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City- and County-Wide Community Health Needs Assessments:

Community Efforts that Go Above and Beyond

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City- and County-Wide Community Health Needs Assessments:

Community Efforts that Go Above and Beyond

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Welcome and Introduction



Amanda Hunt
Healthcare Value Hub



Lynn Quincy
Healthcare Value Hub

Housekeeping



- **Thank you for joining us today!**
- **All lines are muted until Q&A**
- **Webinar is being recorded**
- **Technical problems? Call Annaliese Johnson at 202-776-5177**

Agenda



- **Welcome & Introduction**
- Will Broughton, **Health ENC** (North Carolina)
- Monique Marino, **HealthyBR** (Louisiana)
- Katie Sawicki, **Community Powered Change** (Oregon)
- **Q&A**

Community Health Needs Assessment (CHNA):

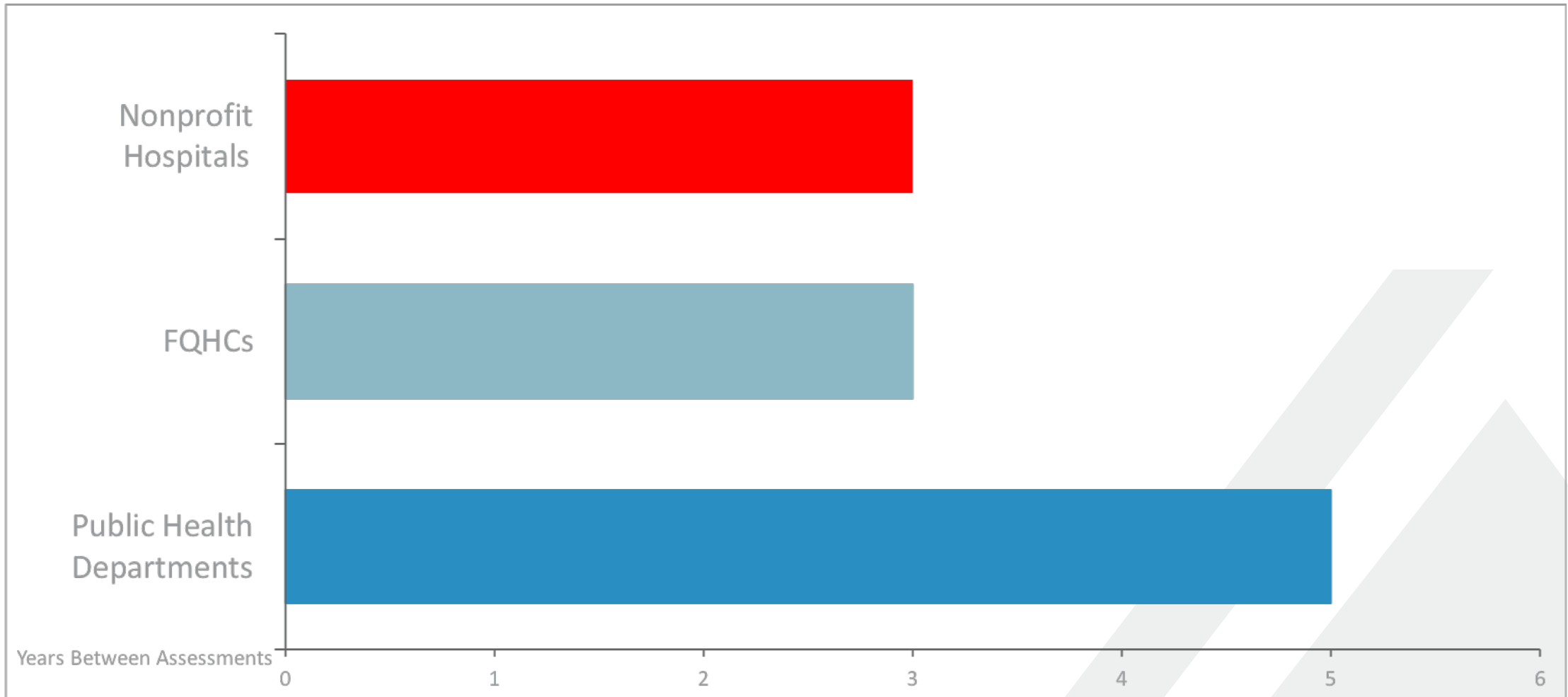


“Refers to a state, tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis.”

-Centers for Disease Control and Prevention



Mismatched Assessment Timelines




What makes a Community Health Needs Assessment cutting-edge?



- Coordination between hospitals, public health departments and FQHCs with needs assessment obligations
- Collaboration with organizations working in sectors related to the SDoH
- More meaningfully engaging community residents – particularly those who are negatively impacted by disparities

Resources from the Hub



 ALTARUM
HEALTHCARE VALUE HUB

RESEARCH BRIEF NO. 35 | MARCH 2019

Community Health Needs Assessments: Elevating Consumer Voices, Increasing Accountability and Facilitating Collaboration

A community health needs assessment (CHNA) is a report that identifies the healthcare and health-related (food, housing, etc.) needs of a community's residents. The goal of a CHNA is to systematically assess a community's unmet needs in order to develop strategies to address them.

