



Community Needs Assessments and the Patient Protection and Affordable Care Act

**An overview of how hospitals can
comply with the new legislation**

2011

Agenda:

The Research and Evaluation Group

The Patient Protection and Affordable Care Act

Community Health Needs Assessments

Community Health Data Base

The Research and Evaluation Group:

Who We Are and What We Do

Who we are:

- **Approximately 30 professional and support staff**
- **Over 35 Current Projects**
- **Contracts, Cooperative Agreements, and Grants**

What we do:

- Mapping and GIS
- Outcomes measurement training and technical assistance
- Community and population needs assessments
- Capacity building assessments
- Instrument and form development
- Surveys, key informant interviews, focus group discussions
- Proposal development and writing
- Investigator-led scientific studies
- Database development
- Technical and policy reports

Our Clients and Partners

Private, for- and non-profit organizations

Government

- City
- County (Southeastern PA, NJ and DE)
- State
- Federal (CDC, NIDA, AHRQ, CSAT, CSAP)

Foundations

- Pew Charitable Trusts
- William Penn
- Kellogg
- Annie E. Casey
- Merck
- Robert Wood Johnson

Selected Current and Recent Projects

Community Health Monitoring and Tracking Programs

- **Community Health Data Base**

Population and Community Assessments

- **General Community Needs Assessments**
- **Health and Social Service Needs of Community-Based Older Adults**
- **Transgender Population Assessment**
- **Needs of Persons Accessing Hotlines for Domestic Violence**



Our Expertise in Community Health Needs Assessments

PHMC's Research and Evaluation Group has conducted many community health needs assessments over the past 20 years:

- **Organizations we have worked with include:** small hospitals, large hospital systems, hospital foundations, county health departments, state and local government, and other non-profits.
- **We have experience both locally and in other areas of Pennsylvania, New Jersey, and Delaware.**
- **We are experts in a wide variety of data collection and analysis -** mail, telephone, and web-based surveys, informational interviews, and focus groups.
- **We are a public health institute with strong ties to local communities, including major stakeholders.**

Introduction: The Patient Protection and Affordable Care Act

The PPACA

What does Section 501(r) of the Act require regarding Community Needs Assessments?

Section 501(c)(3) Hospitals – In order to maintain their tax-exempt status under Section 501(c)(3), non-profit hospitals must conduct a community health needs assessment every three years.

Needs assessment results – must be reported on the hospital's Form 990.

What is the Definition of a Community Health Needs Assessment in the Act?

There is no definition. The American Hospital Association proposes:

- A CHNA is a written document developed by a hospital that includes the following:
 - A description of the process used to conduct the assessment;
 - How the organization took into account input from community and public health members;
 - A description of the community served, its health needs, which needs the organization needs to address, the reasons those needs were selected, and a summary of the implementation strategy.

PPACA Community Needs Assessments

Who is required to conduct the needs assessment?

All Section 501(c)(3) non-profit hospitals and health systems must conduct a needs assessment.

Other types of non-profit hospitals may not be included - the Act is unclear whether hospitals exempt from taxation under Section 115 of the Tax Code or Treasury Regulation Section 1.103-1(b) may not be included.

What about systems with multiple hospitals?

Are multiple needs assessments required?

Yes. Each hospital in a health system must conduct an assessment of health needs in its service area.

Several hospitals may conduct an assessment together as long as each separate service area is assessed.

When is the first assessment due?

By the end of the tax year beginning March 23, 2012.

There are different deadlines for hospitals with Fiscal and Calendar Years.

The latest date for conducting the assessment is 2013.

The penalty for noncompliance is \$50,000 for each period.

Are there other requirements?

Yes. The needs assessment must:

- Take input from individuals representing the broad interests of the community, including those with public health expertise;
- Disclose on its annual 990 Form how it is addressing the needs identified in the assessment, and if not, why not;
 - The AHA proposes using state requirements already in existence for community benefit plans.
- Must make the information in the assessment widely available.
 - The AHA proposes using the same process used in making the Form 990 available.

