader. A list of the state offices of rural health (**Appendix B**) and the state hospital associations (**Appendix C**) are included.

Prepare Overview of CHNA Process

The steering committee will need to prepare an overview of the CHNA process for Community Meeting #1. An example of a PowerPoint presentation is included in **Appendix E**. This is designed for the steering committee to personalize with the local community and hospital names. There should be minimal time involved in utilizing the PowerPoint presentation provided and personalizing it to the local community and hospital.

Medical Service Area Delineated

The steering committee will work closely with the hospital administrator and hospital data to delineate the medical service area of the hospital. Every effort should be made to avoid duplication of medical service areas with other hospitals. Many other groups already have designated medical service areas, such as the health department. The medical service area of the hospital has to be realistic in terms of neighboring hospitals. One method to determine the medical service area would be to base the area on the home address locations of a percent (i.e., 75 to 85 percent) of the hospital admissions. The hospital administrator may want to analyze the data closely to determine the appropriate percentage. The key is to designate an area which clearly defines where the majority of the patients using the hospital services live. It may be necessary to designate both a primary and secondary medical service area. The majority of the population utilizing the hospital would be located in the primary medical service area and a much lower percent of the population utilizing the hospital would be located in the secondary medical service area.

The medical service area should be identified along county or zip code area boundaries. The boundaries are necessary to provide medical service area demographics. The advantage of a

county boundary is that much more data are available at the county level. Some county level data sources include:

- U. S. Census Bureau <www.census.gov>;
- U. S. Census Bureau County Business Patterns <http://www.census.gov/epcd/cbp/index.html>;
- U. S. Department of Commerce, Bureau of Economic Analysis <www.bea.gov>; and
- U. S. Department of Labor, Bureau of Labor Statistics <www.bls.gov>.

At the zip code level, only Census year data is available.

A discussion of the medical service area could be provided by the hospital administrator or facilitator. Also, a map of the medical service area could be provided to delineate the area(s). An example of a map delineating the medical service area is included in **Appendix F**.

Prepare Overview of Hospital Services/Community Benefits

Many residents may not be aware of all of the services and community benefits provided by the hospital. It is suggested that the hospital administrator prepare a one- or two-page summary of the hospital services and community benefits. **Appendix G** provides an example of a summary of hospital services and community benefits.

Prepare Economic Impact Study (Optional)

The economic impact of the hospital is proposed as an OPTIONAL study. While this is listed as an OPTION, the economic contribution of the hospital on the local economy is tremendous. The national advisory team feels that this is an extremely important report to provide to the local community. However, the economic impact study is **not** part of the CHNA requirements from the IRS. The economic impact report illustrates that the hospital is often the cornerstone of the healthcare delivery system. Without a hospital, other health services such as

physicians and pharmacies soon disappear. The national advisory team recognizes the importance and usefulness of the economic impact study.

This community benefit should not be overlooked. For example, the hospital is often the second largest employer in a rural community; typically second only to schools. The national advisory group views this as extremely important to provide information showing the economic importance of the hospital and the health sector to the local economy.

Three alternatives are presented to assist the steering committee in providing this:

I. Contact state offices of rural health (**Appendix B**) or state hospital associations (**Appendix C**) to see if economic impact studies for hospitals in your state are available. Some states have professionals that can quickly compile an economic impact study and others have tools to develop them. For example, see Wisconsin's website <http://www.wha.org/financeanddata/healthyhospitals.aspx>.

OR

II. A *generic* PowerPoint presentation showing the "Economic Impact of a Rural Hospital on a Local Economy" could be presented to the community advisory committee. The National Center for Rural Health Works has prepared this 18-slide PowerPoint presentation from its rural hospital research in several states (**Appendix H**).

OR

III. An *actual* short, three-page economic impact study could be prepared using local multipliers. The National Center for Rural Health Works could derive the multipliers. This service is available to those hospitals that do not have the IMPLAN multipliers available from any organizations in their states (as in the first alternative above). The National Center for Rural Health Works has limited staffing and funding and would have to charge a fee of $250 plus the cost of the IMPLAN data to derive the multipliers for a hospital. To determine the cost of the IMPLAN data, the medical service area of the hospital must be designated. A couple of examples of a short economic impact study is presented in **Appendix I**. These are the example Economic Impact of Guadalupe County Hospital and a generic example Economic Impact of XYZ Hospital.