Three types of entities have a formal, federal obligation to conduct community health needs assessments:

- Nonprofit hospitals,
- Public Health Departments and
- Federally Qualified Health Centers (FQHCs)

SUMMARY

Community health needs assessments are an important tool for understanding community members' health-related needs. Three types of entities are legally obligated to perform needs assessments: nonprofit hospitals, public health departments and Federally Qualified Health Centers. Advocates and others can enhance the effectiveness of these assessments by elevating consumer voices and advocating for policies to increase accountability and facilitate collaboration across organizations. They can also surface important information on health-related social needs, ensuring the assessments contribute to the larger effort to address social determinants of health.

This report describes how community health needs assessment requirements can be leveraged to improve health in a community.


Entities that Conduct Assessments

Nonprofit Hospitals

Nonprofit hospitals benefit from significant federal tax breaks. In return, the federal government requires them to provide a sufficient level of "community benefit" to justify the tax relief.

Prior to the Affordable Care Act (ACA), nonprofit hospitals primarily satisfied their community benefit requirement by providing free or reduced-price "charity care" to un- or under-insured patients who were unable to pay for the services they received. The ACA strengthened requirements for nonprofit hospitals to demonstrate community benefit—chief among them, requiring the production of CHNAs to assess people's health-related needs beyond hospital walls and within the communities in which they live, work and play. The ACA also requires nonprofit hospitals to produce an accompanying Community Health Improvement Plan (CHIP) outlining the hospital's strategy to address the newly identified needs and to report progress toward meeting the goals identified in the previous CHIP.

CHNAs and CHIPs must be conducted every three years, in addition to an annual report detailing the types of "community benefits" the hospital provides. While the assessment process can be performed in partnership with other hospitals, each facility must produce its own CHNA report and make the document publicly available.² This public reporting requirement does not apply to the CHIP or the annual community benefit report.

 ALTARUM
HEALTHCARE VALUE HUB

EASY EXPLAINER | NO. 4 | APRIL 2016

Community Health Needs Assessment: A Brief Background

The Affordable Care Act (ACA) introduced new requirements for nonprofit hospitals to demonstrate community benefit, chief among them the Community Health Needs Assessment (CHNA).¹ The CHNA is meant to broaden a hospital's focus to include the health issues in the greater community. The CHNA reporting process creates new ways for advocates, community organizations and others to interact with large hospitals, influence what community health issues will be addressed and ensure that hospitals are living up to their mission, vision and values.

The New 501(c)(3) Hospital

There are many benefits for organizations that gain 501(c)(3) nonprofit status, including significant tax breaks. These tax benefits include both income tax and property tax breaks that can save a hospital millions of dollars each year. Additionally, there is often a more favorable public perception around hospitals that operate as a nonprofit compared to those operating under for-profit status.

To achieve this nonprofit status and its benefits, hospitals need to demonstrate that they provide a sufficient level of community benefit to justify the reduction in tax revenue. Prior to passage of the ACA this benefit came primarily from providing charity care to uninsured patients or others who did not have the ability to pay for the care they received. Due to the reduction in the number of individuals who are uninsured,² the IRS, as directed by the ACA, implemented CHNA to broaden hospitals' focus to providing sufficient and impactful community benefits.

What is a Community Health Needs Assessment?

The Community Health Needs Assessment is a report that focuses not only on the healthcare needs (e.g., diabetes care, heart disease) of the local population, but the community's overarching health needs (food, housing, etc.).³ The purpose is to ensure that hospitals have the information they need to provide community benefits that meet the needs of their communities and fulfill IRS requirements. Hospitals are also required to develop an implementation strategy to meet the identified community health needs, but how far the organization's obligation extends is a matter of debate.

Hospitals are required to produce a comprehensive CHNA every three years. They are also required to produce an annual community benefit report detailing the level of community benefit provided per the implementation strategy (see Figure 1).⁴

The CHNA requires hospitals to take a more active role in the overall health of their community.⁵ The CHNA shines a spotlight on socioeconomic factors and how they should be addressed to improve the health of the community.

