Closing the Gaps & Strengthening Your Assets:
Needs Assessment Models Worth Implementing

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NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

Presentation Outline

I. Introduction to Needs Assessments

II. Overview of Models

III. Stages of a Needs Assessment
- Data Tool Demonstration

IV. Special Considerations & Promising Practices

Discussion #1

What experience(s) have you had with needs assessments?

Discussion #2

What do you hope to learn about needs assessments?

HRSA Need Requirement for Health Center Program Grantees

1.A   Program Requirement

Authority: Section 330(k)(2) and Section 330(k)(3)(J) of the PHS Act)
Documents/Resources to Review: 1) Most recent Needs Assessment(s); 2) Service Area Map.

Requirements	Questions
Health center has a documented assessment of the needs of its target population, and has updated its service area when appropriate.	Does the grantee have a written needs assessment?
	Does the grantee have a clearly defined service area?

Typically includes data on:
- Population to primary care physician FTE ratio
- Percent of population at or below 200% of poverty
- Percent of population uninsured
- Proximity to providers who accept Medicaid and/or uninsured patients
- Health indicators (diabetes, hypertension, low birth weight, immunization rates)

Purpose of Needs Assessments

Recognize community assets, needs, and gaps

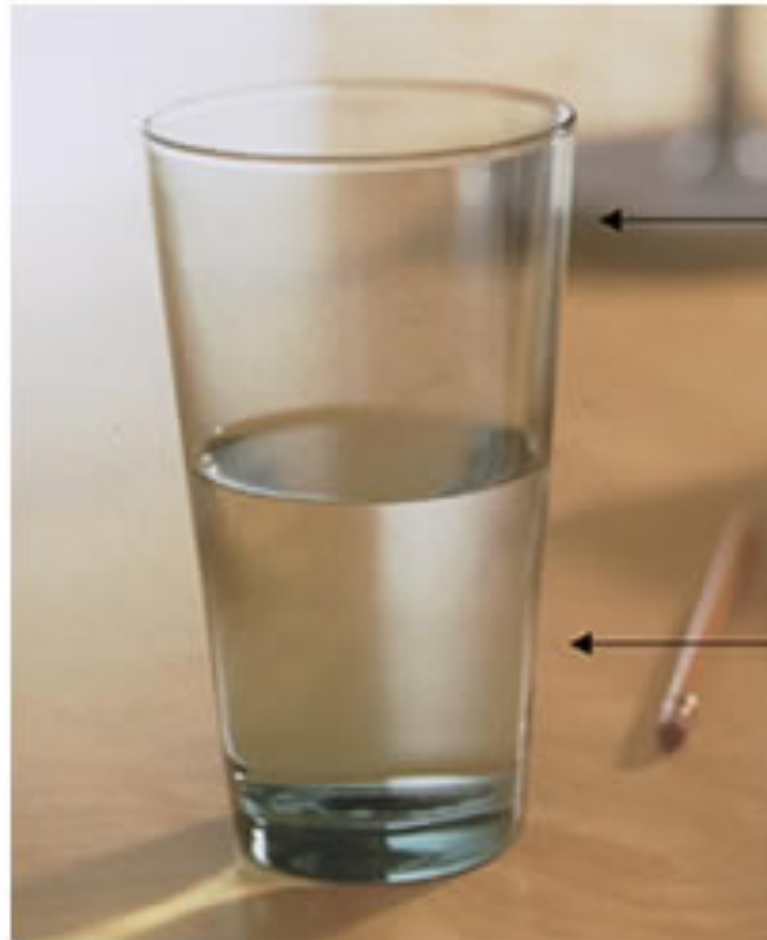**Engage** community members in the process

Identify priorities for improvement

Encourage community to leverage assets

Expanded Focus

Needs
Deficits

Assets
Strengths

Communities have deficiencies and needs.

Communities and citizens have capacities and assets.

