Community Health Needs Assessments and Implementation Plan: Our Approach

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CHC Corporate

Overview

- Community Hospital Corporation (CHC) owns, manages and consults with hospitals through three distinct organizations – CHC Hospitals, CHC Consulting, and CHC ContinueCARE, which share a common purpose of preserving and protecting community hospitals

  - **Mission** – To collaborate with partners and bring innovative solutions to support the vibrancy and accessibility of community healthcare
  - **Vision** – To be the nation's preeminent resource in advancing community healthcare
  - **Values** – Our values define what we stand for, guide our actions and help drive our strategies
    - Respect, Integrity, Stewardship, Excellence

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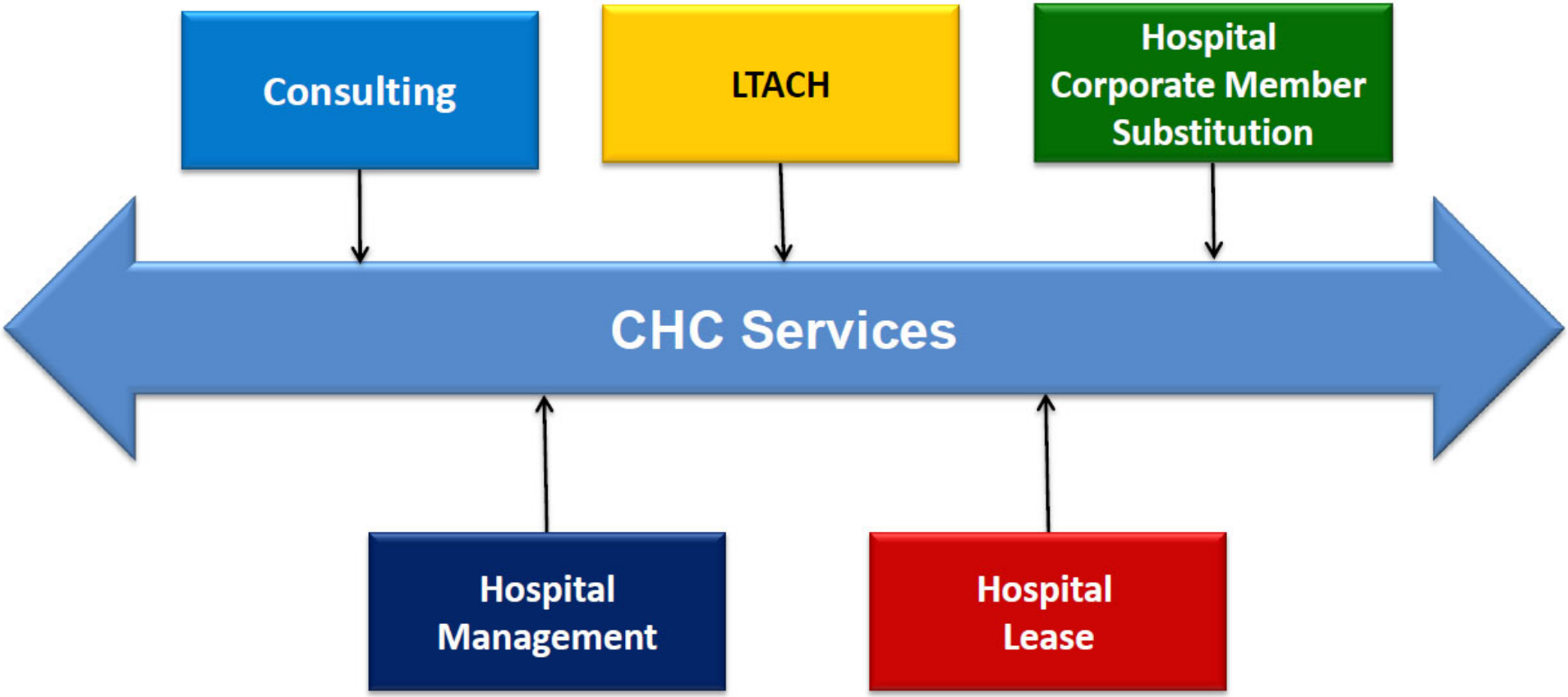
Overview (continued)



