STATEMENT OF POLICY

ROLE OF LOCAL HEALTH DEPARTMENTS IN COMMUNITY HEALTH NEEDS ASSESSMENTS

Policy
The National Association of County and City Health Officials (NACCHO) promotes involvement of local health departments (LHDs) in Community Health Needs Assessments (CHNA) pursuant to the statutory requirement of non-profit hospitals to conduct a CHNA under the Patient Protection and Affordable Care Act (ACA). LHDs should have every opportunity to play an important role in this process.

The level of LHD engagement may range from partnering with non-profit hospitals and hospital organizations to consulting with or providing reimbursed resources or technical assistance to conduct a CHNA. Potential LHD involvement may include the following:

- Providing technical expertise to design and implement a CHNA, e.g. information on assessment models, health status indicators, public health programs, and community-based partners;
- Sharing relevant local data resources for quantitative and qualitative health and social determinants information in hospital service areas;
- Providing technical assistance in data collection, analysis, synthesis, and interpretation;
- Giving input on strategies to improve community health through hospital services and public health prevention and health promotion programs;
- Coordinating joint efforts by different hospitals to pool resources to gather data, analyze data, and/or generate a report for a CHNA;
- Serving as a neutral facilitator to ensure a collaborative CHNA process;
- Engaging community residents in a CHNA process;
- Serving as a resource for implementing the Ten Essential Health Services of Public Health (monitoring health status; diagnosing and investigating health problems; informing, educating, and empowering people; developing policies and plans; enforcing laws and regulations; linking people to personal health services; assuring a competent workforce; evaluating personal and population-based services; and researching innovative solutions).  

Justification
The ACA Section 501(r)(3), requires that non-profit hospitals conduct and report on a CHNA every three years to maintain their tax exempt status.

The CHNA must include a description of the assessment process, how input was obtained from the community and public health members, the community served, its health needs, which needs
the organization intends to address, the reasons those needs were selected, and a summary of the implementation strategy.

The ACA also requires that a CHNA take into account input from stakeholders that represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health. Depending on their capacity, LHDs may play an important role in this process, and can be vital to the development of the CHNA.2

The ACA CHNA requirement coincides with the launch of the national voluntary public health department accreditation process by the Public Health Accreditation Board (PHAB). The completion of a community health assessment and community health improvement plan are prerequisites for LHD accreditation application and must be completed in order to demonstrate fulfillment of public health accreditation standards. Community health assessments and CHNAs collect the same kind of data. However, in addition to needs, CHAs can identify other types of information about the state of a community’s health such as assets that can be leveraged to address needs. In 2010, 60 percent of LHDs reported they completed a community health assessment in the past five years.3 NACCHO anticipates this percentage to rise with the increased interest in public health accreditation. The advent of ACA and public health accreditation requirements provide an opportunity for hospitals and LHDs to conduct collaborative assessments minimizing duplication of effort and unnecessary community burden.

NACCHO recognizes variation in LHD capacity to dedicate resources to the CHNA process, yet recognizes that a CHNA might assist in determining of how resources are allocated to various community health issues. The requirement to conduct a CHNA presents an opportunity for collaboration between LHDs and hospitals or hospital organizations to (1) conduct and disseminate results of health assessments; (2) identify historically marginalized communities and unmet needs; (3) plan and implement local strategies to improve the health of communities; (4) support evaluation efforts; (5) assist in advocacy efforts to assure the implementation of effective programs; and (6) strengthen emergency preparedness response and recovery by aligning hospital and LHD planning.

Many LHDs and hospitals have successfully conducted collaborative community health assessments independent from external requirements. Hospitals, LHDs, and other community partners can pool resources to conduct comprehensive community health assessments that benefit multiple stakeholders and the community-at-large. The ACA CHNA requirement provides additional incentive for communities with existing partnerships to build upon their collaborative work and incentive for communities without a history of collaborative community health assessment to begin working together.

References
2. Patient Protection and Affordable Care Act of 2010, Section 9007.

Record of Action