**Community Health Needs Assessment Report Template**

Section 501(r)(3); Part III, Section 2.03

The following provides a template for the report sequence and general descriptions of information to include in your community health needs assessment (CHNA) report. This template is based on the IRS 501 (r)(C)(A) guidance provided in Notice 2011-52. This template addresses only the CHNA report; it does not include required components for the implementation plan.

**About This Template**

This template is designed to provide a table of contents and detailed outline of required information in a CHNA report. This template offers one example of a logical sequence for the required information, but this should not be considered the only format option. There is no required or suggested length for this report.

The template format and content have not been reviewed or approved by the IRS or other governmental authority but are based on currently available information. Revisions or further clarification from the IRS may result in modification of this template.

The following should be considered when writing your report.

* The report should include a table of contents and clear section headings and subheadings.
* All data should be clearly sourced.
* The CHNA report must be widely disseminated to the public, including those with limited Internet access, in order to be considered complete and conducted, as determined by IRS’ definition.
* It is important to write succinctly.
* Ensure detailed information is easily understood to non-health care readers.
* Appendices with additional details are encouraged to supplement the report.
* The use of graphs, maps and tables are encouraged for some sections of the report.

The template below provides both the recommended outline, in bold, and suggestions, in italics.

**Table of Contents and Recommended Content**

1. **Executive Summary**

*Considerations*

*This section should be limited to one or two pages and include the following.*

* *a short description of the community*
* *a short description of the overall CHNA process, including:*
  + *time frame from beginning to completion*
  + *key partners*
  + *the source for public health input*
  + *the process for seeking input from the medically underserved, chronically ill and low-income populations*
  + *very short description or list of key sources of secondary data*
  + *very short description of process for primary data collection*
* *list of identified health issues based on secondary and data analysis*
* *short description of process to prioritize the health issues, including a list of key partners that participated*
* *a summary list of those health issues prioritized for action*
* *contact information for questions or involvement*
* *signature of the CEO or chair of the governance structure*

1. **Community Health Needs Assessment: Community Defined**
   1. **Description of the community served by the hospital facility**
      1. **Geography**
         1. **list of counties**
         2. **ZIP codes**
         3. **square miles**
      2. **Population (may include additional information as an appendix)**
         1. **total**
         2. **population density**
         3. **at-risk (description and estimated percentage of population), source**
         4. **demographic description**
      3. **Unique community characteristics**
         1. **colleges, tourism, etc.**
      4. **Other health services available in the same community area**
         1. **federal designation for medically underserved**
         2. **community health center**
         3. **other hospitals, specialty providers**

*Considerations*

*This section should succinctly present the community served by the hospital. Several concise tables, maps and graphs would be appropriate. However, it is important to only include important and relevant information. Include a narrative summary of the demographic information. Additional geographic and population data may be included in an appendix.*

*The unique community characteristics should be in narrative format and should help the reader to better understand the community. What makes it special or unique? What makes the citizens proud of their community? This section does not need to be lengthy but should be compelling.*

*A short description and list of other key health services available in the same community area should be included in this section. This information should help the reader understand the broader health care community. Lengthy lists of community health resources may be appropriate for an appendix.*

1. **Community Health Needs Assessment: Process**
   1. **a description of the process and methods used to conduct the assessment including:**
      1. **identification of the personnel involved in planning by title, organization**
      2. **description of the overall planned approach for developing and conducting the assessment**
      3. **description of the process used to collect secondary data**
      4. **description of the process used to develop and collect primary data**

*Considerations*

*This section is very important for compliance. The information presented throughout Section III will provide evidence of a comprehensive and systematic approach to the CHNA. Throughout this section, clearly identify participation and input from community partners, hospital leaders, citizens and public health experts. If that list is extensive, include the key participants in this section and refer to Section IV. Any tool used to collect primary data should be included as an appendix. The public health expert or faculty from an area college may be able to review this section and provide specific guidance.*