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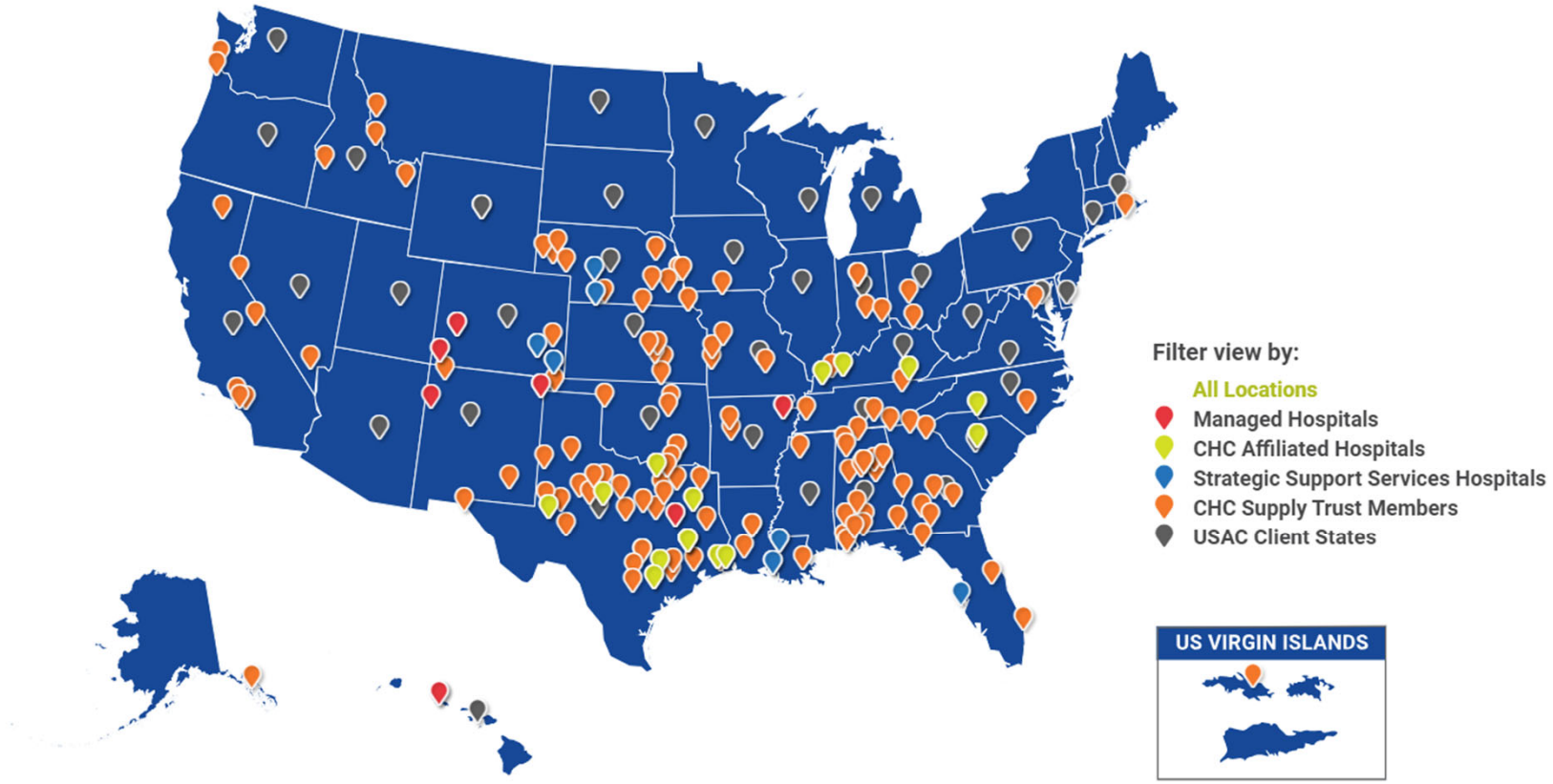
Client Locations



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Community Health Needs Assessment

Our Experience

- CHC has completed community health needs assessment (CHNA) and implementation plans for more than 75 health care facilities across 15 states since 2012, including:
  - Large multi-hospital systems
  - Critical Access Hospitals
  - Rehab Hospitals
  - FQHC/Community Health Centers
  - Long-Term Acute Care Hospitals
- CHC has also provided guidance to hospitals regarding necessary updates to existing reports in order to remain compliant with federal regulations, as well as various levels of support towards completing CHNA reports

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Community Health Needs Assessment

Background

- Patient Protection & Affordable Care Act specifies four new requirements for not-for-profit 501(c)(3) hospitals
  - Conduct Community Health Needs Assessment (CHNA) and implementation plan once every three years
- IRS finalized the CHNA and implementation plan regulations as of December 29, 2014
  - Describes specific provisions related to CHNA requirements
  - Financial penalty of $50,000/year per hospital and potential loss of tax exempt status if not complete
- Recommended best practice for all other facilities

