Assessing Your Community's Health

A Needs Assessment Toolkit for Health Care for the Homeless (HCH) Grantees

NATIONAL HEALTH CARE FOR THE HOMELESS COUNCIL
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Health Care and Housing Are Human Rights

TOOLKIT CONTENTS

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DISCLAIMER

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ABOUT THE TOOLKIT

Health Center Program (HCP) grantees provide essential health care services to their communities, striving to meet the needs of their target population regardless of ability to pay. Because service areas are constantly evolving, needs must be regularly reassessed to ensure that grantees are responsive to community-wide trends.

To help facilitate the process, this toolkit provides a step-by-step guide for conducting a community health needs assessment (CHNA). Content is specifically tailored for HCH grantees. The toolkit is organized into eight stages with specific tasks for each. Stages and tasks are optional and can be reordered to meet a grantee's individual needs and preferences. Numerous resource links are provided throughout the toolkit to further explain each aspect of the process. An appendix with a full listing of these resources organized in order of mention is provided at the end.

PROGRAM REQUIREMENT 1: NEEDS ASSESSMENT

Needs assessment is a program requirement for all HCP grantees, including those that receive Health Care for the Homeless (HCH) funding. The requirement is fairly simple: "Health center demonstrates and documents the needs of its target population, updating its service area, when appropriate." The needs assessment should be periodically updated, particularly before strategic planning efforts and submission of Section 330 service area competition (SAC) grant applications. Needs assessment results should guide the grantee's mission, goals, and ultimately, strategic planning.

When evaluating an existing needs assessment or planning for a periodic update, grantees can begin the process by considering a series of questions proposed by the National Association of Community Health Centers (NACHC) to help guide their decisions:

QUESTIONS TO CONSIDER:
* Is the needs assessment in writing and up to date?
* Is the needs assessment complete?
* Are the needs of special populations considered?
* Are people with special health needs considered?
* What are the barriers to care?
* Is the approved service area accurate or should it be revised?
* Is there service area overlap with other health centers or safety-net providers?
* Are all of the center's services available to all residents of the service area?
* Are the health center's mission, goals, plans, sites, services, and service area aligned with the needs of the target population?
* What are the need scores for the most recent competitive application and the Need for Assistance (NFA) worksheet?

Source: National Association of Community Health Centers (NACHC), 2011

MOVING TO AN ASSET-BASED APPROACH

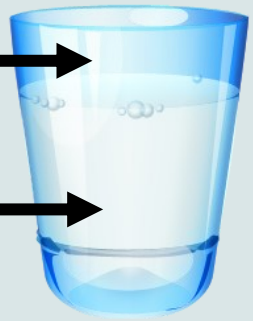
Beyond fulfilling a program requirement, the needs assessment process is immensely valuable not only for grantees but their greater communities. The process can help identify priorities for improvement and inform funding decisions, program design, and public policy. Although a needs assessment can be conducted on a variety of topics, the CHNA model is most relevant to HCH grantees because it is focused on assessing the health of a community, including health disparities, access to services, and barriers to care.

The traditional CHNA model is deficit-based, meaning it identifies community needs and gaps (or, the glass half-empty approach). It often relies on seeking outside assistance to fix identified problems and does not often engage community members in the process. More recently, an asset-based approach has emerged that focuses on identifying community strengths and capacities (or, the glass half-full approach). It is more participatory in nature, meaningfully involving community stakeholders throughout the process. It relies on establishing strong community partnerships to conduct a joint assessment, building community buy-in and political will.

EXPANDED FOCUS

Communities have needs and deficiencies.

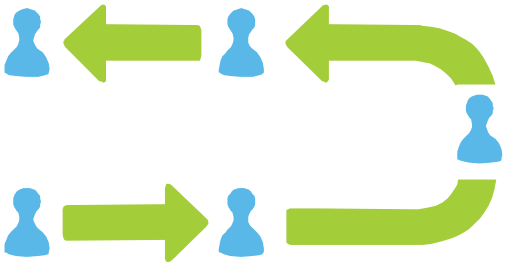
Communities and citizens have assets and strengths.



Synthesizing these two approaches provides an expanded focus for the assessment process. Not only do communities have needs and deficits, but they also possess assets and strengths. Documenting both of these perspectives is essential because existing assets can be leveraged to meet needs. By recognizing existing capacity, communities can become empowered to take ownership of their health and improve as a population. This toolkit is modeled after this dual approach.

DEFICIT-BASED APPROACH	ASSET-BASED APPROACH
Based on community need, particular deficiency, or problem.	Based on community assets that can be mobilized for improvement.
Looks at what is wrong with community and	Focuses on positive assets of community.
Examines needs, what is/what should be, gaps, and deficits.	Leads community to look within for solutions to solve problems.
Leads community to seek outside assistance rather than in-house skills.	Fosters sense of independence, pride, and possibilities.