Needs Assessment Models

Community Health Needs Assessment

- traditional

- deficit approach

- driven by quantitative data

Asset-Based Assessment

- participatory

- strengths approach

- driven by qualitative data collected through community engagement

Health Impact Assessment

- impact of policy decisions on public health

- risks, benefits, costs

Organizational Self-Assessment

- evaluate org capacity to address health disparities

- org and individual traits

Deficit vs. Asset Approach

Community Health Needs Assessment (CHNA):

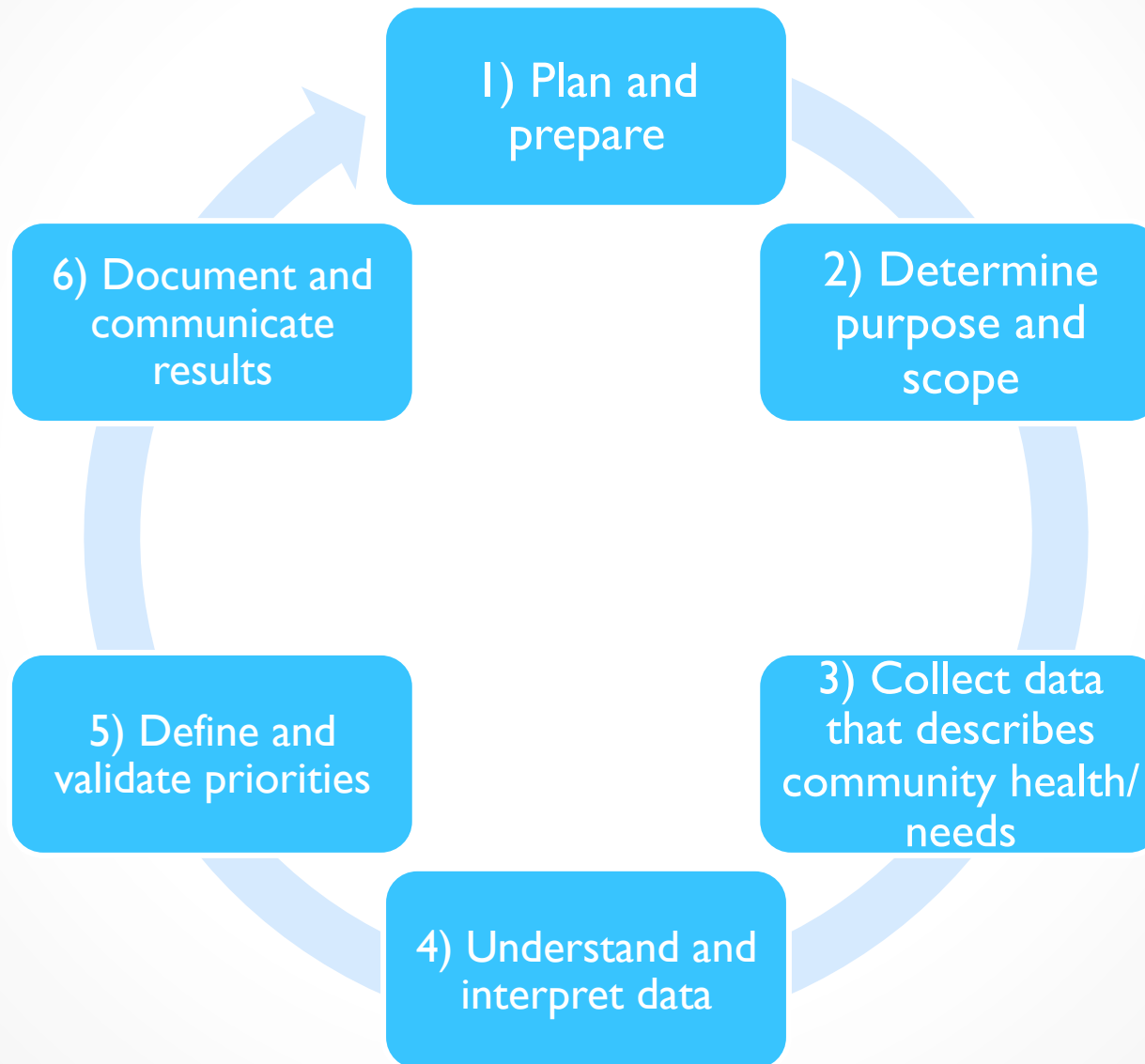- Traditional model
- "Deficit" approach

Asset-Based Assessment:

