Connecting Hospitals and the Community

Community Health Needs Assessment

August 2012
CHNA - An Overview

New Requirements for Tax Exempt Hospitals

CHNA “Process”

So How Do I Do This?
Patient Protection and Affordable Care Act

March 2010, PPACA Enacted
The Waiting Game is Over

Chief Justice Roberts Authors Ruling Upholding Majority of ACA

“Affirmed and Reversed

“The Affordable Care Act is constitutional in part and unconstitutional in part.”

Chief Justice John Roberts

- Individual mandate upheld as tax; individuals without health insurance starting 2014 will pay tax to IRS
- Medicaid expansion now optional; Federal government cannot withhold current funding if states decide against Medicaid expansion

### Early On, Revenue Implications....

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**Program in place**

- Reductions
- Readmissions
Then, Delivery Implications

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Establish of CMMI

Medicare Shared Savings Program

Independence at Home Demonstration Project

Hospital Value-Based Purchasing Program

National Pilot Program on Payment Bundling

Value-Based Payment Modifier Under the Physician Schedule

Additional Requirements for Charitable Hospitals

ACO’s

Value Based

Bundling

Program in place

Pilot or Demonstration Period
But First, Requirement for Tax Exempt Hospitals...

"Additional Requirements for Charitable Hospitals..." Section 907, PPACA

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- Establish of CMMI
- Medicare Shared Savings Program
- Independence at Home Demonstration Project
- Hospital Value-Based Purchasing Program
- National Pilot Program on Payment Bundling
- Value-Based Payment Modifier Under the Physician Schedule
- Additional Requirements for Charitable Hospitals

**CHNA’s**

Program in place
Four New Requirements for Tax Exempts

Patient Protection and Affordable Care Act (PPACA p.1961)

- Effective March 23, 2010
- Adds two new sections to the Internal Revenue Code, effective for tax years beginning after March 23, 2010

Note: Only 10 pages of 2400+ in the PPACA legislation are related to tax exempt requirements

4 New Requirements for Tax Exempt Hospitals (PPACA p.1962)

1. Community health needs assessment requirement **
2. Financial assistance policy requirement
3. Requirement on charges
4. Billing and collection requirement

** Enacted Sec 501.(r).3 to tax code on March 23, 2010

Note: Only 24 lines deal specifically with CHNA requirements...

What is behind the 4 requirements?
"The Secretary shall issue such regulations and guidance as may be necessary to carry out the provisions of this subsection..."

**PPACA p. 1966**
Part III - Administrative, Procedural, and Miscellaneous Notice and Request for Comments Regarding the Community Health Needs Assessment Requirements for Tax-exempt Hospitals

Notice 2011-52

SECTION 1. PURPOSE

This notice addresses the community health needs assessment ("CHNA") requirements described in section 501(r)(3) of the Internal Revenue Code ("Code") and related excise tax and reporting obligations, applicable to hospital organizations that are (or seek to be) recognized as described in section 501(c)(3) of the Code. The CHNA requirements are among several new requirements that apply to section 501(c)(3) hospital organizations under section 501(r), which was added to the Code by section 9007(a) of the Patient Protection and Affordable Care Act ("Affordable Care Act"), Pub. L. No. 111-148, 124 Stat. 119, enacted March 23, 2010.1 This notice describes specific provisions related to the CHNA requirements that the Treasury Department ("Treasury") and the Internal Revenue Service ("IRS") anticipate will be included in regulations to be proposed under section 501(r). This notice also invites comments from the public regarding the CHNA requirements.
**INVolVEMENT**

- Conduct a Community Needs Assessment for Your Defined Community
- Secure Input Representing Broad Interests of the Community Served
- Identify Organizations in the Community that Serve these Needs

**OUTCOME**

- Prioritize Community Needs
- Develop Implementation Strategies for Each Priority Identified

**REPORTING**

- Make CHNA Findings “Widely Available” (post report on website)
- Implementation Plan Approved by the Board & Attached to 990
Subject to CHNA Requirements

- Organization that operates a facility required by a State to be licensed… (Guidance p. 2)
- Any other organization that the IRS determines has the provision of hospital care as its principal function (guidance deferred for now)
- State-licensed hospitals operated through a disregarded entity or joint venture – treated as the activities of the tax exempt partner (Guidance p. 6)
- Multi-hospital systems (Guidance p. 3)
- Critical Access Hospitals organized as 501.C.3. (DHG)

Excluded from CHNA Requirements

- Non-501.c.3. governmental hospitals (Guidance p.8)
- “Treasury and IRS request comments regarding … government hospital” (Guidance p. 8)

2,918 Non-government Not for Profit Hospitals in the U.S.

