

Collaboration, Community, and Research: Conducting a Community Health Needs Assessment for Accreditation and IRS Reporting

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By Dawnetta Smith and Jennifer Edwards

Dallas County Health and Human Services (HHS) is one of seven local health departments in the nation participating in the Centers for Disease Control and Prevention (CDC) National Public Health Improvement Initiative. Dallas County HHS's mission is to protect the health of the citizens of Dallas County through disease prevention and intervention. Core programs include sexually transmitted diseases surveillance and screening, immunizations and lab services. Participating health departments conduct initiatives to increase the efficiency and effectiveness of their operations through assessment, training and quality improvement. As part of the initiative, a community health needs assessment (CHNA) was led by Dallas County HHS in collaboration with Parkland Health & Hospital System's Community Health Institute and New Jersey-based consultants at New Solutions Inc. who had conducted prior research for the county.

About Needs Assessments

The CHNA is a vital component to ensuring the health needs of the community are met through programs and services (see the full report at www.dallascounty.org/department/hhs/CHNA.html). The CHNA also fulfills a prerequisite requirement for health departments to apply for voluntary accreditation, which offers standards and recognition for health departments achieving the 10 essential health services as defined by the CDC and the Public Health Accreditation Board. This paper aims to inform readers about CHNA development methods and how CHNAs can be used for program development. CHNAs help inform health in all policies across multiple industries, including, transportation, recreation and across sectors—public, nonprofit and private. Dallas County HHS will use the CHNA to track community health changes and trends; create community health improvement plans, hospital-based community benefit plans and organizational strategic plans; and establish evidence-based best practices that use primary datasets, disease surveillance data and peer-reviewed research for effective operations and programs. The CHNA, amid a local trend toward evidence-based programs, demonstrates health needs at the county and ZIP code level to create the maximum population impact; and community-based organizations (CBOs), businesses, housing agencies and other industries can execute programs based on government health data and recommendations in the report.

The Public Health Improvement (PHI) Workgroup was created to support the partnership and the community-based participatory intent of the CHNA. The workgroup informed the CHNA research methodology and created the list of people to invite to the focus groups and interviews. The workgroup consisted of health care executives, universities, schools and nonprofits. The members include AIDS Arms, Baylor Health Care System, CDC Regional Minority Health Consultant, City of Garland Health Department, Community Council of Greater Dallas, Dallas/Fort Worth Hospital Council, Dallas Independent School District, Dallas Women's Foundation, Desoto Independent School District, Health Industry Council, Los Barrios Unidos Community Clinic, Martin Luther King Family Health Clinic, Methodist Health System, Resource

Center of Dallas, Texas Health Resources, United Way of Metropolitan Dallas, University of Texas at Dallas and Urban League of Greater Dallas.

Assessment Uses

Community health needs assessments offer numerous benefits that range from informing community programs to guiding funding strategies. The Institute of Medicine recommends that every public health agency regularly and systematically collect, assemble, analyze, and make available information on the health of the community, and this information should include reporting on statistics and community health needs.¹

A CHNA is an industry standard enabling development of strategies that address prioritized needs and contribute to improvements in the community's health.² The top health issues identified in the assessment can guide prioritization of funding requests and responses to grant opportunities that support partner services. Public health statistics on disease deaths and diagnoses (mortality and morbidity, respectively) and health care access data identify community needs, assets and resources for health services.

The CHNA informs strategic planning, policy and programs for CBO or private sector entities that can influence health or for which health can impact products, services and clients. It reinforces the credibility and accountability of community partners through evidence-based planning and assessment methods. It also supports the emerging trend of quality improvement in various CDC grantee programs, including public emergency preparedness and population-level disease tracking.

Moreover, the CHNA development and review process increases communication across the local public health system through meetings and partnerships. The local public health system consists of any organization that can support the improvement of community health, including hospitals, health departments, schools and faith-based organizations. The Dallas County CHNA provides insight on the needs and current resources of county residents, including uninsured/underinsured and low-income residents, and residents defined by neighborhood. It will ensure that partner operations remain aligned with the regional needs of residents. The countywide strategic plans and health programs informed by the CHNA are expected to improve the long-term health status of Dallas County residents through effective health services, resources and programs across all industries. The findings represent collective health issues that will require collective responsibility to address them.

The CHNA may complement new Internal Revenue Services (IRS) community health assessment requirements for charitable hospitals as part of the Affordable Care Act (2010). Each charitable hospital must submit a CHNA every three years on a facility-by-facility basis to maintain 501(c)(3) status and avoid an excise tax. The PHI Workgroup made every effort for the county CHNA to complement these requirements as outlined by the IRS. The CHNA takes into account input from persons who represent the broad interests of the community served by hospital facilities in Dallas County, and the report will be made widely available to the public, as specified by the IRS. The CHNA also takes into account input from persons with expertise in public health; federal, tribal, regional, state and local health departments; representatives of medically underserved, low-income and minority populations; and populations with chronic disease needs as specified by the IRS. The workgroup made clear that final legal determination of whether the Dallas County CHNA meets IRS requirements is solely the responsibility of individual organizations; Dallas County HHS, associated contractors and the workgroup are not liable for IRS fines, penalties and taxes resulting from fulfillment, or lack thereof, of the IRS

requirements. In general, the county CHNA was created to be a flexible document that can be edited upon completion to suit unique needs determined by user organizations.