Source: Homan, M.E., 2009

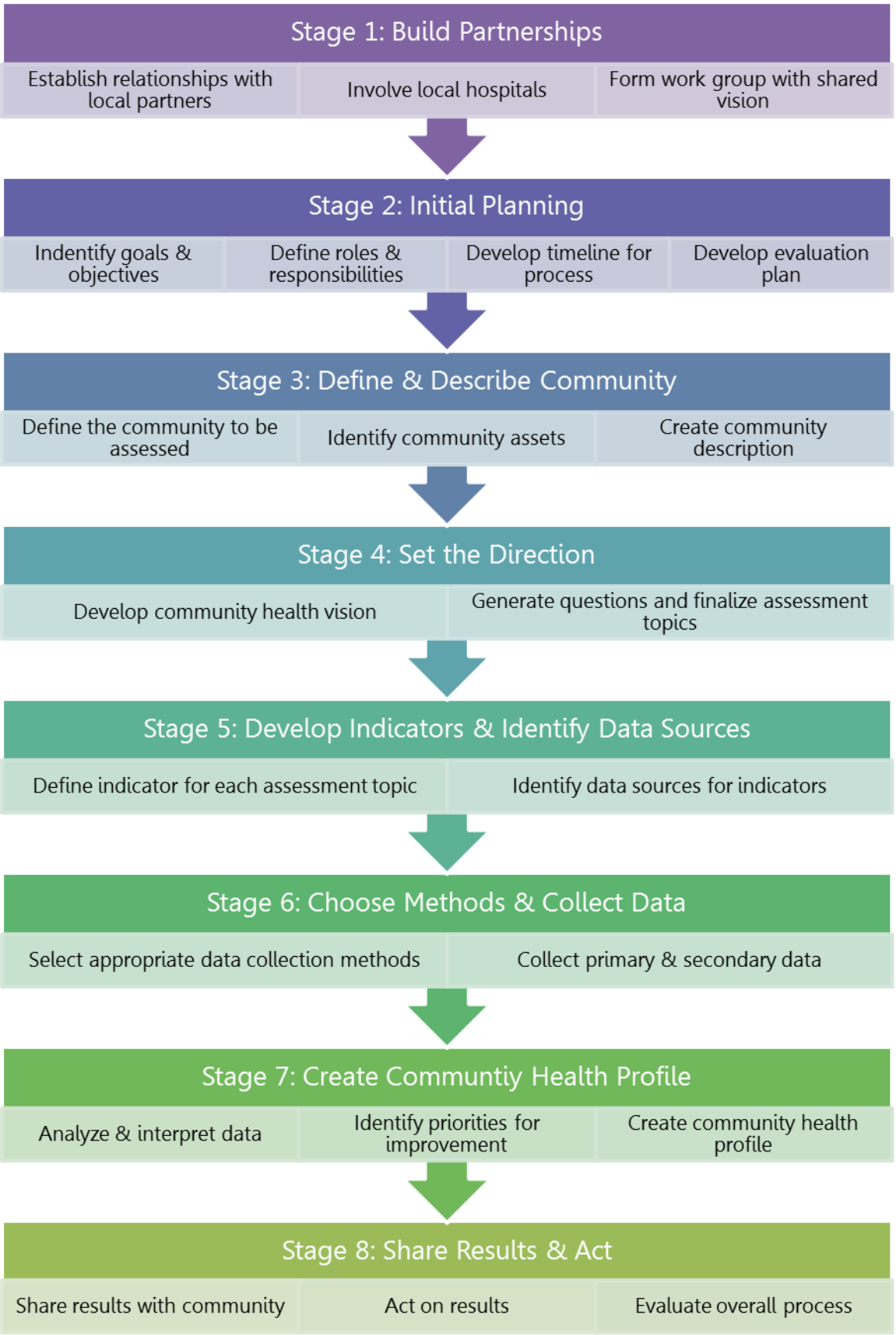


Pro Tip

If you're interested in assessing your own organization, try the Organizational Self-Assessment Model. If you want to evaluate the impact of policy decisions on public health, consider the Health Impact Assessment Model.

SNAPSHOT: NEEDS ASSESSMENT PROCESS

Below is a snapshot of the needs assessment process outlined in this toolkit. More information on each stage and step is presented throughout the document.



1) Establish relationships with local partners.

Needs assessments make the most collective impact when they are spearheaded by a multisector collaboration. The relationships that you establish can mean the success or failure of your assessment plan. Too often, needs assessments begin without meaningfully engaging the broader community in the planning and shaping of the project. However, there is value in listening before serving. As you start this process, make it a point to begin by establishing a partnership between organizations and stakeholders in the local community/service area who have a shared ownership and interest in community health and/or addressing health concerns. This assembled team should mirror the diversity of the community.

ENGAGING A MULTI-SECTOR TEAM

* Partnerships: Frameworks for Working Together
* Beyond Needs Assessments: Identifying a Community's Resources and Hopes (fact sheet)
* Developing Multisector Collaborations
* Multisectoral Partnerships for Health Improvement

2) Involve local hospitals.

Also beneficial to needs assessment planning is involving local hospitals in the multi-sector team you are establishing. Based on Section 9007 of the Patient Protection and Affordable Care Act (ACA), there are strengthened requirements for nonprofit hospitals to invest in addressing their communities' health needs as a condition of their tax exempt status (called the Community Benefit obligation). Nonprofit hospitals must conduct a CHNA, which involves input from community stakeholders and is widely available to the public, and develop an Implementation Strategy to meet the needs identified in the CHNA. This presents a prime opportunity for HCH grantees to partner with local hospitals to conduct the assessment with shared resources.

HOSPITAL COMMUNITY BENEFIT OBLIGATION

* Hospital Community Benefit Obligation: Implications for Health Centers and Communities
* Will Increased Transparency Requirements for Nonprofit Hospitals Bring Greater Community Health Investments?
* Best Practices for Community Health Needs Assessment and Implementation Strategy Development: A Review of Scientific Methods, Current Practices, and Future Potential

3) Form work group with a shared vision.

Once these partnerships have been established, stakeholders from diverse sectors should be assembled to form a work group. Through the work group, participants can begin to establish their common agenda, shared metrics, a structured outline of the process, and determine a jointly funded infrastructure. This serves as a huge benefit to the process as it allows each member to contribute a small part and reap the benefits of a group effort. It is also essential that all partners understand and agree on the purpose and outcome of the partnership.

