

## Guidance Document for completing a VT FQHC Community Health Needs Assessment

### Introduction:

Community Health Needs Assessments (CHNAs) are an important process in meeting the needs of your community and service area and are required under the Health Center Compliance Manual. The definition of a CHNA is a combination of qualitative and quantitative measurements which can help provide information about the health and human service needs of your community or service area.

### Qualitative versus Quantitative data:

**Quantitative data** refers to data that is measured numerically. Quantitative data is measured in counts, incidence rates, etc. This type of data can answer questions with reference to the quantity of a variable. **Qualitative Data** can be defined as data that is non-numerical and descriptive. Qualitative data can refer to the quality of a variable. It is important that CHNAs contain both quantitative numerical data with qualitative descriptive data to provide a full scope of the communities' characteristics and landscape.

### Primary and Secondary Data Sources.

#### Primary data sources:

Primary data sources can be defined as data collected by the FQHC/CHC itself, not by another organization. The main forms of primary data collection include:

- **Key Leader/Informant Interviews:** Key Leader and Informant Interviews are interviews with the key leadership in your community. These community leaders may be able to convey what their organizations have identified as important challenges and successes in the community.
- **Focus Groups:** Focus groups are groups comprised of key leaders and community members to discuss community successes and areas for improvement. These differ from interviews by allowing leaders to come together and create a consensus on key issues. Focus groups also allow for community participation at the organizational and individual level.
- **Surveys:** Surveys can be distributed to community members via mail, telephone, or web-based platforms like Survey Monkey. Sample questions can be found in Appendix 1 on page 5.
- **Physician Panels:** Physician panels can help qualitatively identify needs from a healthcare provider perspective. It is recommended that these are conducted with other data sources.
- **Patient Satisfaction Surveys:** Patient Satisfaction surveys may help patient's voice concerns that they have noted. Satisfaction surveys also provide a benefit as they may be anonymous and allow for patients to voice concerns they may not otherwise be comfortable discussing in a focus group. However—this may not provide data on needs of non-patients. This should be combined with other methods to receive full community perspective.
- **Community Town Meetings:** Community Town Meetings may also provide opportunity to assess needs of the community by allowing for large group of individuals to convene to discuss potential community challenges.

**Secondary Data Sources:**

These sources contain **qualitative** or **quantitative data** collected by outside organizations that may serve to identify strengths and areas of need in your community. These sources may have data at the State, County, or town level. Due to small population size, much of Vermont's secondary source data is available at the State or County level. **A list of secondary sources used by other VT FQHCs/CHCs may be found in the VT FQHC CHNA Secondary Data Source list.** These sources can include your local VT Department of Health office, local hospital CHNAs, local organizations such as non-profits, chambers of commerce, and larger national organizations such as the U.S. Census, CDC, etc.

**What should the CHNA look like?**

There isn't a one-size fits all format for a CHNA, however, thorough CHNAs all have similar components that provide the detail needed for a complete picture of the community. In 2018, nine Vermont FQHCs were interviewed regarding their CHNAs, and their CHNAs were analyzed for similarities. Common elements were found in all of the CHNAs, and are listed below in detail.

**Common Elements of Community Needs Assessments:**

**Introduction/Background:** Most CHNAs provide an introductory portion that provides general information on the service area. This can include unique geographical features, basic information on population and demographics such as the population or the size of the town, and any other unique information about the service area.

**Map of Service Area:**

In addition to the geographical descriptions and basic information in your introductory portion of your CHNA, maps of your service area are also recommended. While much of your CHNA audience may be local community members and partners, including a map provides a visual representation of your service area. UDS Mapper is a tool that can be used to create a map of your health centers service area by Zip Code Tabulation Area or ZCTA. UDS Mapper also allows the user to apply layers to the maps to highlight Health Professionals Shortage Areas and Population. UDS Mapper also provides a visual map on other factors like Health Center Penetration of the Service area, Population Race/Ethnicity, and other important factors. These maps may service as a great bridge between the physical and geographical information in the introduction section to the Demographic and Socioeconomic profile explained below.

**Demographic and Socioeconomic profile.** The demographic and socioeconomic profile can be included in the introduction/background of the CHNA or it can be a standalone section. Using primary and secondary source data, as well as both qualitative and quantitative data, the CHNA should outline a demographic and socioeconomic profile for the service area. This should include information on a variety of socioeconomic and demographic topics that impact health (also referred to a social determinants of health). This can include information on average salaries, education levels and high school graduation rates, data on the number of racial or ethnic populations, information on homeless populations and/or references to any other special populations, etc.

### Health Profile and Areas of Need:

This section of the CHNA is where the main discussion of the communities health needs occurs. As data for the community health needs assessment is being collected, the health profile and needs for the service area will most likely become apparent. In this section, the findings of the data collection should be outlined for the audience. For example, if during data collection there is a large amount of data to support an increase in diabetes prevalence, this should be noted in this section. This section should discuss the health findings unique to the service area and how it compares to state and/or national data to highlight why this is a health issue in the community. For example, if teen pregnancy rates in the service area are 50% higher than the Vermont average and 30% higher than the national average then access to women’s health and contraceptive services may be a community health need in the service area.

### Data Tables, Charts and Visuals:

Using visuals like data tables, charts and other graphics to illustrate the needs of your service area is highly recommended. If a visual serves to highlight a particular health need, it should be included in the CHNA under the subheading of the identified health need. This also helps to prevent the narrative section of the demographic/socioeconomic and health profiles from being a list of statistics or percentages and allows for more discussion. An example of an appropriate chart for a visual representation of a health need is provided below.

