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# Community Health Needs Assessments and Implementation Plan: Our Approach

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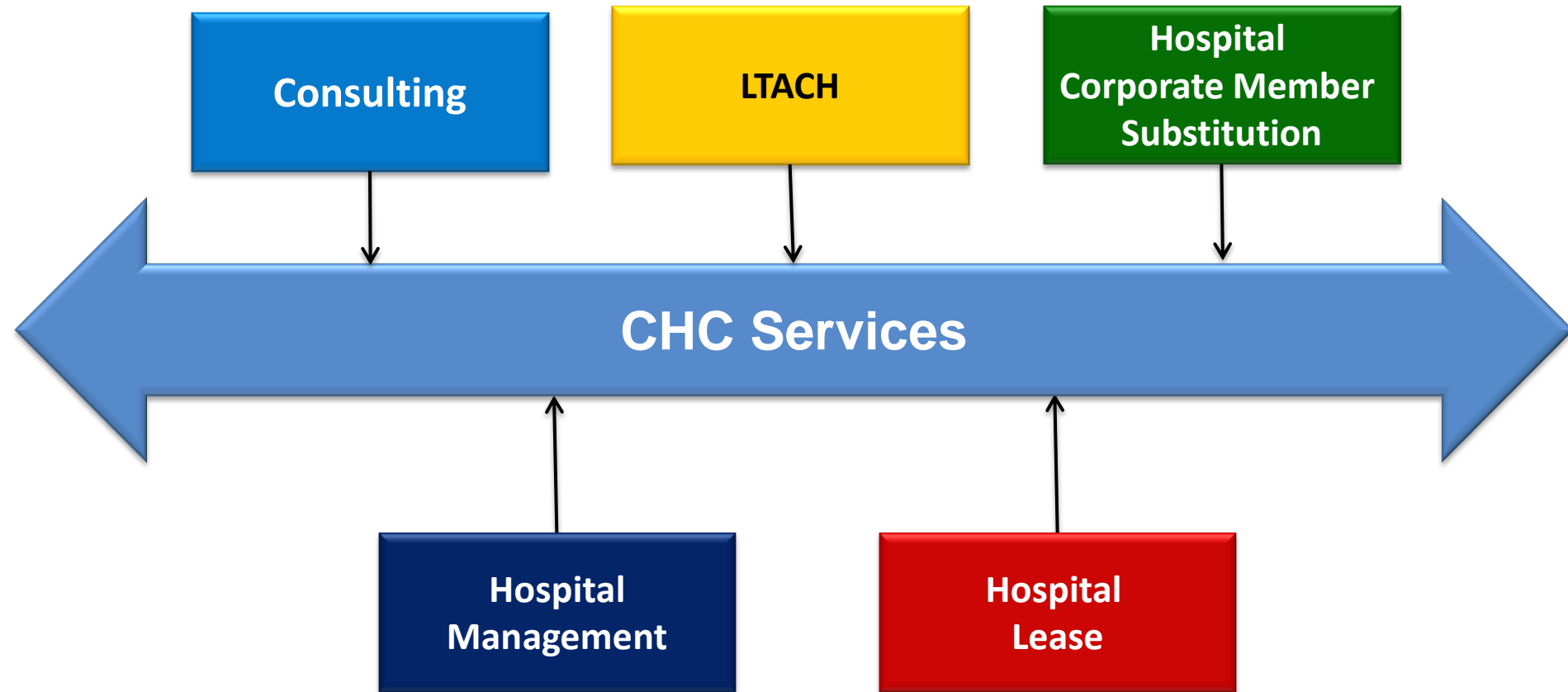
# CHC Corporate Overview

Community Hospital Corporation 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