IRS Guidance: Defining Your “Community”

- Community generally defined by a geographic area (City, County, MSA)

- May take into account target populations served (e.g., children, specific disease or specialty)

- May not be defined in a manner that circumvents the requirement to assess the health needs or consult with persons who represent broad interests... *(medically underserved, low income and minority, chronic disease needs)*

Note – Treasury and IRS are seeking comments regarding Metropolitan (MSA), Micropolitan, (uSA), or County MSA definitions as standards, suggesting that these geographic definitions are supported.

**IRS Guidance: Community Input**

1. “Persons with special knowledge of or expertise in public health”

2. “Federal, tribal, regional, State or local health, or other departments or agencies with current data or other information relevant to the health needs of the community served by the hospital”

3. “Leaders, representatives, or members of the medically underserved, low-income and minority populations, and populations with chronic disease needs in the community served” *(CHNA report identifies by name and title)*

"Treasury and the IRS intend to require a hospital organization to conduct a CHNA and adopt an implementation strategy for each of its hospital facilities by the last day of its first taxable year beginning after March 23, 2012." Guidance, p. 26

Penalties and the Greater Risk of Non Compliance

- “there is imposed .. a tax equal to $50,000” – for any taxable year after March 23, 2012  (PPACA p. 1967)

- Applied for each year of non compliance  (Notice Document p. 22-23)

- Applied to each hospital within a multi-hospital system  (Notice Document p. 22-23)

- Bigger issue is potential loss of tax exempt status

“community health needs assessment requirements” are added as a condition of maintaining 501c3 status for a “hospital organization”  (PPACA p.1962)

IRS Guidance: Reporting Requirements Summarized

Data Assessment
- Community Definition
- Population and Demographics
- Healthy Community Ratings
- Health and Disease Indicators
- Health Behaviors
- HealthCare Resources

Community Input
- Public Health
- Minority and Low Income
- Chronic Disease
- Other Target Groups

Other Local Studies

“Community Needs Assessment” Report
I. “Community” Definition
II. CHNA Process
III. Sources of information
IV. Collaboration and Third Party Assistance
V. Community Input Process and Impact
VI. Prioritized community health needs
VII. Criteria used to prioritize
VIII. Description of existing resources within the community

✓ CHNA “Conducted” in FY
✓ Posted on Website until Subsequent CHNA

“Implementation Strategy” Report
I. Must address each of the needs describing how the hospital plans to meet the need or identifying it as a need not to be addressed by each campus hospital and explains why
II. Each health need addressed must have an implementation strategy tailored to that hospital’s programs, resources, and priorities
III. If collaborating with other organizations to develop the implementation strategy, must identify such organizations

✓ Board “Approved” in FY
✓ Attached to 990
Facing Reality: “Tensions” of the CHNA Process

1. Timing, Resources, and Costs
   When is the right time to start?
   Who leads this for the hospital (strategy, finance, mktg, board planning committee)?

2. What Model of Assessment and Community Involvement?
   What is the goal for community involvement?
   Is this already being done in some form?
   Is our tax exempt status at perceived risk?

3. Owning the Issues
   Does identifying a health issue require the hospital to own it?

4. Partnering with other Hospitals
   Does partnering open competitive or legal risks beyond CHNA?
   Is partnering with other hospitals better for our community?