Sources: The Community Tool Box, 2013 and S. Rosenbaum, 2013.

FORMING EFFECTIVE PARTNERSHIPS

* MAPP: Mobilizing for Action through Planning and Partnerships
* Community Health Rankings & Roadmaps: Action Center, "Work Together"
* Participatory Approaches to Planning Community Interventions
* Readiness Assessment Worksheet

1) Identify goals and objectives.

Once you are able to engage your stakeholders and form a work group with a shared vision for the process, it is time to engage in planning for the needs assessment. This will require everyone to identify, discuss, and agree upon goals, objectives, and the intended use of the needs assessment. Goals should follow the S.M.A.R.T. format described in the table below. It is important to determine why the needs assessment is being conducted to appropriately guide the planning process to meet the needs of strategic planning, service delivery, community health improvement, writing a grant application, or another intended end product.

S	Specific: Who, what, when, where, why
M	Measurable: numeric or descriptive measures
A	Achievable: within control and influence of group
R	Relevant: instrumental to mission
T	Time-bound: specific target date for completion

HOW TO IDENTIFY GOALS & OBJECTIVES

* Developing a Strategic Plan: Creating Objectives
* Setting S.M.A.R.T. Goals
* Step 1: Writing S.M.A.R.T. Objectives

2) Define roles & responsibilities of work group.

Early on, decide as a work group how tasks will be divided based upon the great personal resources of each group member. Consider the skill sets and networks that group members may be able to offer. This will provide input as to who can follow-through on certain tasks and access various types of information most easily. Don't create a barrier to success by overlooking this vital planning step. When partners don't fully understand their roles and responsibilities, they lose interest, which impedes success of the project.

FACILITATING A WORK GROUP

* Participation and Roles Matrix
* Group Facilitation and Problem-Solving

3) Develop a timeline for the process.

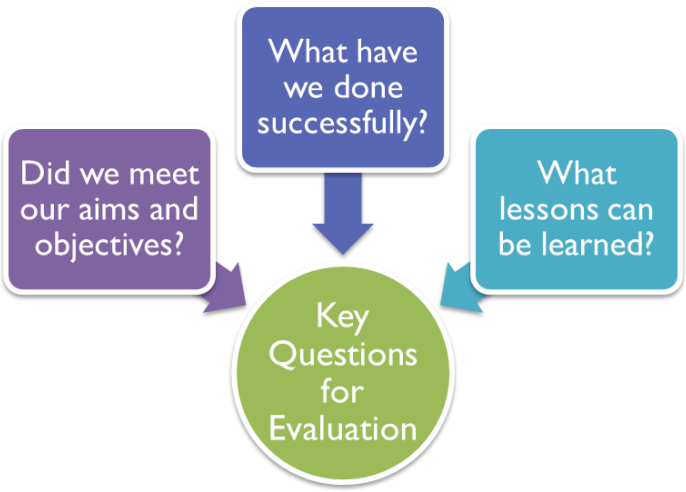
When conducting needs assessments, there is a life cycle of development from initial set-up stages through full-scale implementation. Be sure to have an established timeline for each specific task as it relates to achieving the larger goal. This will also be a great way to keep work group members engaged and help them remain on task.

DEVELOPMENT OF PROJECT TIMELINE

* Example timeline for 12-month MAPP-based process
* Example timeline for 18-month MAPP-based process

4) Develop an evaluation plan.

Once you have laid out plans with workgroup members and have an established timeline, it is imperative to develop a plan to evaluate and monitor your program's progress toward your specified goals. This will allow you to revise aims and objectives as you progress that may fall out of the scope of your intended purpose for the needs assessment. More broadly, evaluating each stage of the process will provide an opportunity to learn what has been successful and what has not. Building these findings into revised plans for how to approach the work as the assessment continues can only increase success for the organizations involved.



GUIDES TO EVALUATION

* Section 4.3: Monitor, Collection of Data, Analysis and Reporting
* A Practical Guide for Engaging Stakeholders in Developing Evaluation Questions

1) Define the community to be assessed.

Defining and describing your community is a critical aspect of planning and evaluating your CHNA. Having an understanding of your community provides a firm context for the needs assessment and will guide all subsequent steps of the process. Communities can be defined in several different ways: geographically, by race/ethnicity, special populations, professional or economic ties, religion, culture, etc. Define your community in the way that is most appropriate for your needs assessment objectives. In situations where the populations served in a community are numerous and vast, prioritize populations in most need of health services. Consider social determinants of health (i.e. health disparities), socioeconomic status, and/or HRSA-designated medically underserved areas/populations (MUA/Ps).

