



Planning, Conducting and Leveraging Primary Care Office Needs Assessments

Overview

State and territorial Primary Care Offices (PCOs) must complete a unique community-based health needs assessment as a component of their funding from the Health Resources and Services Administration (HRSA) Bureau of Health Workforce (BHW), within the Department of Health and Human Services (DHHS). PCOs receive direct guidance from BHW that identifies differences between a traditional PCO needs assessment and a community-based health needs assessment.

The term “community-based health needs assessment” encompasses a variety of methods and frameworks that can be used to engage the community to collect, analyze and interpret data on health outcomes, health disparities, and resources to address priority needs. The various methodologies and frameworks speak to the specific goals and objectives underpinning the motivation for completing a community-based health needs assessment.

This issue brief is intended to build foundational knowledge regarding the PCO needs assessment, highlight the components that are unique to PCOs, and offer resources on promising practices identified through publicly available needs assessments and public health organizations.

Purpose of a PCO Needs Assessment

While there is considerable variation in how to approach a community-based health needs assessment, there are common elements. For instance, all models encourage deliberate planning and strategy-setting with stakeholders early in the process, and many conclude by establishing a continuous method of review to measure both positive and negative outcomes.

For the purpose of this document, the steps for completing a PCO needs assessment are defined as: (1) *planning and preparing*, (2) *generating questions*, (3) *identifying community assets and resources*, (4) *finding existing data*, (5) *collecting primary data*, (6) *analyzing data*, and (7) *communicating results*.

Planning and Preparing

During the planning and preparing stage, the PCO should begin by reviewing guidance from BHW. Next, develop a timeline for completing the PCO needs

assessment; be sure to include time for internal departmental review and approval. The timeline and approval process will vary depending on the jurisdiction's unique context. For example, if a state has strict guidelines for approving and vetting publications, it may not be feasible for the PCO to complete the project on their own. PCOs are encouraged to estimate the cost of completing a statewide PCO needs assessment and identify the funding streams can be used to support the effort.

While planning and preparing, the PCO should define the intended audiences for the needs assessment. Potential audiences include, but are not limited to, local communities, state-level planners, policy-makers, etc. By defining the populations of interest, the PCO can select the most appropriate data sources and variables, as well as determine how to report the data in the most accessible manner and so that it is aligned with the priorities of the audience.

Generating Questions

The PCO should brainstorm and identify the questions that will be the foundation for data collection and analysis. Broad areas for assessment that could be the basis for generating questions include, but are not limited to: workforce shortages, provider training needs, and community needs.

Examples of core, guiding questions may include:

- Is there an unmet need for primary care services among state/jurisdiction residents? If so, are there specific geographic communities of populations among which the unmet need exists?
- What factors inhibit or facilitate residents' access to primary care services?
- What do community members perceive to be their most pressing health concerns?
- What are the community's greatest strengths and greatest challenges regarding providing access to primary care, dental, and behavioral health services?
- How can the state or jurisdiction monitor access to primary care?

Identifying Community Assets and Resources

In identifying community assets and resources, the PCO should first identify similar or ongoing assessment efforts underway. Engaging stakeholders can help the PCO to both identify any such initiatives and become engaged with them. Stakeholder engagement can also help refine research questions and inform data sources and data collection. The PCO should consider engaging with the following significant programs and stakeholders:

- Maternal and Child Health Bureau grant/Title V Information Systems.
- CDC National Environmental Public Health Tracking Network.
- Ryan White HIV/AIDS Program.
- Community health centers.
- Primary care associations (PCAs).
- Accredited health departments (local and state).

- Nonprofit hospitals (who are required to conduct community health needs assessments every three years).
- Licensure boards.

For example, one PCO shared that stakeholder engagement facilitated internal state coordination on the collection of PCO needs assessment data and Behavioral Risk Factor Surveillance Survey (BRFSS) data across the state. In addition, another PCO worked in collaboration with a State Innovation Model (SIM) Design planning grant team, which allowed the PCO to develop a comprehensive list of data sources based on the SIM team's experience.