- Emerging model
- "Asset" approach

CHNA Stages

Limitations of CHNA Approach

- Focus on deficiencies can feel overwhelming

- Doesn't utilize existing community assets

- Less inclusive of community members

- May overlook important issues that quantitative data/ existing datasets don't capture
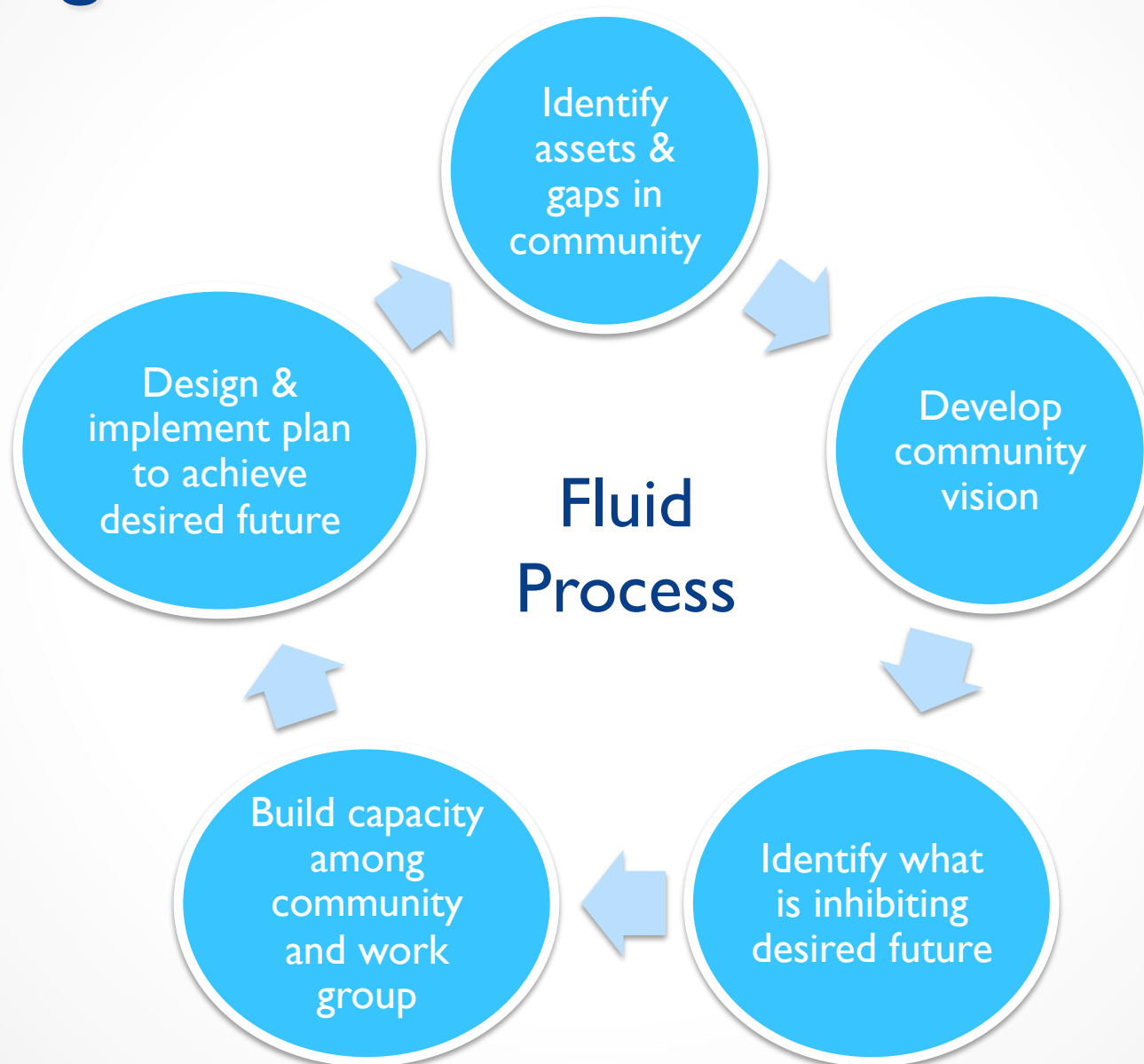
Asset-Based Assessment