Detailed materials on how to conduct an economic impact study are also included in **Appendix I**. Materials available on the website include:

- Steps for Preparing an Economic Impact Study
- Example Data Collection Form for Economic Impact Study
- Example Completed Data Collection for Economic Impact Study
- A PowerPoint on "HOW TO DERIVE THE MULTIPLIERS" for an Economic Impact Study
- An IMPLAN Price Sheet (showing costs for IMPLAN data)
- Example Excel Spreadsheet – Building the Economic Impact Tables
- Example Community Economic Impact Study
- Example Generic XYZ Economic Impact Study Format

Determine/Prepare Community Input Tool

The steering committee will have to determine how they will obtain community input prior to the Community Meeting #1. Community input is mandatory in the requirements. Several options are available:

1. **Conduct a community survey questionnaire through the members of the community advisory committee**. A questionnaire will be prepared, personalized to the hospital community and medical service area (example available in **Appendix J**). At Community Meeting #1, each member of the community advisory committee will be asked to complete a survey and then to obtain five or six completed questionnaires from the community group(s) they are representing. The completed questionnaires would be returned at Community Meeting #2 or to a designated person from the steering committee (typically, mailed to the hospital administrator) by a designated deadline. An instruction sheet will be provided with the health survey questionnaires to provide this information to the community advisory committee members. An example instruction sheet is also included in **Appendix J**. A generic health survey questionnaire is also provided in **Appendix J**. This is the copy that the local hospital administrator and steering committee should utilize when designing their survey form. Instructions on how to develop the survey questionnaire and how to analyze the survey data are also available in **Appendix J**. More detail on the community survey is included in **Appendix O**. A spreadsheet has been designed such that the steering committee (or designated hospital personnel) will be able to enter the data from the completed questionnaires and the results will be generated. The summary of the survey results will then be printed for presentation at Community Meeting #2. Additional information on the community health survey questionnaire is available in **Appendix J** and **Appendix O** on the website (www.ruralhealthworks.org). Spreadsheet examples are available on the website that cannot be included in a printed toolkit.

   This is not a completely random survey example; however, if the members of the community advisory committee truly represent a cross-section of the community, the survey will provide adequate community input from a somewhat random example. This method would be an easy way to get input from over 100 local residents. For example, if

the community advisory committee has 20 active members and each member completes a questionnaire and obtains five additional completed questionnaires, then the survey would have 120 completed responses.

2. **Conduct a focus group discussion with subgroups of the community advisory committee**. Focus group questions would be prepared and available for the community advisory committee to utilize (**Appendix K**). The community advisory committee would be divided into small groups (no more than ten per group and optimum group size is five to six per group). Members of the steering committee would facilitate the small focus groups. Each focus group facilitator will conduct a small focus group session, take extensive notes, and prepare the results for consolidation with the other focus group sessions. A final consolidated focus group report would be prepared by the steering committee or hospital personnel. The summary focus group report would be presented at Community Meeting #2.

3. Other Community Input Options

i. ***Phone Survey***. If a community has access to funds, a professional survey company could be contracted to conduct a random phone survey. These surveys are quite expensive. See the National Rural Health Works website <www.ruralhealthworks.org> for an example.

ii. ***Computer Survey***. A computer survey instrument could be designed and community residents could respond to the online survey. The advantage is that the process is cost efficient but not random. Many elderly residents who are heavy users of medical services would not have an opportunity to participate because of lack of computer knowledge or availability.

iii. ***Patient Survey***. Many hospitals conduct surveys from patients who use their services. This information can be utilized as input, but again, it is not inclusive of the community as whole because this information is only gained from residents that have actually used hospital services.

V. **Community Meeting #1**

Past community planning experience indicates that a lunch meeting works well in getting optimum participation from community advisory committee members. If a local organization can provide a simple, light lunch in a timely and efficient manner, the community advisory committee members will be able to participate and minimize their time away from their regular business activities. If funds are not available for lunch, find a local restaurant with a separate meeting room and have each individual pay for their lunch. The length of the meeting should be kept to a reasonable time; typically about one to two hours. In some cases, meetings in the early morning or in the evenings will be necessary. The steering committee will need to be flexible and decide on the best day and time for their community meetings.

