

12-05

## STATEMENT OF POLICY

### Community Health Needs Assessments

#### **Policy**

The National Association of County and City Health Officials (NACCHO) encourages local health departments (LHDs) to conduct community health assessments (CHAs) and develop community health improvement plans (CHIPs). NACCHO encourages LHDs to collaborate with organizations and agencies that also conduct community assessments and planning that may have an impact on the public's health. NACCHO encourages LHDs to work to ensure that public health considerations are included in others' assessments and plans. NACCHO encourages the mutual sharing of data, expertise, skills, and resources with community organizations and agencies as LHD's develop their CHAs/CHIPs. Further, the CHA/CHIP processes require significant community engagement, with members of the community contributing to every phase of the CHA/CHIP development.

#### **Background**

NACCHO encourages health departments to include a wide range of community organizations and representatives in the development of their CHA/CHIP. Collaboration with organizations and agencies that conduct community health related assessments can discourage duplication of data collection, community survey fatigue, limited analysis perspectives, and contradictory conclusions.

LHDs might collaborate with a variety of organizations that conduct a health-related assessment including non-profit hospitals and health centers, community foundations and civic organizations, fundraising organizations (such as the United Way), social service organizations, faith-based organizations, higher educational institutions, and businesses. Some of the local government agencies that may conduct health assessments and with which LHDs might collaborate include behavioral health, environment, traffic and transportation, and criminal justice.

Those who conduct assessments may pool resources to conduct comprehensive community health assessments that benefit multiple stakeholders and the community-at-large. Health departments should take every opportunity to ensure the inclusion of public health considerations in all community assessments, policies, and program development. Additionally, LHDs can benefit from others' perspectives, skills, and data as they develop or update CHA/CHIPs.

Nonprofit hospitals and health centers are especially important potential assessment collaborators for LHDs. Nonprofit hospitals are required by the IRS to develop a community health needs assessment (CHNA) every three years to maintain their tax-exempt status as nonprofit entities. While CHNAs and CHA/CHIPs are fundamentally different documents that serve their own distinct purposes and have specific sets of requirements, there are opportunities for nonprofit hospitals, health centers, and LHDs to share efforts, information, and resources. Data collection and data sharing provide opportunities for collaboration, depending on the geographic areas addressed by the hospital. Hospital planning and analysis skills might be shared for coordinated processes and findings. The LHD has the important role of sharing public health expertise and perspectives, particularly concerning the social determinants of health, social capital, and equity.

Substantial community engagement is required for the CHA/CHIP to reflect the realities of the community and inequities of the populations. Understanding community members' lived experiences is required to know what specific issues need further assessment, what resources are available in the community, and what actions will be the most effective. Building community resilience and efficacy in addressing health issues and inequities requires that the community has decision making authority, starting with the assessment and plan that will impact them and that they will assist to implement.

### **Potential Areas of Collaboration**

The level of collaboration between LHDs and other organizations and agencies for assessments and planning will vary depending on the organizations' focus and funding and/or legal requirements. Collaboration could include:

- Membership on partnerships or advisory groups;
- Aligned timelines and process steps;
- Coordinated public information;
- Coordinated community engagement;
- Shared technical assistance or consultants (e.g., concerning assessment models, health status indicators, and community assets);
- Shared skills (e.g., facilitation, data analysis, and planning);
- Combined data collection (e.g., shared survey tools and qualitative focus group and interview questions);
- Shared data and indicators (e.g., hospital admission data, immunization data, and survey data);
- Collective data analysis, synthesis, and interpretation;
- Collaborative strategies to address community issues;
- Collective action for community health improvement;
- Aligned hospital and LHD planning, for example, to strengthen emergency preparedness and response;
- Coordinated advocacy efforts; and
- Combined reports.

## **Recommendations for Assessment Collaborations Agreements**

NACCHO recommends that health departments consider adopting the following preliminary agreements before beginning collaborative work:

- Develop a memorandum of understanding outlining which entity will be responsible for which components and activities and the frequency of communication.
- Determine how reporting requirements timelines line up with the LHD needs and community expectations and if this is a sustainable cycle.
- Create shared talking points explaining how the efforts intersect for use in public information products, policy development, and planning.
- Designate points of contact for each participating entity.

Agreement on these and similar procedural issues will facilitate an effective and efficient implementation of the collaboration throughout the assessment process.

## **Justification**

CDC notes that “A community health assessment gives organizations comprehensive information about the community’s current health status, needs, and issues. This information can help develop a community health improvement plan by justifying how and where resources should be allocated to best meet community needs.

