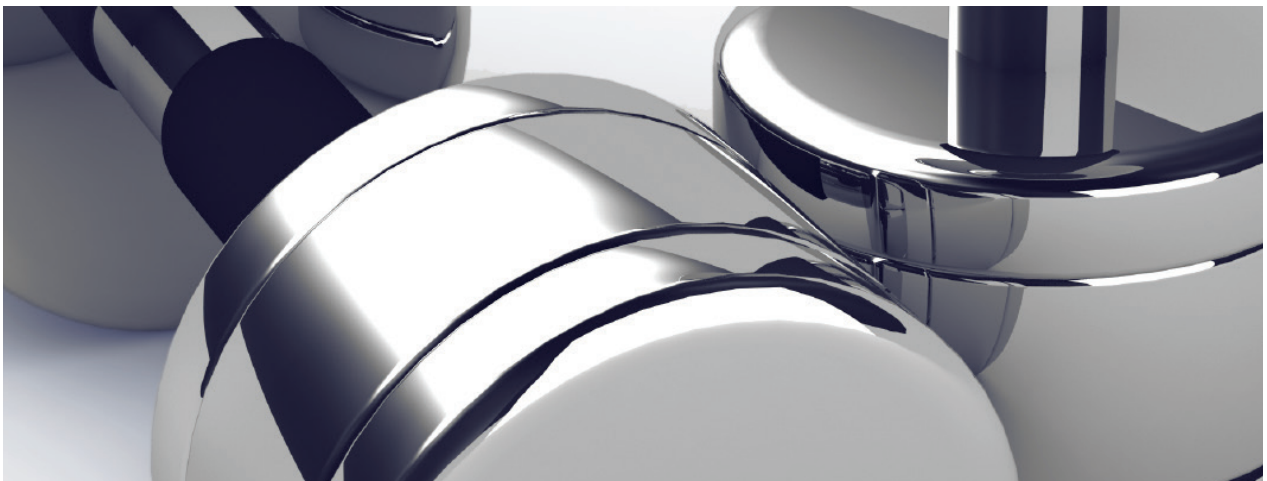


A Pairing of Strengths for a Powerhouse CHNA

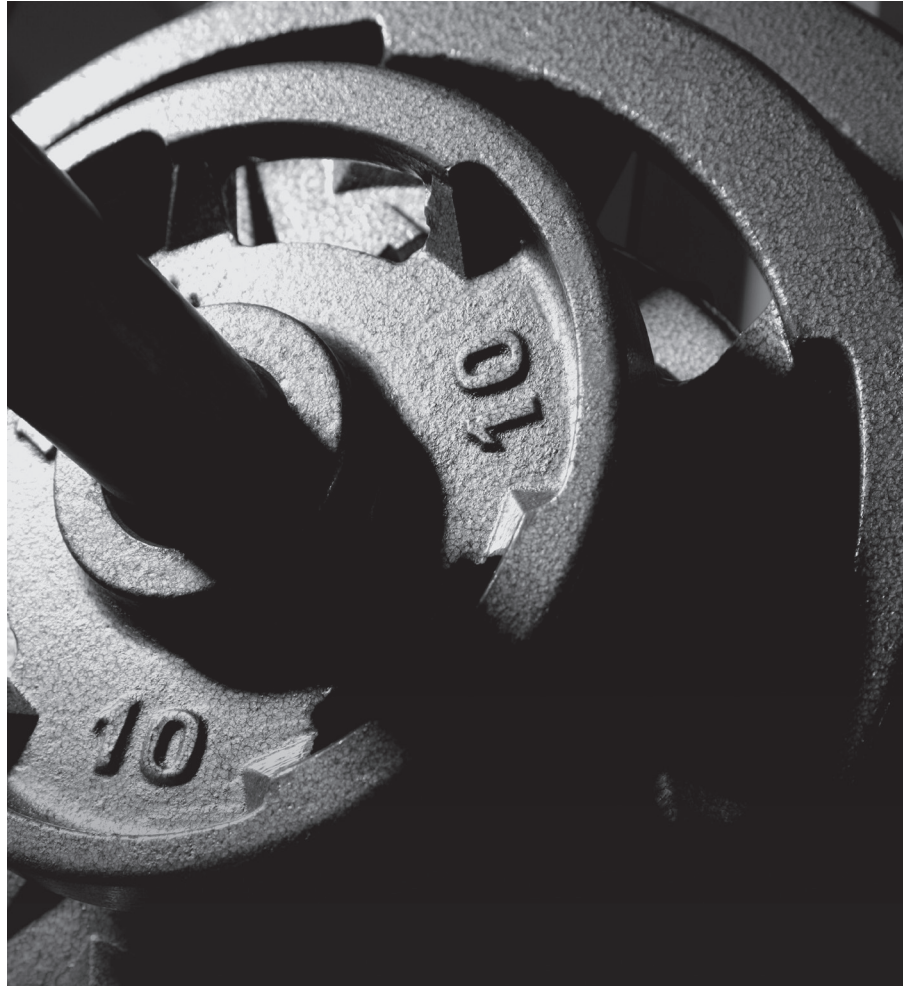


As deadlines loom, many not-for-profit hospitals remain uncertain how best to meet the Community Health Needs Assessment (CHNA) requirements set forth by health reform legislation (Patient Protection and Affordable Care Act, or PPACA) and built into new IRS regulations. Certainly, there are several models and examples in the marketplace — the most basic difference among these is between models which rely solely on secondary data and those which incorporate both primary and secondary data components. Although federal requirements neither prescribe nor preclude one or the other, there are several advantages to an approach that integrates multiple data types.

Secondary data are an important piece of any Community Health Needs Assessment; however, it has limitations. The overall goals of each CHNA is to identify existing health needs of a population and use the data to develop programs to appropriately address the identified needs or gaps in services. While secondary data are relatively easy to locate and inexpensive to obtain, their value can be limited by availability, timeliness, relevance and/or sufficiency of what already exists. Information may or may not be incomplete, obsolete or inconclusive. However, secondary data, such as that from the Centers for Disease Control and Prevention (CDC), Census Bureau and local health departments, are useful to supplement and can also provide county or state-level comparisons.

Primary data are original data compiled by or on behalf of the user, specifically for his/her intended purpose.

Secondary data are existing data that have been collected by someone else, typically for purposes other than those planned by the user.



Using a CHNA approach which incorporates both primary and secondary data not only helps mitigate these limitations, but also gives the most well-rounded and actionable assessment. It is a pairing of strengths that supports building a comprehensive CHNA work product.

Strengths of Primary Survey Data