*What is an **Asset**?*

"A health asset is any factor or resource which enhances the ability of individuals, communities and populations to maintain and sustain health and well-being. These assets can operate at the level of the individual, family, or community as protective and promoting factors to buffer against life's stresses."

- Antony Morgan, Associate Director, National Institute for Health and Clinical Excellence, 2009

Stages of Asset-Based Assessment

Identify assets & gaps in community

Develop community vision

Identify what is inhibiting desired future

Build capacity among community and work group

Design & implement plan to achieve desired future

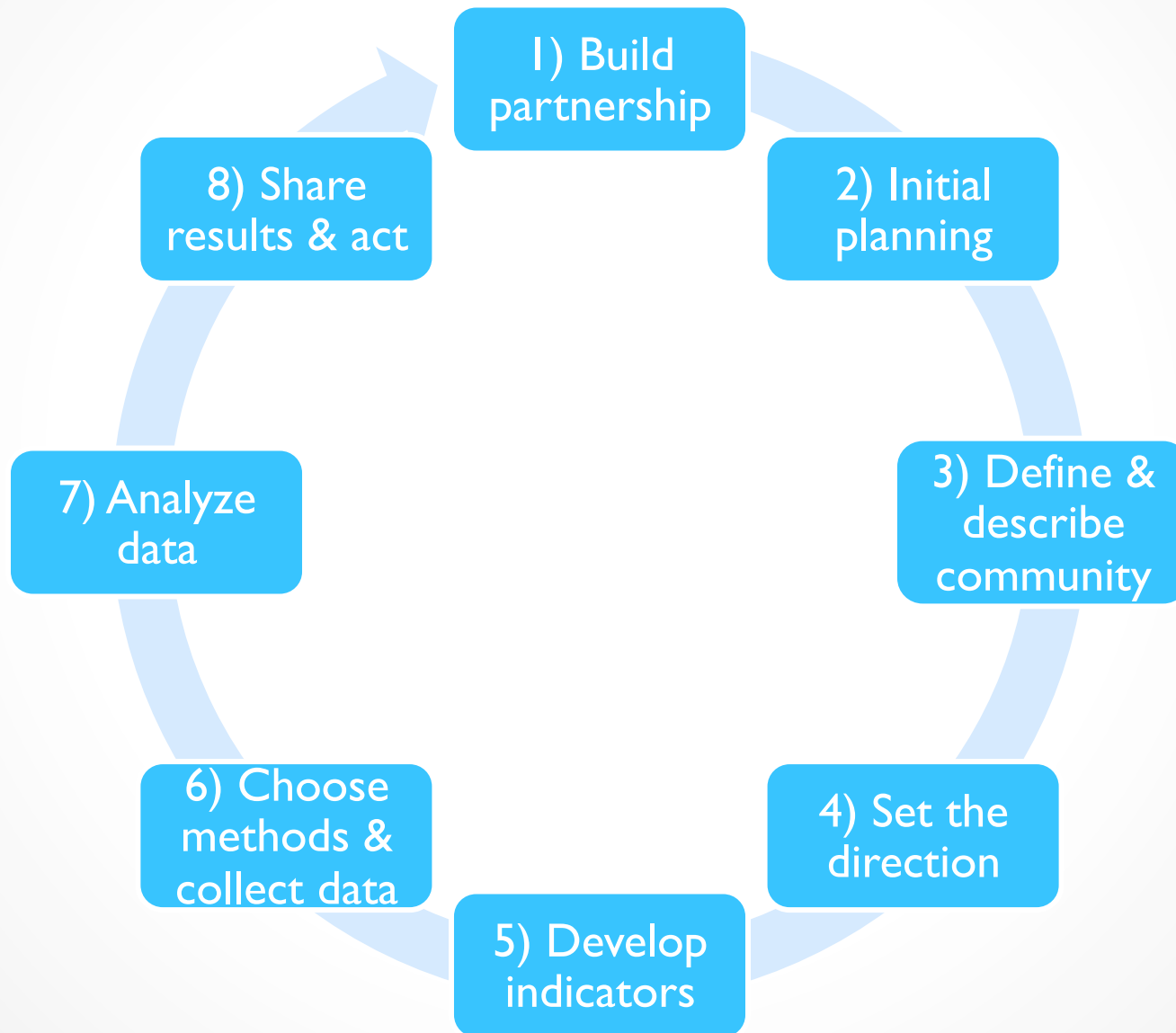Fluid Process

Limitations of Asset Approach

- Time consuming

- Challenging to build and maintain relationships with community stakeholders

- May downplay deficits that need to be addressed

Why not combine traditional model with an asset approach?

Asset-Based CHNA

Stages of Asset-Based CHNA

Stage 1: Build Partnerships

Task #1
- Engage multi-sector team of stakeholders that mirrors diversity of community.

Task #2
- Form work group.

Challenges to Consider

Community Partnerships:

- Time and effort needed to build trust
- Lack of institutional capacity
- Competing priorities
- Lack of infrastructure for ongoing community engagement
- Overcoming negative perceptions

Stage 2: Initial Planning

Task #1
- Identify goals (broad), objectives (specific), and intended use of needs assessment.

Task #2
- Assign roles and responsibilities of work group members.

Task #3
- Develop timeline for process.

Task #4
