



The Hilltop Institute

analysis to advance the health of vulnerable populations

Community Health Needs Assessment: A Tool for Improving Community Health

May 30, 2013

Gayle D. Nelson, J.D., M.P.H.

National Association of Counties Webinar:

Using the Community Health Needs Assessment to Inform Policymaking

Overview

- Context of community health needs assessment (CHNA)
- CHNA's role in Community Health Improvement
- CHNA Requirement and Process for Nonprofit Hospitals

Nonprofit Hospitals and Tax Exemption: The Community Benefit Standard

- In 1969, the IRS established a broad standard for nonprofit hospital tax exemption based on the extent to which these hospitals provide **“community benefits”**
 - “The promotion of health... , is one of the purposes in the general law of charity that is deemed *beneficial to the community as a whole...*” (emphasis added)”

Rev. Rul. 69-545, 1969-2 C.B. 117, 119

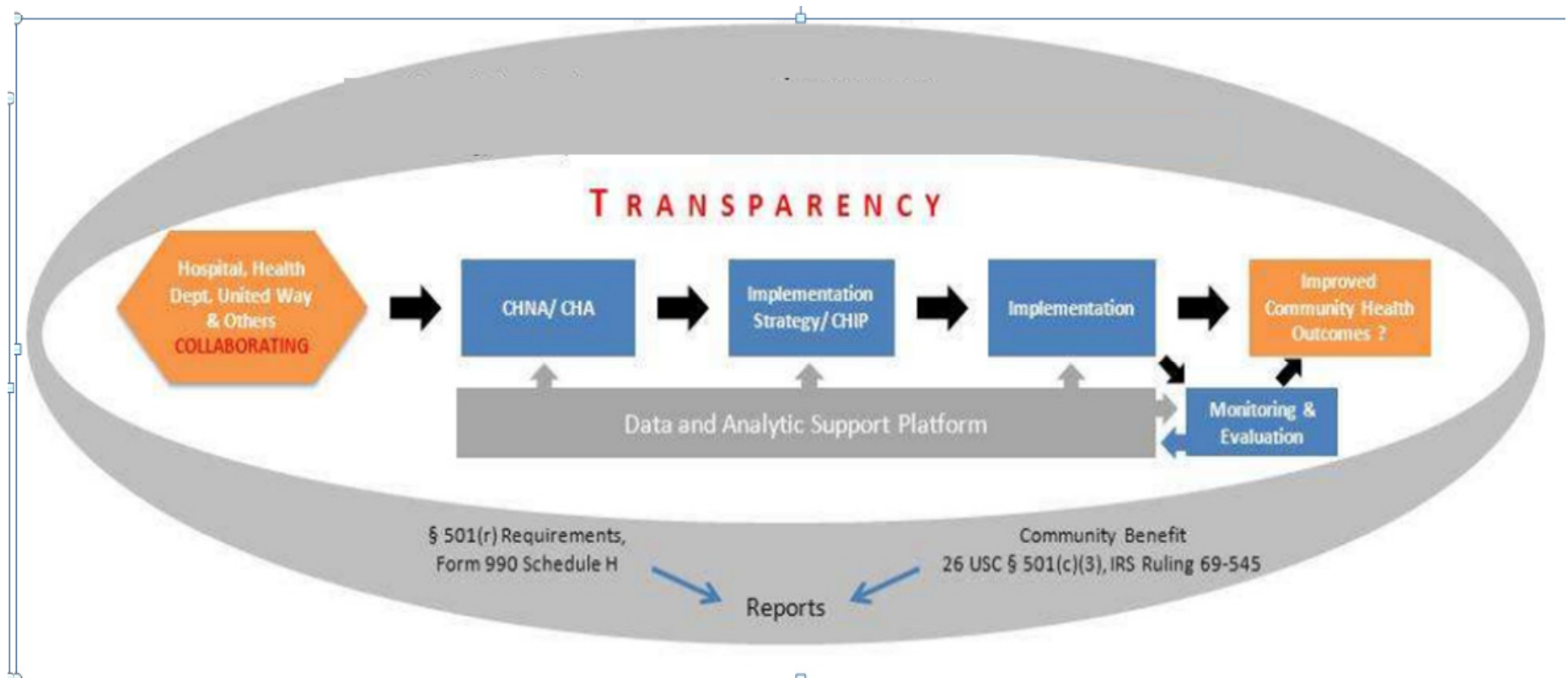
Affordable Care Act (ACA)

Section 501(r)

- Requires every tax exempt hospital organization to:
 - Conduct a CHNA at least once every three years
 - Adopt an implementation strategy to meet the needs identified by the CHNA
 - Conduct CHNAs on a facility-by-facility basis

Community Health Improvement Logic Model

A Framework to Promote Best Practices in Assessment, Planning, and Implementation