- **Primary data, such as those collected through the PRC Community Health Survey, offer the most current data available about the health of your community.** Secondary data, on the other hand, are by definition “old” data with a typical reporting lag time of two to five years.
- **Primary data can target critical current concerns such as behaviors, experiences and chronic conditions.** Unlike secondary data which records only past events such as births and deaths.
- **Primary data are targeted to reflect the exact population and geography of interest.** On the other hand, secondary data are primarily available at the county level.

- **Primary data are customizable.** The PRC Community Health survey tool has been developed over a span of 18 years and capitalizes on tested questions derived from established national surveys, such as the CDC's Behavioral Risk Factor Surveillance System. Over the years, PRC has implemented additional modules to address gaps in indicator data, including areas such as access to healthcare, mental health and children's health. However, hospitals may also choose to customize their own survey to target specific needs, program interests or grant-funding objectives.

- **Primary data offer drill-down capabilities.** Survey results can be segmented and configured in a variety of ways to allow for investigation of subpopulations defined by geography, demographics, response characteristics or combinations thereof. This is particularly important in fully understanding health disparities in a specific community, as well as in identifying primary care needs among vulnerable populations. In contrast, secondary data are typically not flexible in how or at what levels they are reported.

To facilitate the in-depth analysis of survey data, PRC offers web-based tools with which hospitals and community members can access CHNA findings. PRC EasyView.com® is designed for the client user and allows for extensive, in-depth data drill-down. New in 2011, HealthForecast.net™ is a value-added website offering PRC clients an indicator-based, community-specific site for public viewing of CHNA findings and access to the full CHNA report (allowing clients to meet PPACA public dissemination requirements).