Finding Existing Data

While not an exhaustive list, BHW recommends that PCOs identify data that will assist in identifying lack of access to healthcare, insufficient training for providers, communities experiencing provider shortages, communities experiencing key barriers to access healthcare services, and communities demonstrating the highest need of healthcare services. Examples of [potential data sets](#) include:

- [The CDC Behavioral Risk Factor Surveillance System](#) (prevalence of chronic health conditions, healthcare insurance coverage, use of preventive services, and health-related risk behaviors).
- CDC Office of Disease Prevention and Health Promotion [Healthy People 2020](#) data (access to health services, prevalence of chronic health conditions, and social determinants of health).
- [Commonwealth Fund Scorecard on State Health System Performance](#) (access to care, health outcomes, and health disparities).
- [County Health Rankings and Roadmaps](#) (health-related risk factors; access to primary care physicians, dentists, and mental health providers; and social and economic factors).
- [HRSA Health Workforce Data](#) (supply, use, need, and demand for healthcare workforces).

The PCO must also identify measures that will be collected. Without this step, the PCO needs assessment may offer incorrect or misrepresented

data which could be detrimental to underserved populations. Comparing methodology with other states (e.g., [Alaska](#), [Arizona](#), [Colorado](#), [District of Columbia](#), [Mississippi](#), [Missouri](#), [Nevada](#), [Utah](#), and [Virginia](#)) can be helpful at this stage. PCOs may also review underlying data sources being used by the shortage designation management system (SDMS), such as provider full time equivalents (FTEs), percent of population at or below the poverty level, infant health data, and travel time and distance to the nearest source of care.

Collecting Primary Data

PCOs may discover that collecting primary data is necessary because data sets needed do not exist. In these instances, a mixed-methods approach to primary data collection may be necessary. For example, PCOs may gain valuable insight through qualitative methods, such as focus groups and interviews. The [Utah](#) and [Virginia](#) Departments of Health conducted listening sessions across their states to augment their available data.

To make the best use of time and focus the discussions, states may provide stakeholders with information about the purpose of the interviews and a list of questions in advance. The information gathered from the listening sessions can build upon additional quantitative information gathered, including information from hospitals' community needs assessments, CDC and other statistics from the state, Healthy People 2020 goals, healthcare provider capacity reports, and disparity variables.

Analyzing Data

Data collection and analysis may not be a linear process, so PCOs may consider allocating additional time for review and revisions as needed. The process of cleaning data sets and running basic descriptive statistics may reveal the need to revise some variables based on different circumstances. Revisions can be minimized, however, with appropriate planning in the previous phases.

Multiple PCOs have pursued a strategy to analyze the data by various geographic regions to identify outliers and areas of greatest risk. Using this data, the PCO can develop a Statewide Rational Services Area (SRSA) plan. A SRSA is a relatively self-contained

Emerging Challenge:

Evolving role of Nurse Practitioners (NP) and Physician Assistants (PA) in the healthcare system. Regulatory restrictions do not currently allow BHW to include full-time NPs and PAs in the population-to-provider ratio calculation. Instead, a PCO may choose to collect data on NPs and PAs as a measure to identify shortages in primary care and dental care providers. In addition, the report, [HRSA Health Workforce Projections](#), may be a valuable resource to identify data and measures.

geographic area in which results could or do seek and obtain most of their primary care services. Therefore, rather than breaking a state down into counties for SRSAs, PCOs can identify trends in the data that may group similar communities or neighborhoods or that can identify the most vulnerable and underserved populations that may be hidden in plain sight.

Communicating Results

PCOs can use multiple mechanisms to share results such as reports, journal articles, infographics, and interactive dashboards. In selecting the format, PCOs should tailor materials on what is most accessible for the population(s) of interest.

A typical community-based health needs assessment report would incorporate the methodology, data sources, outcomes, discussion, and recommendations. While this is an acceptable format to report the results to BHW, this format may not be digestible for identified populations of interest, particularly if they are an under-resourced population. Some audiences may prefer a single-page document that highlights select and relevant data points, such as an infographic fact sheet. The deliverable to BHW should not simply be completed as a task but viewed as the foundation on which to build a tool to engage the community and move broader population health initiatives forward in a state or territory.