Planning the Assessment

Organizing data for the CHNA required selecting key indicators and deciding how to discuss health in the local community. These indicators relate to diseases, community resources and access to health care. The Dallas County CHNA included interviews, focus groups and abundant secondary data analysis primarily to examine public health and access-to-care indicators. The focus groups and interviews served to:

- Identify CHNA priorities, suggesting approaches for the workgroup's priority-setting process
- Discuss Dallas County healthy communities
- Identify key issues, assets and gaps
- Identify strategies to minimize gaps and reduce inequalities
- Discuss innovative models to improve population health, including local, statewide and national approaches, to determine their relevance for Dallas County
- Determine recommended improvement strategies based on submitted data.

CHNA methodology can differ depending on resources available, service-area size and desired population of interest. Specific data by geographic area allow for a detailed understanding of neighborhoods and are widely used throughout the Dallas County CHNA, but some general state and county-level data are also included. The county is divided into service areas that are commonly discussed throughout the report (*see map*). These are familiar communities referenced often by county residents. Each area was mapped to show the health assets and resources as well as transportation and other services accessible in the area, following the public health concept of healthy communities. Building a healthy community extends beyond medical care to considerations such as access to transportation, housing accommodations, urban planning and outdoor recreation. The approach helps improve the adoption of healthy lifestyle activities and prevent hospitalizations.

A core component of the Dallas County CHNA is visual images of technical data, such as the color-coded map that pinpoints the location of health care resources throughout the county. Geographic Information Systems and other statistical software are used to analyze health and population data.³ The map provides a clear view of the assets and needs in the county by area. The presence of a high concentration of red and blue dots indicates assets. Portions of the county with few or no dots are areas with a need for these services.

Getting Involved

The CHNA concludes with recommendations so that community-based organizations can take action and create improvement plans based on the data presented in the report. The plans should be used to inform strategic and program decisions for all involved.⁵ The following recommendations can be adopted by CBOs, businesses and any organization for which improving health can increase community, employee and client vitality:

- Increase access to prevention services
- Target South Dallas, Southwest Dallas, Southeast Dallas and disparate suburban neighborhoods
- Expand access to primary-care services
- Address common risk factors and improve outcomes for individuals with multiple chronic conditions
- Monitor and address any health insurance coverage and acceptance changes
- Centrally document and build upon existing disease prevention and promotion initiatives
- Reduce 30-day readmissions and preventable hospitalizations
- Collaborate with the Dallas County Behavioral Health Leadership Team for integration of behavioral and physical health
- Communicate messages using culturally competent health literacy approaches.

Any CHNA should be released for public comment as a community-based participatory study. At the heart of the process is the empowerment of communities, their ownership and control of their own endeavors and destinies.⁶ Public comment provided an opportunity to ensure the Dallas County CHNA information was accurate and the voices of the community were heard. The CHNA was released via the Dallas County HHS website, presented at state and local nonprofit meetings and presented to the county commissioner-led Public Health Advisory Committee.

A CHNA has benefits that include serving as a foundation for planning and targeting community health services; raising awareness of key health issues; benchmarking and monitoring health status improvement; and cooperating on regional health improvement.⁷ All proved true for Dallas County.

Notes

1 Institute of Medicine Committee for the Study of the Future of Public Health (1988). National Academy Press, Washington, DC.

2 “Community Health Needs Assessment,” by Michael Bilton, *Trustee: The Journal for Hospital Governing Boards*, vol. 64, no. 9, 2011, pp. 21–4.

3 “Exploring the Role of GIS During Community Health Assessment Problem Solving: Experiences of Public Health Professionals,” by Matthew Scotch, Bambang Parmanto, Cynthia S. Gadd and Ravi K. Sharma, *International Journal of Health Geographics*, vol. 5, no. 39, 2006, www.ij-healthgeographics.com/content/5/1/39. Accessed Nov. 27, 2012.

4 “Horizons: The Dallas County Community Health Needs Assessment,” by Jennifer J. Edwards, Sue Pickens, Lynn Schultz, Nancy Erickson and Don Dykstra, Dallas County Health and Human Services, New Solutions Inc. and Parkland Health and Hospital System, 2012.

5 See note 2.

6 “Community Based Needs Assessment in an Urban Area; A Participatory Action Research Project,” by Saeid S. Ahari, Shahram Habibzadeh, Moharram Yousefi, Firouz Amani and Reza Abdi, *BMC Public Health*, vol. 12, no. 161, 2012, pp. 1–8. www.biomedcentral.com/1471-2458/12/161. Accessed Nov. 26, 2012.

7 See note 2.

About the Authors

Jennifer J. Edwards, PhD leads public health improvement and accreditation readiness at Dallas County Health and Human Services. Edwards has prior experience as a management consultant for national health organizations, and she offers training on program evaluation and health disparities. She has also completed National Institutes of Health research training at the University of Florida and conducted public health research in South Africa. Edwards has written presidential appointee testimony on occupational health, submitted to the U.S. Congressional Record. Edwards earned a PhD specializing in health programs and policy from Howard University in Washington, D.C. She has a BS degree with magna cum laude honors from Florida A&M University. She can be reached at jennifer.edwards@dallascounty.org.

Dawnetta Smith has 10 years of experience in the social work field and has worked in leadership and on the front lines. In 2009, Smith interned with the Legislative Study Group, a caucus of the Texas House of Representatives. She has also worked with some of the most vulnerable populations, making it her life’s work to serve others. In 2011, Smith was selected to participate in the Bush School of Government and Public Services Emerging Leaders Conference at Texas A&M University.