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CHNA and Implementation Plan

Definition

- **What** is a CHNA?
  - Study of the community served by your facility(ies); IRS has requirements for what to include
  - Ensure that health care facilities have the necessary information to identify and address the needs of their communities
- **What** is an implementation plan?
  - A plan for how the facility(ies) will address the identified needs from the CHNA over the next 3 years
- Provides an opportunity to improve coordination of local activities and strengthen community health
  - A CHNA and implementation plan report can be done in conjunction with other hospitals/organizations, but each individual hospital needs its own report
  - The report can also be done for an individual hospital/organization with or without outside assistance

Source: Association of State and Territorial Health Officials, Community Health Needs Assessments, http://www.astho.org/Programs/Access/Community-Health-Needs-Assessments/; information accessed December 12, 2016.

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Community Health Needs Assessment

Our Process

- **Step 1:** • Establish Parameters & Scope
- **Step 2:** • Collect & Analyze Data
- **Step 3:** • Obtain Community Input
- **Step 4:** • Document & Communicate Results
- **Step 5:** • Prioritize Community Need
- **Step 6:** • Develop Implementation Plan

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The Process

Establish Parameters & Scope

Step 1:

- Define and map study area of the communities served
  - Goal is to define the geographic area that the facility primarily serves
  - Our recommendation – establish your service area based on:
    - Patient origin
    - Specific target population (i.e., children, female, specialty or disease)
    - Available data sources
    - Realistic capabilities of serving community needs
- No requirement to study certain percentage of your patient population
- Should not exclude medically underserved, low-income, or minority populations who live in the geographic areas from which the hospital facility draws its patients

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The Process

Collect & Analyze Data

Step 2:

- Goal is to efficiently collect, analyze and summarize the most current and accurate data to provide insight into the population of the study area identified in prior step
- Data sources, timeframe and availability varies greatly by state
- Typical areas of focus include, but are not limited to:
  - Demographics of study area
    - Population composition by age and ethnicity
    - Population growth by age and ethnicity
    - Economic factors
    - Educational attainment
    - Food insecurity
  - Health status of study area
    - Mortality and incidence for chronic disease categories
    - Communicable diseases
    - Health behaviors
    - Natality and maternal health
    - Mental and behavioral health
    - Access to healthcare
    - Minority population health

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Step 3:

Obtain Community Input – Specific Groups

- Required to obtain input from persons who represent the broad interests of the community
  1. 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
  2. Members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations
  3. Written comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy
- Facility may also consider obtaining input from community leaders

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Obtain Input – Methodology

Step 3:

- Input can be obtained through various methods including meetings, focus groups, interviews, surveys, or written comments
  - CHC conducts one-on-one phone interviews with key informants in the community that are identified by the hospital
  - Hospital requested to:
    1. Send CHC list of community participants for review (name, role, organization, phone/email contact information)
    2. Contact interviewees initially using CHC interview request text to introduce the process
- Obtain information regarding the health needs of the community, access issues, barriers and issues related to specific populations
- Summarize the common themes that arise from participant input

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Obtain Input – CHC Methodology

Step 3:

- Typically, CHC conducts one-on-one phone interviews with key informants in the community who are identified by the facility
- Some examples of types of individuals or organizations that we interview with may include, but are not limited to:

Types of Entities/Organizations

- Local/regional government health agencies (public health)
- Minority/low income organization
- Local health coalition
- Local school districts and universities
- Hospital Governing Board
- Heart Association, Mental Health Association, Diabetes Association, etc.
- Nursing Homes, Rehabilitation Centers, Skilled Nursing Facilities
- Local FQHC or RHC
- Hospital advisory council
- Local pharmacies
- Faith based institutions

Specific Examples

- Hospital Board Chair
- Area Agency on Aging
- School Superintendent
- Local Judge
- Health Educators
- Healthcare Executives
- Case Managers
- Social Workers
- EMS
- Food pantry
- Clergy
- Immigration/Refugee Organization

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Document & Communicate Results

Step 4:

- Final regulations and IRS Form 990 Schedule H give guidance as to what should be included by each hospital facility:
  - Definition and demographics of the community served
  - Health status of the community served
  - Methodology including sources, location-level (i.e., national, state, county, zip), data timeframe
  - Summary of qualitative (i.e., interview/survey/focus group) findings, including organization or names and biographical information
  - Significant health needs of the community served
  - Analysis of any existing health assessment reports for the community(ies) served
  - Description of process for identifying and prioritizing areas of need and services to meet the identified health needs
  - Description and listing of additional health services or resources available in the community to address the prioritized needs
  - Impact of any actions taken to address the significant health needs identified in the prior CHNA(s)
  - Description of collaboration with other organizations (if applicable)
  - Description of any information gaps
  - Process for providing feedback on CHNA or implementation plan