HOW TO DEFINE YOUR COMMUNITY

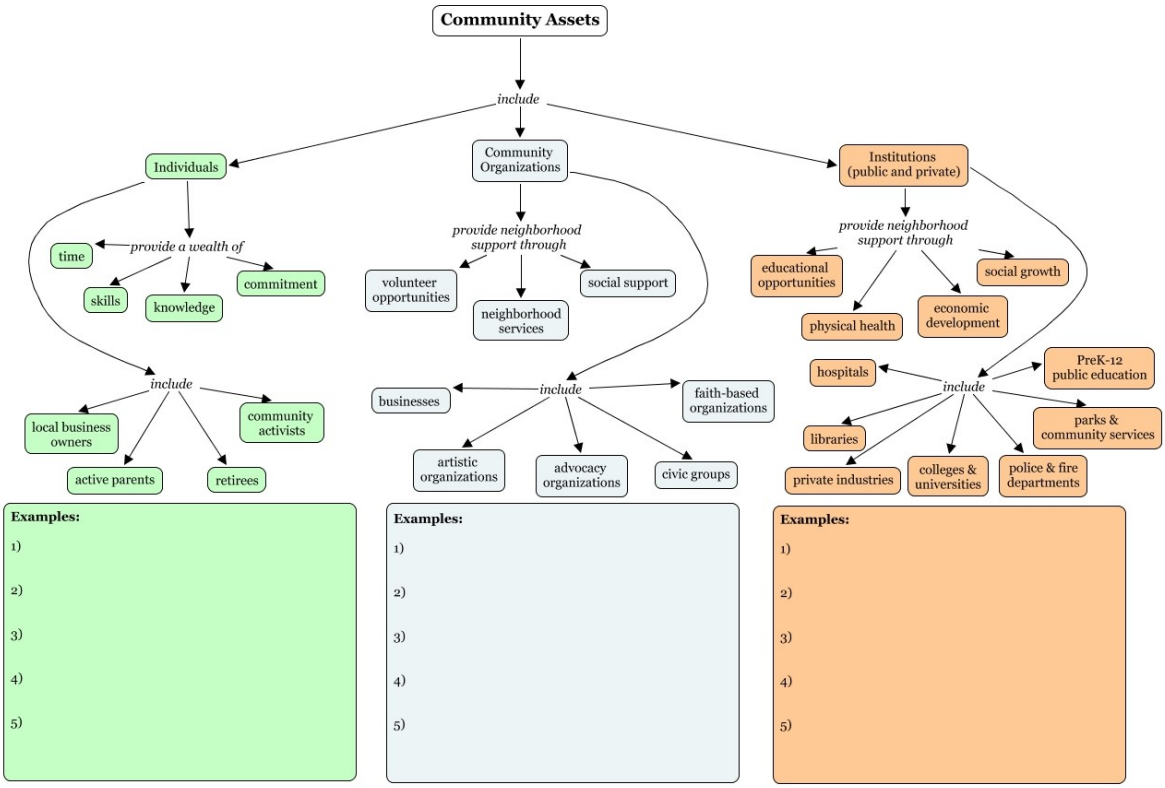
* Assess Needs & Resources: Define Your Community
* Assessing & Addressing Community Health Needs: Additional Requirements Described in the IRS Proposed Rules
* Section One: Profiling the Population

2) Identify the community's assets.

Now that you have defined the community you plan to assess, it's time to identify the assets or resources that are currently available. The asset-based approach allows everyone involved to become more aware of what exists in the community and how to collectively leverage these assets to create change. An asset, as described earlier, is anything that can be used to improve the quality of life in a community. Assets can be individual, institutional, cultural, governmental, physical/land, and organizational. Don't forget to consider assets within your organization. Assets, when used effectively, can provide a strong foundation for community improvement and are the building blocks for community action. A common technique for identifying assets is called asset mapping. This strategy and others are discussed in the following resources.

HOW TO IDENTIFY COMMUNITY ASSETS

* Connecting to Success: Neighborhood Networks Asset Mapping Guide
* Identifying Community Assets and Resources
* Asset-Based Approaches for Health Improvement: Redressing the Balance
* Discovering Community Power: A Guide to Mobilizing Local Assets and Your Organization's Capacity
* A Glass Half Full: How an Asset Approach Can Improve Community Health and Well-Being
* Participatory Asset Mapping Toolkit



Florida Institute of Education at the University of North Florida
Neighborhood Round Table Meeting June 2011
Arlington Asset Mapping

Above: An example of an asset mapping activity, which is available for download here.

3) Create a description of the community.

Once all asset mapping activities have been completed, it's time to place these assets in context with the community's people, its history, and issues impacting the area. Gather preliminary data from online resources, elected officials, community planners, police, educators, health and human service organizations, health professionals, clergy, community activists, housing advocates, local non-profits, informal community leaders, and business leaders. Conduct interviews with these individuals, organize focus groups (cluster by similarities), engage in direct or participant observation, create and disseminate surveys, and/or access public records and archives. Use these interactions to discuss the community's strengths, concerns, and what is valued by its members. Once you have collected a comprehensive picture of the community, compose a community description. This can later be placed directly in a final needs assessment report or other deliverable to provide community background and context.

BUILDING A COMMUNITY DESCRIPTION

* Understanding and Describing the Community
* Qualitative Methods to Assess Community Issues

1) Develop a community health vision.

The purpose of visioning is to develop a collective picture of what a healthy community looks like. The exercise may be developed around a few questions: What do you want your community to be like in 10 years? If your community was healthier, what characteristics would it have? By answering these questions, the visioning process provides an opportunity for stakeholders to express their values, hopes, and priorities. Visioning activities also allow everyone involved to describe a destination, then create a road map for how to get there.

IDENTIFYING A COMMUNITY VISION

* Seeking Visions – Creating a Community Vision, Setting Community Goals and Objectives, and Identifying Community Needs
* Part C: Creating a Vision
* Chapter 1: What is Visioning?

2) Generate questions and finalize assessment topics.

Now that you have identified your community health vision, you need to determine what gaps exist that are preventing you from fulfilling this vision. Generate questions you can answer to further examine these gaps. These questions, when finalized, will become assessment topics that will be answered during data collection. Consider all of the topics identified in the visioning process, as well as demographics, socioeconomics, barriers to care, quality of care, and health indicators. Prioritize and consolidate these areas so you don't waste time or money attempting to assess too many at once. Our visions are extremely powerful and have the capacity to motivate and inspire. Maintain this energy as you proceed through the data collection steps so that you have the information and strategies necessary to achieve this vision.

