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Community Health Assessment by Local Health Departments: Future Questions

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Abstract

This "Letter to the Editor" is a response to the article "Community Health Assessment by Local Health Departments: Presence of Epidemiologist, Governance, and Federal and State Funds are Critical" published in volume 2, issue 6 of this journal. It considers how LHDs develop CHAs in complex jurisdictions, the roles of other professionals in the development of CHAs, and the conduct, quality, and use of CHAs.

Keywords

community health assessment, community health improvement plan, epidemiologist, local board of health, local health department, type of governance

S hah et al.¹ completed important work when they researched factors associated with the use of Community Health Assessments (CHAs), using the NACCHO 2010 Profile Survey data.² They found that local health departments (LHDs) with local or shared governance, compared to those with state governance, were more likely to complete CHAs as were those with epidemiologists. In many ways, these findings are not surprising. It stands to reason that LHDs with local or shared governance are more likely to be accountable to the communities that they serve and developing CHAs is one way of ensuring accountability. Epidemiologists provide capacity for surveillance, collection and analysis of primary and secondary data, important components of CHAs. However, 78% of LHDs with populations of less than 50,000 persons do not have epidemiologists on staff and it is important to consider how to create the capacity for epidemiology and surveillance in small communities. Multi-jurisdictional LHDs might share epidemiologists.¹ LHDs may develop capacity through partnerships with community non-profit hospitals required to conduct Community Health Needs Assessments (CHNAs) with public health input.³ States could provide regional epidemiologists as some did with bioterrorism funds. State Centers for Health Statistics may be able to provide CHA training and technical assistance.

Four issues deserve further exploration. First, we need to understand how LHDs develop CHAs in complex jurisdictions. Each LHD jurisdiction may contain multiple communities that can be understood as systems with their own histories, cultures, relationships among subgroups, policies and structures, resources, and relationships with larger political entities (e.g., that of the jurisdiction and state).³ Developing one CHA per jurisdiction may gloss over community differences within the jurisdiction. LHDs that are savvy about their jurisdiction will explore these issues and involve other partners, both professional and grassroots, who can speak to the unique needs and assets of each community. This community involvement is more likely to lead to Community Health Improvement plans (CHIPs) that are living documents, involve partners, and promote evidence-based interventions and policies appropriate for the local context.

Second, we need to understand the roles of other professionals in the development of CHAs. People who are trained to work with communities may help bridge the gap between LHDs and the communities they serve. For example, health educators are trained in understanding the roles of community members, assessing needs and assets, and building community involvement. In future research, it would be important to explore their roles.

Third, we need to understand more about the conduct, quality, and use of CHAs including what elements are included, what entities and subgroups participate, what voices are heard or not heard, and how CHAs assist in the development of quality CHIPs. Finally, we need to understand when, why, and how CHAs are utilized to improve population health.

It is possible that we will learn more in the near future as both the Public Health Accreditation Board and the ACA require transparency in CHA and CHNA processes and outcomes.^{4,5} At the same time, community health assessments may become more complex and more actionable. Community engagement requirements in both CHA processes should lead to more hospital-public health interaction. It is not known how hospitals will operationalize requirements for public health input; one option is for hospitals and governmental public health to conduct joint assessments. As

LHDs and hospitals consider how to jointly improve the public's health, they will face a number of challenges. One challenge is developing a common language around terms such as population health, community, service areas, and disparities. A common language will be critical to other decisions including the extent of collaboration, agreements around data sharing (especially patient data), and parameters for implementation plans. What is learned during these experimental efforts should lead to a richer understanding of the possibilities of CHAs and possibly to more coordinated efforts in improving health.

REFERENCES

1. Shah, Gulzar H.; Laymon, Barbara; Elligers, Julia Joh; Leep, Carolyn; Bhutta, Christine B. (2013). "Community Health Assessment by Local Health Departments: Presence of Epidemiologist, Governance, and Federal and State Funds are Critical," *Frontiers in Public Health Systems and Services Research*, Vol 2: No.5, Article 1.
2. National Association of County and City Health Officials. (2011). 2010 National Profile of Local Health Departments.
3. Trickett, Edison J; Beehler, Sarah; Deutsch, Charles; Green, Lawrence W.; Hawe, Penelope; McLeroy, Kenneth; Miller, Robin Lin; Rapkin, Bruce D.; Schensul, Jean J.; Schulz, Amy J., Trimble, Joseph E. (2011). "Advancing the Science of Community-Level Interventions," *American Journal of Public Health*, Vol. 101: No. 8, 1410-1419.
4. Community Catalyst. Community Benefit and Community Engagement: Basic Facts and Terms. 2013. (Cited July 24, 2013); Available from <http://www.countyhealthrankings.org/webinars/understanding-hospital-community-benefit-requirement-and-community-health-needs-assessment>
5. Public Health Accreditation Board. Standards and Measures, Version 1.0. 2011 (Cited July 24, 2013); Available from <http://www.phaboard.org/accreditation-process/public-health-department-standards-and-measures/>.