Community Health Needs Assessments Under the ACA

National Association of Counties Forum

Paul Stange
Office of Prevention Through Healthcare

December 2, 2011
ACA § 9007(a): Amendment to Internal Revenue Code

“(3) COMMUNITY HEALTH NEEDS ASSESSMENTS.—

(A) IN GENERAL.—An organization meets the requirements of this paragraph with respect to any taxable year only if the organization—

(i) has conducted a community health needs assessment which meets the requirements of subparagraph (B) in such taxable year or in either of the 2 taxable years immediately preceding such taxable year, and

(ii) has adopted an implementation strategy to meet the community health needs identified through such assessment.

(B) COMMUNITY HEALTH NEEDS ASSESSMENT.—A community health needs assessment meets the requirements of this paragraph if such community health needs assessment—

(i) takes into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and

(ii) is made widely available to the public.

Applies to 3,000 hospitals, approx. 1,400 of which are critical access hospitals in rural areas.
FORCES OF REGIONALIZATION

- HOSPITALS RESPONDING TO REIMBURSEMENT POLICY CHANGES: MARKET CONSOLIDATION
- LOCAL GOVERNMENTS FINANCIAL STRESS—SHARED SERVICES /CONSOLIDATION
- MANY PROBLEMS AND SOLUTIONS REQUIRE MULTIPLE LOCAL GOVTS AND MULTIPLE PRIVATE ENTITIES TO COLLABORATE: HOMELESSNESS, TRANSPORTATION, ECONOMIC DEVELOPMENT
- STATE GOVERNMENT AS A KEY PLAYER
FORCES TO WORK “SMALL”

- PAYMENT POLICIES AFFECTING HOSPITAL BUSINESS: READMISSION PAYMENT LIMITS AND ACO AND OTHER CMS INNOVATION CTR OPPORTUNITIES ---INTO THE COMMUNITY

- CRAFTING EFFECTIVE IMPLEMENTATION STRATEGIES OFTEN DEPENDENT ON SUB-COUNTY NEEDS IDENTIFICATION AND SERVICE DELIVERY MODEL: BUT…CAN BE DERIVED FROM THE REGIONAL COLLABORATION

- COMMUNITY ENGAGEMENT AND ACTIVISM
Potential “Fair Share” Safety Net Access Points

- Piedmont Mountainside
- WellStar Paulding
- WellStar Cobb
- WellStar Windy Hill
- WellStar Kennestone
- Emory Johns Creek
- Wesley Woods Geriatric (Emory)
- Emory University Orthopedics & Spine Hospital
- Emory University Midtown
- Emory University
- Grady Hospital
- Piedmont Newnan
- Piedmont Fayette
- WellStar Douglas
- Emory Adventist

Atlanta MSA Community Assets
- Hospitals
- FQHCs
- Community Health Dept Clinics
Similar but Nonaligned Processes

Public Health Accreditation, HRSA 330 Grants, United Way & Other Community Assessments

Community Health Assessment Tools (MAPP, PATCH, Community Tool Box, etc.)

HDs/FQHCs/Community Agencies

Community Health Assessment

Community Health Improvement Plan

Community Investments

Improved Community Health Outcomes?

Philanthropy, Federal/State grant making (CDC/CTGs, HUD, etc.)

Hospitals

CHNA

“Plan”

Hospital Community Benefit Projects

Improved Community Health Outcomes?

Catholic Health Assoc. Guide
ACHI (AHA) Toolkit
Private Vendors

Reporting and Compliance
State & Local Activities
Regulatory Framework

§ 501(r) Requirements, Form 990 Schedule H

26 USC § 501(c)(3), IRS Ruling 69-545, and Form 990 Schedule H
Community Health Improvement: A Framework to Promote Best Practices in Assessment, Planning and Implementation

Key Issues to Address to Promote Alignment between Accreditation, NP Hospital CB, and Other Community-Oriented Processes

- Arranging Assessments that Span Jurisdictions
- Using Small Area Analysis to identify Communities with Health Disparities
- Collecting and Using Information on Social Determinants of Health
- Collecting Information on Community Assets

- Using Explicit Criteria and Processes to Set Priorities (use of evidence to guide decision-making)
- Assuring Shared Investment and Commitments of Diverse Stakeholders
- Collaborating Across Sectors to Implement Comprehensive Strategies
- Participatory Monitoring and Evaluation of Community Health Improvement Efforts

Accountability Mechanisms

- § 501(r) Requirements, Form 990 Schedule H
- Community Benefit 26 USC § 501(c)(3), IRS Ruling 69-545
- Improved Community Health Outcomes?

Transparency

- Data and Analytic Support Platform
- Reports

- Monitoring & Evaluation
- Public Reports

- State and Community-based Analyses of CHNA/Implementation Strategy

Hospital, Health Dept, United Way & Others COLLABORATING
Principles in Defining Community

- Promotes collaboration and shared ownership across sectors of needs and solutions
  - Jurisdiction-spanning multi-county perspective relates to hospital “market” orientation and others (e.g., United Way, Preparedness Readiness Efforts, etc.)