Based on Public Health Institute (February 2012). *Best Practices for Community Health Needs Assessment and Implementation Strategy Development: A Review of Scientific Methods, Current Practices, and Future Potential*. Retrieved from <http://www.phi.org/uploads/application/files/dz9vh55o3bb2x56lcrzvel83fwfu3mvu24oqgvn5z6gaeiw2u4.pdf>

Community Health Needs Assessments for Charitable Hospitals

- Notice of Proposed Rulemaking (NPRM) issued by the Treasury Department and IRS
- Provides guidance implementing ACA §501(r) related to:
 - CHNAs
 - Implementation strategies
 - Reporting requirements
 - Consequences for failing to satisfy §501(r) requirements
- NPRM modifies and clarifies previous guidance in IRS Notice 2011-52

78 FR 20523, April 5, 2013

Conducting a CHNA

- Defining the “community” served by the hospital facility
 - Flexible approach – All relevant facts and circumstances
 - General expectation of geographic (hospital service area) definition, but can also take into account
 - Target populations served
 - Specialized functions
 - Populations in addition to its patient populations
 - Geographic areas outside of those in which its patient population resides

Conducting a CHNA continued

- Defining the “community” served by the hospital facility ...
 - May not exclude medically underserved, low-income, or minority populations who are a part of its patient populations, live in geographic areas in which its patient populations reside, or are otherwise to be included
 - *Exception: if the group is not part of the hospital facility’s target population*

Conducting a CHNA continued

■ Public Input

- At least one state, local, tribal, or regional governmental public health department or equivalent department or agency with knowledge, information, or expertise relevant to the health needs of the community
- Members of medically underserved, low-income, and minority populations in the community or individuals or organizations serving or representing those interests
- Written comments on previous CHNA and implementation strategy

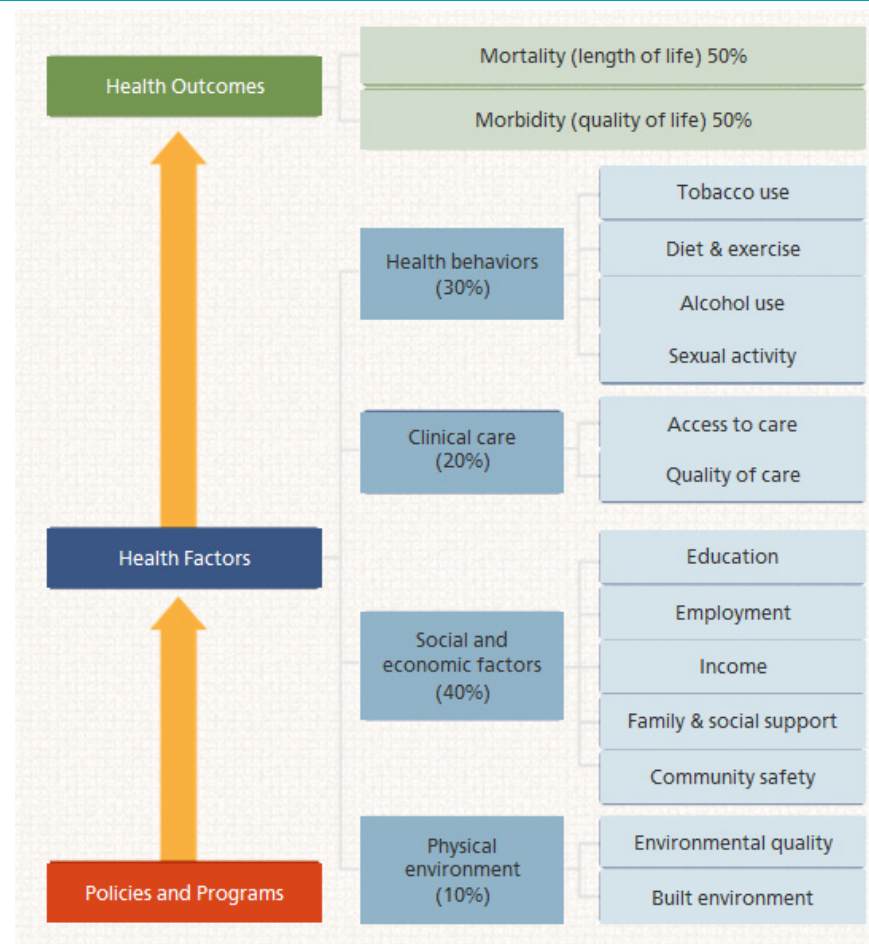
Documenting the CHNA

- Describe process and methods
- Describe community input
- Identify significant health needs
- Describe process used to prioritize the community's health needs
- Describe possible measures and resources to address the identified needs