Keeping Hospitals Accountable—Opportunities for Advocates

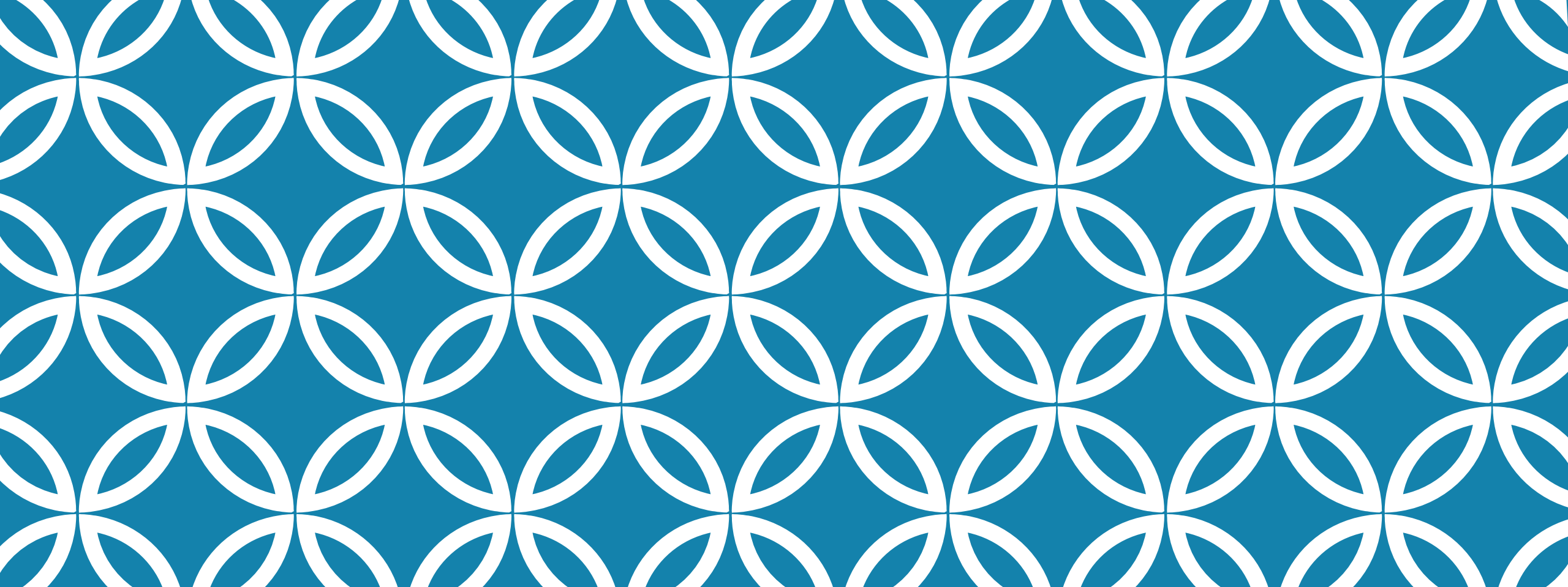
In addition to reporting these documents to the IRS, hospitals are required to make their CHNA available to the public. A majority of hospitals post their full CHNA on their websites. This public reporting requirement does not extend to the implementation plan or the annual community benefit report, however.

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Health ENC

Will Broughton
Program Manager



HEALTH ENC: WORKING TOGETHER FOR A HEALTHIER EASTERN NORTH CAROLINA

Will Broughton, MA, MPH, CPH
Program Manager, Health ENC
Foundation for Health
Leadership & Innovation

HEALTH ENC

- ❖ Program of the Foundation for Health Leadership & Innovation (FHLI)
- ❖ Health ENC coordinates a regional CHNA in 33 counties of eastern North Carolina
- ❖ Advised by Health ENC Steering Committee
- ❖ Works to build coalitions and partnerships that will address health issues identified through the regional CHNA process
- ❖ Initiated in 2015 by the Office of Health Access in the Brody School of Medicine at East Carolina University, Health ENC grew out of conversations with health care leaders about improving the CHNA process in eastern North Carolina