- Develop evaluation process for each stage.

Task #5
- Develop plan for periodic updates of needs assessment.

Stage 3: Define & Describe Your Community

Task #1
- Define "community" to be assessed.

Task #2
- Identify community assets.

Task #3
- Create community description.

Breakout Activity: Asset Mapping

Brainstorm Community Assets:

- What assets could be leveraged to address your community's needs/gaps?

Stage 4: Set the Direction

Task #1
- Develop community vision.

Task #2
- Generate questions to answer about your community.

Task #3
- Select final assessment topics.
  - Consider topics required by HRSA, community vision, questions generated, demographics, socioeconomics, barriers to care, health indicators
  - Prioritize topics (don't assess too many!)

Stage 5: Develop Indicators and Identify Data Sources

Task #1

- Define indicator for each assessment topic.
  - E.G., how do you measure/define diabetes control?
  - Don't reinvent the wheel! Utilize existing indicators like UDS and Healthy People 2020.

Task #2

- Identify data sources for indicators.
  - What existing data sources are available?
  - What you will need to collect yourself?

Stage 6: Choose Methods and Collect Data

Task #1

- For primary data you need to collect yourself, select appropriate method(s).
  - Qualitative versus quantitative
  - Focus groups, key expert interviews, surveys, listening sessions/public forums, participant observation.

Task #2

- Collect data.
  - See Resource Guide!

Existing Data Sources

See handout:

 "Needs Assessment Resource Guide: Data Tools & Sources"

Interactive Tool Demonstration

All FREE to use!

