Community Health Needs Assessment
CHNA "Institutionalization" Assessment Tool

Scoring: 50 to 75 points: Excellent innovative thinking and program planning
25 to 49 points: Emerging innovative thinking and program planning
Under 25 points: Traditional thinking, would benefit from strategic capacity building

In the score column, give yourself the number of points that best corresponds with your current situation.	5	3	1	Score
1. Overall Approach to Innovation	Risk taking; always trying new things; have resources and are willing to invest in them, even if they fail	Selective about trying new ideas; but willing to invest in new things when there is an expected return on investment	Traditional and make decisions based on past experience; lack financial resources to take risks on new ideas	
2. Population Based Health Planning	Actively seeking and/or implementing innovative new programs, services, and models of relationships across the post-acute continuum; if you have received funding for a "demonstration" project(s) give yourselves 2 extra points	Exploring ways to organize planning efforts for innovative new programs	Traditional fee for service programs and community benefit activities	
3. "Triple Aim"	We understand the population segments that we serve, recognize that our future success is tied to better care, better health and lower cost and have precise goals	We are starting to identify and/or understand the needs of various segments and are starting to think about how to serve their needs but don't have explicit goals	We have minimal ability to identify various segments or test new care designs for those specific segments	
4. Community Collaboration on CHNA	There is an active community collaboration involved in the CHNA efforts (shared cost/accountability)	We have broad community involvement in and support of the CHNA data collection efforts	Our CHNA is managed by the hospital (or another single entity's) leadership	
5. Community collaboration on intervention strategies	The community has broad collaborative participation in interventions and outcomes data collection efforts that include multiple community agencies (shared cost/accountability)	There is some collaboration on interventions and outcomes data collection	Our CHNA is managed by the hospital (or another single entity's) leadership	
6. Stakeholder Engagement	Community stakeholders are actively engaged on an ongoing basis and participate in the needs assessment and outcomes evaluation	We bring community stakeholders together when we update the needs assessment/implementation strategies	We do not actively engage community stakeholders	

Strategy solutions, inc.

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7. Sustainable CHNA Infrastructure	We have invested in research capacity and ongoing CHNA management systems (including evaluation); staff understand their roles and responsibilities and perform them well (with selective use of consultants to fill gaps)	We have some staff capacity and management systems in place for the CHNA but not the evaluation process	We rely on external consultants and don't have much in place for ongoing evaluation or continued needs assessments	
8. CHNA Connection to Strategy	The strategic direction and plan for the hospital(s) are based directly on the Community Health Needs Assessment and the CHNA is integrally tied to the clinical and community benefit planning process	The needs identified in the CHNA are somewhat considered in the hospital/health system clinical and/or community benefit planning process	The CHNA and the planning process are two separate functions	
9. Program Approach	All programs employ evidence-based approaches; we research and implement best practices; we design and implement innovative programs and set up methods to evaluate their outcomes and impact	Some programs are evidence based and may or may not have an evaluation mechanism in place	Programs design is informal, based on the knowledge of the clinician(s)	
10. Strategic Implementation	We are very effective at implementing our vision/implementation strategies and plans	We are somewhat effective at implementing our vision/ implementation strategies and plans	We are not effective at implementing our vision/ plans (or do not execute our plans very well)	
11. Metrics	We have reliable metrics in place around quality, cost and health status improvement for specific populations	We have some metrics in place for specific populations	We do not measure cost, quality or health status improvements for specific populations	

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12. Outcomes Measurement	We track our intervention efforts, their outcomes AND impact, and calculate their "return on investment"	We track some outcomes and impact	We are not very sophisticated in our tracking or evaluation and generally only measure outputs (the number of people served)	
13. Impact	We have data that shows that we have reduced cost and improved quality and health status in a selected population	We have slowed the growth in per capita cost or have shown results in at least two of the three elements	We are not showing measurable results	
14. Technology	We have actively embraced technology to support measuring outcomes and impact and are using it to its fullest potential (given the investment we have made to date)	We are actively working on building our technology skill/ making technology enhancements	We are not investing in or utilizing technology to support the CHNA or implementation strategy process	
15. Evaluation	We conduct an internal formal evaluation of our programs/ implementation strategies on a quarterly/ annual basis, make changes to the programs based on the evaluation results and seek external evaluation and/or publish results in peer reviewed journals	We conduct internal informal evaluations of our programs/ implementation strategies to continuously improve the programs but do not conduct formal evaluations	We do not evaluate our outcomes or impact	
TOTAL				