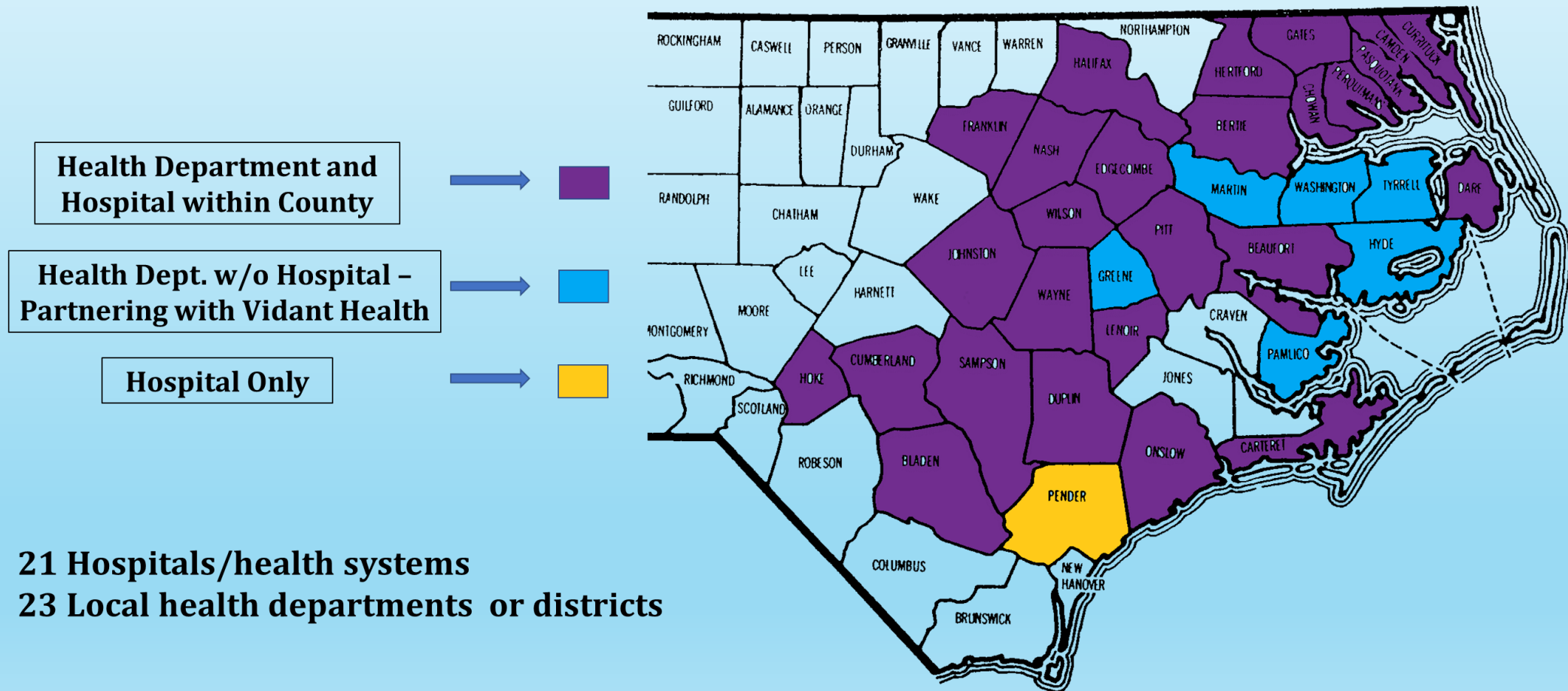


**Foundation for Health
Leadership & Innovation**
Moving people and ideas into action.

CHNA BACKGROUND

- ❖ As part of the Affordable Care Act, not-for-profit hospitals are required to conduct CHNAs every three years
- ❖ Local health departments in North Carolina are required by the Division of Public Health (DPH) in the NC Department of Health and Human Services (DHHS) to conduct periodic community health assessments as well
- ❖ Local health departments have been required to submit their community health needs assessments once every four years
- ❖ The particular year CHNA submissions are made by hospitals within a three-year cycle or by local health departments within a four-year cycle is not uniform across the state or region

MAP OF HEALTH ENC COUNTIES



21 Hospitals/health systems
23 Local health departments or districts

REGIONAL CHNA PROCESS

ROLE OF HEALTH ENC:

- Coordinate implementation of regional CHNA in 33 counties
- Create community survey and core focus group questions
- Translate survey to Spanish
- Distribute weekly updates on demographics of survey respondents

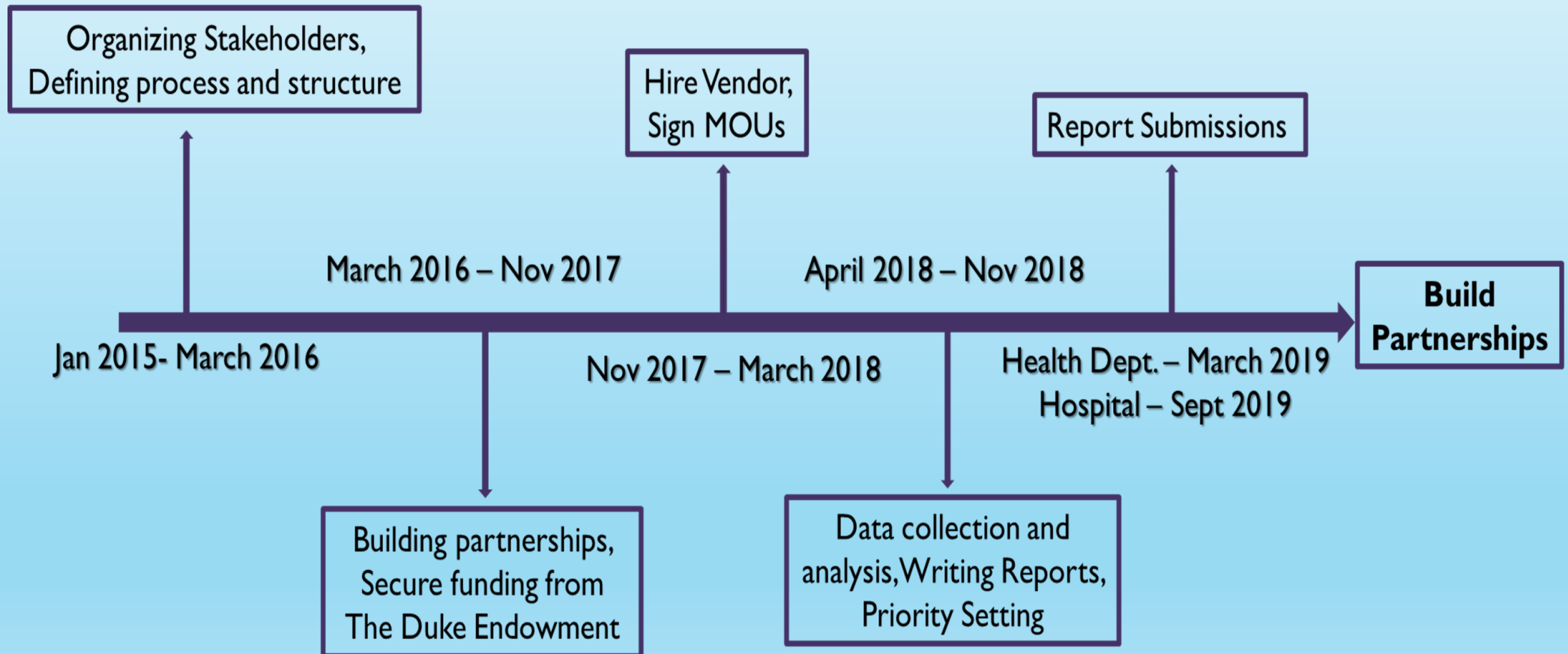
ROLE OF HOSPITALS AND HEALTH DEPARTMENTS:

- Distribute survey in community (online and paper)
- Organize and facilitate minimum of 3-5 focus groups in each county, record data in focus group log
- Add local secondary data to report as needed
- Conduct prioritization sessions and create action plans

ROLE OF VENDOR:

- Place community survey online and format a paper copy
- Conduct 3 focus group training webinars for facilitators
- Compile and analyze survey and focus group data
- Compile secondary data for all participation counties
- Create Health ENC web platform as home for CHNA data (www.healthenc.org)
- Write CHNA reports for all participating counties (33) using standard template
- Write summary regional report looking at all CHNA data across eastern NC

REGIONAL CHNA TIMELINE



HEALTHENC.ORG



Health ENC

Working Together for a Healthier Eastern North Carolina

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About Us

Initiated in 2015 by the Office of Health Access at the Brody School of Medicine at East Carolina University, Health ENC grew



What We Do

The Health ENC web platform is a resource for the community health needs assessment (CHNA) process in eastern



Get Involved

This are just examples of calls to action. You need to decide what these boxes should say. You had mentioned wanting it to look

HEALTH ENC YEAR 2 OBJECTIVES

- ❖ Foster and strengthen existing relationships with health departments and hospitals that participated in the regional CHNA
 - ❖ Value in the collaborative network the 33 counties of Health ENC have created
- ❖ Explore and define the CHNA process (including methodology, costs, validity and reliability) for the next assessment cycle in 2021/22
- ❖ Work towards facilitating regional projects in eastern North Carolina based on the CHNA data collected in 2018

CHALLENGES AND ADVICE

1) Dealing with change

- ❖ Consistent communication helps

2) Working with Vendor

- ❖ FHLI/Health ENC contracted with an outside vendor to assist with primary and secondary data collection as well as writing CHNA reports.
- ❖ The final product was not up to our standards and the relationship with the vendor was terminated after product delivery
- ❖ From this experience, Health ENC has demonstrated that outside vendors may not be ideal for conducting large scale CHNA work in North Carolina.

3) Concerns about autonomy

- ❖ Transparent process
- ❖ Open invitation to be at the table while defining process
- ❖ “Unity in the essentials, liberty in the nonessentials, and quality in all things”

4) Time



HealthyBR

Monique Marino

Director of Community Impact, Our Lady of
the Lake Regional Medical Center

What is Healthy BR?

To foster a movement based on **communication**, **coordination** and **collaboration** that promotes a better and healthier life for **all people** in the great city of Baton Rouge.



Who is Healthy BR

Mayor-President Sharon Weston Broome		Board Chair Coletta Barrett		
Baton Rouge General	Lane Regional	Ochsner	Our Lady of the Lake	Woman's
Medical Director of LDH	Pennington Biomedical	Blue Cross Blue Shield	LPrimaryCareA	United Way
BRChamber	BRAFoundation	BREC Parks	EBRPSchools	Health District

Why is Healthy BR unique?

The 5 Conditions of Collective Impact

- 1** **Common Agenda**
 - **Common understanding** of the problem
 - **Shared vision** for change
- 2** **Shared Measurement**
 - **Collecting data** and **measuring results**
 - Focus on **performance management**
 - **Shared accountability**
- 3** **Mutually Reinforcing Activities**
 - **Differentiated approaches**
 - **Coordination** through joint plan of action
- 4** **Continuous Communication**
 - **Consistent** and **open communication**
 - Focus on **building trust**
- 5** **Backbone Support**
 - Separate organization(s) with **staff**
 - Resources and skills to **convene** and **coordinate** participating organizations



2018 CHNA

(Baton Rouge Vision of Health 2021)

Baton Rouge Vision of Health 2021 Subject Area Experts		
Health Priority	Speaker	Title and Organization
Access to Care	Gerelda Davis	Executive Director of Louisiana Primary Care Association
Cancer Prevention	Johnnay Benjamin	Director, Early Detection and Education at Mary Bird Perkins Cancer Center
Cardio vascular Disease & Stroke Prevention	Coretta LaGarde	Director Community Health & Stroke for American Heart Association
Diabetes Prevention	Catherine Carmichael	Research Dietitian and Project Manager for Pennington Biomedical Research Center
Healthy Baby	Renee Antoine	March of Dimes Maternal and Child Health Director
Healthy Living	Dr. Neil Johannsen	Robert and Patricia Hines Endowed Professor in Kinesiology of LSU
Injury Prevention	Dr. Beau Clark	East baton Rouge Parish Coroner
Mental Health	Dr. Jan Kasofsky	Director of Capital Area Human Services District
Sexually Transmitted Infections/ HIV	Natalie Cooley	OPH STD/HIV Region 2 Program Coordinator
Substance Abuse	Dr. Janice Peterson	State opioid grant lead and Deputy Assistant Secretary of the OBH