A suggested agenda for Community Meeting #1 is presented in **Table 2** below. An example agenda from a community meeting is included in **Appendix L**. An example PowerPoint for Community Meeting #1 is also included in **Appendix L**.

Table 2
Suggested Agenda for Community Meeting #1

I.	Introductions (hospital administrator)	10 minutes
II.	Overview of community health needs assessment process (facilitator)	20 minutes
III.	Medical service area (hospital administrator)	5 minutes
IV.	Hospital services/community benefits (hospital administrator)	8 minutes
V.	Economic impact of hospital (facilitator)	15 minutes
VI.	Community input tool (facilitator) If survey questionnaire methodology: • Each Community Advisory Committee Member completes survey • Each Member takes five or six surveys to be completed by the constituents they represent • Members will bring completed surveys to Community Meeting #2	22 minutes
VII.	Questions (facilitator)	8 minutes
VIII.	Time and date of next community meeting(s) (facilitator)	2 minutes

Introductions

The community meeting should start on time with the hospital administrator welcoming the community advisory committee. At this meeting it is generally helpful to have members introduce themselves and indicate who they are in a short manner (i.e. Joe Brown, County Commissioner).

Overview of Community Health Needs Assessment Process

It is important to have the facilitator give a brief overview of the community health needs assessment process. This includes the purpose and responsibilities of the community advisory committee. A sample PowerPoint providing an overview of the CHNA process is provided in **Appendix E**.

Medical Service Area

Following the CHNA overview presentation, the medical service area should be delineated. An example illustrating the delineation of a medical service area is included in **Appendix F**. The medical service area can be discussed or shown through an illustration. This presentation should be provided by the hospital administrator.

Hospital Services/Community Benefits

The hospital administrator will provide a summary of all the services and community benefits provided by the hospital. An example of a hospital services and community benefits is provided in **Appendix G**.

Economic Impact of Hospital

The facilitator will typically present the economic impact study. An example economic impact study is provided in **Appendix I**. Methodology for preparing an economic impact study is

discussed earlier in this overview and materials and spreadsheets are provided on the website under **Appendix I** (www.ruralhealthworks.org).

Community Input Tool (Community Health Survey Example Provided)

Alternative community alternative tools are discussed earlier in this overview. The community health survey questionnaire methodology will be presented in the illustrations. Each member of the community advisory committee will complete a survey questionnaire at Community Meeting #1. In addition, each member will be asked to take five or six community health survey questionnaires to their constituents for completion. The members are asked to return the completed questionnaires at Community Meeting #2 or to return to a particular individual by a certain date. An instruction sheet stating how to return the completed survey forms should be given to each community advisory committee member when leaving the meeting. An example of this survey return instruction sheet is included in **Appendix J**.

Questions

The facilitator will allow a few minutes at the end of the meeting for questions. The facilitator, hospital administrator and/or other steering committee members will be available to answer questions from the community advisory committee members.

Times and Dates for Meetings #2 and #3

The facilitator will close with a reminder of the date and time for the next two community meetings. Community Meeting #2 should be scheduled a month to 6 weeks after Community Meeting #1 to allow time for preparation of data and reports.

Additional Suggestions for Meeting

After each report is presented, the community advisory committee should be encouraged to comment or ask questions. A steering committee member should be assigned as recorder and

should take detailed notes of the questions, comments, and discussion from the community advisory committee. From these notes, a summary of Community Meeting #1 will be provided at the beginning of the next community meeting.

VI. **Activities Prior to Community Meeting #2**

The facilitator and steering committee will have three reports to prepare prior to Community Meeting #2:

- Summary of Community Meeting #1
- Demographic and Economic Data Report
- Health Indicator/Health Outcome Data Report

Summary of Community Meeting #1

The recorder from the steering committee will prepare a summary report of the activities, presentations, and discussion from Community Meeting #1. This report can be presented by the recorder or typically by the facilitator.