5. Partnering with the Community
   How do we collaborate effectively with multiple interested community parties, some of whom may “compete” to serve similar populations?
CHNA - An Overview

New Requirements for Tax Exempt Hospitals

CHNA “Process”

So How Do I Do This?
Framing Your Response

- **Compliance**
- **Coordination**
- **Coalition**

- **Hospital Manages and Leads**

- **Hospital Convenes and Participates**
Key Elements of a CHNA Process

1. DATA ASSESSMENT
   - Service Area Defined
   - Secondary Data Assessment
   - External and Internal Sources
   - Local Studies
   - Community Inventory
   *What do we know?*

2. COMMUNITY INPUT
   - Public Health
   - Underserved Populations
   - Chronic Disease Populations
   - Others
   *What are we hearing?*

3. COMMUNITY NEED PRIORITIZATION
   - Understand Data Assessment & Community Input
   - Prioritization Criteria and Emerging Priorities
   - Implementation Strategy for Each Priority
   - What is NOT included and Why
   *What are the priorities and how do we implement?*

4. REPORTING
   - CHNA Summary Report
   - CHNA Report Posted on Website Within FY
   - Implementation Strategy Board Approval
   - Attach Implementation Strategy to Next 990
   *How do we package the final material?*

5. MONITORING
   - Measurements
   - Annual Data Updates
   - Prepare for the Next CHNA
   *What are we doing to track results?*
1. Data Assessment (Secondary Research)

Checklist

1. Define Your Community
2. Data Identification
   - Internal Data
   - External Data
3. Data Research
   - Existing Reports
   - Internet Sites
   - State & Local Data
   - Local Organizations
4. Data Report(s)

Community Definition

Data Sources

- Population & Demographics
- Health Indicators & Disease Incidence
- Kids Health
- Health Behaviors
- Access
- Un & Under Insured
- Consumer Surveys
- State & Local Data
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<th>Sources</th>
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<td>Population Projections, Site Reports, Demographic Profiles</td>
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<td>Cancer Incidence by Cancer Site</td>
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<td>Robert Woods Johnson Foundation &amp; University of Wisconsin</td>
<td>County Health Rankings vs Peers</td>
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The passage of federal health reform introduced new requirements for non-profit hospitals, one of which is the completion of a community health needs assessment (CHNA) every three years. The first assessment is due before the end of your 2013 fiscal year, and penalties of $50,000 per taxable year will be applied for non-compliance.

A CHNA is the process of gathering information and feedback about the health status of a community to identify programs and initiatives that will contribute to improved health status. There are several key features:

- Information and feedback from a variety of sources
- Community leaders, health care providers, residents and other key audiences fully participate in the process
- The results in identifying unmet or under-met health needs
- The results are used by the nonprofit hospital to develop and implement programs and initiatives that will contribute to improved health status.

SCHA has been working to prepare its membership for these requirements for several months. Four webinars and two educational workshops have been offered in conjunction with SCHA partner organizations: Dixon Hughes Goodman, SC Budget and Control Board, University of South Carolina and The Department of Health and Environmental Control.

SCHA also formed a CHNA task force to guide the Association in better assisting its membership. The task force recommended that CHNA toolkits be created to include county-specific data and other pertinent resources. With the help of our partner organizations, the following items are enclosed (this toolkit will also be sent to you electronically):

- A brochure with a CHNA overview and key considerations
- County-specific health indicators
- A health need prioritization worksheet
- Additional resources for data collection
- Sample community interview and survey questions
- A CHNA example from Palmetto Health and Providence Hospitals

We hope you find this tool helpful in your efforts to assess and address the health needs of your community. Contact either of us with questions.

Jimmy Walker
Senior Vice President, Regulatory and Workforce

Rozalyn Goodwin, FACHE
Director, Policy Research
Process: Use of government and private sources to evaluate the current status of a community. Apply projections to current and past research and data to create a picture of the health of a community.
Healthy People 2020: 12 Topics to Measure

Healthy People 2020 Mission
Healthy People 2020 strives to:
- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Access to Health Services
Clinical Preventive Services
Environmental Quality
Injury and Violence
Maternal, Infant Child Health
Mental Health
Nutritional, Physical Activity and Obesity
Oral Health
Reproduction and Sexual Health
Social Determinants
Substance Abuse
Tobacco
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% Adults Smoking, 2002-2009

% Adult Smokers (18+) with Arizona Tobacco Tax Rate

Healthy People 2020 Goal
12% Adults who are current smokers

Healthy People 2020 Target:
12% Adults who are current smokers

State Tobacco Tax
12/08/06 tax increase

Arizona
11/26/02 tax increase

Yavapai

$0.58
$1.18
$2.00

$0.00
$0.50
$1.00
$1.50
$2.00
$2.50

2002
2003
2004
2005
2007
2008
2009

Yavapai
Arizona
State Tobacco Tax
Suicide Deaths per 100,000 pop - 2007

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Healthy People 2020 Target: 10.2 suicides/100,000 pop

