Healthcare and State Health Agency Collaboration Around Community Health Needs Assessments

North Carolina Public Health/Hospital Collaborative Members Work to Promote Effective Community Collaboration

Community health needs assessments (CHNA) and implementation strategies are newly required by the IRS of tax-exempt hospitals as a result of the Patient Protection and Affordable Care Act (ACA). These assessments and strategies create an important opportunity to improve the health of communities by ensuring that hospitals have the information they need to provide community benefits that meet the needs of their communities. They also provide an opportunity to improve coordination of hospital community benefits with other efforts to improve community health.

Background

North Carolina has a decentralized public health system, and for more than 30 years, hospitals and public health agencies in the state have had a relationship of working together on a spectrum of public health initiatives. Prior to the new IRS CHNA requirements for nonprofit hospitals, the state health director and the CEO of the North Carolina Hospital Association convened a public health/hospital collaborative, including representation from the North Carolina Institute for Public Health (NCIPH), the practice core of the University of North Carolina at Chapel Hill (UNC) Gillings School of Global Public Health.

The NC Public Health/Hospital Collaborative (PHHC) is a partnership of local and state public health leaders, hospital leaders, and community-based stakeholders created to focus health improvement initiatives, unify health advocacy, share data and information, and capture and disseminate best practices.[1] In addition to NCIPH, partners involved in the collaborative include:[1]

- NC Division of Public Health (NCDPH)
- NC Association of Local Health Directors
- NC Hospital Association (NCHA)
- NC Center for Public Health Quality
- Care Share Health Alliance
- Center for Health Systems Research and Development, East Carolina University

PHHC is particularly involved in community health assessments (CHAs) and developed the following goals regarding CHAs:[1]

- To create a common understanding of changes in CHA and community benefit laws among hospital and health department leaders to promote collaboration among North Carolina hospitals and health departments on these activities.
- To create models of effective community collaboration that integrate CHAs and community benefit into an improvement cycle that advances Healthy NC 2020 outcomes.
- To develop a national model for conducting collaborative CHAs among local public health agencies, hospitals, and other partners.

In the last several years, various PHHC partners have led initiatives to accomplish these goals and create effective community collaboration. Several of these efforts are detailed below.

Syncing of CHA and CHNA Assessment Cycles

Steps Taken

As part of a consolidated agreement between NCDPH and the local health departments (LHDs), LHDs were previously required to conduct comprehensive community health assessments, with multiple community partners, up to every four years. Accreditation is now mandated in North Carolina; the state's accreditation program incorporates a CHA requirement because it is the foundation on which the 10 essential services are built. When the ACA requirements were issued instructing nonprofit hospitals to complete a CHNA every three years, NCDPH recognized that inconsistent needs assessment cycles would make it difficult for hospitals and health departments to collaborate.[2] In response, the state modified its accreditation standard to require health departments to conduct needs assessments every "three to four years" to allow for increased collaboration between hospitals and health departments.[2]

Results

Of the 85 LHDs in North Carolina, 32 were scheduled to complete their CHAs in 2012. Nineteen of the 32 chose to switch their assessment period (to every three years instead of every four years) to align with the hospital CHNA cycle. Two health departments are even completing assessments two years in a row to align with the hospital assessment. These results demonstrate that health departments are taking the initiative to collaborate and align their efforts with nonprofit hospitals. State health department staff are continuously seeking feedback from LHDs on barriers to partnering with hospitals and are working to break those barriers down.

Learning Collaborative to Model Effective Community Collaboration

Steps Taken

1. NCIPH, the practice core of the UNC Gillings School of Global Public Health, received CDC funds from the National Network of Public Health Institutes to convene two roundtables on understanding and strategizing work around community benefits. NCIPH seemed a natural partner in this work, as it has historically worked in communities to advance the work of public health and is a part of PHHC. The roundtables focused on the following:
    - **Roundtable 1: Understanding community benefits.** Public health partners did not understand the new requirements for the hospitals, and while hospitals were collaborating with LHDs on their assessments, neither had an appreciation for how to work together around community benefit decisionmaking.
    - **Roundtable 2: Strategies to synergize the efforts of the health department, with respect to requirements in the state and the hospital requirements.** NCIPH conducted an assessment of the level of collaboration between hospitals and LHDs to determine what was working well in communities and what might need improvement, and provided case studies to CDC.

2. As a result of the roundtables and case studies, staff at NCIPH pulled together five collaborative teams to demonstrate best practice models. Beginning in May 2012, five sites in North Carolina (Western NC Health Network, Davidson County, Alamance County, Pitt County, and Dare County) that had been successful in collaborating with hospitals on CHNA requirements were selected as demonstration sites to explore the best way to collectively move forward on community health improvement. A learning collaborative was used to test changes with the assessment cycles, to examine different ways to approach the assessment process (i.e., new data sets), to provide learning

opportunities around the collective impact framework and how to leverage those resources, and to learn from each other. Training funding from HRSA supported this collaborative. Each demonstration site made an effort to include multiple stakeholders including LHDs, hospitals, United Way organizations, Federally Qualified Health Centers, community partners, and medical practices.