Demographic and Economic Data Report

Since health care usage is a function of the demographics of the medical service area, it is crucial to have demographic data. Furthermore, the elderly are extremely high users of health services and thus the number of elderly in the medical service area should be clearly identified. An example demographic and economic data prepared is presented in **Appendix M**. The report contains nine tables of demographic and economic data. The main sources of the data are:

- U. S. Census Bureau, <www.census.gov>;
- U. S. Census Bureau, County Business Patterns, <http://www.census.gov/epcd/cbp/index.html>;
- U. S. Department of Commerce, Bureau of Economic Analysis, <www.bea.gov>;
- U. S. Department of Labor, Bureau of Labor Statistics, <www.bls.gov>.

The new 2010 Census zip code data (<www.census.gov>) is now available. Zip code data is only available in Census years and not for the ten year period between Censuses.

Additional materials and information are included in **Appendix M** on the website, including:

- Excel spreadsheet showing how the tables were developed in Excel
- Cover Sheet for Demographic and Economic Data Report in Word
- Demographic and Economic Data Report in Adobe Acrobat

Additional assistance is also available from the National Center in preparing the demographic and economic data report.

Health Indicator/Health Outcome Data Report

The community health indicator data/health outcome data are available from the following sources:

1) County health rankings <www.countyhealthranking.org>;
2) U. S. Department of Health and Human Services, Community Health Status Indicators <www.communityhealth.hhs.gov/>; and
3) State health departments (vital statistics) from individual state websites.

The steering committee will determine which data to report to the community advisory committee. An Example County Health Indicator/Health Outcome Data Report contains eight tables and is presented in **Appendix N.** The data are typically only available at the county level and may reflect behavior habits, health indicators, or health outcomes and may include comparisons between county and state data.

Instructions for preparing this report are included in **Appendix N**. Additional interactive spreadsheets and tools are available on the website (www.ruralhealthwork.org) for your convenience.

VII. **Community Meeting #2**

A suggested agenda for Community Meeting #2 is presented in **Table 3** below. An example community agenda and example PowerPoint of Community Meeting #2 is included in **Appendix L**.

Table 3
Suggested Agenda for Meeting #2

I.	Introductions (hospital administrator)	8 minutes
II.	Review of Community Meeting #1(facilitator)	10 minutes
III.	Collect completed health survey questionnaires (steering committee)	5 minutes
IV.	Economic and Demographic data report (facilitator)	25 minutes
V.	Health Indicator/Health Outcome data report (facilitator)	25 minutes
VI.	Questions (facilitator)	15 minutes
VII.	Time and date of next community meeting(s) (facilitator)	2 minutes

Introductions

The meeting will begin with introductions by the hospital administrator.

Review of Community Meeting #1

The facilitator will provide a brief review of activities from Community Meeting #1, including a review of the economic impact study and the community input methodology.

Collect Completed Health Survey Questionnaires

The completed health survey questionnaires will be collected by the steering committee members.

Presentation of Economic and Demographic Data Report

The Economic and Demographic Data Report will be presented by the facilitator. An example report is shown in **Appendix M**.

Presentation of Health Indicator/Health Outcome Data Report

The community health indicator/health outcome data report will be presented by the facilitator. An example report is illustrated in **Appendix N**.

Questions

The facilitator will allow a few minutes at the end of the meeting for questions. The facilitator, hospital administrator and/or other steering committee members will be available to answer questions from the community advisory committee members.

Time and Date for Meeting #3

The facilitator will close with a reminder of the date and time for the next community meeting. Community Meeting #3 should be scheduled a month to 6 weeks after Community Meeting #2 to allow time for preparation of the community input summary report.

Additional Meeting Suggestions

After each report is presented, the community advisory committee should be encouraged to comment or ask questions. A steering committee member should be assigned as recorder and should take detailed notes of the questions, comments, and discussion from the community advisory committee. From these notes, a summary of Community Meeting #2 will be provided at the beginning of the next community meeting.

VIII. **Activities Prior to Community Meeting #3**

The activities to be completed prior to Community Meeting #3 are the following:

- Summary of Community Meetings #1 and #2
- Tabulate and Summarize Community Input Report (Health Survey Results)
- Have flip charts, blackboard, or other method of recording community health needs and showing prioritization of community health needs
- Have a suggested format for illustrating the outcomes of the CHNA process

Summary of Community Meetings #1 and #2

The designated recorder will prepare a summary of the activities from both Community Meeting #1 and Community Meeting #2.

