Background

The Patient Protection and Affordable Care Act (ACA) adds new provisions for 501(c)(3) nonprofit hospital organizations. Under this new provision, each hospital facility that plans to maintain its 501(c)(3) nonprofit status must fulfill the requirement of a community health needs assessment (CHNA). The CHNA is to be completed every three years beginning after Mar. 23, 2012. In essence, the CHNA is required to include an assessment of community health needs and implementation strategies on how the needs will be met. As a result of the ACA standardization of the CHNA process, there is potential for state Title V MCH programs to combine forces and amplify these efforts made by hospitals in their state. This fact sheet will highlight the CHNA needs assessment process, potential opportunities for collaboration with the Title V, and a few state examples.

CHNA Process

Although final rules are still pending, in April 2013 the Internal Revenue Service proposed that nonprofit hospitals identify the community needs and identify an implementation strategy through the following process:

i. Definition of community. Hospitals have the flexibility to define by geographic region or by targeted populations. A definition of community is not permitted to purposefully exclude minorities, low-income, and medically underserved populations.

ii. Assessment of community needs. Hospitals are required to assess and prioritize the health needs of the community. Hospitals have flexibility in applying criteria to assess and prioritize the needs.

iii. Broad representation of community interests. Hospitals are required to take input from, at a minimum:
   a. Person with knowledge or expertise in public health
   b. Federal, state, regional, local or tribal dept/agency
   c. Leaders or members of medically underserved, low-income, minorities, or populations with chronic disease needs

About the National MCH Workforce Development Center and Access to Care Core: The National MCH Workforce Development Center, in cooperation with the Maternal and Child Health Bureau, and in partnership with the Association of Maternal and Child Health Programs and national experts in maternal and child health innovation, offers state and territorial Title V leaders training, collaborative learning, coaching and consultation in implementing health reform using a variety of learning platforms. Staff from AMCHP, the Catalyst Center, and the National Academy for State Health Policy (NASHP) comprise the Access to Care Core of the National MCH Workforce Development Center. The Access to Care Core provides technical assistance and helps foster partnerships between state MCH programs and Medicaid and CHIP programs, insurance agencies, and Marketplaces to improve access for MCH populations.

AMCHP supports state maternal and child health (MCH) programs and provides national leadership on issues affecting women and children. We work with partners at the national, state and local levels to promote women’s health; provide and promote family-centered, community-based, coordinated care for women and children; and facilitate the development of community-based systems of services for women, children and their families.
iv. Documentation of the CHNA. A hospital facility is required to document the CHNA in a report that includes the following elements:
   a. Definition of the community served and explanation of the how the community was determined
   b. Description of the methodology used to conduct CHNA
   c. Description of how the broad interests of community were taken into account
   d. Prioritized description of community health needs and the criteria applied to determine the significance of the needs
   e. Description of possible strategies and resources to address the needs

v. Collaboration on reports. A hospital facility is allowed to conduct a CHNA in collaboration with other organizations, which can include public health or other departments at the state or local level.

vi. Public availability of CHNA report. A hospital facility must make the report widely available by posting on the hospital facility or hospital organizations website.

**CHNA Implementation Strategies**

A hospital facility is required to identify an implementation strategy for each significant health need identified in the CHNA. The implementation strategy to address the significant health need is satisfied through the following:

i. Describing how the facility will address the significant health need, potential impact of the actions, and evaluation of the impact. Hospital facilities are permitted to collaborate with other organizations on implementation strategies.

ii. Identify the health needs the hospital does not aim to address and providing an explanation as to why.

**CHNA & Title V**

The flexibility of the CHNA process and the requirement to engage a state health official provides an opportunity for collaboration and coordination of efforts with a state Title V needs assessment process. In the CHNA process, hospital facilities have the option to collaborate with state or local health departments in both the needs assessment process and the implementation strategies. Where possible, state Title V programs are encouraged to explore collaborations with nonprofit hospitals to share and exchange data to improve both the CHNA and the state Title V needs assessment process and implementation. This type of collaboration may help reduce duplication of efforts and activities within a region. The flexibility of the CHNA process in engaging partners and collaborators may allow the Title V programs to engage with charitable hospitals at various steps in the needs assessment process. The following table outlines the steps in the Title V & Charitable Hospital Needs Assessment processes and may help identify opportunities for collaboration.
Table 1: Steps in Title V & Charitable Hospital Needs Assessment

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<th>Steps in Charitable Hospital Community Health Needs Assessment</th>
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<td>Assess Needs and Identify Desired Outcomes and Mandates</td>
<td>Assessment of Community Needs</td>
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<td>Examine Strengths and Capacity</td>
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**State Examples**

The following are brief summaries in which a state health department or related agency collaborated or engaged with a nontraditional partner in a needs assessment process. Lessons can be drawn and opportunities understood as it relates to Title V programs.

**Kansas** – the Kansas Hospital Association and the Kansas Association of Local Health Departments signed a joint resolution to work together on the community health assessments (CHA) and the CHNA process through coordinated efforts. The partnership designed an [online portal](#) for health leaders in the state with a specific section for the CHA and CHNA process. Over the years, the partnership has grown to include Kansas Association for the Medically Underserved, the Kansas Association of Local Health Departments, the Kansas Department of Health and Environment, the Kansas Health Institute, and the Kansas Hospital Association, and is now renamed as Kansas Health Matters.

**Oregon** – Oregon Title V has engaged with several stakeholders in the needs assessment process. Oregon’s process included scanning existing community assessments from local public health departments, healthcare systems, and community-based assessments. In addition, Oregon surveyed over 750 partners in the state to ask about MCH priority areas. Oregon also engaged stakeholders through key informant interviews and listening sessions, among other strategies. This type of engagement can help ease redundancy and increase opportunities for collaboration.
Selected Resources for Further Information

Internal Revenue Service: New Requirements for 501(c)(3) Hospitals Under the Affordable Care Act

Centers for Disease Control and Prevention: Resources for Implementing the Community Health Needs Assessment Process

Catholic Health Association: Community Benefit Resources

Association of State and Territorial Health Officials: Community Health Needs Assessment


Kaiser Permanente: CHNA Data Platform - web-based resource to support community health needs assessments and community collaboration

Kaiser Permanente: Community Health Needs Assessment Part 1 & Part 2

To learn more, please contact Atyya Chaudhry, Policy Analyst, at achaudhry@amchp.org or (202) 775-1474.

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