KANSAS HEALTH MATTERS: COMMUNITY HEALTH NEEDS ASSESSMENT

Health Department and Hospital Crosswalk

MAY 2014

Authors

Prepared by the Kansas Health Matters Partnership

Point of Contact

Sarah Hartsig, Kansas Health Institute

This table presents a cross walk between features recommended for community health assessments and improvement plans performed by local health departments and 501(c)(3) hospitals. More details can be found on KansasHealthMatters.org, click on "CHNA Toolbox."

**Italics = These features are good practices, but not required.*

	LOCAL HEALTH DEPARTMENTS	HOSPITALS
1.	Completed within past five years	• Completed at least once every three years. • First must be completed by end of tax year beginning after March 23, 2012.
2.	• Documents available to the public • Make assessment widely available to the partners	Make assessment widely available to the public: • Post on hospital or related website. • Make copies available upon request.
3.	CHIP aligned with state and national priorities (e.g. Healthy People 2020)	
4.	A model described to guide CHA-CHIP	
5.	Participation of representatives from a variety of sectors of the community Regular meetings and communications	• Include input from persons having public health knowledge or expertise. • Include input from persons who represent the broad interest of the community. • *Collaboration with other hospitals, if the community is defined to be the same.* • *At least one state, local, tribal or regional governmental public health department.*
6.	Community had the opportunity to review and comment on preliminary findings of the community health assessment	A summary of how and when community input was collected.
7.	Two or more populations at higher risk for poor health outcomes must be included	Engage leaders, representatives or members of medically underserved, low-income and minority populations and populations with chronic disease needs. *Seeks community input that reflects the racial, ethnic and economic diversity of the community.*
8.	Engagement of governing entities about policies and/or strategies that will promote the public's health.	
9.	Balance of power and leadership	*Form assessment team/advisory committee that include key staff within the organization and community representatives.*

	LOCAL HEALTH DEPARTMENTS	HOSPITALS
10.	Conflict resolution	
11.	Stakeholders satisfaction with process	
12.	Variety of data sources	Analytical methods applied to identify community health needs.
13.	Primary data collected (e.g., disease reports, surveys, public hazard reports, focus groups, etc.)	Collects community input using community forums, focus groups, interviews, and/or surveys.
14.	Secondary data utilized	*Demographics, health indicators, health risk factors, access to health care services (rates of uninsured, availability of primary care), social determinants of health, etc.*
15.	Demographic data	Description of the community served by the hospital facility and how it was determined
16.	Data on social determinants	*Social determinants of health (education, environmental quality, housing).*
17.	Health issues for specific groups described	*Health indicators (leading causes of death and hospitalization), health risk factors (tobacco use, obesity).*
18.	Disparities in health status	
19.	Discussion of contributing causes of health challenges (e.g. environment, behavior, policies)	
20.	Assets and resources described (e.g., community asset mapping)	Include a description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.
21.	Data sources cited	Describe sources and dates of data.
22.	Comparisons of local data	*Analyzes data collected and reviewed using:* • *Comparisons with other communities.* • *Comparisons with federal or state benchmarks.* • *When available, trends within the community.*
23.	Trends and health challenges reported	

	LOCAL HEALTH DEPARTMENTS	HOSPITALS
24.		Describe information gaps.
25.	Information from the profile provided to stakeholders	• Describe of how the hospital organization took into account input from persons who represent the broad interests of the community. • Develops a summary (written report) of the CHNA.
26.	CHA-CHIP includes issues and themes identified by stakeholders	
27.	Criteria for setting priorities established and agreed upon	Describe the process and criteria used in prioritizing health needs.
28.	Criteria for setting priorities utilized.	Include a prioritized description of the significant community health needs identified through the CHNA.
29.	In establishing priorities, the plan must include consideration of addressing social determinants of health.	
30.	CHIP contains measurable objectives and timeframe for completion.	
31.	Data used to inform public health policy, programs.	
32.	CHIP identifies improvement strategies that are evidence-informed.	
33.	CHIP contains policy changes.	
34.	Implementation of health promotion strategies.	Adopt a written implementation strategy to address identified community needs Implementation strategy may include only some of the prioritized needs, as long as it describes why some were left out.
35.	Marketing of health promotion strategies.	Implementation strategy must be widely available to the public: • A complete version of the CHNA must be conspicuously posted on the web site. • The report must remain on the web site until two subsequent reports have been posted. • A paper copy must be available to the public without charge.

	LOCAL HEALTH DEPARTMENTS	HOSPITALS
36.	Implement elements and strategies of CHIP as planned, according to the plan timeline.	• Hospital Board of Directors must approve written implementation strategy. • Attach Implementation strategy to Form 990. • Include annual updates describing actions taken during that tax year.
37.	CHIP identifies stakeholders that accept responsibility for implementation.	• Describe how the hospital facility plans to meet the health need. a) Identify programs and resources. b) Describe planned collaboration with other entities and outline which entity is responsible for each of the implementation components. • Describe any identified needs not addressed.
38.	CHIP includes priorities and action steps for entities beyond just LHDs.	Hospitals who collaborate on the CHNA may share joint reports and implementation strategies.
39.	Evidence of seeking resources to support agency programs.	
40.	CHIP contains plan for measurable health outcomes.	*For each prioritized need, identify the goal to be achieved, the anticipated impact, measurable objectives, indicators for determining if objectives were met, and a measure to evaluate the impact.*
41.	CHIP contains plan for performance indicators to measure implementation progress.	Implementation strategy must be adopted by the end of SAME tax year in which the CHNA is conducted.
42.	Revise CHIP based on evaluation results.	Consider input on existing CHNA or implementation strategy as part of conducting the next required assessment.
43.		• $50,000 excise tax applies for failure to meet assessment rules. • Tax potentially applicable annually.