

# *Using the Community Health Needs Assessment to Inform Policymaking*



County Ideas  
that Work

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# Today's Speakers:

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States

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Development  
National Association of City and County Health  
Officials (NACCHO)



**The Hilltop Institute**

*analysis to advance the health of vulnerable populations*

# Community Health Needs Assessment: A Tool for Improving Community Health

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May 30, 2013

Gayle D. Nelson, J.D., M.P.H.

National Association of Counties Webinar:

*Using the Community Health Needs Assessment to Inform Policymaking*

# Overview

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- Context of CHNA
- CHNA's role in Community Health Improvement
- CHNA Requirement and Process for Nonprofit Hospitals

# Nonprofit Hospitals and Tax Exemption: The Community Benefit Standard

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- In 1969, the IRS established a broad standard for nonprofit hospital tax exemption based on the extent to which these hospitals provide **“community benefits”**
  - “The promotion of health... , is one of the purposes in the general law of charity that is deemed *beneficial to the community as a whole...*” (emphasis added)”

Rev. Rul. 69-545, 1969-2 C.B. 117, 119

# Affordable Care Act (ACA)

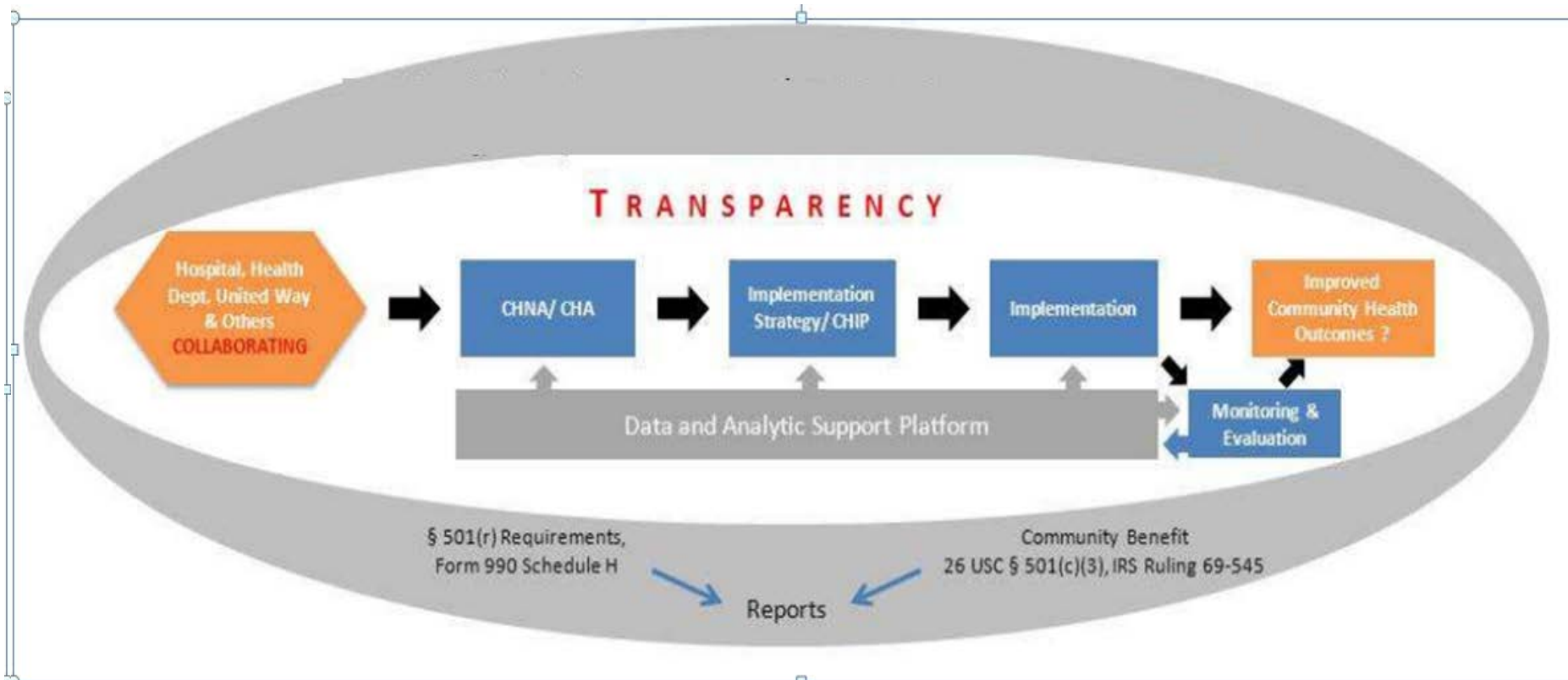
## Section 501(r)

