



## Summary of community health planning requirements for hospitals and local health departments (LHDs)

Requirement	Internal Revenue Service (Hospitals)	Public Health Accreditation Board (LHDs)
<b>Assessment</b>	<p>Community health needs assessment (CHNA) must:</p> <ul style="list-style-type: none"> <li>• identify significant health needs of the community,</li> <li>• prioritize those health needs, and</li> <li>• identify resources potentially available to address those health needs.</li> </ul>	<p>Community health assessment (CHA) must:</p> <ul style="list-style-type: none"> <li>• describe the health and demographics of the population,</li> <li>• identify areas for health improvement,</li> <li>• identify contributing factors that impact health outcomes, and</li> <li>• identify community assets and resources that can be mobilized to improve population health.</li> </ul>
<b>Definition of “community”</b>	<p>In defining community, hospitals may take into account the geographic area served by the hospital, target population(s) served, and principal functions of the hospital facility (for example, a focus on a particular specialty area or targeted disease).</p>	<p>The community is defined as the jurisdiction served by the LHD.</p>
<b>Timeline</b>	<p>CHNAs and implementation strategies (ISs) must be completed every three years, effective for taxable years beginning after March 23, 2012. Hospitals must provide information annually to the IRS on how they are addressing the significant health needs identified in their CHNAs.</p>	<p>CHAs and community health improvement plans (CHIPs) must be completed at least every five years.</p>
<b>Collaboration and partnership</b>	<p>CHNAs must include input from persons who represent the broad interests of the community including:</p> <ul style="list-style-type: none"> <li>• those with special knowledge or expertise in public health and</li> <li>• members of underserved, low-income, and minority populations.</li> </ul> <p>CHNAs may be conducted in collaboration with other organizations including governmental departments (such as state or local health departments) and nonprofit organizations.</p>	<p>Partnerships with other organizations outside of the health department are required in conducting the CHA and CHIP and documentation of the following must be provided:</p> <ul style="list-style-type: none"> <li>• partners outside of the LHD that represent community populations and a variety of state and local community sectors,</li> <li>• partner representation from two or more populations that are at a higher health risk or have poorer health outcomes than other populations, and</li> <li>• regular meetings or communications with partners.</li> </ul>
<b>Solicitation of input and feedback</b>	<p>Hospitals must solicit and take into account written comments received on their most recently conducted CHNA and implementation strategy.</p>	<p>Preliminary findings of the CHA and CHIP must be distributed to the community at large and community input must be sought.</p>
<b>Use of model or template</b>	<p>No specific model or template is required.</p>	<p>While no specific model or template is required, PHAB has identified national and state-based models and resources that can be used to guide the collaborative planning and implementation process for the CHA and CHIP (see Appendix for examples on page 26).</p>

Requirement	Hospitals	Local health departments (LHDs)
<b>Public availability and accessibility</b>	CHNA report must be made widely available to the public and must be: <ul style="list-style-type: none"> <li>• posted on a website, and</li> <li>• made available as a paper copy upon request and without charge.</li> </ul>	LHDs must document how they inform partners, stakeholders, other agencies, associations, and organizations of the availability of the CHA and how it communicates the CHA findings to the public.
<b>Prioritization process</b>	Hospitals may use any criteria to prioritize the significant health needs identified in the CHNA, including, but not limited to: <ul style="list-style-type: none"> <li>• the burden, scope, severity, or urgency of the health need,</li> <li>• the estimated feasibility and effectiveness of possible interventions,</li> <li>• the health disparities associated with the need, and</li> <li>• the importance the community places on addressing the need.</li> </ul>	LHDs must have a process to set health priorities. Many of the suggested models/templates in the PHAB guidance contain a process for prioritization.
<b>Multiple determinants of health</b>	Health needs of a community identified in the CHNA may include the need to address financial and other barriers to accessing care, to prevent illness, to ensure adequate nutrition, or to address social, behavioral, and environmental factors that influence health in the community.	CHA must include a discussion of the contributing causes of the health challenges of the community including the social determinants of health.
<b>Implementation</b>	The IS must be a written plan that: <ul style="list-style-type: none"> <li>• describes the actions the hospital facility intends to take to address the identified health need and the anticipated impact of the hospital's actions</li> <li>• identifies the resources the hospital facility plans to commit to address the health need, and</li> <li>• describes planned collaboration between the hospital and other organizations in addressing the health need, and/or</li> <li>• identifies why a hospital does not intend to address an identified health need.</li> </ul>	The CHIP must be developed collaboratively and should describe how the health department and the community it serves will work together to improve the health of the population of the jurisdiction that the health department serves. The CHIP must include: <ul style="list-style-type: none"> <li>• desired measurable outcomes or indicators of health improvement and priorities for action, which includes community health priorities, measurable objectives and improvement strategies and activities with time-framed targets that were determined in the community planning process. Improvement strategies can be evidence-based, practice-based, promising practices or may be innovative to meet the needs of the community health priorities.</li> <li>• policy changes needed to accomplish the identified health objectives, which must include those that are adopted to alleviate the identified causes of health inequity, and</li> <li>• designation of individuals and organizations that have accepted responsibility for implementing strategies outlined in the community health improvement plan.</li> </ul>
<b>Alignment with state and national priorities</b>	No mention in the hospital requirements.	LHDs must demonstrate that they considered both national and state health improvement priorities where they have been established such as Healthy People 2020 and the National Prevention Strategy.
<b>Evaluation</b>	The CHNA must include an evaluation of the impact of any actions that were taken since the hospital finished conducting its immediately preceding CHNA to address the significant health needs identified in the hospital facility's prior CHNA(s).	LHDs must provide a tracking process of actions taken toward the implementation of the CHIP, as well as documentation of areas of the plan implemented by the LHD and/or its partners. This also includes tracking the status of the effort or results of actions that have been taken.  LHDs must provide an annual report on the progress made in implementing strategies in the CHIP and must document that the health improvement plan has been reviewed and revised as necessary based on the report.

For citations to the information in the chart, see page 5 of the HPIO publication "Making the most of community health planning in Ohio: The role of hospitals and local health departments," available at <http://bit.ly/1c0eB8h>