

Kansas State Health Agency Supports Community Health Needs Assessment Through Mini-Awards

Community health needs assessments (CHNAs) and implementation strategies are new requirements for tax-exempt hospitals under the Patient Protection and Affordable Care Act (ACA). These assessments and strategies create an important opportunity to improve the health of communities by ensuring that hospitals have the information they need to provide benefits that meet their communities' needs. They also provide an opportunity to better coordinate hospital community benefits with other efforts to improve community health.

In March 2011, the Kansas Hospital Association (KHA) and the Kansas Association of Local Health Departments (KALHD) signed a [joint resolution](#) encouraging local health departments and hospitals to work together in conducting community health assessments (CHA) and CHNAs. Later that year, the Kansas Department of Health and Environment (KDHE), the [Kansas Health Institute](#), KHA, KALHD, and Kansas Association for the Medically Underserved established the [Kansas Partnership for Improving Community Health](#) (Kan-PICH) to support communities conducting CHNAs/CHAs and community health improvement plans through coordinated efforts. While state-level resources were widely available, public health departments and hospitals sought additional support to carry out local activities to engage their communities in assessing their health needs. To address this gap, KDHE created a mini-award opportunity intended to provide improved capacity for communities to complete their CHNA/CHAs and develop implementation strategies to maximize community benefits by meeting hospitals' needs for CHNAs and local health departments' needs for CHAs and accreditation.

The Kansas mini-award opportunity brought local health departments, hospitals, and community partners together to make progress toward meeting the requirements of the community health needs assessment and community health assessment.

Steps Taken

In late 2011, the KDHE Local Public Health Program and its State Office of Rural Health initiated conversations with internal and external partners to learn more about how they were supporting CHNAs/CHAs. KDHE learned that a number of resources and different models existed that could support these partners collaborating to meet the CHNA/CHA requirements. KDHE also recognized that, to support their limited capacities, the state needed to promote collaboration between local health departments (LHDs) and community hospitals. Revamping its existing rural community engagement project, the State Office of Rural Health developed small awards of up to \$4,000 that were available to local communities to support work toward the completion of CHNAs/CHAs. While the funding was solely the responsibility of the State Office of Rural Health, the Local Public Health Office played a crucial role in designing and conducting the project. The primary goal of the awards was to facilitate collaboration between LHDs and hospitals. The secondary goal was to support community capacity to complete CHNAs/CHAs.

Although LHDs and hospitals possess the basic knowledge and skills to engage their communities and begin CHNA/CHA work, they have limited staff and lack flexibility in finances available to cover expenses

incurred for community meetings and other activities. Therefore, funding was designed to be flexible to promote local capacity-building, with restrictions placed on the portion of funding that could be used to pay for out-of-county resources (e.g., consultants).

KDHE developed a 15-step [application](#) to help communities start some of the necessary planning for the CHNAs/CHAs. The goal was to assist communities in making systematic progress toward community engagement. The award application asked communities to develop timelines for each of the action steps in the process. The application did not specify a lead award agency, but did require signatures from both LHD and hospital representatives as a demonstration that they were willing and committed to working together. Applicants were also required to identify possible community leaders from key sectors that they could recruit for participation in their community team work.

Results

The first two cohorts of grantees were awarded in February/March 2012 and a third cohort in November 2012. Kansas has a wide range of population densities, including large rural and frontier areas with limited ethnic/racial diversity. Many of the communities that received awards have high elderly and low-income populations. To date, 32 communities have received a total of \$119,000 in funding through the mini-awards, which they are using to demonstrate their ability to systematically work with community partners to complete CHNAs/CHAs and develop implementation strategies. Almost all of the awardees received the maximum \$4,000 award.

Funds have primarily been used for hiring facilitators, paying for staff time, and direct meeting expenses. Throughout the process, KDHE has relied on community teams to ask questions as they develop the partnerships and capacity needed to complete the CHNAs/CHAs. KDHE supports the communities by responding to technical assistance requests and providing any available resources that are needed.

Awardees are required to do mid-year and year-end progress reports as they advance through the process. A summary of the first two cohorts' progress is currently in development and tentatively scheduled to be published in August 2013. In addition, KDHE is interested in conducting a follow-up survey with the grantees that includes specific questions on partnerships and progress.

Lessons Learned

Internal and external partnerships were essential to launching the mini-awards and supporting the awardees. With finite staffing and resources, KDHE was mindful of the work their state partners, such as Kan-PICH, Kansas Health Institute, and the University of Kansas, were already doing to improve community health, and leveraged those resources to respond to technical assistance requests from the local level.

While the award application was developed to allow LHDs and hospitals some flexibility in developing their local capacity-building efforts, KDHE learned that communities were still looking for more specifics around the content of the CHNA/CHA documents and the steps needed to meet the requirements. The design of the award application did, however, encourage LHDs, hospitals, and community partners to come together to start some of the CHNA/CHA planning. These partners were able to collaborate, further develop relationships, and make progress toward meeting the CHNA/CHA requirements.



Healthcare and State Health Agency Collaboration Around Community Health Needs Assessments

By leveraging resources that were already available, KDHE and its partners were able to achieve greater results without exceeding their capacities. The Kan-PICH [Kansas Health Matters online portal](#) was designed to help hospitals, health departments, policymakers, community planners, and community members learn about issues, identify improvements, and collaborate to create positive change. It has helped teams with data requests through the community dashboards and allows access to information about community health in Kansas. The portal includes a specific section dedicated to the resources and tools needed to assist and support CHNAs/CHAs and community health improvement efforts. One such resource is the “Health Department and Hospital Crosswalk,” which compares the requirements for CHNA for LHDs and nonprofit hospitals. The University of Kansas also has an online [community toolbox](#) with training modules designed to promote community health and development.

Long Term Goals and Sustainability

KDHE’s primary goal in developing the mini-award opportunity was to facilitate collaboration between LHDs, hospitals, and community partners. With the 32 communities that have been reached through the awards, KDHE successfully supported partner engagement and began planning and fostering the collaboration needed to meet the new CHNA/CHA requirements. As the mid-year and year-end progress reports and any subsequent surveys are analyzed, KDHE will be able to learn about the common strategies and approaches that the community teams are taking and then share them with other communities statewide. LHDs’ responses to a state-wide survey in March 2013 indicated that 40 (out of 105) counties have completed a CHNA within the past 18 months. Twelve of the 21 first cohort awardees reported completing a CHNA, with an additional four awardees reporting significant progress.

KDHE’s secondary goal was to help communities build the capacity needed to complete the CHNAs/CHAs. This has been an ongoing process, especially for awardees that have relied on vendors or consultants. The hope is that there will be less reliance on external consultants as collaborations continue to grow and more community partners are involved in the health assessment and improvement planning. The next steps of this local public health and rural health collaborative work will be to support communities in developing community health improvement plans and linking strategies to evidence-based models and the Healthy Kansans 2020 goals and priorities.

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