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- Requires every tax exempt hospital organization to:
  - Conduct a CHNA at least once every three years
  - Adopt an implementation strategy to meet the needs identified by the CHNA
  - Conduct CHNAs on a facility-by-facility basis

# Community Health Improvement Logic Model

*A Framework to Promote Best Practices in Assessment, Planning, and Implementation*



Based on Public Health Institute (February 2012). *Best Practices for Community Health Needs Assessment and Implementation Strategy Development: A Review of Scientific Methods, Current Practices, and Future Potential*. Retrieved from <http://www.phi.org/uploads/application/files/dz9vh55o3bb2x56lcrzyel83fwfu3mvu24oqqvn5z6qaeiw2u4.pdf>



# Community Health Needs Assessments for Charitable Hospitals

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- Notice of Proposed Rulemaking (NPRM) issued by the Treasury Department and IRS
- Provides guidance implementing ACA §501(r) related to:
  - Community health needs assessments
  - Implementation strategies
  - Reporting requirements
  - Consequences for failing to satisfy §501(r) requirements
- NPRM modifies and clarifies previous guidance in IRS Notice 2011-52

78 FR 20523, April 5, 2013

# Conducting a CHNA

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- Defining the “Community” served by the hospital facility
  - Flexible approach – All relevant facts and circumstances
  - General expectation of geographic (hospital service area) definition, but can also take into account
    - Target populations served
    - Specialized functions
    - Populations in addition to its patient populations
    - Geographic areas outside of those in which its patient population resides

# Conducting a CHNA, continued

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- Defining the “Community” served by the hospital facility
- May not exclude medically underserved, low-income, or minority populations who are a part of its patient populations, live in geographic areas in which its patient populations reside, or are otherwise to be included
  - *Exception: if the group is not part of the hospital facility’s target population*

# Conducting a CHNA, continued

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## ■ Public Input

- At least one state, local, tribal, or regional governmental public health department or equivalent department or agency with knowledge, information, or expertise relevant to the health needs of the community
- Members of medically underserved, low-income, and minority populations in the community or individuals or organizations serving or representing those interests
- Written comments on previous CHNA and implementation strategy

