

# Partnering on a Joint Community Health Needs Assessment in Williamson County:

## *Process and Lessons Learned*

Different entities are required to perform community health assessments. In many communities, more than one entity is charged with this task. This report documents the coordinated effort of a local health department and three non-profit hospitals serving the same region to conduct a joint Community Health Needs Assessment. Their experience provides guidance for other entities seeking to work together in order to reduce duplication of efforts, maximize resources, and produce a more robust health assessment in their communities.

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## INTRODUCTION

Identifying and addressing the factors that influence health at a population level is an increasing focus both within and outside of the health care system. One valuable tool in the effort to improve population health is the community health needs assessment.<sup>1</sup> A community health needs assessment identifies key community health needs through a comprehensive process of systematic collection and analysis of qualitative and quantitative information. The assessment is followed by an improvement plan which describes the specific actions that those involved in creating the plan will take to address the identified needs. This whole process, if done well, increases the ability of communities to invest resources to maximize desired population health outcomes. The process can also lead to greater cooperation among the stakeholders working to support the health and well-being of their community.

Several different entities are required to perform community health needs assessments at regular intervals. These entities include non-profit hospitals (per Internal Revenue Service (IRS) policy) and local health departments that are seeking accreditation by the Public Health Accreditation Board (PHAB). (See Table for more details). The IRS calls these assessments Community Health Needs Assessments (CHNA), while the PHAB calls them Community Health Assessments (CHA). The Texas Health Improvement Network website [provides an interactive map](http://www.texashealthimprovement.org/chna) with links to CHNAs by Texas non-profit hospitals and CHNAs accredited health departments, along with the corresponding improvement plans.<sup>2</sup>

Given that all non-profit hospitals are required to perform a CHNA, and local public health departments

seeking accreditation are required to perform a CHA, many communities have multiple parties generating similar community assessments<sup>3</sup> in roughly the same geographic area and population. Under these circumstances, both the IRS and the PHAB not only allow but encourage these entities to work together to share in the effort and cost to collect data and generate the community assessment. This cooperative, coordinated approach not only increases the efficient use of resources, it also reduces respondent burden, as many of the same community stakeholders are sought to participate in the community assessment process and to be key informants for qualitative data collection.

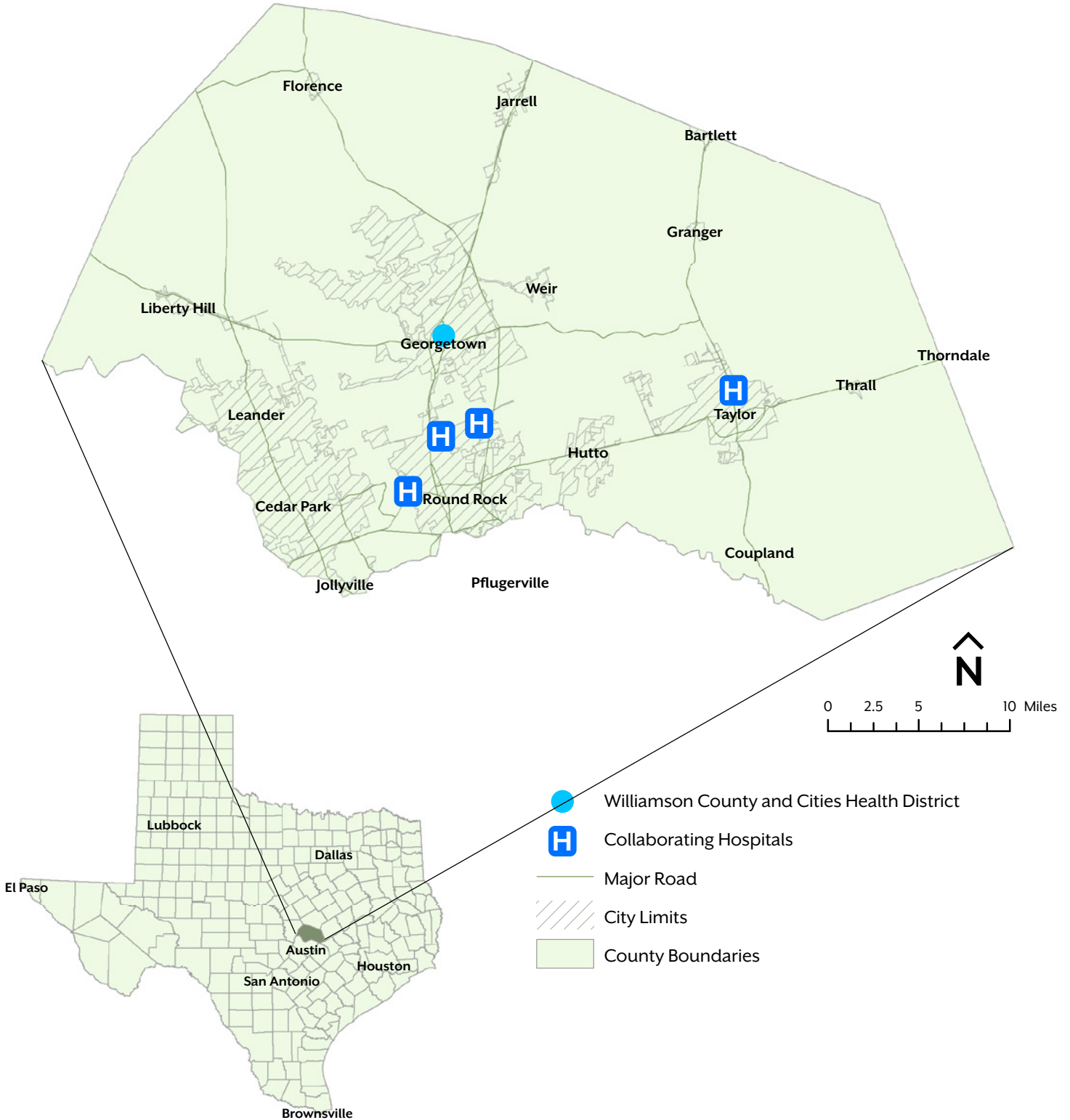
This report describes the history, process, challenges, and keys to the success of a joint community assessment process that took place in Williamson County, Texas. One of the fastest growing counties in the US, this central Texas county lies north of Travis County and the City of Austin, and is home to over a half million residents. In 2016, the Williamson County and Cities Health District (WCCHD) and the three non-profit hospitals in the county collaborated to produce a community assessment that fulfilled the obligations of each organization. Information for this report came from interviews with six staff who were integral to the assessment process. At least one staff member at each of the four institutions involved in the partnership was interviewed. We hope this case study can be a resource for others in Texas and the US who are interested in conducting a joint community assessment through a multi-institutional partnership in their community.