Health Indicator	Incomes less than \$25,000	Incomes Above \$25,000 And Less than \$50,000
Report Fair or Poor Health	22%	9%
Report Poor Physical Health	16%	5%
Report Poor Mental Health	15%	9%
No Doctor Because of Cost	13%	9%
Overall Disability	35%	22%
Diagnosed with Arthritis	29%	26%
Diagnosed with Depression	39%	26%
Diagnosed with Asthma	22%	10%
Diagnosed with Cardiovascular Disease	12%	7%
Diagnosed with Diabetes	9%	10%
Diagnosed with COPD	11%	4%

Source: Community Health Centers of Burling SAC Application, 2018

### Existing Efforts to Address the Health Need

When writing the health profile and identifying the areas of need in your CHNA it is important to also mention some of the existing efforts at your FQHC to address these needs. This does not have to be an exhaustive list, however this does help identify existing programs and reduce the likelihood of duplicated efforts in the future. For example, if teenage pregnancy is a health issue for your service area,

and your FQHC provides women's health and contraceptive services and counseling, this should be noted. This can be included in your health profile under the subheading of the particular topic.

### **Conclusions:**

This section should provide a clear summary of the findings of the CHNA and begin the conversation of where the community should go from here. The conclusion section should summarize the key health issues identified, the existing services to address the health issues, and set the stage for the discussion of what the gaps in services are and how the health issues should be addressed going forward. This section does not need to outline a plan for addressing all the gaps in services, as this may be more appropriate in another document such as the health center strategic plan. However, the conclusion should set the stage for another discussion as to how these health needs can be addressed through service expansion, etc.

### **Other Considerations for a CHNA**

#### **Linkage with Strategic Plan**

Many FQHCs surveyed used their CHNA as a part of the strategic planning process. This is a great approach as it allows the data gathered in the CHNA to guide the strategy for increasing services to meet the needs of the service area.

#### **Partnering with local regional medical center of hospital**

Conducting a CHNAs can be a process for which time and staff resources are limited. Many FQHCs surveyed indicated that they do not complete the CHNA process alone as the data collection and analysis can be time consuming. However, most FQHCs do not contract out for their CHNAs as the information gathered is very important to their mission and strategic plan, so exposure to the findings is very important. One way that FQHCs can conduct their CHNA in a cost effective manner is to partner with the local regional medical center or hospital to conduct the CHNA. Hospitals conduct relatively large scale CHNAs and have greater access to resources to do so. Partnering with local hospitals is one way in which FQHCs can conduct a CHNA while building stronger relationships with the other healthcare organizations in the service area. Even if a FQHC is unable to partner with a local medical center or hospital, all hospitals publish their CHNAs and they can be used as a secondary data source to complement a FQHC CHNA.

### **What is the Timeframe for planning to Conduct a CHNA?**

#### **Timeline for Completing a CHNA**

CHNAs can be a lengthy process for an FQHC. Of the 9 FQHCs surveyed, the average amount of time to conduct a CHNA was approximately 6 months to a year. This time can increase if new community surveys are developed, new data sources are explored, or new focus groups are convened.

### How often are CHNAs conducted?

FQHC CHNAs must be conducted **every three years** in accordance with the Health Center Compliance Manual and Health Center Site Visit Protocol. Per HRSA, completing these CHNAs at least once every three years for the current or proposed population allows for the FQHC to inform and improve the delivery of health care services for that population. That being said, of the FQHCs surveyed, many find that completing yearly updates to their CHNAs is helpful in addressing acute needs that arise and “keeps them on track” in addressing the health needs of their service area.

### References:

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4. Trochim, William M. The Research Methods Knowledge Base, 2nd Edition. 2018, <http://www.socialresearchmethods.net/kb/>
5. CDC Community Needs Assessment Participant Work Book, 2013. [https://www.cdc.gov/globalhealth/healthprotection/fetp/training\\_modules/15/community-needs\\_pw\\_final\\_9252013.pdf](https://www.cdc.gov/globalhealth/healthprotection/fetp/training_modules/15/community-needs_pw_final_9252013.pdf)
6. Best Practices for Community Health Needs Assessment and Implementation Strategy Development: A Review of Scientific Methods, Current Practices, and Future Potential. Centers for Disease Control and Prevention. 2011. <http://www.phi.org/uploads/application/files/dz9vh55o3bb2x56lcrzyel83fwfu3mvu24oqqvn5z6qaeiw2u4.pdf>.

### Appendix 1: Sample Survey Questions

- Are you a resident of \_\_\_\_ County/Service Area/etc?
- How long have you been a resident of this county/service area?

- In the past two years, did you or your family want or need these services? (Include list of health care services, ie. annual checkup in a doctor's office, mental health counseling, cancer screening, etc)
- In the past two years, did you or your family have difficulty accessing services listed above (include space to check yes or no)
- What is your age group?
- What is your highest level of education?
- What income level is your household?
- In your opinions, what are three most important factors for a healthy community?
- What do you think are the top three health challenges in your community?
- What are your top three health challenges?
- How would you rate the community's overall health?
- How would you rate your own personal health?
- How do you pay for your health care? (cash/no insurance, Medicaid, Medicare, etc)
- Do you have a primary care doctor for your routine health needs?
- Do you have any suggestions for improving the health of the community?