# Documenting the CHNA

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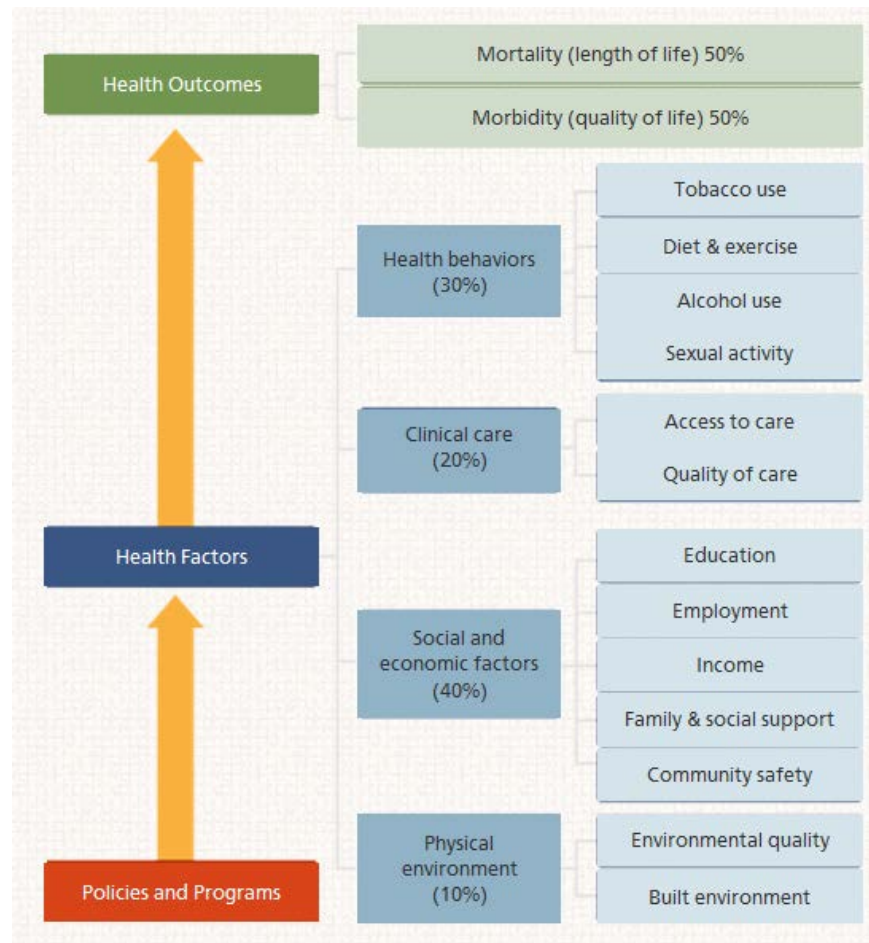
- Describe process and methods
- Describe community input
- Identify significant health needs
- Describe the process used to prioritize the community's health needs
- Describe possible measures and resources to address the identified needs

# CHNA – Significant Health Needs

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- Elements necessary for improving or maintaining the health status of the community at large and in particular parts of the community:
  - Disability incidence and/or prevalence
  - Injury
  - Disease
  - Household income, unemployment
  - Inpatient, emergency department, outpatient usage
  - Educational attainment
  - Home ownership
  - Arrests, violent activity
  - Availability of healthy food sources
  - Parks, sidewalks, open spaces, recreational opportunities
  - Safe outdoor spaces
  - Availability of basic and social services
  - Access to public transportation

# Social, Economic, and Environmental Determinants of Health



County Health Rankings model © 2012 UWPHI

# Social, Economic, and Environmental Determinants of Health, continued

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- The U.S. Department of Health and Human Services classifies the determinants of health into several broad categories:
  - Health services
  - Social factors
  - Individual behavior
  - Biology and genetics
  - Policymaking



# Making the CHNA Public

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- Complete version posted conspicuously on hospital's website or on another acceptable one as described in the NPRM
- Provide the website address or URL upon request
- Make a paper copy available for public inspection without charge

# Collaborative CHNAs

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- Hospitals can collaborate to prepare a joint CHNA report under specific conditions, including:
  - Adopted by the authorized body of each collaborating hospital
  - Community defined is the same and CHNA process conducted jointly
  - Joint report must identify each hospital

# Implementation Strategy

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- Must address significant health needs identified in the CHNA
- Description of each significant health need must include:
  - Actions the hospital facility intends to take to address the need, or
  - Explain why the facility does not intend to address that need, and
  - A plan to evaluate the impact of the facility's action in addressing the need

# Implementation Strategies: Timing is Crucial

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- Implementation strategy must be adopted by the end of the same tax year in which the hospital finishes conducting the CHNA

# Collaborative Implementation Strategies

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- A hospital facility that adopts a joint CHNA report may also adopt a joint implementation strategy, if:
  - It is clearly identified as applying to each hospital facility
  - It clearly identifies the hospitals role and responsibilities
  - It includes a summary or other tool to help the reader understand the document

# CHNA/Implementation Strategy Reporting Requirements

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- Hospital organization must attach its most recently adopted implementation strategy to its IRS Form 990, filed annually
  
- Hospitals must:
  - Describe actions taken to address the significant health needs

OR

- Explain why no actions were taken

# Schedule H (Form 990)

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group \_\_\_\_\_

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) \_\_\_\_\_

**Community Health Needs Assessment** (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)

**1** During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9. . . . .

If "Yes," indicate what the CHNA report describes (check all that apply):