2018 CHNA

(Baton Rouge Vision of Health 2021)

Baton Rouge Vision of Health 2021 Results											
	Access to Care	Cancer Prevention	Cardiovascular Disease & Stroke Prevention	Diabetes Prevention	Healthy Baby	Healthy Living	Injury Prevention	Mental Health	STI/HIV	Substance Abuse	Total
Medical	11	5	6	11	12	21	1	29	11	8	115
Non-profit	9	3	4	5	4	16	5	8	1	5	60
Private	10	3	7	13	2	12	3	20	1	8	79
Public	4	1	2	1	3	12	4	11	12	6	56
Total	34	12	19	30	22	61	13	68	25	27	

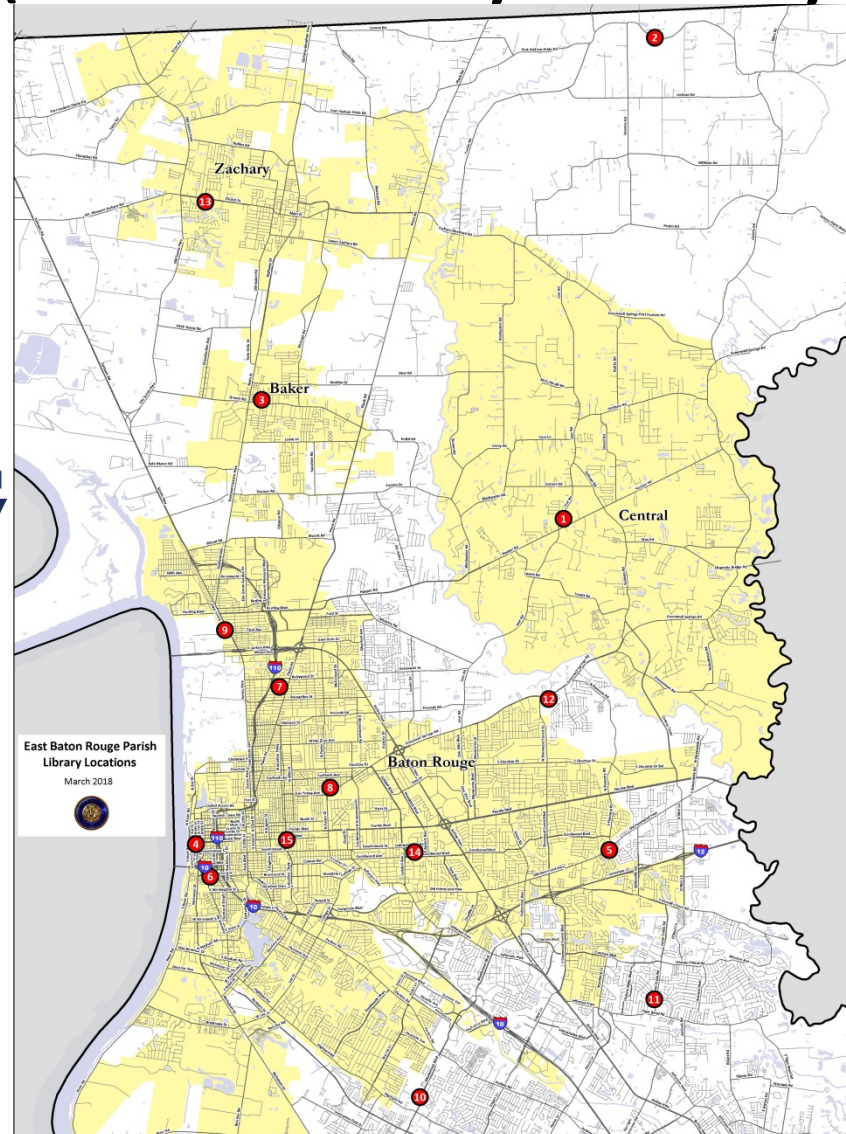


2018 CHNA (Med BR)

Med BR Results									
Access to Care	Cancer Prevention	Cardiovascular Disease & Stroke Prevention	Diabetes Prevention	Healthy Baby	Healthy Living	Injury Prevention	Mental Health	STI/HIV	Substance Abuse
15	1	2	5	3	17	0	24	14	7



2018 CHNA (Community Survey)



2018 CHNA (Community Survey)

Community Survey Results		
	Average Score	% selected it as top 4 priority
Access to Care	7.31	67.35%
Mental Health	6.93	62.52%
Healthy Living	6.04	46.46%
Cardiovascular Disease and Stroke Prevention	5.87	41.46%
Cancer Prevention	5.68	40.41%
Healthy Baby	5.32	33.51%
Diabetes Prevention	5.25	31.61%
Substance Abuse	5.15	35.76%
Sexually Transmitted Infection/ HIV	4.80	31.44%
Injury Prevention	2.64	09.50%