Questions to Consider:	
	What do we want to learn?
	Why is this information important?
	Will this information move us closer to our vision?
	Where can we find this information?
	Has this information already been collected?

STAGE 5: DEVELOP INDICATORS & IDENTIFY DATA SOURCES

1) Define indicator for each assessment topic.

Now that you have selected final assessment topics, you will need to develop indicators. Indicators are ways to measure your assessment topics. For example, to assess diabetes control in your community, you might determine the percentage of adults with diabetes whose Glucose A1C is less than 7%. A multitude of community health indicators already exist, so consider the utility of existing indicators before creating new ones.

ABOUT INDICATORS

* CHA and CHIP: Introduction to Indicators
* Selecting Indicators for the Community Health Assessment
* Addressing the Social Determinants of Health in Community Health Assessment

EXAMPLE COMMUNITY HEALTH INDICATORS

* The Community Tool Box
* Health Indicators Warehouse
* Healthy People 2020: Leading Health Indicators
* Uniform Data System: Clinical and Financial Performance Measures

2) Identify data sources for indicators.

Once you have defined indicators for all of your assessment topics, you can locate existing datasets that are relevant to your indicators. Because local data is not always available as existing data, you may also identify which indicators will require you to collect primary data (See Stage 6). A list of a secondary datasets is provided on the next page.

Pro Tip

Take advantage of existing data that community partners may be willing to share. Consider schools, hospitals, public libraries, churches, and social service organizations.

STAGE 5: DEVELOP INDICATORS & IDENTIFY DATA SOURCES

SECONDARY DATASETS

* America's Health Rankings
* CDC National Center for Health Statistics
* Community Health Status Indicators
* County Health Rankings
* HealthData.gov
* Health Indicators Warehouse
* Healthy People 2020
* Henry J. Kaiser Family Foundation State Health Facts
* HRSA Data Warehouse
* HRSA Program Grantee Data (National)
* HUD Homelessness Data Exchange (includes HMIS and PIT)
* NIH Data, Tools, and Statistics
* US Census Bureau

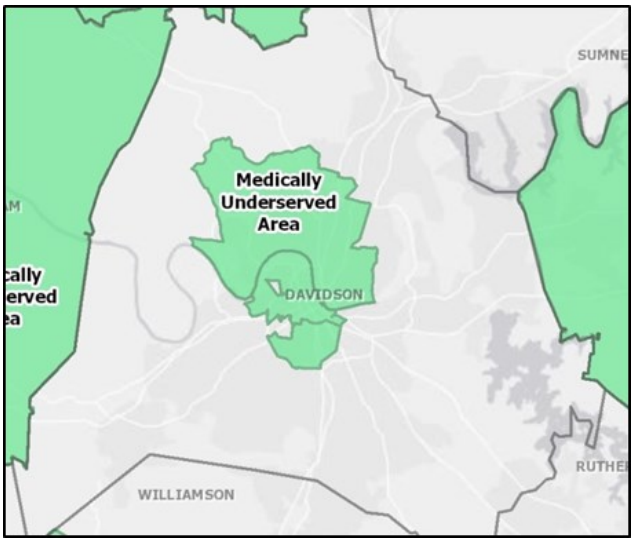
For a comprehensive list of data sources, visit:

http://phpartners.org/health_stats.html

INTERACTIVE DATA TOOLS

A number of free, web-based tools are available to create custom data reports and maps for your community. A listing of these interactive tools and examples from each are listed below.

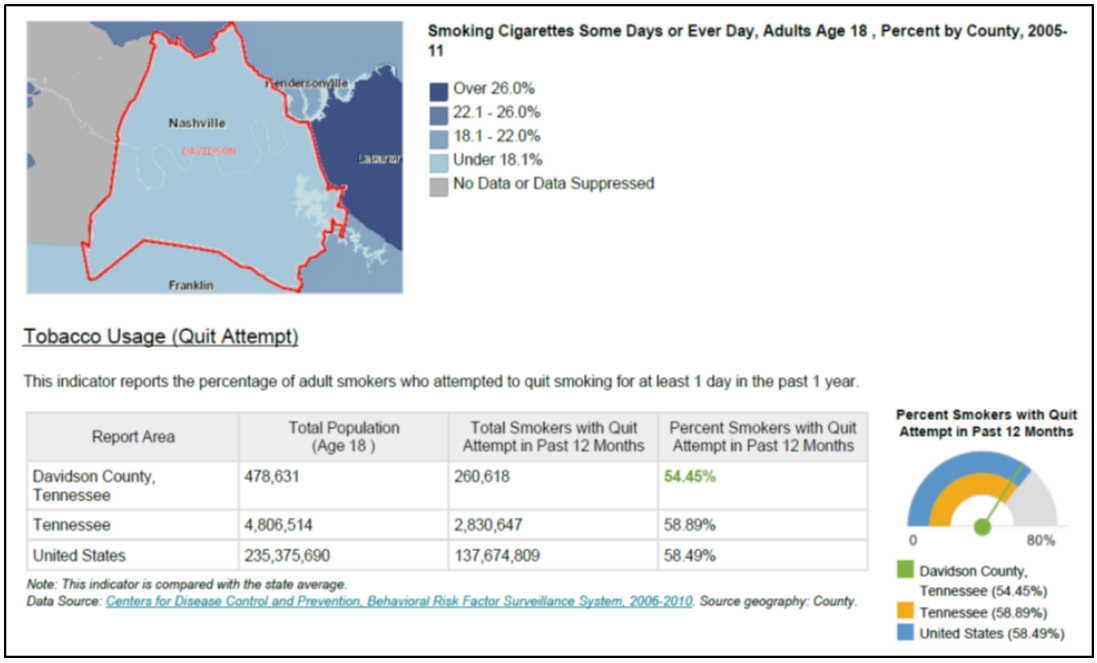
Community Commons: Geographic Information Systems (GIS) mapping tool with over 7,000 GIS data layers at state, county, zip code, block group, census tract, and point levels that users can select from to create maps of geographic areas of interest.