- a**  A definition of the community served by the hospital facility
- b**  Demographics of the community
- c**  Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- d**  How data was obtained
- e**  The health needs of the community
- f**  Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- g**  The process for identifying and prioritizing community health needs and services to meet the community health needs
- h**  The process for consulting with persons representing the community's interests
- i**  Information gaps that limit the hospital facility's ability to assess the community's health needs
- j**  Other (describe in Part VI)

- 2** Indicate the tax year the hospital facility last conducted a CHNA: 20\_\_
- 3** In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .
- 4** Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .

	Yes	No
<b>1</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b>	<input type="checkbox"/>	<input type="checkbox"/>

# Failure to Satisfy ACA §501(r) Requirements

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1. Minor and inadvertent errors and omissions – not considered a failure **if**
  - Minor, inadvertent, and due to a reasonable cause, and
  - Hospital facility corrects the error or admission as promptly as is reasonable
  
2. If not willful or egregious, will be excused **if**
  - Hospital facility corrects the failure, and
  - Discloses
    - *In accordance with yet-to-be published IRS guidance*



# Failure to Satisfy ACA §501(r) Requirements, continued

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3. IRS will consider all circumstances to determine whether an error or omission is **willful or egregious**

- Revocation of §501(c)(3) status is a possible result

# Failure to Satisfy ACA §501(r) Requirements, continued

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- **\$50,000 excise tax**
  - Imposed for each hospital failure
  - For each year the failure occurred
- **Loss of tax exemption**
- **Income of each noncompliant hospital could be considered taxable income**

# Conclusion

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## ■ Proposed Rules

- Complex, but important step
- Advances federal policy for:
  - Inclusive and transparent community health needs assessment processes
  - Collaboration among hospital facilities
  - Flexibility
  - Accountability

# About The Hilltop Institute

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The Hilltop Institute at UMBC is a non-partisan health research organization—with an expertise in Medicaid and in improving publicly financed health care systems—dedicated to advancing the health and wellbeing of vulnerable populations. Hilltop conducts research, analysis, and evaluations on behalf of government agencies, foundations, and nonprofit organizations at the national, state, and local levels. Hilltop is committed to addressing complex issues through informed, objective, and innovative research and analysis.

[www.hilltopinstitute.org](http://www.hilltopinstitute.org)

# About Hilltop's Hospital Community Benefit Program

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**Hilltop's Hospital Community Benefit Program** is a resource for state and local policymakers who seek to ensure that tax-exempt hospital community benefit activities are responsive to pressing community health needs. The program provides tools to these and other stakeholders in support of their efforts to improve population health and to promote a more accessible, coordinated, and equitable community health system. The program is funded by the Robert Wood Johnson Foundation and the Kresge Foundation.

<http://www.hilltopinstitute.org/hcbp.cfm>

# Contact Information

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# What Counties Might Want to Know About Hospital Community Health Assessment and Planning

May 30, 2013

National Association of Counties

Julie Trocchio

Senior Director, Community Benefit and Continuing Care  
Catholic Health Association

# Overview

- History of hospitals and community health improvements
- Public health guidance
- Learning by example
- Challenges to county-hospital engagement
- Opportunities for county-hospital engagement
- Resources



# History of Hospitals and Community Health Improvement

- Port Arthur, Texas
- American Northwest
- Cleveland

# How Hospitals Conduct CHNAs and Plan

- Follow federal and state requirements
- Use public health guidance
- Learn by example

# Public Health Guidance

- Use secondary data, supplement with surveys, interviews
- Look for root causes
- Build evaluation into plans

## Learning By Example

- Community engagement is messy but essential
- Public health is essential partner
- Focus, focus, focus

# Challenges to Hospital/County Engagement

- Big organizations, many silos
- Different timeframes, boundaries
- Different cultures, vocabularies
- Compute demands

# Opportunities for Hospital/County Engagement

- Joint or collaborative CHNAs
- Hospital CHNA/planning committees
- Other input: surveys, forum, interviews
- Joint or collaborative overall plans
- Joint or collaborative programs initiatives