CHNA: Significant Health Needs

- Elements necessary for improving or maintaining the health status of the community at large and in particular parts of the community:
 - Disability incidence and/or prevalence
 - Injury
 - Disease
 - Household income, unemployment
 - Inpatient, emergency department, outpatient usage
 - Educational attainment
 - Home ownership
 - Arrests, violent activity
 - Availability of healthy food sources
 - Parks, sidewalks, open spaces, recreational opportunities
 - Safe outdoor spaces
 - Availability of basic and social services
 - Access to public transportation

Social, Economic, and Environmental Determinants of Health



County Health Rankings model © 2012 UWPHI

Social, Economic, and Environmental Determinants of Health continued

- The U.S. Department of Health and Human Services classifies the determinants of health into several broad categories:
 - Health services
 - Social factors
 - Individual behavior
 - Biology and genetics
 - Policymaking

Making the CHNA Public

- Complete version posted conspicuously on hospital's website or on another acceptable one as described in the NPRM
- Provide the website address or URL upon request
- Make a paper copy available for public inspection without charge

Collaborative CHNAs

- Hospitals can collaborate to prepare a joint CHNA report under specific conditions, including:
 - Adopted by the authorized body of each collaborating hospital
 - Community defined is the same and CHNA process conducted jointly
 - Joint report must identify each hospital

Implementation Strategy

- Must address significant health needs identified in the CHNA
- Description of each significant health need must include:
 - Actions the hospital facility intends to take to address the need, or
 - Explain why the facility does not intend to address that need, and
 - A plan to evaluate the impact of the facility's action in addressing the need

Implementation Strategies: Timing is Crucial

- Implementation strategy must be adopted by the end of the same tax year in which the hospital finishes conducting the CHNA

Collaborative Implementation Strategies

- A hospital facility that adopts a joint CHNA report may also adopt a joint implementation strategy if:
 - It is clearly identified as applying to each hospital facility
 - It clearly identifies the hospital's role and responsibilities
 - It includes a summary or other tool to help the reader understand the document

CHNA/Implementation Strategy Reporting Requirements

- Hospital organization must attach its most recently adopted implementation strategy to its IRS Form 990, filed annually
 - Hospitals must:
 - Describe actions taken to address the significant health needs
- OR
- Explain why no actions were taken

Schedule H (Form 990)

Schedule H (Form 990) 2012 Page **4**

Part V Facility Information (continued)

Section B. Facility Policies and Practices
 (Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group _____

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) _____

Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)

	Yes	No
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9.	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 <input type="text"/> <input type="text"/>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	<input type="checkbox"/>	<input type="checkbox"/>
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	<input type="checkbox"/>	<input type="checkbox"/>

Failure to Satisfy ACA §501(r) Requirements

1. Minor and inadvertent errors and omissions – not considered a failure **if**
 - Minor, inadvertent, and due to a reasonable cause, and
 - Hospital facility corrects the error or admission as promptly as is reasonable

2. If not willful or egregious, will be excused **if**
 - Hospital facility corrects the failure, and
 - Discloses
 - *In accordance with yet-to-be published IRS guidance*

Failure to Satisfy ACA §501(r) Requirements continued

3. IRS will consider all circumstances to determine whether an error or omission is **willful or egregious**
 - Revocation of §501(c)(3) status is a possible result

Failure to Satisfy ACA §501(r) Requirements continued

- \$50,000 excise tax
 - Imposed for each hospital failure
 - For each year the failure occurred
- Loss of tax exemption
- Income of each noncompliant hospital could be considered taxable income

Conclusion

■ Proposed Rules

- Complex, but important step
- Advances federal policy for:
 - Inclusive and transparent community health needs assessment processes
 - Collaboration among hospital facilities
 - Flexibility
 - Accountability

About The Hilltop Institute

The Hilltop Institute at UMBC is a non-partisan health research organization—with an expertise in Medicaid and in improving publicly financed health care systems—dedicated to advancing the health and wellbeing of vulnerable populations. Hilltop conducts research, analysis, and evaluations on behalf of government agencies, foundations, and nonprofit organizations at the national, state, and local levels. Hilltop is committed to addressing complex issues through informed, objective, and innovative research and analysis.

www.hilltopinstitute.org

About Hilltop's Hospital Community Benefit Program

Hilltop's Hospital Community Benefit Program is a resource for state and local policymakers who seek to ensure that tax-exempt hospital community benefit activities are responsive to pressing community health needs. The program provides tools to these and other stakeholders in support of their efforts to improve population health and to promote a more accessible, coordinated, and equitable community health system. The program is funded by the Robert Wood Johnson Foundation and the Kresge Foundation.

<http://www.hilltopinstitute.org/hcbp.cfm>

Contact Information

Gayle D. Nelson, JD, MPH, Policy Analyst

Hospital Community Benefit Program

The Hilltop Institute

University of Maryland, Baltimore County (UMBC)

410.455.6803

gnelson@hilltop.umbc.edu

www.hilltopinstitute.org