- Needs analysis aligned with different types of decision-making
  - County-level policy decisions relate to county-wide need

- Permits identification of sub-county needs/disparities supporting service delivery partnerships among hospital facilities and other community entities
  - E.g., LA County childhood obesity target neighborhoods
  - Hospital utilization data to target preventable hospitalizations where community and hospital business interests can be aligned
Principles in Defining Community (cont’d)

- Enables transparent analysis and allocation of “fair share” safety need financial support
  - Identifies sub-population cycling continuously among streets, shelters, correctional institutions and hospital emergency departments and other safety net providers within and across county jurisdictions
  - The Emergency Medical Treatment and Active Labor Act (EMTALA), 42 U.S.C. § 1395dd applies to virtually all hospitals in the U.S.

- Enables ongoing and meaningful community engagement
2011 2012 2013

6/30 12/31 4/1

Other Community Stakeholders (United Way, FQHC, Public Health, etc.)

Pre-assessment Shared Ownership & Community Engagement Readiness Efforts

Initiate Collaborative CHNA Process—Supported by Prepopulated Templates

Disaggregate Collaborative CHNA to enable Facility Level Implementation Strategy linked to the Collaborative CHNA

Community-Level Priority Setting

Transition CHNA to Implementation Strategy Adoption

Hospital Budgeting (including Community Benefit) + Implementation Strategy Adoption linked to

Community-Level Investment Decision-making

Hospital A FYE 3/31

Hospital B FYE 6/30

Hospital C FYE 9/30

Hospital D FYE 12/31

Hospital E FYE 2/29
What Works for Health
Policies and Programs to Improve Wisconsin's Health

Health Outcomes
- Mortality (length of life)
- Morbidity (quality of life)

Health Behaviors
- Tobacco Use
- Diet & Exercise
- Alcohol Use
- Unsafe Sex

Clinical Care
- Access to Care
- Quality of Care

Social & Economic Factors
- Education
- Employment
- Income
- Family & Social Support
- Community Safety

Physical Environment
- Environmental Quality
- Built Environment

Health Factors

Programs and Policies

County Health Rankings model © 2010 UWPHI
Why Do Social & Economic Factors Matter?
Beginning even before birth and continuing through old age, the resources we have and the environments where we work, play, eat, and sleep impact our health. Resources such as quality jobs, family income, educational attainment, and the social characteristics of the neighborhoods we live in can all affect health. Research suggests that these factors can influence our health at least as much as genetics and health care.

🎓 Education
Education is associated with improved health throughout life, independent of other variables such as behaviors. Education starts before the school years; early years are critical to children’s development and lifelong health. Good parenting skills, access to high quality early childhood education, and access to affordable quality child care are all important contributors to development and later learning. Adequate education, starting early in life, can reduce the risk of a number of conditions and diseases.

💼 Employment
Employment impacts health not only through the income it provides, but also, through its provision of health benefits and pension plans, and other pathways to financial security. Type of employment can also influence health with better health associated with more job control and security, less stress, and less exposure to danger or toxins. Ongoing, safe employment can lessen the likelihood of a number of conditions and diseases.

Income
Income and health have a well-established reciprocal relationship that operates in both directions: higher income leads to better health and better health leads to higher income. Income is also related to many other health factors. Access to safe and affordable housing, for example, is a prerequisite to improving income. Increasing educational attainment is also an
Education

Education is associated with improved health throughout life, independent of other variables such as behaviors. Education starts before the school years; early years are critical to children’s development and lifelong health. Good parenting skills, access to high quality early childhood education, and access to affordable quality child care are all important contributors to development and later learning. Adequate education, starting early in life, can reduce the risk of a number of conditions and diseases.

Reviewed education policies and programs are listed below. Click on column headings to sort by category, policy or program, evidence rating, or decision maker. Click on Policy or Program name for more information.

<table>
<thead>
<tr>
<th>Category</th>
<th>Policy or Program</th>
<th>Evidence Rating</th>
<th>Decision Maker</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Businesses &amp; Employers</td>
</tr>
<tr>
<td>Adopt broad healthy child development initiatives</td>
<td>Chicago Child-Parent Centers (CPC)</td>
<td>Scientifically Supported</td>
<td></td>
</tr>
<tr>
<td>Adopt broad healthy child development initiatives</td>
<td>Comprehensive early childhood development programs</td>
<td>Scientifically Supported</td>
<td></td>
</tr>
<tr>
<td>Adopt broad healthy child development initiatives</td>
<td>Community-based early childhood development programs (e.g., Early Head Start)</td>
<td>Scientifically Supported</td>
<td></td>
</tr>
</tbody>
</table>
Making the process simpler, more uniform, and with more impact

- Creation of “starter packages” of potentially pre-populated indicators of needs and associated highest impact interventions—policy, system, environment—supports both rural and urban area decision-making
- Permits more time for the messy but essential business of building community ownership structures and less on analysis—finding the alignment zone for hospitals/other sectors to become owner-investors in community improvement
- Enables structuring the safety net financing challenges within this larger community health improvement investment context