# CHA Resources

- *Assessing and Addressing Community Health Needs*
- *A Guide to Planning and Reporting Community Benefit*
- Public health issue: *Health Progress* (Nov/Dec 2012)
- *Evaluating Community Benefit Programs*
- *Connecting Health Care With Public & Environmental Health*

## Quote from Baltimore Sun

- “Pop culture lionizes the heroic doctor, saving patients through dramatic, last-minute surgery. This will always be a vital hospital role. But how many lives could be saved if hospitals were better at addressing the conditions that produce such health emergencies in the first place? The little-noticed Obamacare requirement (for community health needs assessments) may help us find out.”

Gar Alperovitz and David Zuckerman  
*Baltimore Sun, February 28, 2013*



# Community Health Assessment & Improvement Planning

Julia Joh Elligers, MPH  
Director of Assessment, Planning, and Workforce Development  
National Association of County & City Health Officials

# Objectives

- To provide a very brief overview of NACCHO and community health assessment and improvement planning
- To describe how MAPP, a community health improvement process informed by community health assessments, can help strengthen the local public health system and health care safety net
- To describe how elected officials have been involved in community health assessment and improvement efforts and how they benefited from participation

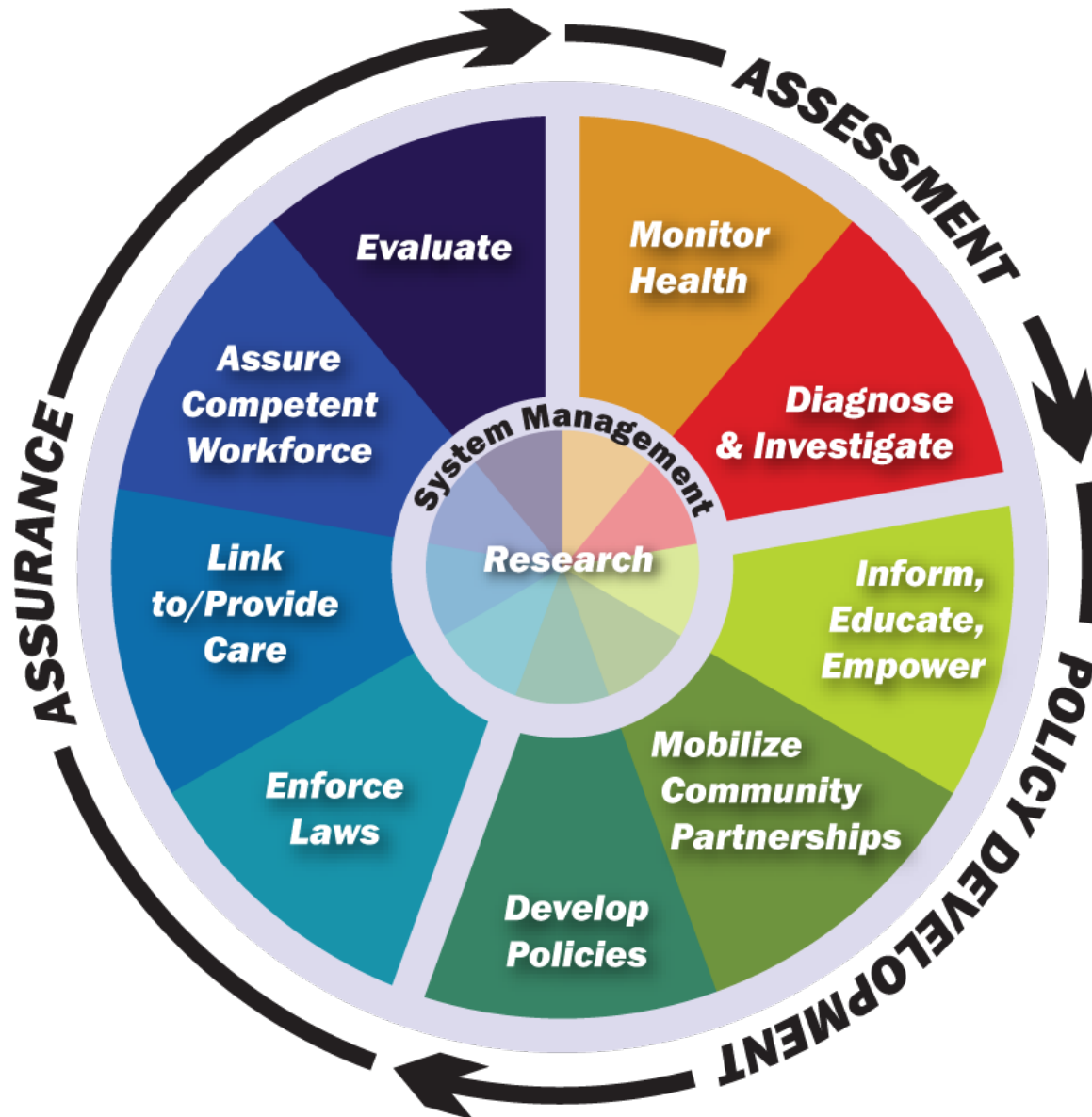