Community Input Summary Report (Health Survey Results)

The steering committee will prepare summary results from the community input methodology, based on which methodology was utilized. Whatever tool is used to collect local community input, the results need to be tallied, summarized, and presented back to the community advisory committee. This is the most difficult report to complete in the community assessment toolkit. An example community health survey is included in **Appendix O**. The steering committee should allow sufficient time between the two community meetings to prepare the results. The community input summary report will assist the community advisory committee in identifying community health needs.

Community Health Survey Questionnaire Methodology

If the community health survey questionnaire methodology is utilized, the community advisory committee will complete the health survey questionnaire at Community Meeting #1. After the meeting, each community advisory committee member will take five to six community

health survey questionnaires to be completed by members of their constituency. The completed survey questionnaires will be returned at Community Meeting #2 or through other arrangements with a designated steering committee member. A survey instruction sheet will be included with the survey questionnaires with the date of Community Meeting #2 and/or the deadline and name and address of the steering committee member the completed survey questionnaires should be returned.

A spreadsheet has been designed to enable a local person to enter the data from the completed survey questionnaires and the results are generated in report form for presentation at Community Meeting #3. An example health survey questionnaire (**Appendix J**) and health survey results (**Appendix O**) are presented. Also included in **Appendix O** are "Instructions for Community Health Survey Questionnaire," giving details on how to analyze the survey results and prepare a report of the health survey reports. To access the interactive documents, please go to the website (www.ruralhealthworks.org).

Focus Group Methodology

If the focus group methodology is utilized, the facilitators of each focus group will take extensive notes and prepare preliminary results to be aggregated with the other focus group summary results. A final aggregated group report would be prepared by the steering committee or hospital personnel to be presented at Community Meeting #3.

Other Community Input Methodologies

Phone Survey. If a community has access to funds, a professional survey company could be contracted to conduct a random phone survey. This methodology may be expensive.

Computer Survey. A computer survey instrument could be designed and community residents could respond to the online survey. This methodology may be more cost

effective but will not be random. Many elderly residents who are heavy users of medical services may not have an opportunity to participate because of lack of computer knowledge or availability.

Patient Survey. Many hospitals conduct surveys from patients who use their services. This information can be utilized as input, but again, it is not inclusive of the community as whole because this information is only gained from residents that have actually used hospital services.

Available Tools for Listing and Prioritizing Community Health Needs

The steering committee will provide flip charts, blackboards, or other method of recording community health needs and illustrating prioritization of community health needs.

Suggested Format for Illustrating Community Health Needs

The steering committee should have a suggested format for illustrating the outcomes of the community health needs assessment process. One method is included in the tables below. This table is also included in **Appendix P**. The community advisory committee will list all community health needs and then prioritize the list. For each of the community health needs, a suggested implementation strategy will be developed with suggested responsibilities for organizations or persons. A table is provided below as a possible format to summarize and illustrate the community advisory committee's community health needs and suggested implementation strategies and responsible organizations or persons. An example summary of community health needs is also presented in **Appendix P**.

Community Needs and Suggested Implementation Strategies and Responsibilities

	Community Need	Implementation Strategy	Responsible Org. or Person
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

(Continued – Page 2)

Community Needs and Suggested Implementation Strategies and Responsibilities

	Community Need	Implementation Strategy	Responsible Org. or Person
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

IX. **Community Meeting #3**

A suggested agenda for **Community Meeting #3** is presented in **Table 5**. An example community agenda and example PowerPoint for Community Meeting #3 are included in **Appendix L**.

Table 5
Suggested Agenda for Meeting #3

VIII.	Introductions (hospital administrator)	8 minutes
IX.	Review of Community Meetings #1& #2 (facilitator)	18 minutes
X.	Presentation of community input summary report (health survey results) (facilitator)	23 minutes
XI.	Discuss community health needs/issues (facilitator)	65 minutes
	a. Identify and prioritize community health needs	
	b. Suggest possible implementation strategies/responsibilities	
	c. Summarize community recommendations	
XII.	Response and final comments (hospital administrator)	6 minutes

Introductions

The meeting will begin with introductions by the hospital administrator.

