

A Mixed Methods Approach to Understanding Community Stakeholder Engagement in Community Health Needs Assessments

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Background

Relatively new Internal Revenue Service (IRS) community health needs assessments (CHNA) requirements provide opportunities for public health, nonprofit hospitals, and other stakeholders to collaborate.

Background

The purpose of this study was to examine nonprofit hospitals' approach to the CHNA requirements, particularly as it related to community stakeholder engagement and collaboration.

Methods

Phase I:

- Development of evaluation framework
- Identification of eligible reports (n=95)
- Review, evaluation and scoring of reports
 - 16 evaluation criteria (e.g., stakeholder engagement)
 - 0-5 scale (Possible high = 80)
 - Indicator of report quality
- Quantitative analysis (Stata 12)
 - Descriptive statistics
 - Linear regression

Phase II:

- Selection of six cases using purposive sampling
 - High, medium, and low scoring
 - Metropolitan/Nonmetropolitan
- Confirmatory cluster analysis for selected cases
- Semi-structured interviews (n=16)
 - Key informants (n=9)
 - Consultants (n=3)
 - Community stakeholders (n=4)
- Qualitative analysis (QRS NVivo 10)

Findings

- Fewer than 15% of the Texas CHNA and implementation strategies reports did a good or better job of engaging stakeholders
- Collaborating with local health departments improves CHNA and implementation strategies report quality (p<0.015)
- Only 13% of the Texas reports described meaningful collaboration with a health department
- Eight types of stakeholder-engaged assessment and planning activities were identified
- Senior leadership teams within health care systems or hospitals were the primary decision-makers

All CHNA decisions were made by *"the administrative team: the CEO, CNO, and CFO..."*. The key informant for this site said, *"it was really senior management..."*

"In our system, each hospital has its own board made of community members." These board members supplied community input.

Depth of Participation	CHNA Community Engagement Activities	Frequency	Percent
No participation/ Consultation-only	No attempt to engage community	17	18%
	Community engagement to identify health needs through surveys, interviews, and/or focus groups:		
	• Health-related community stakeholders only	2	2%
	• Broader community stakeholders	76	80%
	• Community members	27	28%
Moderate Participation	Verify/validate health needs/priorities with local experts	20	21%
	Community stakeholders involved in priority identification	4	4%
Extensive Participation	Community stakeholders involved in strategy selection	2	2%
	Partnerships developed to carryout strategies	2	2%

Stakeholder Engagement Score	Frequency	Percent
Not addressed (0)	0	0.0
Poor (1)	13	13.7
Sufficient (2)	40	42.1
Partial/Variable (3)	28	29.5
Good (4)	10	10.5
High (5)	4	4.2
TOTAL	95	100.0

Conclusions

Community stakeholder involvement in assessment and planning varied.

Texas CHNA reports varied in types of stakeholders involved, the extent of their involvement, the types of activities in which they participated, and by whom decisions were made. Vast improvements in community stakeholder engagement and collaboration can be made in the future CHNAs.

"[We] poll 50 of the top leaders across the community. We meet with the mayor and the sheriff and the United Way and any other big foundations...[we] sit down with them for a 30-minute interview and really hone in on what they are hearing in their constituencies and what they believe to be the major health issue."

"I don't know how you do this without engaging the community fully in this process. I just think it would be overwhelming to try to do this without the community's help."

Implications

Nonprofit hospitals should make concerted efforts to meaningfully engage stakeholders representing diverse community sectors throughout the assessment and planning process.