# National Association of County & City Health Officials

- The national organization representing ~2800 local health departments.
- Supports efforts that protect and improve the health of all people and all communities by promoting national policy, developing resources and programs, seeking health equity, and supporting effective local public health practice and systems.



# Public Health Core Functions & Essential Services



# Community Health Assessments

A community health assessment is a process that uses quantitative and qualitative methods to systematically collect and analyze health status data within a specific community.

Health status data include information on risk factors, quality of life, mortality, morbidity, community assets, and other information that illustrates why health issues exist in a community.

Community health assessment data inform community decision-making, the prioritization of health problems, and the development and implementation of community health improvement plans.

(Issel 2004, Cibula et al 2003, Dever 1997)



# Community Health Assessment Activity



# National Accreditation of Health Departments



*Helping raise the standard  
for public health.*

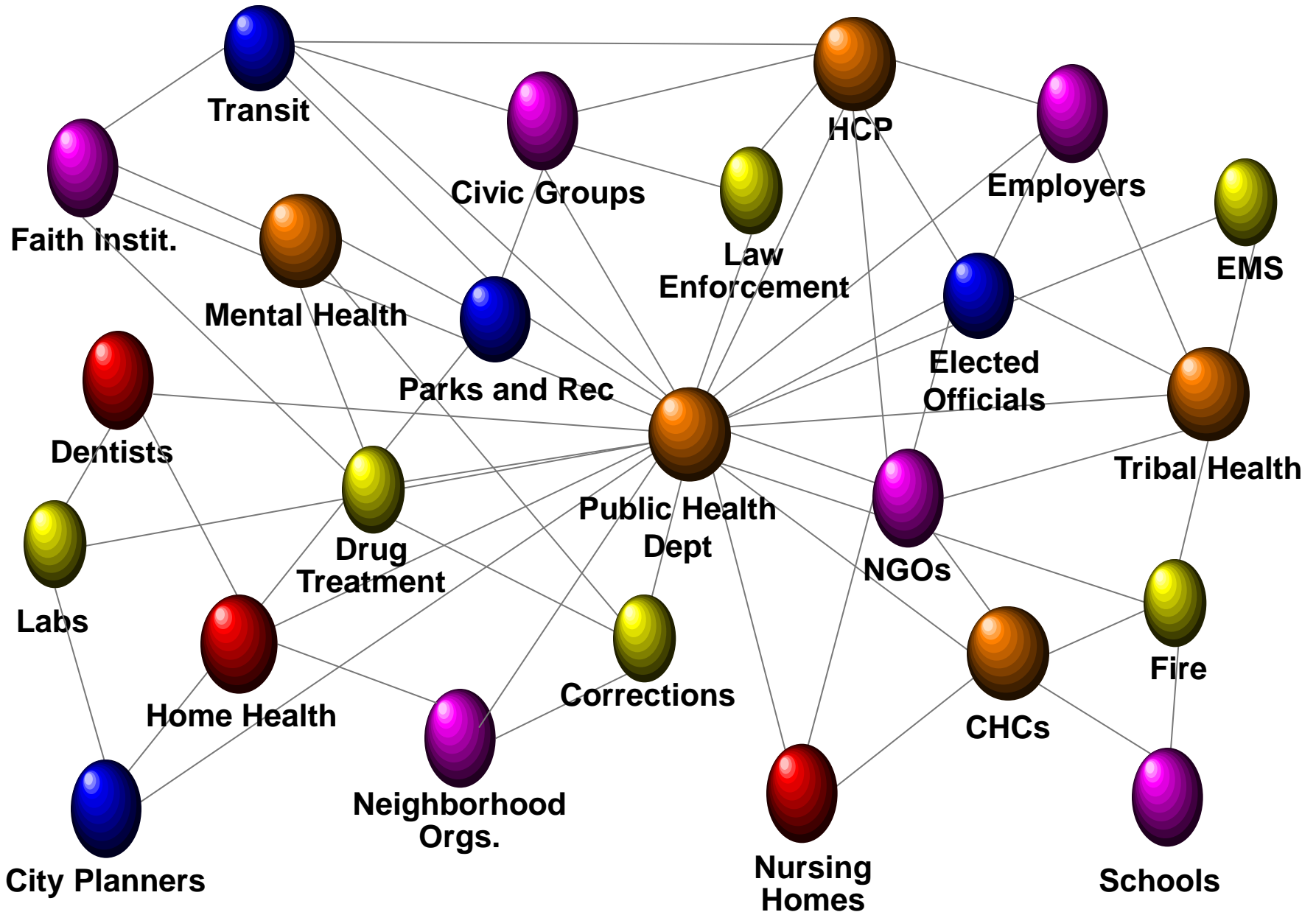
- Accreditation is a status that provides public notification that a health department meets standards of quality set forth by the Public Health Accreditation Board.
- Prerequisites
  1. Community Health Assessment
  2. Community Health Improvement Plan
  3. Agency Strategic Plan