2018 CHNA

Overall Results				
	BR Vision 2021	Community Survey	Med BR	Average Score
Access to Care	3	1	3	2
Cancer Prevention	10	5	9	9
Cardio vascular Disease & Stroke Prevention	8	4	8	7
Diabetes Prevention	4	7	6	4
Healthy Baby	7	6	7	7
Healthy Living	2	3	2	2
Injury Prevention	9	10	10	10
Mental Health	1	2	1	1
Sexually Transmitted Infections/ HIV	6	9	4	6
Substance Abuse	5	8	5	5



Top 4 Priority Areas

- Access to Care
- Behavioral Health
- Healthy Living
- Sexually Transmitted Infections/ HIV





Community Powered Change

Katie Sawicki
Policy & Systems



OHEA

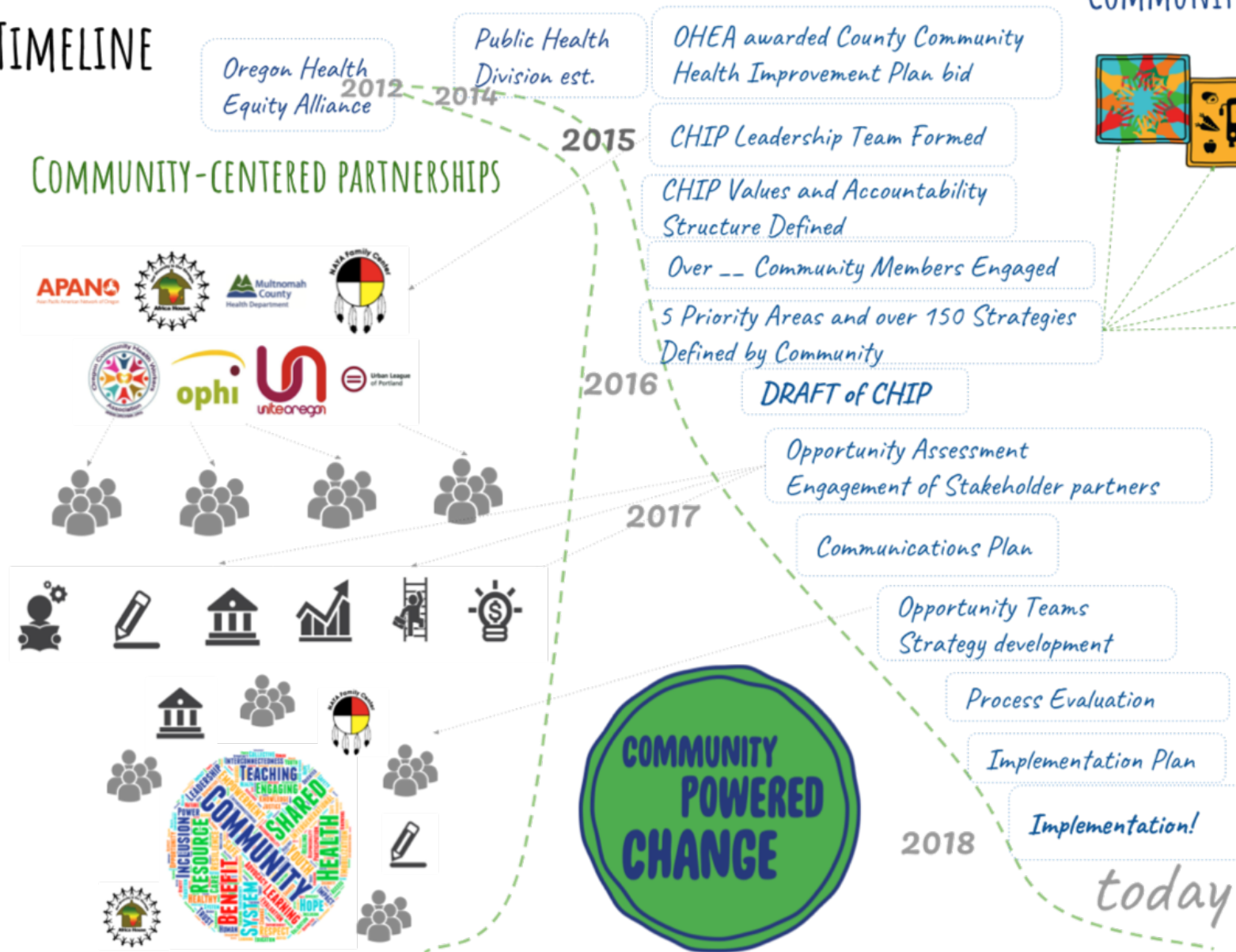
Oregon Health Equity Alliance

**COMMUNITY
POWERED
CHANGE**

**Katie Sawicki, Oregon
Health Equity Alliance**

COMMUNITY POWERED CHANGE

TIMELINE



COMMUNITY-DETERMINED PROCESSES



CHIP Priority Areas



Transformative Change
(Addressing Racism)