Community Health Needs Assessments: **What are they?**

A community needs assessment is a “snapshot” of the health of the community.

Needs assessments have been broadly defined as:

A community-based process for assessing a broad range of individual, environmental, cultural and health-related information on which to base future decisions and actions impacting the health of the community (PA Rural Development Council, 1996)

There are two different needs assessment models.

The “medical model” and the “asset map.”

- **The medical model** looks for current needs and available resources to identify unmet needs
- **The asset map** looks for community strengths as well as unmet needs and includes “asset mapping.”

What are the major steps in a needs assessment?

Needs assessments are a 10 step process for data collection, analysis, and community organizing:

1. Define your purpose and community	6. Collect and analyze your additional data
2. Recruit stakeholders for work group	7. Specify community needs
3. Identify and acquire existing data	8. Inventory your resources
4. Analyze your data	9. Identify gaps in services and priorities
5. Identify any additional data you will need to collect	10. Theory of change program model

Step 1. Define your purpose and community

What is the purpose of the needs assessment? Is everyone agreed?

What financial resources are available?

Is your community a geographic place or a service area, or a smaller subarea?

Step 2. Recruit Stakeholders

Who are the inside and outside stakeholders who are essential to include?

How should you include them?

When should you include them?

What incentive do they have to participate?

Can you meet their expectations?

Step 3-4. Identify, Acquire, and Analyze Existing Data

U.S. Census and other surveys with local data

Vital Statistics on births, birth outcomes, deaths, disease prevalence

BRFSS personal health behaviors for adults and youth

Hospital inpatient data (including avoidable conditions)

PHMC SEPA Household Health Survey

What type of information do you need?

Needs assessments commonly include quantitative information on:

- **Demographic characteristics of the population**
 - Identifies size and type of group at risk for unmet needs
- **Health status**
 - Prevalence of chronic disease
 - Disease specific mortality rates
- **Personal health behaviors**
 - Affect risk for disease
- **Health screenings**
 - Prevent more serious consequences
- **Access to primary care**
 - Related to disease management and cost of care
- **Other relevant issues**

Qualitative information is included to provide more detail on local conditions, include stakeholders.

Step 5. Identify Additional Data You Will Need to Collect

What information do you still need to collect in order to accomplish your needs assessment goals?

- **What are the causes of the problems identified by our analysis of the existing data?**
- **Are there any additional problems identified by the community in the data, focus groups, key informant interviews?**

Step 6. Collect and Analyze Additional Data

What data collection methods will you use?

Quantitative

- **Telephone, mail, in person surveys**
- **Methodology, cost, and validity concerns**

Qualitative

- **Focus Groups**
- **Informational interviews**
- **Community meetings**

Step 7. Specify Community Needs

Employ a mixture of quantitative and qualitative data

- **Quantitative provides an overall picture**
- **Qualitative data provides specifics**

Step 8. Inventory Resources

Resources

- **Service capacity, location, and target population**
 - Internet, referral agencies, directories, telephone survey
- **Community strengths**
 - Individual and organizational
 - Stakeholders, informational interviews, focus groups

Step 9. Identify Gaps in Services and Priorities

Compare needs to existing resources

Identify needs that can be addressed by stakeholders

Prioritize needs

Obtain consensus on needs and priorities from stakeholders to obtain buy in

Step 10. Theory of Change Program Model

Problem or Issue Statement

Community Needs

Desired results, outcomes, outputs, and impacts

Influential factors

Strategies

Assumptions

The PHMC Household Health Survey: Your Best Tool for Community Needs Assessments

Southeastern Pennsylvania Household Health Survey

➤ Survey began in 1983

- Since 1994, fielded every other year
- Interviews conducted by telephone using **random digit dial**



➤ Interviews conducted in **10,000 households every two years.**

- About 3,000 additional interviews about a selected child conducted with a child proxy
- Total sample size: about **13,000 adults and children**

Southeastern Pennsylvania Household Health Survey

➤ Geographic Reach:

- Bucks
- Chester
- Delaware
- Montgomery, and
- Philadelphia Counties



A trusted and comprehensive source of community health data for the region

- Adult & child respondents selected using last birthday method.
- Oversample of persons 60+ and 75+
- Interviews in English & Spanish. Foreign-language proxy, if needed.