At left: Example of a GIS map produced using Community Commons. This map depicts medically underserved areas in the Nashville Metropolitan area.

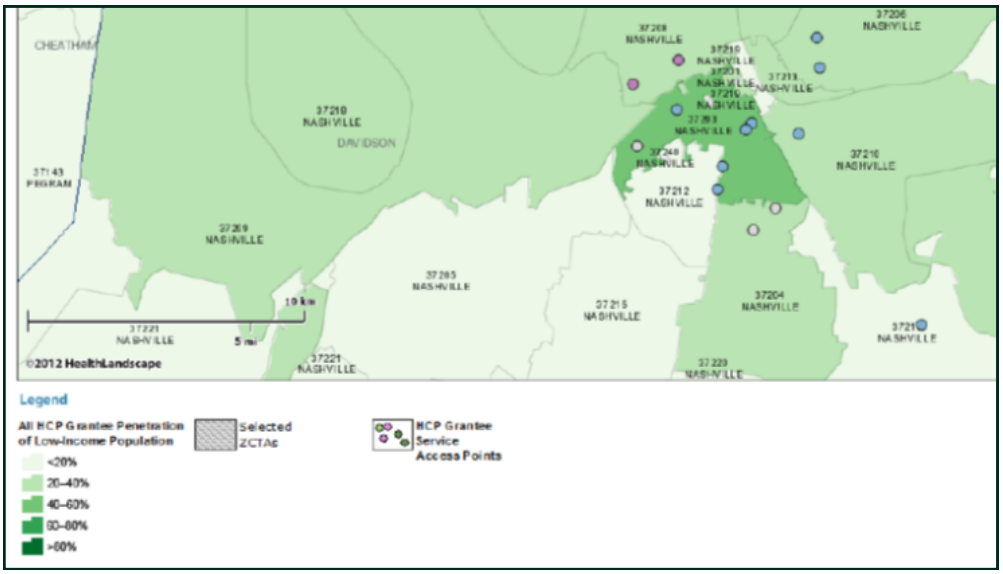
INTERACTIVE DATA TOOLS

Community Health Needs Assessment: A free web-based platform designed to assist health care organizations better understand the needs and assets of their communities. By selecting geographic area and data indicators, users can generate instant data reports, including Core Health Indicators Report, Full Health Indicators Report, and Vulnerable Footprint.



Above: An excerpt of a Core Health Indicators Report produced using the Community Health Needs Assessment tool. This excerpt documents one of several core health indicators: tobacco usage.

UDS Mapper: Online tool using GIS technology that allows users to develop maps and data tables for their health center service areas, choose from various contextual maps and data layers, and export these in PDF or comma separated value (CSV) files.



Above: An example of a GIS map created with UDS Mapper. This map displays the penetration of the low-income population by all Health Center Program Grantees, along with service access points.

STAGE 6: CHOOSE METHODS & COLLECT DATA

1) Select appropriate data collection methods.

If suitable data is not available for any of your indicators, you will need to decide how to collect primary data yourself. Determine whether you desire qualitative and/or quantitative data. From there, determine what qualitative and/or quantitative methods are best suited to your needs. Consider a mixed-methods approach (one that combines qualitative and quantitative methods) to gain a more well-rounded perspective on community health. Resources on qualitative and quantitative methods are provided below.

OVERVIEW OF METHODS

* CHA and CHIP: Introduction to Data Collection
* Chapter 4: Qualitative Data Collection Methods

2) Collect primary and secondary data.

Now that you have chosen your data collection methods, it is time to implement them. Download existing data sources to an Excel spreadsheet or statistical software, or use the interactive data tools to create GIS maps and data tables. For primary data you'll be collecting, resource guides on different types of data collection methods are provided below.

DATA COLLECTION GUIDES

* Collecting Quantitative Data for the Community Health Assessment
* Collecting and Analyzing Qualitative Data in the Community Health Assessment
* Phases 2 & 3: Collect Primary and Secondary Data
* Asset Mapping Exercise Example

1) Analyze and interpret data.

Now that you have collected data, it is time to analyze and interpret it. Your methods of analysis will depend on the data collection methods you used. Beyond calculating frequencies and identifying qualitative themes, you will have to decide what it all means for your community (synthesis and interpretation). Resources on data analysis and interpretation are provided below.

DATA ANALYSIS GUIDES

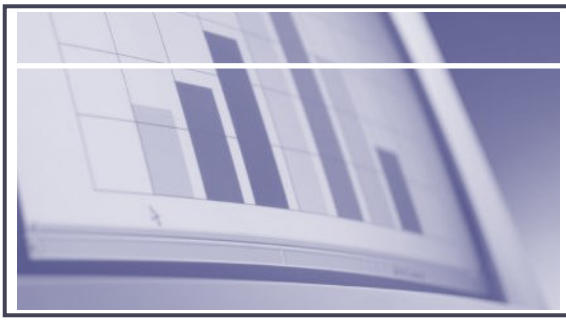
* Analyzing and Interpreting Quantitative Data in the Community Health Assessment
* Qualitative Data Analysis Plan
* Making Sense of the Data to Create a Picture of Community Health (Data Synthesis)
* Phase 4: Analyze and Interpret Secondary Data

2) Identify priorities for improvement.