1- Wright, J., Williams, R., & Wilkinson, J. R. (1998). Development and importance of health needs assessment. *BMJ* : British Medical Journal, 316(7140), 1310-1313.

2- <http://www.texashealthimprovement.org/chna>

3- In this report, the term “community assessment” is used to refer to CHNAs and CHAs collectively.

## MAP OF WILLIAMSON COUNTY, TEXAS



**Table.** Comparison of Non-Profit Hospital and Public Health Department Community Health (Needs) Assessments

Entity required to perform assessment	Non-Profit Hospitals	Local public health departments seeking accreditation
Entity requiring needs assessment	Internal Revenue Service (IRS)	Public Health Accreditation Board (PHAB)
Name of Assessment	Community Health Needs Assessment (CHNA)	Community Health Assessment (CHA)
Name of improvement plan	Implementation Strategy (IS) or Implementation Plan (IP)	Community Health Improvement Plan (CHIP)
Minimum frequency	Every three years	Every five years
History	Following the passage of the Affordable Care Act in 2010, the IRS rules governing were modified. Non-profit hospitals are now required to perform a CHNA every three years, along with regularly updated Implementation Strategies.	In 2003, the Institute of Medicine recommended the consideration of local health department accreditation as a strategy to improve public health infrastructure. The non-profit PHAB was formed in 2007, and in partnership with local public health departments, developed a national accreditation process, which included a CHIP/CHA component. Accreditation launched in 2011.
Links for more information	<a href="https://www.federalregister.gov/documents/2014/12/31/2014-30525/additional-requirements-for-charitable-hospitals-community-health-needs-assessments-for-charitable">https://www.federalregister.gov/documents/2014/12/31/2014-30525/additional-requirements-for-charitable-hospitals-community-health-needs-assessments-for-charitable</a>	<a href="http://www.phaboard.org/">http://www.phaboard.org/</a>

## THE WILLIAMSON COUNTY JOINT CHNA/CHA

### History

The 2016 partnership for a joint community assessment had its origins in an initiative launched seven years prior. In 2009, WCCHD received funding through ACHIEVE Communities, a project sponsored by the Centers for Disease Control and Prevention (CDC) as part of its Health Communities Program.<sup>4</sup> With ACHIEVE funding, WCCHD formed the Wilco Wellness Alliance, a health and wellness coalition made up of approximately 30 stakeholders from healthcare,

school, government, business, non-profit, and faith-based organizations throughout the county.<sup>5</sup>

To effectively involve all communities within Williamson County, WCCHD intentionally developed relationships within each community and with existing community-based groups. Staff went into the communities, attended local meetings, and sought to understand the local issues these communities were organizing around.