Review of Community Meetings #1 and #2

The facilitator will provide a brief review of activities from Community Meetings #1 and #2, including a review of the economic impact study, the community input methodology, the demographic and economic report and the health indicator/health outcome report.

Presentation of Community Health Survey Results

The facilitator will present the results of the health surveys. An example of a report illustrating the community health survey results is provided in **Appendix O**.

Community Advisory Committee Discussion

The community advisory committee will

a. Identify and prioritize community health needs

b. Suggest possible implementation strategies and responsibilities

c. Summarize their recommendations

The form supplied can be utilized to summarize the recommendations of the community advisory committee. This form is supplied in **Appendix P**. An example of a community's health needs and proposed recommendations is also provided in **Appendix P**.

From all the discussion from the community advisory committee, the steering committee will prepare a report, summarizing the health needs identified and prioritized with the suggested implementation strategies and responsibilities. This summary report of community health needs will be provided to the hospital board and will be made available to the general public.

Response and final comments

The CEO of the hospital or the hospital administrator will respond to the community advisory committee at the end of the meeting and give comments on the recommendations that the members made. The community advisory committee is ***only*** advisory and decisions concerning hospital commitments can only be made by the hospital board.

X. **Additional Community Meetings**

The toolkit proposes that three community meetings be conducted. A three-meeting process allows time for discussion and input from the community advisory committee. Community meetings work best when held over lunch with a light lunch provided. The first two meetings are designed to last approximately 90 meetings and the third meeting is designed to last 120 minutes. The community meetings should be held one month to six weeks apart to allow for preparation and evaluation of the materials. The three-meeting process would take about five months. Additional meetings may be held if the hospital administrator and/or steering committee feel additional time is needed.

The three-meeting process is illustrated in **Figure 1** and would generate four products and a community health needs assessment report to the hospital board. The four products are:

1. The Economic Impact of the Hospital
2. Demographic and Economic Data Report
3. Health Indicator/Health Outcome Data Report
4. Summary Results of Community Input Process (Health Survey Results)

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. Many of the interactive products are available on the website at www.ruralhealthworks.org.

IX. **Post-Meeting Activities**

After the hospital administrator presents the report from the community advisory committee to the hospital board, the hospital board will decide which community recommendations the hospital will address and/or implement. The hospital board will make the final decision; only the hospital board has the authority to obligate the hospital to provide programs or activities. Each community health need will be discussed in the hospital board's action plan, whether there will be any action on that need or not. The final community health plan will be shared with the local community and the community advisory committee.

The hospital may need to partner and/or collaborate with other organizations to meet certain community health needs. Resources available to accomplish the community needs must be considered by the hospital board as the final community health plan is developed. If resources are unavailable to meet a community health need, this should be indicated in the final report to the IRS.

XI. **Reporting**

Each hospital facility is required to make the community health needs assessment widely available to community members. To accomplish this, the hospital needs to prepare a summary report of the community health needs assessment process and share the results with the community. This could be shared through newspaper articles, articles in the hospital newsletter, at local group meetings, website, etc.

The hospital board will utilize the community health needs assessment report (Example included in **Appendix P**) to determine the action plan, including the resulting community needs to be addressed, the implementation strategy for each community need, and the responsible person(s) or agency(ies). The hospital will address every need identified by the community. If the hospital is unable to address a particular need, this should also be indicated in the action plan. The hospital's action plan must also be made available to the community. This could be shared through newspaper articles, articles in the hospital newsletter, at local group meetings, website, etc. The hospital may want to share this report with the community advisory committee through an additional meeting or a report sent to them.