* 1. **Data and information sources for secondary data** 
     1. **agency or organization**
     2. **retrieval date**
     3. **year of data available and used**
     4. **Web address**
     5. **rationale for use of these data sources**
  2. **Data and information sources for primary data collection** 
     1. **description of type of methodology (interviews, survey, focus group)**
     2. **rationale for methodology selection**
     3. **setting(s) of primary data collection**
     4. **list specific target populations**
     5. **response rate by setting and population (number interviewed, numerator and denominator of surveys sent and returned — include percentage and actual numbers)**
     6. **description and list of successful approaches and identification**
     7. **description and list of barriers, challenges and unsuccessful approaches**
     8. **Note: Section IV will provide more detail on broad input from the community.**

*Considerations*

*This section is very important for compliance. In this section, clearly identify very specific and detailed information. The format likely will be short narrative passages with dot points and lists. Do not make the reader sort through lengthy narrative; this information may be succinctly written. However, it is essential for compliance that all relevant information be included. Efforts to gather information from and about the medically underserved, low-income, chronically ill or unique subgroups in the community should be thoroughly described.*

*A copy of the survey tool should be included in the appendix. If your community has a significant population of limited-English proficient citizens, a translated version of the report or key sections should be considered.*

*The public health expert or faculty from an area college may be able to review this section and provide specific guidance.*

* 1. **Analytical methods used to identify the community health needs**
     1. **description**
     2. **statistical tests or processes**
     3. **group consensus processes**

*Considerations*

*This section is perhaps one of the most difficult for practitioners. Hospital or other IT staff may have experience in basic statistical tests beneficial in assessing the primary data. Most secondary sources of data include some descriptive statistics, although this information often is separate from the key fact sheets.*

*The description of how to group consensus should include how participation and input from community partners, hospital leadership, citizens and public health experts was achieved. If the participant list is extensive, include the key participants in this section and refer to Section IV. If specific process tools were used, identify and describe those tools. It also may be appropriate to include a sample tool as an appendix. The public health expert or faculty from an area college may be able to review this section and provide specific guidance.*

* 1. **Gaps in information that limited the ability to assess the community served**
     1. **description and list of specific gaps**
  2. **Community organizations that collaborated or contributed to the CHNA**
     1. **list by organization**
     2. **identify personnel by name, title, credentials**
  3. **Identification of third-party agents to assist with the CHNA, including qualifications; describe the outside party’s specific role and products developed**

*Considerations*

*This section is very important for compliance. It is acceptable and encouraged that gaps in information be identified and explained. It may not be possible to collect specific information on specific topics. Documenting gaps demonstrates an understanding about the issue and efforts to gather information. It is important to note that health topics that are deemed important through group input but lack data define that the issue still should be included in the prioritization of health issues.*

*If any consultants, faculty from area colleges or other third-party agents assisted with the CHNA, specific information must be included in this section.*

1. **Community Health Needs Assessment: Input from Community**
   1. Description of how the hospital sought input from broad interests in the community
      1. target populations, including lower socioeconomic status, chronically ill, medically underserved; for each list include:
         1. what methods (focus groups, meetings, surveys, interviews)
         2. when (dates and association with other events)
         3. locations
      2. Representative organizations (may repeat Section II.f)
         1. name
         2. title
         3. organization
         4. describe the nature of representation: what organizations, populations and qualifications represent this population
         5. describe leadership role, if applicable
      3. Individual(s) included with expertise in public health (may repeat Section II.f)
         1. name
         2. title
         3. affiliation(s)
         4. brief description of individuals knowledge or expertise
         5. describe leadership role, if applicable

*­­­­­­Considerations*

*In this section, clearly identify participation and input from community partners, hospital leaders, citizens and public health experts. The description of how input was sought and collected from the stakeholders and citizens, especially the lower socioeconomic status, medically underserved and chronically ill, should be thoroughly described. It will be important to reiterate how each contributed and at which phases in the assessment.*