Suicide Mortality Rate/100,000 Population

Line graph source: AZ Dept of Health Services
Food Deserts by Total Population – Census Tract

Population by Food Desert

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<td>Yavapai County Total Pop in Food Deserts</td>
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Nutritional, Physical Activity and Obesity

USDA – Economic Research Service 2009

Data courtesy of the USDA Economic Research Service.
# County Health Rankings – Health Factors

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<td>Logan</td>
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<td>Conejos</td>
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<td>Weld</td>
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<td>Rio Grande</td>
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<td>Lake</td>
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<td>Morgan</td>
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<td>Montezuma</td>
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<td>Pueblo</td>
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<td>Fremont</td>
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<td>Crowley</td>
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<td>Adams</td>
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<td>Las Animas</td>
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<td>Otero</td>
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<td>Saguache</td>
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<td>Huerfano</td>
<td>55</td>
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<tr>
<td>Bent</td>
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<td>Prowers</td>
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<td>Denver</td>
<td>58</td>
</tr>
<tr>
<td>Costilla</td>
<td>59</td>
</tr>
<tr>
<td>Hinsdale</td>
<td>NR</td>
</tr>
<tr>
<td>Jackson</td>
<td>NR</td>
</tr>
<tr>
<td>Kiowa</td>
<td>NR</td>
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<tr>
<td>Mineral</td>
<td>NR</td>
</tr>
<tr>
<td>San Juan</td>
<td>NR</td>
</tr>
</tbody>
</table>

1= Best in Health Factors  
59= Worst in Health Factors  
NR=Not Ranked due to main health outcome being unreliable
Top Negative Indicators (compared to CO levels)

- **Access to Health Services**
  - Physician Need - Internal Med & Pediatrics
  - Moderately high % Uninsured

- **Clinical Preventative Services**
  - Very high colon ca incidence & flu hospitalization rate
  - Very Low mamm rate, % sig/colonoscopy rate

- **Environmental Services**
  - Very high West Nile Virus Incidence

- **Injury and Violence**
  - Very high MV Deaths,
  - Very Low seat belt use
  - Moderately high unintentional injury deaths

- **Maternal, Infant, Child Health**
  - Very high teen birth rate, infant mortality, % births to unmarried moms, % births to obese or overweight moms

- **Mental Health**
  - Moderately low social/emotional support

- **Nutritional, Physical Activity, and Obesity**
  - Very low number of rec facilities
  - Very high heart disease rate, no exercise in past month
  - Moderately high % of low income, obese preschoolers

- **Oral Health**
  - Very low dentist rate
  - Very high % of tooth/periodontal disease

- **Reproduction and Sexual Health**
  - Very High % Children in Poverty, % Free Lunch Eligibility
  - Very low Median HH income
  - Moderately High % Families below poverty level, less than 9th grade education

- **Social Determinants**
  - Substance Abuse/ Tobacco
## 2. Community Input (Primary Research)

### Checklist

<table>
<thead>
<tr>
<th>1. Interview List</th>
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<tbody>
<tr>
<td>- Public Health</td>
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<tr>
<td>- Community Org.</td>
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<tr>
<td>- Employees</td>
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<tr>
<td>- Focused Populations</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Interview Tool</th>
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<tbody>
<tr>
<td>- Questionnaire</td>
<td></td>
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<tr>
<td>- Internet Surveys</td>
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<tr>
<td>- Focus Groups</td>
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<tr>
<td>- Town Hall Meetings</td>
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</table>

<table>
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<tr>
<th>3. Interview Summary</th>
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<tr>
<td>- Written Report</td>
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</tbody>
</table>