The hospital will also have to submit documentation or proof to the Internal Revenue Service (IRS) that a community health needs assessment process was completed. For convenience, a suggested outline of a final summary report is presented in the table below to assist in completing the IRS reporting forms. This report outline is also included in **Appendix Q**. The final report needs to include information pertaining to:

- Community Members;
- Medical Service Area;
- Community Meetings;

Summary Report Outline

Community Health Needs Assessment

Community Members Involved

Need to include name, organization and contact information for:

Hospital Administrator

Steering Committee or Leadership Group

Facilitator

Community Advisory Committee Members

Medical Service Area

Describe by county or zip code areas

Include populations and projected populations of medical service area

Include demographics of population of medical service area

Community Meetings #1, #2, and #3 (also any additional meetings)

Date

Agenda

List reports presented with short summary of each

Community Needs and Implementation Strategies

Include community needs and implementation strategies with responsibilities from community group

Hospital Final Implementation Plan

Include which needs hospital can address and the implementation strategies

Include which needs hospital cannot address and reason(s) why

Community Awareness of Assessment

Describe methodology for making assessment widely available to the community

Have Community Advisory Committee Report available to public

Have Hospital Action Plan with each health need addressed available to public

---

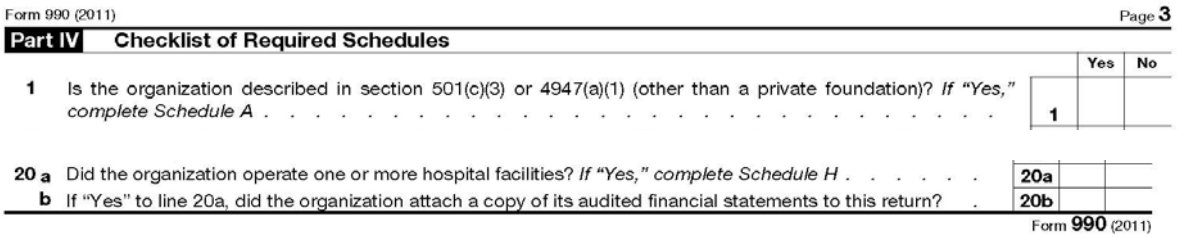
- Community Needs and Implementation Strategies;
- Hospital Final Implementation Plan; and
- Community Awareness of Assessment

The report is intended to include crucial data and not be all inclusive. If the IRS desires more data, they can request documents that were included in the community health needs assessment process, such the demographic and economic data report, community input summary report, etc.

The summary report will list all **community members** involved in the assessment, including the hospital administrator, the steering committee or leadership group, the facilitator, and the community advisory committee members. The **medical service area** of the hospital has been identified and is readily available, as well as population and demographic information of the medical service area and/or county. A summary of the date, agenda, and reports prepared and presented for all **community meetings** will be summarized. A short summary of each report presented at the community meetings would be beneficial. A summary report of the **community needs and suggested implementation strategies** from the Community Advisory Committee needs to be prepared; either utilizing the table provided in this document or a similar summary report. The **hospital final implementation plan** adopted by the hospital should also be included. This report should indicate which community needs the hospital will address and the implementation strategy planned for each. If all identified community needs or issues are not addressed, then the reason why an identified need/issue is not being addressed must be included in the report (e.g., lack of finances or human resources). Each hospital facility is required to make the **assessment widely available to the community members.** Newspaper reporters are usually available to write articles to share the community health needs assessment with the general public.

IRS Reporting Forms

The hospital is required through the new legislation to disclose any community health needs assessment activities in its annual information report to the Internal Revenue Service (IRS). **IRS Form 990** is required to be completed by all organizations exempt from income tax. When completing **IRS Form 990**, additional schedules may be required. Hospitals are required to complete Schedule H. See page 3 of ***IRS Form 990, Part IV, Checklist of Required Schedules, Question 20a, 'Did the organization operate one or more hospitals? If "Yes," complete Schedule H.'***



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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		
20 a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2011)

Attached in **Appendix Q** are both of these IRS reporting forms (**Form 990** and **SCHEDULE H**).

IRS SCHEDULE H (Form 990) is required to be completed by any tax-exempt organization that operates one or more hospitals. **SCHEDULE H** is broken into six major parts with subsections for **Part V**:

PART I - Financial Assistance and Certain Other Community Benefits at Cost
PART II - Community Building Activities
PART III - Bad Debt, Medicare, & Collection Practices
PART IV - Management Companies and Joint Ventures
PART V - Facility Information
Section A. Hospital Facilities
Section B. Facility Policies and Procedures (Complete a separate Part V, Section B, for each of the hospital facilities listed in Part V, Section A.)