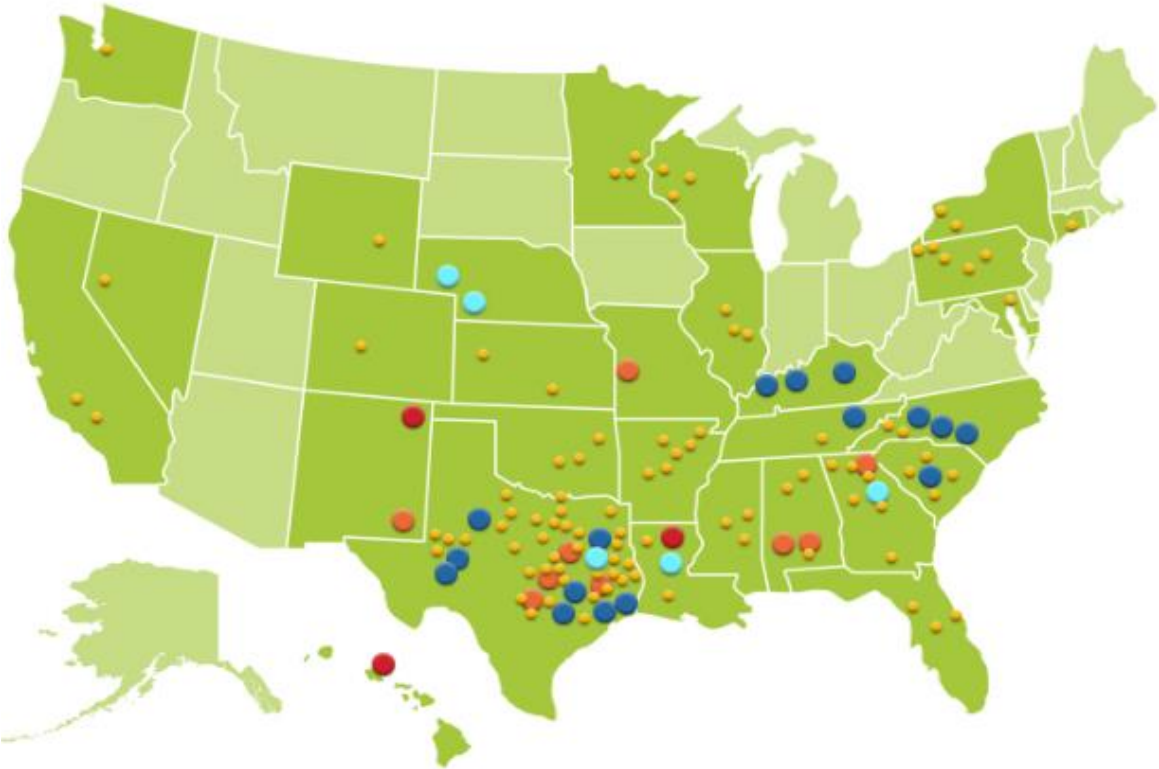
- **Mission** – To guide, support and enhance the mission of community hospitals and healthcare providers
- **Vision** – To be the nation's preeminent resource in advancing community healthcare



# CHC Corporate Overview



# CHC Client Locations



- CHC Consulting Client Locations
- Managed Hospitals
- Strategic Support Services Hospitals
- Owned Hospitals
- CHC Supply Trust Only Members



HELP WHERE HOSPITALS NEED IT®

# Community Health Needs Assessment

## *Our Experience*

- CHC has completed community health needs assessments (CHNAs) and Implementation Plans for more than 70 hospitals across 14 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

# 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

# CHNA and Implementation Plan

## *Definition*

- **What** is a CHNA?
  - Study of the community served by your hospital; IRS has requirements for what to include
  - Ensure that hospitals have the necessary information to identify and address the needs of their communities
- **What** is an Implementation Plan?
  - A plan for how hospitals 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 with or without outside assistance

# Community Health Needs Assessment

## *Timing*

- CHNAs are effective for taxable years beginning after March 23, 2012
- CHNA must have been conducted within prior three years
- Facilities have an additional 4.5 months to complete their Implementation Plan

<b>If your Fiscal Year begins...</b>	<b>1st CHNA should have been completed by...</b>	<b>2nd CHNA should have been / be completed by...</b>
<b>April 1</b>	<b>March 31, 2013</b>	<b>March 31, 2016</b>
<b>July 1</b>	<b>June 30, 2013</b>	<b>June 30, 2016</b>
<b>October 1</b>	<b>September 30, 2013</b>	<b>September 30, 2016</b>
<b>January 1</b>	<b>December 31, 2013</b>	<b>December 31, 2016</b>
<b>March 1</b>	<b>February 28, 2014</b>	<b>February 28, 2017</b>