Benefits include:

Improved organizational and community coordination and collaboration  
Increased knowledge about public health and the interconnectedness of activities  
Strengthened partnerships within state and local public health systems  
Identified strengths and weaknesses to address in quality improvement efforts  
Baselines on performance to use in preparing for accreditation  
Benchmarks for public health practice improvements”

Additionally, health departments that wish to receive and maintain accreditation from the Public Health Accreditation Board (PHAB) are required to complete both a CHA and a CHIP at least every five years. PHAB requires that CHA/CHIPs are developed “by the community for the community” through a collaborative process. They must address social determinants of health and inequities. They must include community assets that can be mobilized to address health challenges.

LHD involvement in assessments that are developed by other organizations and agencies can further the goals of Health in All Policies (HiAP). Health in All Policies encourages the incorporation of health considerations into decision-making across sectors and policy areas. LHDs involvement in others’ assessments can ensure that community-based health and equity consequences are considered and incorporated into assessments. LHDs’ involvement can ensure that the social determinants of health are understood and addressed.

Collaboration may be limited by the topic area of focus as well as by legal, funding, and/or accreditation requirements:

- The assessment may address a single issue (e.g., mental health, early childhood education, environmental impact).

- The defined geographic area may vary (e.g., a LHD may serve a city or county, while a health care provider’s primary service area may include parts of several counties and may not be specific to city or towns).
- The development process requirements may be different (e.g., some assessments may require significant community engagement, while others may be required to show only community input or a community survey);
- The required frequency of updates of the assessment may be different.
- Some assessments focus only on needs, while others may be required to also address community assets for mobilization to improve community health.
- The plans to address issues raised in the assessment may focus on a single organization (e.g., a hospital or healthcare system), or on a collaborative partnership of many organizations (e.g., LHD community partnerships).

While hospitals’ and health centers’ development of CHNAs provides opportunities for coordination and collaboration, the CHNA process and document cannot serve as the CHA/CHIP and the CHA/CHIP cannot serve as the CHNA.

- The development of the CHNA is a hospital driven process that focuses on healthcare needs and resources.
- The CHNA process must include input from those who represent the interests of the communities served. CHNAs include surveys and key informant interviews, but broad community engagement in the process or plans is not required.
- The implementation plan of the CHNAs focuses on the health system’s efforts and what it will do to improve health. The LHD’s CHA/CHIP are required to have a collaborative approach and a shared responsibility for community health improvement, including priority setting, planning, and implementation.
- The CHNA addresses the needs of the population of the hospital’s service area, not necessarily the same area that the health department serves.
- CHNA’s asset assessment focuses on health care assets. The CHA/CHIP adopt a broader perspective on community assets (e.g., community organizations, built and natural environments, social capital, volunteers) and potential community interventions.
- The CHNA must include a facility’s implementation strategy that describes how the hospital plans to address the identified health needs, or it must explain why they will not address it. The CHA/CHIP focuses on the collaborative activities of many community organizations and individuals to address a broad array of public health issues.

While collaboration between hospitals and LHDs is encouraged, it is acknowledged that collaboration on the assessment and planning documents requires special efforts to ensure that both the IRS and PHAB requirements are met.

## **References**

1. American Public Health Association (APHA), the Public Health Institute, and the California Department of Public Health (CDPH), “Health in All Policies: A Guide for State and Local Governments” (2013) Available at: <https://www.cdc.gov/policy/hiap/index.html>
2. Centers for Disease Control and Prevention, “Community Health Assessments & Health Improvement Plans” <https://www.cdc.gov/publichealthgateway/cha/plan.html>

3. Internal Revenue Service, “Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(r)(3),” Available at: <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>
4. National Association of County and City Health Officials. (2019) National Profile of Local Health Departments. Available at: <https://www.naccho.org/resources/lhd-research/national-profile-of-local-health-departments>
5. Public Health Accreditation Board, “Standards and Measures for Initial Accreditation, Version 2022,” Available at: <https://phaboard.org/wp-content/uploads/Standards-Measures-Initial-Accreditation-Version-2022.pdf>

**Record of Action**

*Submitted by the NACCHO Epidemiology Workgroup and NACCHO MAPP Workgroup*

*Approved by the NACCHO Board of Directors, March 2012*

*Revised January 2016*

*Revised 2019*

*Proposed Revision submitted by NACCHO Performance Improvement Workgroup, approved July 2023*