

12-05

STATEMENT OF POLICY

Collaborative Community Health Needs Assessments in Local Communities

Policy

The National Association of County and City Health Officials (NACCHO) encourages local health departments and nonprofit hospitals to collaboratively conduct community health needs assessments (CHNA) or community health assessments (CHA), pursuant to the statutory requirement of nonprofit hospitals to conduct a CHNA under the Patient Protection and Affordable Care Act (ACA), as well as accreditation requirements for local health departments under the Public Health Accreditation Board (PHAB). Local health departments should have every opportunity to play an important role in these processes.

The level of collaboration between local health departments and nonprofit hospitals and hospital organizations may range from conducting a single, collaborative assessment that mutually benefits both parties' needs, to consulting with or providing reimbursed resources or technical assistance to conduct a CHNA. Potential local health department involvement may include the following:

- Collaborating on a joint CHA/CHNA process that fulfills both local health department and nonprofit hospital requirements, which could include, but is not limited to, aligning timelines, pooling staff and financial resources, and coordinating buy-in for implementation;
- Providing technical expertise to design and implement a CHNA, e.g. information on assessment models, health status indicators, public health programs, and community-based partners;
- Sharing relevant local data resources for quantitative and qualitative health and social determinants information in hospital service areas;
- Providing technical assistance in data collection, analysis, synthesis, and interpretation;
- Giving input on strategies to improve community health through hospital services and public health prevention and health promotion programs;
- Coordinating joint efforts by different hospitals to pool resources to gather data, analyze data, and/or generate a report for a CHNA;
- Serving as a neutral facilitator to ensure a collaborative CHNA process;
- Engaging community residents in a CHNA process;
- Serving as a partner in implementing the hospital Implementation Plans (IPs) or Community Health Improvement Plans (CHIPs) that follow a community health (needs) assessment.

Justification

The ACA Section 501(r)(3), requires that nonprofit hospitals conduct and report on a CHNA every three years to maintain their tax exempt status.



The CHNA must include a description of the assessment process, how input was obtained from the community and public health members, the community served, its health needs, which needs the organization intends to address, the reasons those needs were selected, and a summary of the implementation strategy. Nonprofit hospitals must provide an evaluation of previous actions taken to address needs identified in previous CHNAs.

In 2015, the IRS clarified that the ACA also requires that a CHNA take into account input from persons representing the broad interests of the community served by the hospital community, including at least one state, local, tribal, or regional governmental public health department, or a State Office of Rural Health. Given that local health departments often hold the required “knowledge, information, or expertise relevant to the health needs of that community,” they may play a critical role in this process, and can be vital to the development of the CHNA.^{1,2}

The ACA CHNA requirement coincides with the launch of the national voluntary public health department accreditation process by the Public Health Accreditation Board (PHAB). The completion of a community health assessment and community health improvement plan are prerequisites for local health department accreditation application and must be completed in order to demonstrate fulfillment of public health accreditation standards. Community health assessments and CHNAs collect the same kind of data. However, in addition to needs, CHAs can identify other types of information about the state of a community’s health such as assets that can be leveraged to address needs. In 2013, 70 percent of local health departments reported they completed a community health assessment in the past five years, up from 60 percent in 2010.³ NACCHO anticipates this percentage to continue rising with the increased interest in public health accreditation. The advent of ACA and public health accreditation requirements provide an opportunity for hospitals and local health departments to conduct collaborative assessments minimizing duplication of effort and unnecessary community burden.

NACCHO recognizes variation in local health department capacity to dedicate resources to the CHNA process, yet recognizes that a CHNA might assist in determining of how resources are allocated to various community health issues. The requirement to conduct a CHNA presents an opportunity for collaboration between local health departments and hospitals or hospital organizations to (1) conduct and disseminate results of health assessments; (2) identify historically marginalized communities and unmet needs; (3) plan and implement local strategies to improve the health of communities; (4) support evaluation efforts ; (5) assist in advocacy efforts to assure the implementation of effective programs; and (6) strengthen emergency preparedness response and recovery by aligning hospital and local health department planning.

More than half of local health departments have collaborated with hospitals on CHNAs, independent from external requirements.⁴ Hospitals, local health departments, and other community partners can pool resources to conduct comprehensive community health assessments that benefit multiple stakeholders and the community-at-large. The ACA CHNA requirement provides additional incentive for communities with existing partnerships to build upon their collaborative work and incentive for communities without a history of collaborative community health assessment to begin working together.

References

1. Internal Revenue Service. (2015). Bulletin: 2015-5, TD 9708. Additional Requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals; Requirement of a Section 4959 Excise Tax Return and Time for Filing the Return. Retrieved January 27, 2016, from https://www.irs.gov/irb/2015-5_IRB/ar08.html#d0e1333.
2. Patient Protection and Affordable Care Act of 2010, Section 9007.
3. National Association of County and City Health Officials. (January 2014). *2013 National Profile of Local Health Departments*. Retrieved January 27, 2016, from <http://nacchoprofilestudy.org>.
4. National Association of County and City Health Officials. (June 2015). *The Changing Public Health Landscape: Findings from the 2015 Forces of Change Survey*. Retrieved January 27, 2016, from <http://nacchoprofilestudy.org/forces-of-change/>.

Record of Action

Submitted by the NACCHO Epidemiology Workgroup and NACCHO MAPP Workgroup

Approved by the NACCHO Board of Directors

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