# Local Public Health System

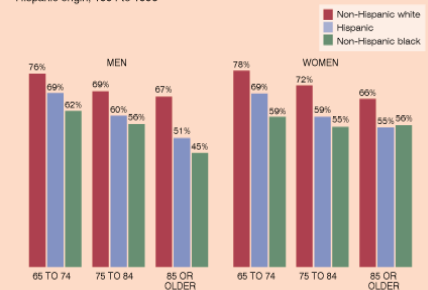


# Four MAPP Assessments

- Community Health Status
- Community Themes & Strengths
- Local Public Health System
- Forces of Change



Percentage of persons age 65 or older who reported having good to excellent health, by age group, sex, and race and Hispanic origin, 1994 to 1996



Note: Data are based on a three-year average from 1994 to 1996. Hispanics may be of any race. Reference population. These data refer to the civilian noninstitutional population. Source: National Health Interview Survey.



# NACCHO Resources

- Trainings
- One-on-One Technical Assistance
- On-Site Facilitation
- Stories from the Field
- MAPP Navigators
- Social Network
- Funding Opportunities
- Guidance Documents
- Other Resources



# Elected Officials Participation

- Bring visibility to the process; championing the process
- Encourage broad participation; identifying key players
- Encourage sharing of data
- Encourage strategic alignment across community
- Connect different community partners to each other
- Use data to inform policies and decision making
- Identify new and existing resources
- Chair coalitions



# Benefits of Participating in an Assessment Process

- Develop relationships with constituents and learn what matters to them
- Making informed decisions that influence health, quality of life, and economic development
- Showcase your community as a good place to live, work, and play and as a place that is invested in continuous improvement
- Help make your community a better candidate for grant funding and business investment
- Streamline and better coordinate local service delivery
- Increase social cohesion, social capital, and pride in the community
- Improve health and quality life



# Contact Information

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*Thank you for participating in NACo's webinar.*

For more information about  
NACo's Healthy Counties Initiative, visit:  
[www.naco.org/healthycountiesinitiative](http://www.naco.org/healthycountiesinitiative)

With any questions about this webinar, please  
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