Reviewing assessment findings with community partners and other stakeholders, identify mutual priorities for improvement. This will help inform your community health profile and guide the final stage, in which you share results with the community and develop and implement a plan for action. Some resources on identifying priorities for improvement are provided below.

HOW TO IDENTIFY PRIORITIES

* Section III: Prioritizing the Community's Needs
* Determining Health Priorities
* Prioritizing Issues



Pro Tip

Take advantage of prioritization tools, including ranking, discussion-based voting, weighted ranking, strategy grid, Simplex, Hanlon Method, and multi-voting. Kaiser Permanente offers an overview of these tools.

3) Create a community health profile.

After synthesizing your findings, you can prepare a community health profile. This profile can cover many topics, including description of the service area, methods for data collection and analysis, demographic characteristics of the community's population, community health indicators (including social determinants of health), health inequities, trends and sub-population data, access to health care, comparison of jurisdictions within your community, and priorities for improvement. Because the full community health profile is long and dense, it might be helpful to create a summary version to share with the public. Some resources on creating community health profiles are provided below.

WRITING A COMMUNITY HEALTH PROFILE

* Step 7: Sharing the Results
* Community Health Needs Assessment Report
* Phase 6: Create Community Health Assessment Document

EXAMPLES OF COMMUNITY HEALTH PROFILES

* Alachua County Health Department
* Kent County
* Saint Joseph Regional Medical Center
* University of Michigan Health System

EXAMPLE OUTLINE OF COMMUNITY HEALTH PROFILE

I. Table of Contents

II. Executive Summary

III. Introduction/Background

IV. Description of Community

V. Assessment Methods

VI. Presentation of Findings

VII. Prioritized Health Needs

1) Share results with the community.

Needs assessments should encourage community involvement at every stage, including presentation of the findings. Communicating results with all stakeholders is essential to continue building community ownership of the process. Messaging should be carefully tailored to meet the needs of various audiences (e.g., staff within organization, elected officials, community partners, residents, etc.) to ensure clarity and maximize impact. Results can be shared a number of ways, including published reports, press releases, community presentations, blog/website/social media postings, data posters, and other methods. Some resources on sharing findings are provided below.

HOW TO PRESENT FINDINGS TO COMMUNITY

* Presenting Community Health Assessment Findings to Inform Health Improvement Planning
* Example of Data Poster
* Example of Presentation

2) Act on results.

Drawing from the partnerships you established early in the process, create a unified plan for how you will address priorities for improvement. Local health departments typically create a Community Health Improvement Plan (CHIP), but strategies can vary depending upon your setting and needs. The important point is that you act upon your needs assessment findings in some way, whether they are incorporated into your organization's strategic planning, inform applications for new access points, or lead to a community-wide plan for improvement. No matter the strategy, take into consideration how existing community assets can be leveraged to fill gaps and meet needs. Some resources offering ways to act upon findings are provided below.

PUTTING FINDINGS INTO ACTION

* Step 8: Writing a Community Action Plan
* Key Elements of Community Health Improvement Planning
* Developing the Community Health Improvement Plan (CHIP)
* Choosing Strategies and Tactics for Health Improvement
* Collaborating with Partners and Community for Policy Change

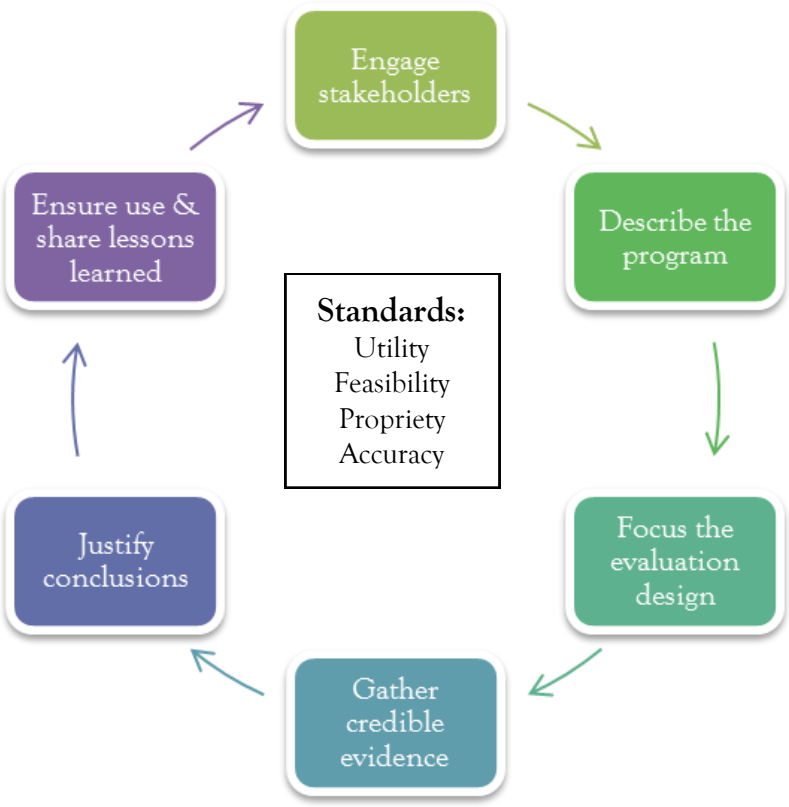
3) Evaluate overall process.