Access to a Culturally
Linguistic and
Responsive Health
System (Healthcare)



Essential Community
Resources (Education,
Transportation, Jobs,
Food)



A Healthy Neighborhood
for All (Housing and
Houselessness)



Supporting Family &
Community Ways of
Health & Healing

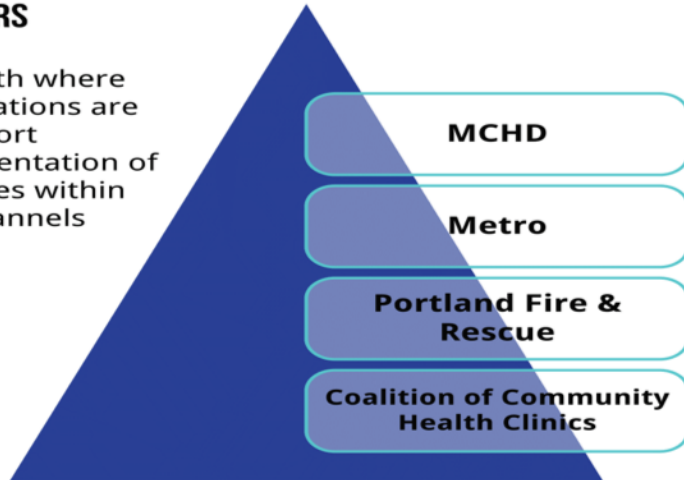
Implementation

COMMUNITY POWERED CHANGE IMPLEMENTATION FRAMEWORK



PARTNERS

Start with where organizations are to support implementation of strategies within own channels



PROJECTS

Facilitated collaboration between cross-sectoral partners on shared strategies



There are two different approaches to the Implementation Framework:

1. Partners - align Community Powered Change strategies with the work of organizations
2. Projects (Vehicles) - collaborative projects involving multiple cross-sectoral partners working toward a shared goals





CROSSWALK SNAPSHOT

EQUITY, PLANNING AND STRATEGY

PROGRAMS

HEALTHY BIRTH INITIATIVES

REACH

VIOLENCE PREVENTION

RELATED WORK

HBI African American staff are included in decision making around data collection. HBI Family Leadership Team and Community Action Committee actively involve African American program participants and community in data collection planning and review.

Funding partnership with City of Gresham to engage community in active transportation planning

MCHD VP via hiring of two internal CHW's (STRYVE) and funding to support two CHW's in culturally specific CBO's.

STRATEGIES ADVANCED

34. Include communities of color and underrepresented communities in decision making around data collection

30. Fund CBOs to continue participating in various housing, houselessness, transportation, mental health, disability and anti displacement coalitions and organizations

15. Hire community health workers

SUPPORT NEEDS (\$/PEOPLE)





Thank you!

COMMUNITY POWERED CHANGE

Katie Sawicki, katie@oregonhealthequity.org

Questions for our Speakers?



- Use the chat box or to unmute, press *6
- Please do not put us on hold!



Resources from the Hub



Taking Community Health Needs Assessments to the Next Level

CASE STUDY | JUNE 2019

HEALTH ENC: EASTERN NORTH CAROLINA

Health ENC, a program of the Foundation for Health Leadership & Innovation (FHLI), coordinates a regional community health needs assessment (CHNA) in 33 counties of eastern North Carolina. In service of this regional assessment, leaders from health departments and hospitals have partnered to standardize the CHNA process and synchronize all participant organizations onto the same assessment cycle.



Combining traditionally siloed efforts into a regional CHNA is expected to improve the quality and utility of population health data, allow for comparisons of information and interventions across geographic boundaries and reduce costs from duplicative assessments. Simultaneously, the process maintains local control and decision-making with regard to the selection of health priorities and interventions chosen to address those priorities, and creates opportunities for new and better ways for organizations to collaborate with one another.

During the data collection process, individual counties were responsible for distributing a standardized survey as well as organizing and facilitating 3-5 focus groups. With funding from The Duke Endowment, FHLI contracted with a third-party vendor to collect secondary data, aggregate the primary data and author 33 county level reports (in addition to the regional report). The regional analysis of primary and secondary data looks at pervasive health issues and needs across eastern North Carolina and identifies opportunities to improve population health through collaboration.

Health departments and hospitals received their CHNA reports in November of 2018 and held county-specific "prioritization sessions" to select the health issues they would focus on for the next three years. Moving forward, Health ENC will act as the coordinating body, using these priorities and the results of the regional CHNA to identify areas for regional collaboration. Health ENC aims to convene partners and seek funding for interventions to address health priorities and other issues identified in the CHNA process.

MORE ABOUT HEALTH ENC

ENTITY WITH CHNA OBLIGATION	Hospitals, Local Health Departments and FQHCs
PARTICIPATING ORGANIZATIONS	All hospitals, health systems and public health departments in the 33-county area

Thank you!



- Will Broughton, Monique Marino & Katie Sawicki
- Robert Wood Johnson Foundation

No webinar scheduled for July – catch us in August!

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