

Community Benefit and Title V

An Overview of the Community Health Needs Assessment Process and Opportunities for Collaboration with Title V Needs Assessment

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.

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 program, and a state example.

CHNA Process

The final rule, *Additional Requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals*, issued on December 31, 2014, requires nonprofit hospitals to identify the community needs and identify an implementation strategy through the following process:¹

- i. Definition of community. Hospitals have the flexibility to define their community. 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 and are required to take into account community input in prioritizing those needs.
- iii. Broad representation of community interests. Hospitals are required to solicit input from the following three sources:
 - a. At least one state, local, tribal or regional public health

department with knowledge/expertise in health needs of the community

- b. Leaders or members of medically underserved, low-income, and minority populations in the community
- c. Written comments on the hospital's most recent CHNA
- 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 resources to potentially address the needs identified through CHNA
- 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. A hospital facility that collaborates with a governmental public health department in conducting the CHNA may produce a joint CHNA report, as long as CHNA requirements are met.
- 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:²

- 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 and non-profit hospital needs assessment processes, which may help identify opportunities for collaboration.

Table 1: Steps in Title V and Non-profit Hospital Needs Assessment

Steps in Title V Needs Assessment Process	Steps in Charitable Hospital Community Health Needs Assessment
Engage Stakeholders	Define Community
Assess Needs and Identify Desired Outcomes and Mandates	Assess Community Needs
Examine Strengths and Capacity	Solicit Broad Representation of Community Interests
Select Priorities	Document the CHNA
Seek Resources	Collaborate on Reports
Set Performance Objectives	Make CHNA report publicly available
Develop an Action Plan	Develop CHNA Implementation Strategies
Allocate Resources	
Monitor Progress for Impacts on Outcomes	
Report Back to Stakeholders	

State Example: Kansas

In an effort to integrate public health and primary care using a collective impact framework, Kansas Title V has actively collaborated with local hospitals on several initiatives, including the needs assessment process. Prior to approaching hospitals, the Kansas Title V agency conducted preliminary research to better understand the services and priorities of the local hospitals and the populations they serve. This strategy equipped Kansas Title V to engage with hospitals in a meaningful way, one that would help them understand the role of Title V in the populations they serve and identify the interplay between Title V and the hospitals in terms of shared priorities and measures, an important aspect of implementing the collective impact framework. This understanding creates a collaboration of mutual benefit. Kansas engaged with hospitals in a few formats—through in-person meetings and through input surveys. To support collaboration, Title V engaged hospitals and other community partners in a state tour of regional community meetings to discuss collective impact and work together to identify opportunities to address concerns and needs. Partners in attendance at the community meetings included primary care, behavioral health, academia, early intervention, a variety of community-based organizations, and perhaps most notably, state Medicaid and Managed Care Organizations, among others. Title V played the role of convener and sat at the table as a participant that serves the same population. Input surveys are conducted on an annual basis where Kansas Title V solicits state-wide feedback from all who work to address MCH issues, including hospitals. This survey process informs the work of Title V by supporting the annual application, annual report, and comprehensive needs assessment process.

Beyond the needs assessment, Kansas Title V has engaged heavily with hospitals to implement solutions and strategies to address state and community priority needs. Breastfeeding, for example, is one need that Title V and hospitals are



working to actively address through partnerships, specifically exclusivity and duration. Other examples of collaborative work relate to prenatal education and clinical care, screening for critical congenital heart defects prior to discharge, and safe sleep bundles for hospital units (well newborn, pediatric, and neonatal intensive care).

This example from Kansas Title V highlights how important and mutually beneficial it can be to collaborate in understanding the needs and implementing plans to improve the health of MCH populations within the same state. Both Title V and hospitals bring expertise to the table, data, and possibly existing programs. This type of collaboration also improves efficiency by reducing duplicative work and investment in communities.

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*](#)

Public Health Institute: [*Best Practices for Community Health Needs Assessment and Implementation Strategy Development: A Review of Scientific Methods, Current Practices, and Future Potential*](#)

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.

Association of Maternal & Child Health Programs

2030 M Street, NW, Suite 350
Washington, DC 20036
(202) 775-0436 • [www.amchp](http://www.amchp.org)

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¹ Federal Register (December 2014). Additional Requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals; Requirement of a Section 4959 Excise Tax Return and Time for Filing the Return. Retrieved from:

<https://www.federalregister.gov/articles/2014/12/31/2014-30525/additional-requirements-for-charitable-hospitals-community-health-needs-assessments-for-charitable#h-27>

² Ibid