### Community Input Methodology

<table>
<thead>
<tr>
<th>Who?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Persons with special knowledge of or expertise in public health</td>
</tr>
<tr>
<td>2. Departments or agencies with current data or other information</td>
</tr>
<tr>
<td>3. Medically underserved, low-income and minority populations</td>
</tr>
<tr>
<td>4. Internal Staff</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualitative – Interview feedback that is descriptive and/or observed; better used when objective is less clear</td>
</tr>
<tr>
<td>Quantitative – Interview feedback that can be measured; fulfills a specific objective</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How?</th>
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</thead>
<tbody>
<tr>
<td>One on One interviews</td>
</tr>
<tr>
<td>Focus Groups</td>
</tr>
<tr>
<td>Telephone/Email campaigns</td>
</tr>
<tr>
<td>Community Forums</td>
</tr>
</tbody>
</table>
Example: Community’s Most Important Health Issues

### Quotes

“I am seeing more and more without healthcare insurance. Some turn to the emergency room but others' needs go unmet.”

“While many organizations try to get preventative and whole health messages through, they aren't successful.”

“I feel that access to medical care is the most important issue and barrier to healthcare at the current time.”

“As our population ages, the need for additional healthcare services for dementia and geropsychiatry services become more pronounced.”

“For us, the most important health issue is making sure that our children receive the medical attention that they need.”
3. Community Need Prioritization

## Checklist

<table>
<thead>
<tr>
<th>1. Summary of Data Assessment and Community Input</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Prioritization Grid</td>
</tr>
<tr>
<td>2. Implementation Strategy</td>
</tr>
</tbody>
</table>

### Prioritization Grid

<table>
<thead>
<tr>
<th>Ability to Impact Need</th>
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<tbody>
<tr>
<td>Low</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Significance of the Community Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
</tr>
</tbody>
</table>
### Key Findings Overview

#### Data Assessment (Secondary Research)

1. **Access to certain specialists**
   - General Surgery (13.94 physicians needed by 2015)
   - Cardiology (12.91 physicians needed by 2015)
   - Ophthalmology (10.57 physicians needed by 2015)

2. **Access to Health Insurance**
   - Yavapai County 80.3% insured compared to USA 83.2% & HP 2020 100%

3. **High % of adults reporting high blood pressure**
   - Yavapai County 33.9% compared to AZ 26.6% & HP 2020 26.9%

4. **High % of breast cancer deaths (per 100,000 females)**
   - Yavapai County 27.3% compared to AZ 20.7% & HP 2020 20.6%

5. **High Motor vehicle death rate (per 100,000)**
   - Yavapai County 24 compared to AZ 19.6 & HP 2020 12.4

6. **High rate of births to mothers ages 15-19 (per 1,000 teens)**
   - Yavapai County 53.2 compared to AZ 62.1 USA 42.3 & HP 2020 38

7. **High suicide rate (per 100,000)**
   - Yavapai County 29.3 compared to AZ 16.1 & HP 2020 10.2

8. **High number of food deserts by total county population**
   - NW Yavapai County = 99.3% of census with low access; Prescott Valley 70.3%

9. **High years of potential life lost before age 75 (per 100,000)**
   - Yavapai County 8,049 compared to AZ 7,498 & USA 7,198

10. **Low % graduation rate**
    - Yavapai County 69.8% compared to AZ 70.5% & HP 2020 82.4%

11. **High % of adults who smoke**
    - Yavapai County 25.9% compared to AZ 16.1% & HP 2020 12%

### Community Input (Primary Research)

1. **Care of Uninsured/Indigent**
   - Food deserts, mental health increasing with homelessness, access to care, transportation
   - Referenced 8 times

2. **Prevention/Wellness**
   - Communication & awareness, obesity, heart disease (cardiac rehab), COPD (pulmonary rehab), diabetes
   - Referenced 6 times

3. **Access to care**
   - Uninsured, mental health, preventative services, healthcare providers
   - Referenced 6 times

4. **Care for Aging**
   - Mental health (geropsych), dementia
   - Referenced 4 times

5. **Care for Children/Students**
   - Prescription drug abuse, sexually transmitted diseases, lack of healthcare insurance, obesity
   - Referenced 4 times
Setting Priorities

Significance of the Community Need

Ability to Impact Need

- High
- Medium
- Low

- Low
- Medium
- High
Setting Priorities

Significance of the Community Need

<table>
<thead>
<tr>
<th>Ability to Impact Need</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td></td>
<td></td>
<td>1. Access to Health Care Insurance</td>
</tr>
<tr>
<td>Medium</td>
<td>2. Access to Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>3. Access to Specialists</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 3. Access to Specialists
- 4. Increase in Mental Health Needs for Seniors
- 5. Food Deserts
Setting Priorities