For example, in a CHNA conducted on behalf of dozens of hospitals in the Metropolitan Chicago area, not only did participants realize dramatic cost savings using a collaborative model, but each hospital maintained the ability to isolate the primary data findings to its specific service area. Using this drill-down capability, one hospital on Chicago's north side discovered that their greatest health needs and opportunities did not lie where they had previously assumed.

Primary Perceptions

"Back in 1999, we had only secondary data and even that was fairly generalized. Without true knowledge of our population's specific behaviors and risks, how could the community effectively address them, much less how could we prioritize our funding?" — **Debbie Watson, Vice President, Winter Park Health Foundation** (Winter Park, FL)

"Primary data is what really gives us the depth and actionable information we need to determine what the top health concerns are in our community. That allows us to then identify not-for-profit organizations in our area that work to impact those needs and partner with them." — **Catherine Zaharko, Director of Marketing, San Juan Regional Medical Center** (Farmington, NM)

"Collection and reporting of primary data is more readily accepted and understood by our community. It also builds our expertise in tracking health issues with our local community." — **Kevin Mahany, Director of Advocacy and Healthy Communities, St. Mary Medical Center** (Apple Valley, CA)

"It is important for us to hear directly from the people in our community. They add both depth and perspective to our secondary data, helping us better discern where to direct our intervention efforts. It also engages them in the process and for us that has meant a more collaborative response to needs." — **Tracy Neary, Community Relations, St. Vincent Healthcare** (Billings, MT)

- **Primary data are actionable.** Because the PRC Community Health Survey offers insight to individuals' health status, behaviors and experiences, these data provide detailed information that better equips hospitals to create programs that will directly impact community health. Primary data gives hospitals the opportunity to probe for "why," uncovering the reasons behind specific health behaviors or difficulties accessing healthcare services. This strength is one reason that several health foundations have used PRC's Community Health survey to define funding priorities and inform their grant-making decisions.

- **Primary data can foster community engagement.** Community residents can relate to data which represent them as well as their neighbors, colleagues, friends and families. This can be a very powerful tool in motivating and building support for community health initiatives. It can also serve as a rallying point for building community partnerships; an example includes Oklahoma's Norman Regional Health System, which used its CHNA results to form the Healthy Community Coalition comprised of local businesses, social service agencies, healthcare professionals and community members.

- **Primary data offer unique opportunities for return on investment.** The PRC Community Health Survey results provide geographic- and demographic-specific data which hospitals can

use to define very specific local needs. This allows hospitals to present quantifiable and defensible positions in grant applications in a way that secondary data alone cannot. In just one year, FirstHealth of the Carolinas used its PRC survey findings to garner more than \$1.5 million in funding from a variety of grant-making organizations, including the Robert Wood Johnson Foundation, the W. K. Kellogg Foundation, the Kate B. Reynolds Charitable Trust, and several state and federal agencies.

- **Primary data help hospitals respond more fully to Schedule H (Form 990).** Schedule H requires hospitals to describe how their CHNA identifies "primary and chronic disease needs and other health issues of uninsured persons, low-income persons and minority groups." The PRC Community Health Needs Assessment identifies these needs by investigating subpopulations within the primary data. Secondary data remain largely inflexible in investigating multi-dimensional health disparities.

PRC Supports Upstream Approach

Primary and secondary data are best used together, and neither is a substitute for nor duplication of the other. While some may initially shy away from primary data collection as something deemed "unnecessary" or an added expense, the value received from an investment in comprehensive community research can be tremendous. •

About Professional Research Consultants

Since 1994, PRC's Community Health Needs Assessments have helped hundreds of hospitals, health departments, foundations, providers and civic organizations improve community health and wellness by connecting people, research and resources.

PRC's community-health focused research includes:

- Community Health Needs Assessment
- Children and Adolescent Community Health Needs Assessment
- Quality of Life Assessment



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