Whatever methods of dissemination are selected, it is important to ensure that the report identifies disparities that exist for various populations and geographic regions of the state or territory. An important strategy in developing the final document is

to incorporate and highlight at least one variable that has shown trending improvement. This is important especially when the data could otherwise offer a bleak outlook for the communities they are intended to support.

Using the PCO Needs Assessment

The PCO needs assessments should focus on identifying data and information to assess needs in a jurisdiction, as noted by BHW. This process provides consistent and reliable data for the state to use internally and externally. This valuable data may be made available to outside researchers or to capture trending data for support of PCO and other HRSA programming.

Key stakeholders may be able to identify new policy or programmatic recommendations as a result of analyses or engagement during the PCO needs assessment development process or following dissemination of findings. At minimum, the PCO needs assessment results should inform the development of activities and outcomes for the PCO cooperative agreement application. This ensures a continuous feedback loop between the efforts of the PCO and the long-term outcomes impacting underserved communities in the state/territory.

BHW recommends that a PCO focus the implementation phase through a workforce lens. Specifically, BHW offers that PCOs should:

- Prioritize resources and efforts of shortage designation on those with highest need of medically underserved populations and areas;

- Assist with the recruitment and retention efforts of primary care providers to practice in underserved areas; and
- Assist, based on available office capacity and resources, in reducing barriers to primary health care for underserved populations and areas.

PCOs should consider the capacity of their individual office and the available staff resources in the implementation process. Furthermore, PCOs should consider using relationships established or enhanced in the PCO needs assessment process to incorporate into PCO activities and programs. Some potential partners to consider in this work include the State Office of Rural Health, the state PCA, advisory committees or boards whose work impacts underserved populations, Federal Office of Rural Health (FORHP) outreach grantees, and health-related foundations.

Conclusion

The PCO needs assessment is a valuable process to identify communities with the greatest unmet healthcare needs, disparities, and health workforce shortages and to identify the barriers communities face in addressing these needs. The PCO should consider building its needs assessment foundation upon a reputable process like those outlined in this brief (which are supplemental to all BHW requirements) in order to complete the assessment efficiently and in close collaboration with key stakeholders. PCOs are also encouraged to leverage mentoring and peer-networking opportunities to share best practices and lessons learned regarding their experiences with needs assessments.

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Appendix A: Foundational Resources

The following section will examine existing resources for conducting generic community-based health needs assessments, which provide a strong foundation for a PCO needs assessment.

As the number of organizations who have been required to conduct community-based health needs assessments has grown, public health organizations have created resources to help stakeholders avoid an unnecessary duplication of efforts. These tools should be viewed as a starting point for PCOs as they begin thinking about the necessary components of their needs assessment. Many of these resources provide worksheets, templates, and other free downloads that allow a PCO to modify existing efforts and reduce staff burden in the development process.

- The Community Toolbox at the University of Kansas offers an online toolkit that provides resources for communities and organizations of all sizes. One module of their toolkit focuses specifically on [Assessing Community Need and Resources](#) which includes detailed structure and guidance for each step.
- The County Health Rankings & Roadmaps team at the University of Wisconsin's Population Health Institute, funded in part by the Robert Wood Johnson Foundation, offer tools and resources through their Take Action to Improve Health initiative. The [Assessing Needs and Resources](#) section should be of particular interest to PCOs as they are looking for worksheets and other reusable documents.
- The Association for Community Health Improvement, within the American Hospital Association, has worked extensively with partners at the CDC, the Community Preventive Services Task Force, and the Public Health Foundation to develop hands-on resources for completing needs assessments. Their [Community Health Assessment Toolkit](#) offers detailed information and links to additional resources for each step of the needs assessment process, with a strong focus on hospital led assessments integrated with public health accreditation requirements.

As a relatively new requirement of the PCO funding mechanism, best practices are currently under evaluation. During the interim, BHW has created a small collection of resources in addition to the PCO funding guidance. BHW has previously provided PCOs with a resource entitled, *Primary Care Offices Needs Assessment Points to Consider*, which provides clarity on the priorities of the PCO needs assessment, such as recommendations on how the PCO may use the results of the PCO needs assessment to further refine a jurisdiction's RSAs.