Significance of the Community Need vs. Ability to Impact Need

- **6. Promotion of Prevention & Wellness**
  - High

- **7. Childhood Obesity**
  - Medium

- **8. Transportation for the Uninsured**
  - Low
Setting Priorities

Significance of the Community Need

Ability to Impact Need

Low

Medium

High

9. Breast Cancer Prevention

10. Teen Pregnancy

11. Motor Vehicle Deaths

12. Graduation Rate
12 Priorities Identified

Significance of the Community Need

- **High Impact, High Significance:**
  - 1. Access to Health Care Insurance
  - 2. Access to Mental Health Services

- **High Impact, Medium Significance:**
  - 3. Access to Specialists
  - 4. Increase in Mental Health Needs for Seniors
  - 5. Food Deserts

- **High Impact, Low Significance:**
  - 6. Promotion of Prevention & Wellness
  - 7. Childhood Obesity

- **Medium Impact, High Significance:**
  - 8. Transportation for the Uninsured

- **Medium Impact, Medium Significance:**

- **Medium Impact, Low Significance:**
  - 10. Teen Pregnancy

- **Low Impact, High Significance:**
  - 11. Motor Vehicle Deaths

- **Low Impact, Medium Significance:**
  - 12. Graduation Rate

- **Low Impact, Low Significance:**
  - 11. Breast Cancer Prevention

- **Low Impact, Very Low Significance:**
  - 12. Breast Cancer Prevention
Focus on 6 High Impact/Ability

Significance of the Community Need

Ability to Impact Need

High

Medium

Low

Low

Medium

High

9. Breast Cancer Prevention

6. Promotion of Prevention & Wellness

3. Access to Specialists

4. Increase in Mental Health Needs for Seniors

2. Access to Mental Health Services

7. Childhood Obesity

4. Increase in Mental Health Needs for Seniors

6. Promotion of Prevention & Wellness

3. Access to Specialists

2. Access to Mental Health Services

7. Childhood Obesity

9. Breast Cancer Prevention
4. Reporting

Checklist

1. Board Approval

2. Public Reporting - Website (CHNA Report)

3. Form 990 (Implementation Strategy)
### IRS Guidance: Reporting Requirements Summarized

#### Data Assessment
- Community Definition
- Population and Demographics
- Healthy Community Ratings
- Health and Disease Indicators
- Health Behaviors
- HealthCare Resources

#### Community Input
- Public Health
- Minority and Low Income
- Chronic Disease
- Other Target Groups

#### Other Local Studies

<table>
<thead>
<tr>
<th>“Community Needs Assessment” Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. “Community” Definition</td>
</tr>
<tr>
<td>II. CHNA Process</td>
</tr>
<tr>
<td>III. Sources of information</td>
</tr>
<tr>
<td>IV. Collaboration and Third Party Assistance</td>
</tr>
<tr>
<td>V. Community Input Process and Impact</td>
</tr>
<tr>
<td>VI. Prioritized community health needs</td>
</tr>
<tr>
<td>VII. Criteria used to prioritize</td>
</tr>
<tr>
<td>VIII. Description of existing resources within the community</td>
</tr>
</tbody>
</table>

- ✔ CHNA “Conducted” in FY
- ✔ Posted on Website until Subsequent CHNA

<table>
<thead>
<tr>
<th>“Implementation Strategy” Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Must address each of the needs describing how the hospital plans to meet the need or identifying it as a need not to be addressed by each campus hospital and explains why</td>
</tr>
<tr>
<td>II. Each health need addressed must have an implementation strategy tailored to that hospital’s programs, resources, and priorities</td>
</tr>
<tr>
<td>III. If collaborating with other organizations to develop the implementation strategy, must identify such organizations</td>
</tr>
</tbody>
</table>

- ✔ Board “Approved” in FY
- ✔ Attached to 990

---

**CAN BE SHARED**

---

**REQUIRED FOR EACH FACILITY**
COMMUNITY HEALTH NEEDS ASSESSMENT
COMMUNITY BENEFIT PLAN AND IMPLEMENTATION STRATEGY
Table of Contents

