

Partners for Public Health

Hospitals and health departments can collaborate on community health needs assessments

By Angela Carman, Lawrence Prybil and Mary K. Totten

ur understanding of effective governance in hospitals and health systems is growing. Several recent studies find that meeting certain benchmarks for board structure, composition, culture and evaluation practices has become a basic governance responsibility.

These studies also call for heightened board engagement in governance oversight responsibilities. Gaining a deeper understanding of and encouraging partnerships to address community health needs is one way boards can help fulfill their organization's fundamental mission to improve community health.

Needs Assessment Required

A recent *Great Boards* article outlines the evolution of the Internal Revenue Service's community benefit standard and the more recent Affordable Care Act requirement for nonprofit hospitals to complete a community health needs assessment. Board members, particularly in tax-exempt hospitals, play a key role in ensuring that community benefit activities, including CHNAs, comply with these regulations

That article and others encourage trustees to move beyond their fundamental responsibility to ensure that their organizations meet compliance requirements and engage in fulfilling their hospital's basic sense of purpose — to meet community need.

The board's fiduciary and moral imperative to oversee community benefit activities and CHNA provides an avenue to work with hospital leaders and encourage collaboration with partners outside the health care entity.

In fact, the IRS guidance for non-

of representatives from public health agencies and other organizations. These services include a focus on monitoring health status, investigating health problems and mobilizing community partnerships to identify and solve health problems.

They also provide the structure for standards and measures of national voluntary public health accreditation, which was launched in 2011. As a prerequisite to accreditation, the local public health organization must complete a CHNA and, together with community partners, a community health improvement plan.

Voluntary, collaborative partnerships between nonprofit hospitals and public health departments can be beneficial, especially in times of limited resources. Benefits include increased likelihood of setting goals and creating action plans, the ability to influence policy and the potential for cost- and expertise-sharing for the CHNA process. The partnerships may vary from a formal arrangement to a loose partnership focused on a particular health issue.

Planning for community benefit and assessing the health needs of

Board involvement demonstrates to the community the importance of the CHNA process.

profit hospitals on community benefit states that a CHNA "must take into account input from persons who represent the broad interests of the community served by the hospital, including those with special knowledge of or expertise in public health." While public health expertise can be found in a variety of academic and nonprofit organizations, perhaps none is better prepared to work with the nonprofit hospital than the local governmental public health department.

Sharing Resources

Public health departments are guided in their work by 10 essential public health services, a framework developed in 1994 by a steering committee

the community are concepts familiar to hospitals. "Assessing and Addressing Community Health Needs," published by the Catholic Health Association, provides guidance on conducting a CHNA and developing a community health improvement plan, and it emphasizes the importance of board engagement from the beginning of the assessment process. Board involvement demonstrates to the community the importance of the process and provides a mechanism for integrating CHNA findings into a health care organization's priorities. Additionally, the Association for Community Health Improvement, an American Hospital Association affiliate, has a number of tools and

resources available to guide hospitals as they embark on the CHNA process.

Public health agencies also conduct CHNA and planning at the community level using community stakeholders. Mobilizing for Action through Planning and Partnerships, a systematic strategic planning tool developed by the Centers for Disease Control and Prevention and the National Association of County & City Health Officials, includes a series of steps that outline how public health departments can organize for successful partnership development, create a vision, conduct various types of assessments, identify strategic issues, formulate goals and strategies, and develop action steps.

In his April 2012 keynote address at the Keeneland Conference for public health services and systems researchers and practitioners, AHA president and CEO Rich Umbdenstock discussed the importance of the medical and public health communities' working collaboratively to pursue the most effective ways to improve public health. By working together, he said, they can make the best possible use of limited resources and improve community health and quality of life.

A comparison of a tax-exempt 501(c)(3) hospital's IRS requirements for CHNA and a local health department's CHNA and community health improvement planning process using the MAPP model indicates the potential for a partnership between hospitals and public health departments. Governing boards can help by encouraging these partnerships to achieve the goal these organizations share — to improve both individual and population health. T

For examples of successful collaborations between hospitals and public health agencies, read the CEO Insight Series: The Importance of Community Partnerships, available at www.aha

communityconnections.org. For more on benchmarks of effective governance and the importance of board oversight of community benefit, see Governance in Large Nonprofit Health Systems: Current Profile and Emerging Patterns at www.americangovernance. com. For more on the evolution of the IRS' community benefit standard and a crosswalk comparing IRS requirements with local health departments' assessment and improvement process, go to www.greatboards.org. To view resources from ACHI, go to www.communityhlth.org.

Angela Carman, Dr.P.H. (angela. carman@uky.edu), is assistant professor and Lawrence Prybil, Ph.D. (lpr224@uky.edu), is professor and associate dean, College of Public Health, University of Kentucky, Lexington. Mary K. Totten (marykaytotten@gmail.com) is a governance consultant and content development director, AHA Center for Healthcare Governance.