Topic Area: Health Status

- ✓ Self-reported health status
- ✓ Chronic health conditions: Asthma, Diabetes, high blood pressure & cholesterol
- ✓ Use of prescription medications for asthma
- ✓ Hypertension and high cholesterol control
- ✓ Obesity (BMI calculation)



Documenting and monitoring health status, chronic conditions, and health disparities has been a keystone of PHMC's Southeastern Pennsylvania Household Health Survey for more than 25 years.

Topic Area:

Disease Prevention & Access to Care

DISEASE PREVENTION

Routine Screening and Exams

- Dental visit
- Eye examination
- Blood pressure reading
- Cholesterol check
- HIV Testing
- Pap smear
- Clinical breast exam
- Mammogram (40+)
- Prostate (45+)
- Flu, pneumonia vaccination (60+)

Topic Area:

Personal Health Behaviors

- Smoking status, frequency
- Smoking quit method and duration of cessation
- Advised by a doctor to quit smoking
- Exposure to cigarette smoke in household, car
- Use of other tobacco products
- Advised by doctor to lose weight
- Number of servings of fruits & vegetables
- Fast food consumption
- Exercise frequency
- Sleep – duration and quality



Topic Area: Health Insurance

PHMC's Household Health Survey has many questions pertaining to health insurance coverage with a special focus on at-risk populations.

- Current source(s) of health coverage, name of insurer
- Respondents without health insurance during past year: length of time; ability to get care
- What is the primary reason for lack of coverage
- Coverage for prescription drugs; dental care
- Medicare Part D
- Visited E.R. due to lack of health insurance



Topic Area:

Mental Health & Environment

MENTAL HEALTH

- Diagnosed mental health condition
- Receiving treatment for mental health condition
- Older adult depression scale
- Level of stress in the past year
- Use of professional mental health services

SAFETY & VIOLENCE

- Firearms in the home
- Firearms kept in a locked place/trigger lock
- Personal safety (feeling of safety in community)

Topic Area:

Social Capital and Neighborhood

SOCIAL CAPITAL

- Involvement in local groups & organizations
- Willingness of community to help neighbors
- Neighbors have worked together
- Community improvement
- Sense of belonging to the community
- Feelings of trust in the community



HOUSING & NEIGHBORHOOD

- Access to fresh produce
- Use of neighborhood recreational facilities
- Reasons for physical inactivity
- Affordable housing
- Rent or own home

Topic Area: Older Adults

Older adults are extensive users of health care. The survey includes a series of questions about older adults, their health, happiness, and ability to live independently.

- **Housing and environment**
- **Use of aids** and prosthetic devices
- Home health services and caregiving
- Use of formal in-home care and payment



- **IADL Impairments** (i.e. using phone, shopping walking, meal prep, cleaning, handling money, etc.)
- **ADL Impairments** (i.e. bathing, grooming, eating, etc.)
- **Use of informal help** with IADL and ADL
- **Social supports & services:** contact with friends and relatives, familiarity, use, and need for activities at senior center, food programs, transportation, PACE/prescription drug assistance, senior helpline

Additional Topic Area: Socio-demographics

- Age
- Gender
- Employment status
- Education
- Race
- Ethnicity: Hispanic or Latino descent
- Income
- Marital status
- Sexual Identity
- Welfare (TANF, SSI, SSDI, GA,WIC)
- Religious affiliation & attendance
- Country of birth
- Speak language other than English in home/language
- Experiences of racial/ethnic discrimination
- Geographic location





For more information about the Research and Evaluation Group at PHMC

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