4- Action Communities for Health, Innovation, and Environmental change <http://www.achievecommunities.org/>

5- [http://www.wcchd.org/services/health\\_education/wilco\\_wellness\\_alliance.php](http://www.wcchd.org/services/health_education/wilco_wellness_alliance.php)

*“We work in those communities instead of just sitting in the centralized area pushing out information via Internet or printed materials or whatever. We actually go to all those meetings and sit with them and have a greater presence in their locations. What they always tell us is basically, ‘Come to us. That way we can feel like you’re part of us.’ On the small-town level, at the basic community level, they’re not real big on outsiders coming in. Usually to them outsiders are people coming from Austin and the state level. They weren’t seeing us like total outsiders, they just didn’t have any understanding of what we did.” - RL, WCCHD*

Prior to the Alliance, different groups throughout Williamson County were focused on addressing different needs of the community, from health issues such as chronic disease to school issues such as bullying and suicide. The Alliance brought these groups together. The Alliance began its collective work on a pilot project in the county seat and its second largest community, Georgetown, and then expanded its reach to other communities.

With the launch of the PHAB accreditation process in 2011, WCCHD approached the Alliance about working together to pursue accreditation for the WCCHD. The Alliance’s Community Health Improvement Steering Committee evaluated the requirements of PHAB accreditation and determined that through the Alliance, many of the necessary elements were already in place. WCCHD officially moved forward with the four-year accreditation process in 2012.

One of the standards within the 12 PHAB domains is to participate in or lead a collaborative process resulting in a comprehensive community health assessment (CHA).<sup>6</sup> PHAB required this process and the production of a CHA at least once every five years. WCCHD appointed accreditation co-coordinators, who were already familiar with best practices from previous experience performing needs assessments in Williamson County. They used resources available from Mobilizing

for Action through Planning and Partnerships (MAPP) produced by the National Association of County and Cities Health Officials (NACCHO), as well as the PHAB website. WCCHD completed their CHA in 2013, and earned accreditation in 2016.

### **Setting up the Partnership**

Recognizing that non-profit hospitals were required to perform a community health needs assessment (CHNA), WCCHD approached area non-profit hospitals with the idea to conduct future assessments collaboratively. Through the Alliance, WCCHD had established relationships with Seton, St. David’s, and Baylor Scott & White, the three non-profit hospitals that served the Williamson County area. Each of the hospitals agreed to participate, with WCCHD serving as the lead agency. However, before commitments were reached, two hurdles had to be overcome.

The first hurdle was a practical one. While the requirements by the IRS and PHAB were very compatible, the timelines were different. Hospitals must complete their CHNA on a three-year cycle, whereas the PHAB accreditation requires a CHA be completed by health departments every five years. While not required to perform another CHA until 2018, WCCHD made the decision to move up its needs assessment timeline in order to align with that of the hospitals, who were due to complete a needs assessment in 2016. The hospitals also had to make some timeline adjustments, as they were operating on different fiscal year cycles, so their deadlines to submit their CHNA to the IRS varied. With some negotiation and flexibility, all parties were able to commit to a common timeline.

*“[Seton’s] fiscal year ends six months earlier than ours. The requirement was to do it 6 months earlier. We had to get creative in developing a time frame that would work for both of us. It ended up working nice, very elegantly in that we started on their time frame because theirs was due earlier, so we stuck to that. And what that allowed us to do was to use the findings for our own organization’s strategic planning process.” - BP, St. David’s*

6- <http://archived.naccho.org/topics/infrastructure/accreditation/standard-1-1.cfm>

The second hurdle required a shift in mindset. Fierce competition often exists between hospitals in the same market. Hospitals in Williamson County did not have a history of working closely together prior to this project. Here, the central role of WCCHD was key to overcoming this challenge. WCCHD was seen by the hospitals as a neutral party that only had the health interests of the community in mind. Ultimately, strong leadership from WCCHD combined with the shared goal of fulfilling a common requirement in an efficient manner led to commitments from each of the hospitals to participate and see the project through to completion.