Generate CHNA Report:

•Community Health Needs Assessment: www.chna.org

Geographic Information Systems (GIS) Tool:

•UDS Mapper: http://www.udsmapper.org/

Stage 7: Analyze Data

Task #1

- Analyze data.
  - Compare to other communities, your state, or the U.S.
  - Identify trends.
  - Compare with national benchmarks (e.g., Healthy People 2020).

Task #2

- Interpret Findings.
  - How does data answer your questions from Stage 4?
  - How does data differ with your community vision?
  - What gaps exist?
  - How can assets be leveraged to address gaps?

Task #3

- Identify priorities for improvement.

Stage 8: Share Results and Act

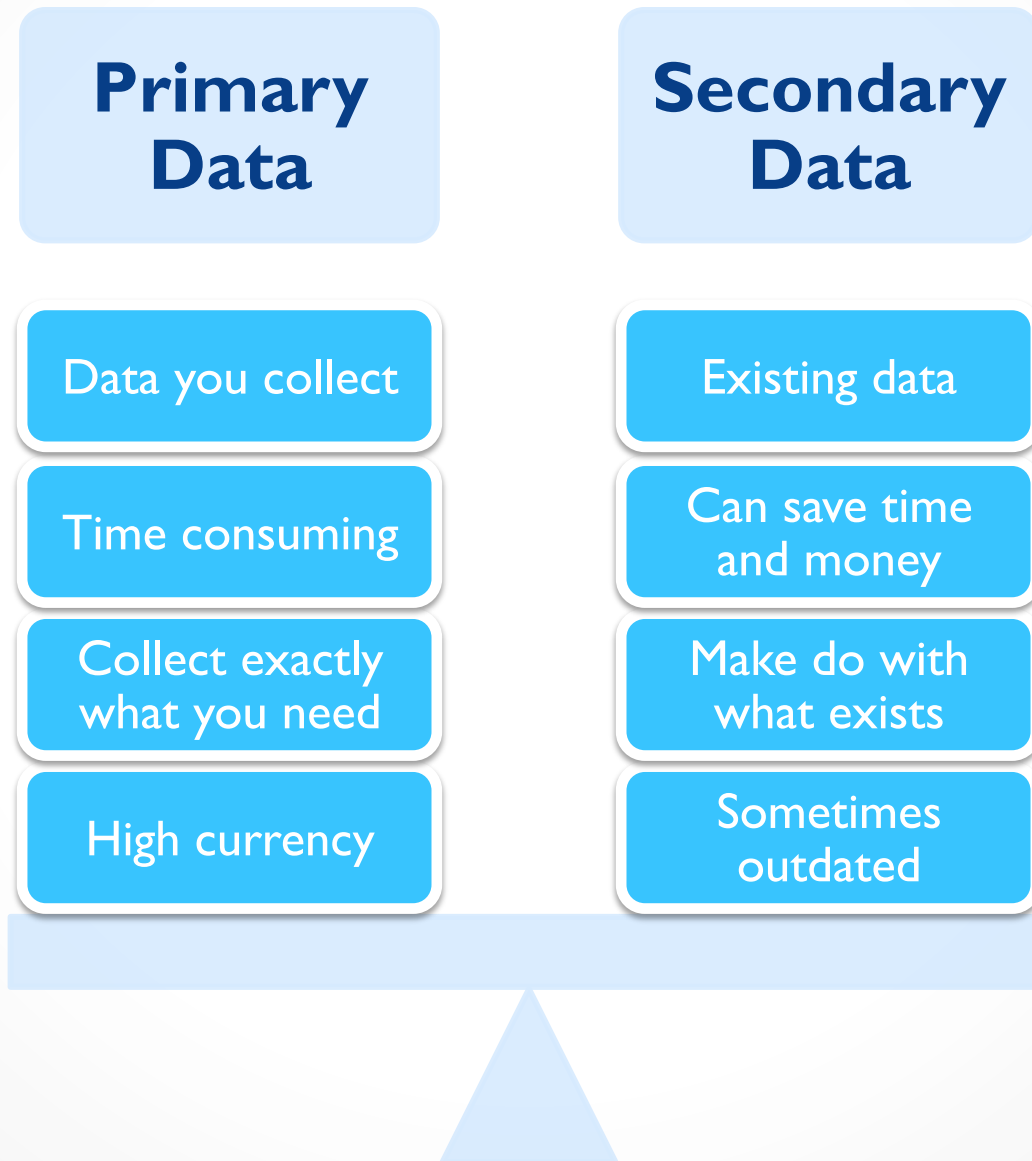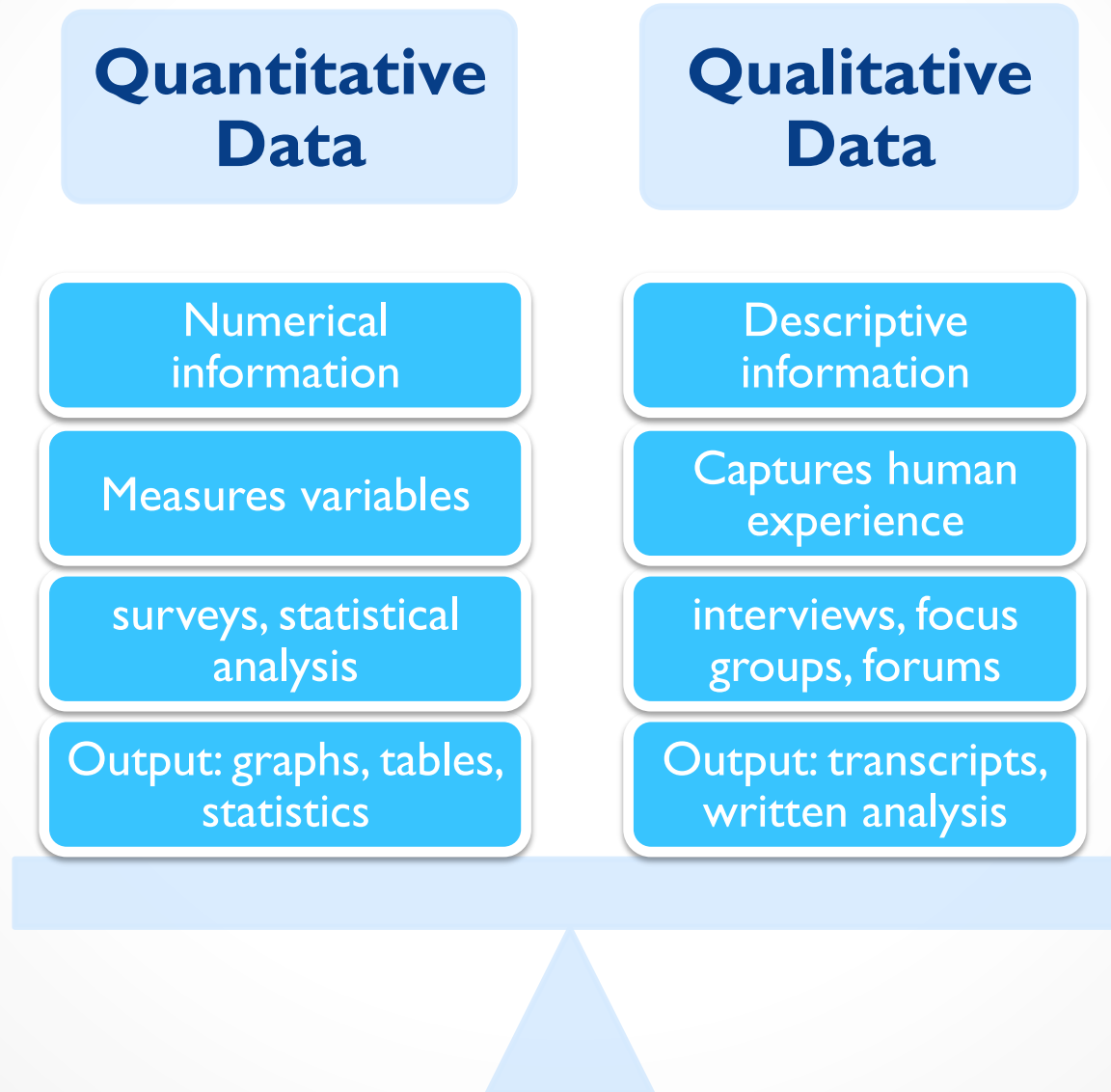|	
Task #1	• Complete final report.
Task #2	• Share findings with community.
Task #3	• Incorporate findings and priorities into strategic planning.
Task #4	• Pursue community partnerships to address priorities.