*If your community has a significant population of limited-English proficient citizens, it is important to include a description of the methods used to seek input from this population.*

*This is this section that should include all detailed information about partnering organizations and individuals. If that list is extensive, include the key participants in this section and then list all participants and their required information in an appendix.*

*This section may be written as a short narrative and then may include a roster-format with the above information, either in the report or as an appendix.*

1. **Community Health Needs Assessment: Findings *(Note: this section will complement the implementation plan.)***
   1. identified health issues through assessment process
   2. process to prioritize health issues
      1. description of process
      2. use of any tools (e.g. prioritization matrix)
   3. list of priority health issues identified and description of why these issues were identified
   4. description of rationale used not to address health issues

*Considerations*

*This section is very important for compliance. In this section, clearly identify very specific and detailed information; it is essential for compliance that all relevant information be included. This section should be used to establish the foundation for the implementation plan. The format likely will be narrative passages; however, do not make the reader sort through lengthy narrative. This section should be compelling for the reader.*

*The public health expert or faculty from an area college may be able to review this section and provide specific guidance.*

1. **Resource Inventory**
   1. description of existing health care facilities within the same community description, including specialty services
   2. other resources available to meet the community health needs identified
   3. other resources available to meet the priority community health needs

*Considerations*

This section should include succinct but complete inventories of available resources. If the list is too extensive, include key resources in this section and the full listing as an appendix.

1. **Community Health Needs Assessment: Dissemination Plan**
   1. description and date of report release to public
   2. list of websites, including URL
   3. describe the process to provide printed copies upon request
   4. describe the process to share information with the broad community, including the medically underserved, chronically ill and lower socioeconomic populations

*Considerations*

*Efforts to disseminate the report to the public and to medically underserved, low-income, chronically ill or unique subgroups should be thoroughly described. This section is very important for compliance. In this section, clearly identify very specific and detailed information. The format likely will be short narrative passages with dot points and lists. Do not make the reader sort through lengthy narrative. It is essential for compliance that all specific methods and exact locations (websites or geographic) of the report be listed in addition to the instructions for obtaining a printed copy.*

*If your community has a significant population of limited-English proficient citizens, a translated version of the report (or key sections) should be considered.*

1. **Appendices**
   1. model or approach for CHNA process (e.g. the county health rankings model)
   2. additional demographic or population information
   3. additional secondary reports, maps and graphs
   4. primary data collection tool (e.g. survey)
   5. summary of primary data analysis
   6. tools used to prioritize health issues
   7. complete community resource inventory

*Considerations*

*This section should be very neatly and carefully ordered to provide the reader immediate access to more detailed information that is not included in the report. Each document should be labeled as a separate appendix. The appendices provided throughout this template only are suggestions; there are no specific requirements for appendices.*

**Tips for Creating Graphs and Tables**

Each graph or table should be able to stand alone and provide complete information without explanation. There are many options to embellish graphs; use these options sparingly because a simple, clear, concise graph often is more effective at displaying data than a highly intricate, colorful graph. The following tips and resources will provide additional information.

* Consider your audience: what is the point you are trying to convey?
* Check the data, verify the accuracy and completeness.
* Include a legend, unless the graph is very basic.
* Explain encodings: a color code is only helpful with a key.
* Label axes, even if it seems obvious to you.
* Include units of measure in the graph. If this becomes too cluttered, you may have too many data points.
* Include data sources and dates.

**References**

Internal Revenue Service (2010) Notice and request for comments regarding the community needs assessment requirements for tax-exempt hospitals. Notice 2011- 52. Retrieved December 7, 2012 from <http://www.irs.gov/irb/2011-30_IRB/ar08.html>

Internal Revenue Services (2012) New Requirements for 501(c)(3) Hospitals under the affordable care act. Retrieved December 7, 2012 from <http://www.irs.gov/Charities-&-Non-Profits/Charitable-Organizations/New-Requirements-for-501(c)(3)-Hospitals-Under-the-Affordable-Care-Act>