Community Health Needs Assessment (Optional for 2010)

Financial Assistance Policy

Billing and Collections

Policy Relating to Emergency Medical Cater

Charges for Medical Care

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

PART VI - Supplemental Information

SCHEDULE H, Part V (Sections A and **B**) and **Part VI** address the community health needs assessment process. **Part V, Section A,** requires a listing of all hospital facilities in order of size from largest to smallest, measured by total revenue per facility.

Schedule H (Form 990) 2011 Page **3**

Part V Facility Information

Section A. Hospital Facilities (list in order of size, from largest to smallest) How many hospital facilities did the organization operate during the tax year? ____ Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
1									
2									

Part V, Section B, is required to be completed for each facility listed in **Section A**. **Section B** is divided into four subsections. The first subsection, **Community Health Needs Assessment,** is the section that deals with community health needs assessment.

Schedule H (Form 990) 2011 Page **4**

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: ____

Line Number of Hospital Facility (from Schedule H, Part V, Section A): ____

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8	1		

There are seven questions relating to Community Health Needs Assessment shown below. Some questions may require additional information; i.e., **Questions 1j**, **3**, **4**, **5c**, **6i**, and **7**.

			Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)				
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply):			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20__ __			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):			
a	☐ Hospital facility's website			
b	☐ Available upon request from the hospital facility			
c	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):			
a	☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b	☐ Execution of the implementation strategy			
c	☐ Participation in the development of a community-wide community benefit plan			
d	☐ Participation in the execution of a community-wide community benefit plan			
e	☐ Inclusion of a community benefit section in operational plans			
f	☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g	☐ Prioritization of health needs in its community			
h	☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		

The supplemental information for these questions (for each separate facility) will need to be included in **Part VI, Supplemental Information, Question 1, Required descriptions.**

Schedule H (Form 990) 2011 Page **8**

Part VI **Supplemental Information**

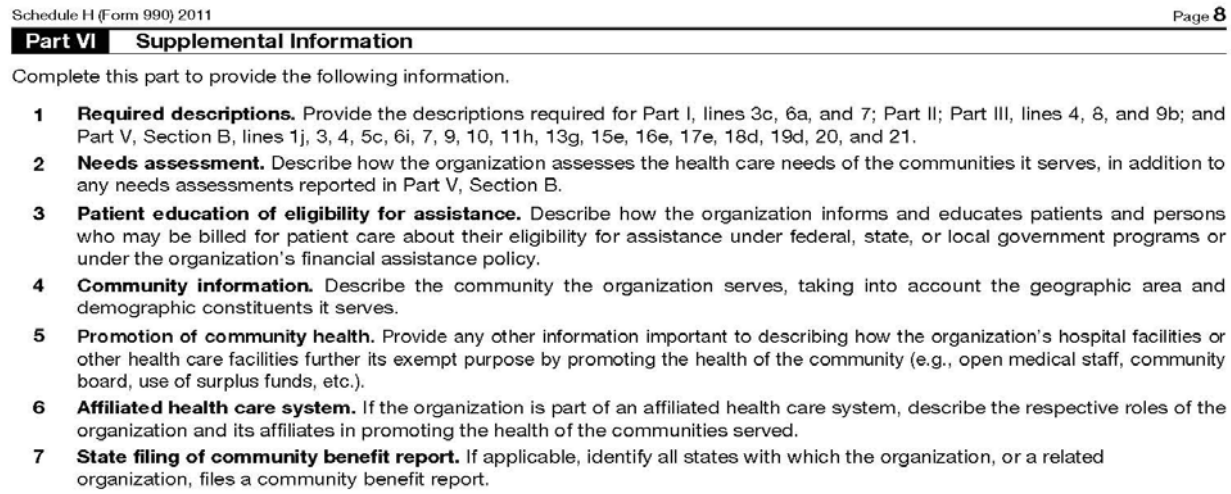
Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

Part VI, Supplemental Information, has six additional questions that must be answered. Most of these questions are related to community health needs assessment:

- **Question 2, Needs assessment.**
- **Question 4. Community information.**
- **Question 5. Promotion of community health.**
- **Question 6. Affiliated health care system.**
- **Question 7. State filing of community benefit report.**

The other questions will need answered but may not directly pertain to community health needs assessment.



Schedule H (Form 990) 2011 Page 8

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

For additional information on IRS reporting requirements, consult your tax professional.