Any questions on needs assessment stages?

Special Considerations & Promising Practices

Special Consideration: Types of Data

Primary Data	Secondary Data
Data you collect	Existing data
Time consuming	Can save time and money
Collect exactly what you need	Make do with what exists
High currency	Sometimes outdated

Special Consideration: Types of Data

Quantitative Data	Qualitative Data
Numerical information	Descriptive information
Measures variables	Captures human experience
surveys, statistical analysis	interviews, focus groups, forums
Output: graphs, tables, statistics	Output: transcripts, written analysis

Special Consideration: Geographic Variance

Rural Areas:

- Geographic separation/ isolation
- High burdens for limited number of providers
- Limited data capacity/ existing data

Urban Areas:

- Overlapping service areas
- Concentrated poverty/ social determinants of health
- Inequitable sharing of uninsured patients among providers/clinics

Promising Practices

Assessments that Span Jurisdictions

- Build community partnerships
- Streamline process across jurisdictions
- Consider geographic distribution of facilities and concentrations of unmet health needs
- Use small area analysis to examine communities with highest health disparities

Promising Practices

Seek Data from Community Partners

- **How do we capture the "hidden homeless?"**
- **Engage community partners to find homeless population and identify needs:**
  - Schools (especially those with school-based clinics), public libraries, churches/faith-based organizations, hospitals, VA Medical Centers, social service organizations, soup kitchens/food banks, shelters, encampments, Continuums of Care PIT counts, Homeless Management Information System (HMIS)

Promising Practices
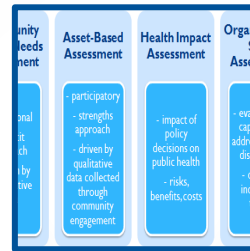
Data Collection/Analysis Tips

- **Collect data on community assets**
  - asset mapping/inventory
- **Use US Census data to explore data at sub-county level**
- **Use hospital utilization data and GIS technology to compare poverty metrics with preventable ED utilization**
- **Consider social determinants of health (e.g. unemployment, educational attainment, English proficiency, etc.)**

Promising Practices

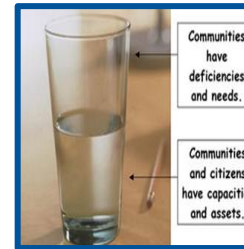## Hospital Community Benefit Obligation

- **Patient Protection and Affordable Care Act (ACA) requires tax-exempt hospitals to conduct CHNA every 3 years**
  - Perfect opportunity to partner with hospitals
  - Encourage hospitals to move beyond compliance orientation and view requirement as opportunity to improve population health
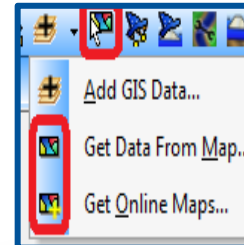
Final Points

Select model that best suits your needs

Expand focus to include assets

Engage broad group of stakeholders

Take advantage of online data tools

Any questions or comments?

Need additional guidance on needs assessments?

Please contact us!

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