I. Executive Summary ....................................................................................................................... 3
   a. Community Profile .................................................................................................................. 4
   b. Assessment Process and Methodology .................................................................................. 4
   c. Community and Public Health Input .................................................................................... 5
   d. Prioritized Community Health Needs ................................................................................... 6
   e. Community Health Resources .............................................................................................. 7
   f. Next Steps ............................................................................................................................... 8
VI. Needs Not Addressed
Several needs outlined in the Healthiest Wisconsin 2020 document have not been addressed in this plan. In initial discussion and subsequent prioritization, the CNAT considered the levels to which some needs were already being addressed in the service area. Additionally, some community needs fall out of the scope of expertise and resources of the hospital. The following chart outlines why some of the needs identified in the needs assessment aren’t addressed:

<table>
<thead>
<tr>
<th>Community Need</th>
<th>Reasons Needs Not Addressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate, appropriate and safe food and nutrition</td>
<td>Need Addressed By: St. Francis Food Pantry, Community Table, Feed My People, Local School Districts, City/County Health Department</td>
</tr>
<tr>
<td>Communicable disease prevention and control</td>
<td>Need Addressed By: City/County Health Department, State Health Department, community primary care providers</td>
</tr>
<tr>
<td>Environmental and Occupational Health</td>
<td>Need Addressed By: City/County Health Department, State Health Department, local businesses, local healthcare providers</td>
</tr>
<tr>
<td>Healthy Growth &amp; Development</td>
<td>Needs Addressed By: Local school districts, local Family Resource Centers, local healthcare providers</td>
</tr>
<tr>
<td>Injury and Violence</td>
<td>Need Addressed By: Sexual Assault Nurse Examiner (SANE) Services, EC Healthy Communities Council, City/County Police dept.</td>
</tr>
<tr>
<td>Oral Health</td>
<td>Need Addressed By: City/County Health Department task force, community dental care providers</td>
</tr>
<tr>
<td>Physical Activity (Addressed under chronic disease prevention &amp; management)</td>
<td>Need Addressed By: Local School Districts, Boys and Girls Club, YMCA, Wisconsin Youth Success Program (WYSP) at University of Wisconsin – Eau Claire, local health club facilities</td>
</tr>
<tr>
<td>Reproductive and sexual health</td>
<td>Need Addressed By: City/County Health Department, Diocese of La Crosse, Planned Parenthood, community healthcare providers, local School Districts</td>
</tr>
<tr>
<td>Tobacco Use and exposure</td>
<td>Need Addressed By: City/County Health Department, American Cancer Society, local Alliance for Substance Abuse Prevention (ASAP)</td>
</tr>
<tr>
<td>Chronic Disease prevention and management (included in our plan)</td>
<td>Need Addressed By: Aging &amp; Disability Resource Center (ADRC), ACHIEVE – Eau Claire (focused on influencing public policy to reduce the incidence of chronic disease), community healthcare providers, Chippewa Valley Free Clinic</td>
</tr>
<tr>
<td>Mental Health (included in our plan)</td>
<td>Need Addressed By: National Alliance on Mental Illness Chippewa Valley, Western Region Recovery and Wellness Consortium, LE Philips Libertas Treatment Center, community healthcare providers</td>
</tr>
<tr>
<td>Alcohol and other substance abuse (included in our plan)</td>
<td>Need Addressed By: Local Alliance for Substance Abuse Prevention (ASAP), City/County Health Department, LE Philips Libertas Treatment Center</td>
</tr>
</tbody>
</table>
## Implementation Strategy

### Community Health Need:
**Breast Cancer Prevention**

| Specific Needs Identified in the CHNA: | High % of breast cancer deaths (per 100,000 females)  
- Yavapai County 27.3% compared to AZ 20.7% & HP 2020 20.6% |

| Goals: | 1. Reduce the # of breast cancer deaths in the Primary Service Area |

### Strategy: Increase the awareness of Breast Cancer treatment options in Yavapai County

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Accountability</th>
<th>Timeline</th>
<th>Desired Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop a media campaign for Yavapai County</td>
<td>YRMC</td>
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<tr>
<td>2. Hold open house at YRMC east campus</td>
<td>YRMC</td>
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<tr>
<td>3. Collaborate with community organizations for events</td>
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</table>

