Lessons Learned: CHNAs and Catalyzing Health

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Community Catalyst

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Community Catalyst is a national non-profit advocacy organization that works with national, state and local consumer organizations, policymakers and foundations to build consumer and community leadership to improve the health care system.

We support consumer advocacy networks that impact state and federal health care policy, and ensure consumers have a seat at the table as health care decisions are made.
Community Catalyst

- Advocates for high-quality, affordable health care for all
- National partners
- Networks in 40+ states, connect states
- Issue campaigns
- New models of care
HAP Core Issues

Community benefit

Hospital billing and collections

Transparency

Community engagement
How We Work – Our Strategies

• Educating local, state and federal policymakers about community- and consumer-friendly policies and procedures

• Building strategic *stakeholder alliances* with hospitals and public health

• **Increasing knowledge and skill** in local communities and among consumer advocates
ROADMAP

1. Context Setting
2. Lessons Learned
3. The Work (and Opportunities!) Ahead
WHAT IS COMMUNITY BENEFIT AND WHY DOES IT MATTER TO US?
Community Benefit: Federal Definition

Generally, community benefit includes programs or activities that:

• **Improve access** to health care and/or community **health**, **advance medical or health knowledge**, or **relieve** or reduce government or community **burden**; AND

• Responds to a **community-identified need**, placing particular focus on the voices and issues facing the **underserved** in a given place.

Sources: 2013 IRS Form 990, Schedule H Instructions, pages 16-17; “Defining Community Benefit,” Catholic Health Association; Community Benefit Model Act and Commentary, Community Catalyst.
What Counts as Community Benefit?

- Demonstrates Community Need
- Meets Program Objective

Community Benefit
Evolution of Community Benefit

Health Outcomes
- Mortality (length of life): 50%
- Morbidity (quality of life): 50%

Health Factors
- Social & economic factors (40%)
  - Education
  - Employment
  - Income
  - Family & social support
  - Community safety
- Physical environment (10%)
  - Environmental quality
  - Built environment
- Health behaviors (30%)
  - Tobacco use
  - Diet & exercise
  - Alcohol use
  - Unsafe sex
- Clinical care (20%)
  - Access to care
  - Quality of care

Programs and Policies

Mortality (length of life): 50%
Morbidity (quality of life): 50%
Hospital Spending Compared to Health Determinants

Based on:
- UWPHI County Health Rankings & Roadmaps
  Ranking Methods: Health Factor Weights for the 2013 Health Rankings
- Young, G., et al. (2013)

Credit: Martha Somerville, Somerville Consulting.
• Require hospitals to **assess** community health **needs** and **adopt an implementation strategy**

• Require **input from public health and community members** and representatives
  – Provide an additional tool for advocates to use to weigh in on health equity, access, and public health issues impacting the community

• Requires board approval
COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)
Overview

• Non-profit hospitals must **conduct a community health needs assessment (CHNA)** every three years

• They must develop a **written plan, or implementation strategy**, describing how they will address “significant” community health needs

• **Failure to comply** may result in civil fines ($50,000 fine) and/or revocation of tax status
1. Define the community
2. Assess health needs
3. Solicit and take input
4. Document
5. Report
A Closer Look: Assessing Health Needs

• **Identify** significant community health **needs**
  – May include programs or other resources that currently exist that are necessary maintaining or improving health
  – May include financial and other barriers to care
  – May look upstream at social, behavioral and economic factors that impact health
  – Hospitals decide “significant” based on all facts and circumstances

• **Identify resources** potentially available to meet needs
  – Includes hospital and community resources

• **Prioritize the needs**
What’s in the Report?

- The community served
- Process and methods
- Health priorities
- Resources
- Pre-CHNA evaluation
Lessons Learned
National Research on CHNAs

Partnerships with Local Government

- Public hospital
- Public health department
- Office of the municipal, city or county manager
- Public safety
- Human services
- Policy/legislative initiatives
- Office of the chief elected official
- Housing/ community development
- Transportation

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National Research on CHNAs

Partnerships

PARTNERSHIPS WITH OTHER AGENCIES

- FQHC, community health center, etc.
- Health insurance companies
- Postsecondary education (colleges, universities)
- Healthy communities coalitions
- School districts
- Retail clinics
- Faith-based organizations
- Chamber of commerce
- Federal government programs (e.g., nutrition)
- United Way
- Local businesses
- YMCA/YWCA
- National health associations
- Early childhood education
- Service leagues
- Neighborhood organizations

Legend:
- Not involved
- Funding
- Networking
- Collaboration
- Alliance
Putting People First: Building Capacity

• Three-site pilot program
  – The Bronx, New York City
  – Phillips Neighborhood, Minneapolis
  – Metro Portland, OR

• Staff support and technical assistance
  – Policy analysis
  – Analyzing hospital community benefit data/process
  – Preparing for hospital meetings
Pilot Site Key Learnings: The Process

- Hospital contact
- Understanding of the ultimate goals
- What their value is
Pilot Site Key Learnings: The Details

- Data
- Classifying population
- Not at the table at the planning stage
- CHNA reports
The Work (and opportunities!) ahead
The table is set...

It is up to individual hospitals and community leaders to come together to make this work!
WHY is it worth the effort?

Community involvement can lead to a more effective program.

- Official stats alone don’t tell the community’s story
- Shifts community mindset from consumers of services to active agents for change
- Culturally appropriate programs and messaging
- Community leaders become ambassadors = more buy-in
Timing is Everything
QUESTIONS?
Thank You