Evaluation is an important component of all projects, but especially so for community-wide projects that involve multiple groups of stakeholders. The purpose of evaluation is to assess what you have accomplished, what you have done effectively, and what you could improve upon in the future. Because needs assessments should be reoccurring every few years, it is important to evaluate your successes and struggles so you can refine future processes. In addition to process evaluation, you can also use outcome evaluation to track progress toward your improvement goals. Some resources on how to evaluate your needs assessment process are provided below.

EVALUATION RESOURCES

* Step 9: Evaluating the Community Assessment
* Chapter 7: Monitoring Progress and Evaluating Results

FRAMEWORK FOR PROGRAM EVALUATION



Source: Centers for Disease Control and Prevention (CDC), 2012. To view a detailed explanation of this evaluation framework, visit: http://www.cdc.gov/eval/framework/index.htm.

CONCLUSION

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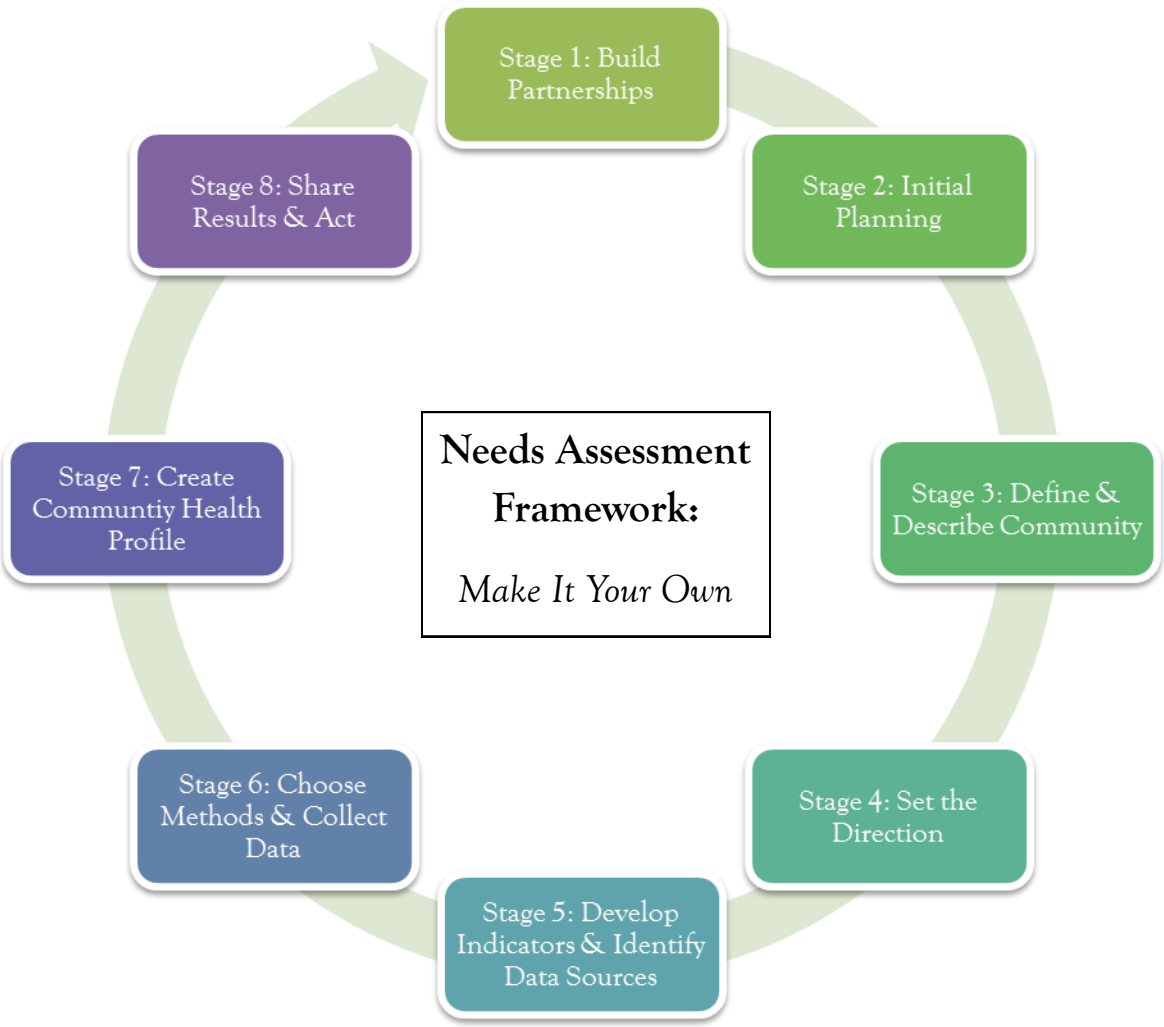
This toolkit provides a model for how HCH grantees and other similar agencies can conduct CHNAs. These recommendations are intended as a general framework, which can be altered to meet the needs of any community or organization. Making the process your own is key to its success.

Beyond fulfilling HRSA's Program Requirement 1, needs assessments allow grantees to step back and comprehensively examine all aspects of their communities, ensuring that needs are being appropriately met. Taking an asset-based approach, which meaningfully involves community members and leverages existing resources, provides greater sustainability and community buy-in.

In today's resource-limited environment, data-driven decision-making is allowing for more efficient targeting of funds and services. Conducting a thorough needs assessment produces the data necessary for informed decision-making, be it for strategic planning efforts, grant writing, service design, or public policy. By embracing the value of a comprehensive, asset-based needs assessment process, you can guide your community toward greater ownership of its health, initiating change across systems and targeting funds and services where they are most needed.



APPENDIX: FULL RESOURCE LIST

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Note: References appear in order of their mention in this toolkit.

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