# Community Health Needs Assessment

## *Our Process*



# 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 hospital primarily serves
  - Our recommendation - Service area based on...
    - Hospitals' patient origin
    - Specific target population (i.e., children, female, specialty or disease)
    - Available data sources
    - Realistic capabilities of serving community needs
- Should not exclude medically underserved, low-income, or minority populations who live in the geographic areas from which the hospital facility draws its patients
- No requirement to study certain percentage of your patient population

# 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 (median household income, poverty, unemployment)
    - Food insecurity
  - Health status of study area
    - Mortality and incidence for chronic disease categories
    - Communicable diseases
    - Health behaviors (smoking, binge drinking, physical inactivity)
    - Natality and maternal health (infant mortality, teen births, low birth weight births)
    - Mental and behavioral health
    - Access to healthcare (uninsured, Medicaid, preventable hospitalizations)
    - Minority populations, including senior citizens

# The Process

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
- Hospital may also consider interviewing community leaders

# The Process

Step 3:

## *Obtain Input – Methodology*

- Input can be obtained through various methods including meetings, focus groups, interviews, surveys, or written comments
- Need to provide name of organization providing input (not required to provide individual names)
- 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

# The Process

Step 3:

## *Obtain Input – CHC Methodology*

- Typically, CHC conducts one-on-one phone interviews with key informants in the community that are identified by the hospital
- 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)
    - Local school districts and universities
    - Heart Association, Mental Health Association, Diabetes Association, etc.
    - Nursing Homes, Rehabilitation Centers, Skilled Nursing Facilities
    - Local FQHC or RHC
    - Food banks
    - Hospital advisory council
    - Minority/low income organization
    - Local pharmacies
  - **Specific Examples**
    - United Way
    - March of Dimes
    - Meals on Wheels
    - American Heart Association
    - Catholic Charities
    - Regional Planning Commission
    - Region Education Service Center
    - American Cancer Society
    - Alzheimer’s Association

# The Process

Step 4:

## *Document & Communicate Results*

- Final regulations and IRS Form 990 Schedule H give guidance as to what should be included by each facility(ies)
  - 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
  - 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

# The Process

## *Prioritize Community Need*

Step 5:

- After CHNA team reviews findings, 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
    - Hospitals' abilities to serve the need
      - Hospital service mix and capabilities
      - Hospital 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 by the hospital, then a rationale will need to be provided



# The Process

## *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 community health needs identified
    - Describes how the hospital plans to meet the health need, and/or
    - Identifies the health need as one the hospital does not intend to meet and explains why
- Must be tailored to a hospital's specific programs, resources and priorities
- Collaboration is allowed in developing the CHNA and Implementation Plan yet each hospital is expected to have its own specific report

# The Process

## *Develop Implementation Plan*

Step 6:

- Create rationale and objective for each prioritized need
  - What data elements contributed to the need being prioritized and what is the goal of addressing this need
- 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
  - Assign responsible parties and timeframes for each activity

# The Process

## *Implementation Plan Alignment*

Step 6:

- Emphasis on the community benefit activities that the hospital 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 hospital
- Certainly important when many items may have financial or personnel requirements
- Opportunity to engage community members or outside organizations in various initiatives
- Will want to consider timing along with hospital budget for community benefit activities

# Adoption of the Report

Step 6:

- 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 hospital facility finishes conducting the CHNA if needed
- Adoptions must be noted in board meeting minutes

# CHNA Promotion and Feedback

- Posting the written report of the CHNA on the hospital facility's website (or other website) is required
  - Must remain posted and provide free copy at the hospital until two subsequent CHNAs have been made available
- Implementation Plan not required to be on hospital website but CHC takes this additional step and thinks it is important
- Soliciting feedback on the CHNA and Implementation Plan is 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

# Preparing for an IRS Audit

- In preparation of a potential IRS Audit, it is recommended that the hospital ensures the following is complete:
  1. 2 CHNAs (if applicable) are **visibly** posted on the hospital'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 1<sup>st</sup> and 2<sup>nd</sup> CHNA and Implementation Plan (if applicable) can be made available upon request
  4. Full, printed copies of the most recent CHNAs are available at the hospital front desk

# The Team

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- Cindy B. Matthews, Executive Vice President
- Lisette B. Hudson, Vice President of Planning
- Valerie B. Hayes, Senior Planning Analyst
- Others at CHC as needed

# For More Information

David Domingue, SVP of Business Development

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