*“Truly, it’s rarely if ever going to come from the hospital because hospitals are always going to be in competition with other hospital systems. So it’s hard for them to be that innovator for that collective impact to work.” - TS, Baylor Scott & White*

*“It’s nice to have a neutral party that is an expert in this arena lead the process.” - LJ, Seton*

*“We were very intentional, the whole driving force for collaborating at all was not to duplicate the assessment and not overburden the interviewees or focus group participants by asking them the same questions from separate needs assessments.” - BP, St. David’s*

### Performing the Assessment

In designing and implementing the assessment process, the collaborative drew heavily from the best practices documented by national organizations, as well as prior experience of the local staff.

*“We mainly used the MAPP process and also the NACCHO websites were a big part in facilitating the community health assessment and community health improvement plan. MAPP stands for Mobilizing for Action through Planning and Partnerships. If you go onto the National*

*Association of County and City Health Officials, they do a lot of webinars and provide a lot of information on how to do community health assessments and community health improvement plans. They have many different CHAs and CHIPs from different counties and organizations as examples. They outline the process on how to do a community health assessment and how to do a community health improvement plan.”*

**- MT, WCCHD**

*“Williamson County Health District had a lot of people who were still here from doing the first CHA. They were still here when the second CHA had gotten started and implemented. So, they had a lot of knowledge on how to do that . . . We do another really good job in the Health District of keeping all of our records and documentation.”*

**- RL, WCCHD**

The major project components included quantitative and qualitative data collection and analysis, both of which involved outside contractors and regular partnership meetings, which occurred monthly at minimum and more frequently towards the end of the project. Financial support for these components was shared amongst the partners. As the lead organization in the assessment process, WCCHD contributed the largest share of resources to the project. Two part-time WCCHD staff members worked on the needs assessment process. WCCHD also funded and managed the quantitative data acquisition process. Hospitals covered expenses related to qualitative data collection and partnership meetings.

*“(The) health district funds a majority of (the CHA) because the main people that really spearheaded the community health assessment effort were from the health district and so their salary would be how they are funding it. I think they all chose a specific thing to fund. Like Baylor Scott & White chose the Truven vendor and funded that.”*

**- MT, WCCHD**



*“A challenge, something to work through, was ensuring we had equitable investment in the project. That was something we talked through and managed. I think it’s also understanding and respecting our different approaches to the work, too. We may already have certain priorities going into this and we want to honor that, while also very agnostically assessing what the community health needs are as well. That’s an ongoing challenge in this work.” - BP, St. David’s*

### **Final Products**

When the final needs assessment was completed near the end of 2016, each partner submitted the assessment in its entirety for their respective requirement. Each partner then wrote their own improvement plan.

*“Basically what we did together was create the source document. It was, ‘Here’s the facts. Here’s what we heard. Here’s what we saw.’ Based on that, we each went back and created our implementation plans.” - BP, St. David’s*

In the end, participants felt the process not only met their respective needs with greater efficiency than independent assessments, it resulted in a higher-quality product, as well as a new perspective among competitors.

*“When public health departments lead, it’s far more robust and far more meaningful...each organization can bring its lens and expertise to what we see as needs.” - LJ, Seton*

*“It showed us we can work really well together and at the end of the day, rather than trying to do the same thing and assessing the same thing in the same community, [working together] makes a lot more sense.” - BP, St. David’s*

## CONCLUSION AND LESSONS LEARNED

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Partnering on community assessments has clear and compelling benefits, including minimizing inefficiency, maximizing resources, and reducing community participant burden. However, challenges exist; differing timelines and a competitive environment can prevent a joint assessment project from getting off the ground. Three elements were key to establishing a strong foundation, overcoming barriers, and creating a successful partnership:

- 1. Effective utilization of available resources.** WCCHD used their CDC ACHIEVE Communities grant as a foundation for community collaboration, which served as a springboard to PHAB accreditation and the eventual partnership with local hospitals for a joint community assessment project. Partners took advantage of existing tools and guidance from NACCHO to organize and implement their assessments.
- 2. Strong and neutral leadership.** The central role of the local health department as a non-competitor among competitors, with extensive public health content knowledge and expertise, strong community relationships, and a clear vision was critical for the initial buy-in phase and throughout the assessment process.
- 3. Organizational flexibility.** This flexibility took many forms; most notably, partners had to be willing to change their timelines. In the case of the health department, this meant being willing to adopt the three-year timeframe required by the IRS rather than the maximum five-year timeframe allowed by the PHAB. In addition, partner organizations – specifically, the hospitals – had to be open to a new type of relationship with their competitors.

The joint community assessment in Williamson County is one of a growing number of partnerships – both in Texas and elsewhere in the US – between local health departments and non-profit hospitals. These efforts demonstrate that working together on community assessments can lead to a product with higher quality, greater efficiency, and lower community burden – outcomes of great value in our collective work towards improving community health.