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Step 5:

Prioritize Community Need

- After CHNA team reviews findings, the hospital is required to prioritize most **significant health needs** based on CHNA data
- Prioritization of needs by CHNA team can be done in a variety of ways including group discussion or formal ballot
  - Goal is to rank significant needs in order of importance based on:
    - Depth and breadth of the health need
    - Effectiveness of interventions
    - Ability to serve the need
      - Service mix and capabilities
      - Resources
- After prioritizing the needs, group may not decide to keep (or address) all significant needs in the implementation plan
  - If any needs are not addressed, then a rationale will need to be provided

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Develop Implementation Plan

Step 6:

- Required to create an implementation plan to meet the community health needs identified through the CHNA
  - A written plan that addresses each of the significant community health needs identified
    - Describes how the facility plans to meet the health need, or
    - Identifies the health need as one the facility does not intend to meet and explains why
  - Must be tailored to specific programs, resources and priorities
  - Working with related organizations is encouraged in developing an implementation plan and/or meeting a health need
  - Collaboration is allowed in developing the CHNA and implementation plan but each hospital facility is expected to have its own specific report

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The Process

Develop Implementation Plan (cont.)

Step 6:

- CHC develops the following with the facility(ies) for each of the identified prioritized needs in an implementation plan:
  - Rationale
  - Objectives and implementation activities
  - Responsible leaders and timeline
- Work with key stakeholders in each area of identified need to discuss the activities that are currently in place to meet identified needs and potential new activities
- Facility input is crucial

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Implementation Plan Alignment

Step 6:

- Emphasis on the community benefit activities that the facility is already participating in, not necessarily new, expensive initiatives
- Important to involve key stakeholders from the beginning who understand the community benefit activities and how that relates to the overall strategy of the facility
  - Certainly important when many items may have financial or personnel requirements
- Opportunity to engage community members or outside organizations in various initiatives
- Consider timing along with budget for community benefit activities

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Final Steps – Adoption of the Report

- CHNA and implementation plan need to be adopted by authorized body of the hospital facility before the last day of its taxable year or previous two taxable years
  - CHNA considered adopted on date posted to website
- Implementation plan has an additional *four and a half months* for adoption after the end of the taxable year in which the facility finishes conducting the CHNA if needed
- Adoptions must be noted in board meeting minutes

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Final Steps – Promotion & Solicitation of Feedback

- Posting the completed CHNA on the hospital's website (or other website) is required for 501(c)(3) facilities
  - Must remain posted until 2 subsequent CHNAs have been made available
  - Provide free copy at the facility
    - Hospital must either have a copy of its most recent report printed out at the facility and ready to provide upon request, **OR** be able to print out a copy of the paper report to provide on request
    - Patient-facing staff at the facility should be trained on how to obtain the CHNA report
  - Individuals cannot be required to create an account or provide personally identifiable information to access report
- Implementation plan not required to be on the website but CHC takes this additional step and thinks it is important
- Soliciting feedback on the CHNA and implementation plan is also required
  - Must accept written feedback on CHNA and implementation plan
  - Must consider feedback when creating future plans
- Increasing the community's awareness of the CHNA and inviting residents to provide feedback on the report is strongly encouraged
  - Could be introduced at town hall meetings, discussed in local club meetings, or advertised in local media outlets
  - CHC Consulting can assist with development of a CHNA Press Release or Social Media Language

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Preparing for an IRS Audit

- In preparation for a potential IRS Audit, it is recommended that the 501(c)(3) facility ensures the following is complete:
  1. 2 most recent CHNAs (if applicable) are **visibly** posted on the hospital facility's website, and can be easily downloaded by any person (i.e., no log in required or password protection)
  2. Information on how to provide **written** feedback on the CHNA(s) is provided
  3. Board Meeting minutes noting the discussion and adoption of the 2 most recent CHNA and implementation plans (if applicable) can be made available upon request
  4. Full, printed copies of the most recent CHNAs are available at the front desk

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The Team

- Lisette B. Hudson, Vice President of Planning
- Valerie B. Hayes, Director of Planning
- Alex L. Campbell, Senior Planning Analyst
- Raegen A. Price, Planning Analyst
- Others at CHC as needed

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For More Information

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