Results

The learning collaborative culminated with a learning conference in January 2013. Out of this conference, NCIPH produced a Community Health Assessment and Improvement Toolkit, which it then made available on its website. The following documents might be particularly useful for state health departments looking to implement similar efforts:

- Sample Data Use Agreement
- Strategic Planning A3 Template – This template can help health departments assess what they want to accomplish with hospital partners.
- Spatial Health Assessment Research Program – This program assists health departments and hospitals in identifying more granular data based on census tract or ZIP code. Topical surveys and assessments include CDC's Community Assessment for Public Health Emergency Response (CASPER).
- Implementation Plan Template – This template from the University of Wisconsin will assist communities and health departments in creating an implementation plan.

> *"We are very supportive of this collaboration with the hospitals. There is pressure on both systems to improve efficiencies and demonstrate return on investment. This collaborative has been a great vehicle to improve health with better efficiencies and outcomes."*
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> *- Dr. Laura Gerald, NC State Health Director, in "Building Bridges between Hospitals and Public health," North Carolina Institute for Public Health, 2012*

NCIPH conducted a qualitative survey with 12 members of the collaborative teams following culmination of the learning collaborative. On average, participants were satisfied with their participation in the collaborative and found it useful to their work. Team members noted the value of seeing concrete examples of others working together. Face-to-face meetings were noted as being the most useful part of the collaborative, helping partners to work together.

In conjunction with the learning collaborative work, state health department staff developed crosswalks of the different requirements that have been incorporated into trainings for LHDs, hospitals, and other community partners conducting their CHAs.

Lessons Learned

Start with Common Ground

Prior to PHHC's work, Leah Devlin, DDS, MPH, former state health director, NCDPH, met with the hospital association to see what lessons learned could be applied in public health, thus taking the first step toward building a stronger relationship with the hospitals. NCHA and hospitals had been strong partners in preparedness, and after a strategic planning session, the hospital association began collaborating with public health on additional common issues. For example, NCHA supported NCDPH's request to three foundations to establish The Center for Public Health Quality.

The partnerships were extended to include the state medical society, private foundations like the Kate B. Reynolds Foundation, and the North Carolina Community Health Center Association. The state health department nurtured a relationship with the hospital association to work collaboratively on initiatives that would be mutually beneficial, and this investment in the partnership with the association led to increased alignment on multiple fronts.

Sustained Collaboration
Throughout the duration of the learning collaborative, the state health department, state hospital association, LHDs, and NCIPH were all significantly invested in the effort and had standing meetings to make sure input was received from each institution. A state health department staff member was a member of the learning collaborative planning team and also coached one of the local teams. Moreover, the learning collaborative would not have been possible if not for efforts by NCIPH to maintain a relationship with the hospital association.

Long-Term Goals and Sustainability

NCIPH's long-term goal was to build on the initial learning collaborative and spread the learning in other communities. However, recent budget cuts have taken away a majority of the funding for the project, and there are limited resources moving forward. Some teams in the original learning collaborative are moving ahead and investing in community improvement work, but others are not.

There are two areas through which NCIPH is looking to sustain the work: through NCDPH and through the accreditation program administered by the NCIPH.

1. **Accreditation program.** State funding is no longer available for the accreditation program. LHDs have sustained the program with minimal contributions from each agency; however, the budget for the program has been reduced more than 30 percent for FY 13-14. NCIPH wants to update the benchmarks and activities to reflect the new requirements for collaborative CHA and CHIP, but they don't have staff resources to focus on this work.
2. **Resources from NCDPH.** NCIPH is collaborating with NCDPH to make the learning collaborative materials available to all counties and to incorporate some of those tools in their training. DPH has assigned nurse consultants to the counties to assist with accreditation and quality improvement.

Moving forward, staff are brainstorming ways to continue the innovative work of the learning collaborative and to continue to support hospitals and health department collaboration. Approaches include beginning conversations with the North Carolina Bankers Association on ways to invest in health as a community development strategy and talking with private foundations to see if there is interest in sustaining the work. The Center for Public Health Quality has been a partner in the work and still has funding. Moreover, the Center for Healthy Carolina has been a partner and received private foundation funds. Staff are attempting to link targets for Healthy North Carolina 2020 with the work of the collaborative and leverage resources wherever possible. Lastly, NCIPH is participating in a retreat in August 2013 with PHHC and other partners to identify ways to support the collaborative and other community health improvement efforts. They hope to include national leaders from the Robert Wood Johnson Foundation and Trust for America's Health to see what other states are doing.

[1] North Carolina Institute for Public Health, UNC Gillings School of Global Public Health. "NC Public Health/Hospital Collaborative." Available at http://www2.sph.unc.edu/nciph/nc_public_health/hospital_collaborative_20695_8965.html. Accessed 04-16-13.

[2] Somerville MH, Mueller CH, Boddie-Willis CL, Folkemer DC, Grossman ER. "Hospital Community Benefits After the ACA: Partnerships for Community Health Improvement." The Hilltop Institute Hospital Community Benefit Program. Issue Brief. February 2012. Available at http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2012/rwjf72344. Accessed 04-16-13.