### Strategy: Evaluate service offering for Breast Cancer treatment in Yavapai County

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<tr>
<th>Action Step</th>
<th>Accountability</th>
<th>Timeline</th>
<th>Desired Outcome</th>
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</thead>
<tbody>
<tr>
<td>1. Conduct a GAP analysis in the community to determine additional treatment options for residents</td>
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<tr>
<td>2. Identify grants to assist in the funding of treatment options</td>
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### Strategy:

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<th>Action Step</th>
<th>Accountability</th>
<th>Timeline</th>
<th>Desired Outcome</th>
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<td>2.</td>
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</table>
## 5. Monitoring

### Checklist

<table>
<thead>
<tr>
<th>1. CHNA Dashboard</th>
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<tbody>
<tr>
<td>- Key performance indicators (primary or secondary research, internal vs. external data)</td>
</tr>
<tr>
<td>2. CHNA Ongoing Reporting</td>
</tr>
<tr>
<td>- Public Reporting</td>
</tr>
<tr>
<td>- Form 990</td>
</tr>
<tr>
<td>- Board Updates</td>
</tr>
<tr>
<td>3. CHNA Preparation</td>
</tr>
<tr>
<td>- Document Lessons Learned</td>
</tr>
<tr>
<td>- Monitor CHNA legislation</td>
</tr>
<tr>
<td>- CHNA Planning</td>
</tr>
</tbody>
</table>

### Monitoring Key Considerations

1. Develop performance indicators tied to community priorities that can be measured annually

2. Monitor metrics annually, possibly reporting progress each year

3. Utilize lessons learned in preparation for the next CHNA
New Requirements for Tax Exempt Hospitals

CHNA “Process”

So How Do I Do This?
9 Things to Do Tomorrow….

1. **Determine Hospital Leadership of CHNA**
   - Planning, Finance, Marketing, CEO, Government Relations, Board Committee…

2. **Confirm Timing Requirements for Your Facility**
   - Confirm fiscal year end, back into a reasonable timeline and establish milestones

3. **Review Service Area Definition**
   - Primary Service Area, Stark II Area, County, MSA, 990 Definition

4. **Compile Starting Elements of a Preliminary Assessment**
   - Start with SCHA Toolkit

5. **Guidance on Potential Model (Compliance, Coordination, Coalition)**
   - Compliance and coordination can be hospital led, coalition is much broader

6. **Determine Strategy for Partnering or Staying Internal**
   - Evaluate benefits of shared approach (community building, market perception, cost sharing)

7. **Determine Approach if Multiple Facilities**
   - Confirm common approaches, tools to develop

8. **Inform Board of Standards, Timing, and Approach**
   - Most Boards embrace the idea, inform them early and ask for support and resources

9. **Commit Resources to Do It Right**
   - This will have a multi-year life and can have dramatic value – commit the resources
CONTACT INFORMATION

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Craig Anderson Jr.
Senior Manager
Craig.andersonjr@dhgllp.com  p 330.650.1752
DHG Resources

An Overview of Requirements and Approaches

Community Health Needs Assessment Webinar
March 23, 2012

DHG Resources

Community Health Needs Assessment

What is a Community Health Needs Assessment (CHNA)?
A CHNA is the ongoing process of evaluating the health needs of a community.

1. Develops a health profile of the community
2. Identifies gaps in services
3. Identifies opportunities to improve access to care

With the passing of the Patient Protection and Affordable Care Act (PPACA), an estimated 32 million patients are expected to receive healthcare delivery system reform. Broader coverage for preventive care and chronic disease management translates into higher costs for stakeholders and potential savings for payers.

Dixon Hughes Goodman and Your Community Health Needs Assessment
Top tier healthcare management consulting firm as noted by Modern Healthcare
Consulted and experienced professionals dedicated to the healthcare industry
Supporting CHNA services comprises certified public accountants and experienced planning professionals
Evaluates health and practice reports for accurate and effective completion of the CHNA process
Resources comparable to Big Four firms and available in unique consultation services

CHNA White Paper

CHNA Brochure