



COMMUNITY HEALTH NEEDS ASSESSMENT & HEALTH IMPROVEMENT PLANNING (CHNA&HIP) FREQUENTLY ASKED QUESTIONS

What is a Community Health Needs Assessment (CHNA) and Health Improvement Plan (HIP)?

A community health needs assessment and health improvement plan (CHNA & HIP) is comprised of an analysis of community health needs and assets and a set of priorities for taking action. The planning process requires community participation for making decisions and mobilizing support and resources.

Local boards of health, the entity responsible for public health matters within their jurisdictions, take the lead in conducting a CHNA & HIP process and in securing commitment for collaboration among diverse stakeholder groups. To meet Public Health Accreditation Board Standards and Measures for national accreditation, local boards of health must complete a CHNA & HIP **within** the last 5 years from the date of the accreditation application. See www.phaboard.org/accreditation-process/public-health-department-standards-and-measures/ (Domains 1 and 5) for complete standards and measures.

Internal Revenue Service (IRS) rules for tax-exempt hospitals require completing a CHNA every 3 years. After conducting a CHNA, hospital governing bodies are required to approve an implementation strategy (improvement plan). Other requirements include making the plan widely available and involving one state, local, or regional governmental health department and persons representing members of the medically underserved, low-income, and minority populations; and populations with chronic disease. See <https://federalregister.gov/a/2014-30525> for the complete regulations.

How is the CHNA & HIP report to IDPH different from the CHNA & HIP process?

A CHNA & HIP report to the Iowa Department of Public Health (IDPH) only calls for local boards of health to report on the **results** of their comprehensive CHNA & community-wide HIP. That is, local boards of health report on the needs identified in their CHNA and the goals, strategies, responsible parties, and timelines from their HIP. The IRS and the Public Health Accreditation Board Standards and Measures require additional documentation about the **process** used to complete the CHNA & HIP.

Thus, local boards of health are encouraged to document the process they used for the CHNA & HIP, but do not need to submit this documentation to IDPH. In the case where the local board of health and the hospital(s) in their community work together to produce a **joint** CHNA & HIP, only the hospital(s) must submit documentation of the process to the IRS to meet IRS requirements. Local boards of health use documentation of the process to show evidence of meeting Public Health Accreditation Board Standards and Measures. See Domains 1 and 5 on www.phaboard.org/accreditation-process/public-health-department-standards-and-measures/.

Where do communities get county health data?

Access to county health data can be found on the Iowa Public Health Data Tracking Portal:

<https://pht.idph.state.ia.us/Pages/default.aspx> and the Community Commons website:

<http://assessment.communitycommons.org/CHNA/>. Links to additional data resources such as cancer incidence and death data, profiles of prenatal health, and data resources for violence and falls are posted on the CHNA & HIP web page on the IDPH website:

<http://idph.iowa.gov/chnahip>. Local data may be available through such community stakeholder groups as schools, law enforcement, and human service agencies.



How can a hospital find out about the public health CHNA & HIP process and results for its catchment area?

Contact the county public health agency (ies) to find out about results for the catchment area. For county contact information, go to the Bureau of Local Planning Health Services on the IDPH website <http://idph.iowa.gov/lphs> and click on the Local Public Health Agency List.

My hospital catchment area includes more than one county OR my county has more than one hospital, what do I do?

IDPH encourages the local board of health to work with all the hospitals in their areas. Counties also have the option of working together with other counties to submit a CHNA & HIP report to IDPH. When working together with multiple counties, local boards of health should gather county-specific information that can be pooled for the joint CHNA & HIP. However, this county-specific information should be maintained at the individual county level for use in private, state, or federal funding applications that may only be available to individual counties. Local boards of health may submit a single report to IDPH for multiple counties; however, the HIP must include goals and strategies for each of the counties.

Federal requirements also encourage collaboration: “Treasury and the IRS intend to allow a hospital organization to base a CHNA on information collected by other organizations, such as a public health agency or non-profit organization. Treasury and the IRS also intend to allow a hospital organization to conduct a CHNA in collaboration with other organizations, including related organizations, other hospital organizations, for-profit and government hospitals, and state and local agencies, such as public health departments.” However, each hospital must submit a separate report on the joint process to the IRS. <https://federalregister.gov/a/2014-30525>

Local boards of health have to report identified needs from their CHNA and plans to address them in their HIP every 5 years (to IDPH) and the hospital has to do one every 3 years. How can these be coordinated over time to avoid duplication locally?

Local boards of health will continue to report to IDPH on a CHNA & HIP every five years. IDPH encourages hospitals and local boards of health to work together in completing a **joint, comprehensive** CHNA and a **community-wide** HIP. Communities in which the local boards of health collaborate with the hospital(s) to develop a **joint** CHNA & HIP may use this information in completing the report to IDPH. An additional assessment and health improvement plan will not be required.

Example of Joint Hospital and Local Board of Health CHNA & HIP:

In 2012, a local hospital in County X worked with the local board of health in County X to develop a joint comprehensive CHNA and community-wide HIP. The CHNA & HIP covered the three-year period from 2013-2015 and included goals and strategies for both the hospital and the local board of health. The hospital used the joint CHNA & HIP to submit its three-year CHNA and required implementation plan to the IRS. Since a CHNA & HIP report to IDPH from the local board of health is not due until 2016, the local board of health did not submit a report on the 2012 joint CHNA & HIP to IDPH. In 2015, the hospital and local board of health again will work together to develop a joint CHNA and community-wide HIP. The CHNA & HIP will cover the three-year period from 2016-2018. The hospital again uses the joint CHNA & HIP to fulfill its IRS requirement for a CHNA and implementation plan. The local board of health also can use the 2015 joint CHNA & HIP to complete the 2016 required report to IDPH.

The key for local boards of health is to use the most recent joint CHNA & HIP to complete reports to IDPH.



Example: Timeline for Using a Joint Local Public Health & Hospital CHNA & HIP Process		
Joint CHNA & HIP Completed by Hospital and Local Board of Health	Local Board of Health Report due to IDPH	Joint CHNA & HIP to be used for the Report to IDPH
2012	N/A	
2015	2016	2015
2018	N/A	
2021	2021	2018 or 2021

Where can communities go to get help with the community meetings and facilitation for the group process?

A facilitator/consultant from the immediate vicinity can offer support or guidance throughout the assessment and planning process. Examples include staff from Iowa State University Extension Service, United Way, and community colleges.

What does a community needs assessment document look like? Is there a model?

The National Association of County & City Health Officers (NACCHO) online resource center www.naccho.org/topics/infrastructure/chaip/chachip-online-resource-center.cfm provides examples, tools, and resources for completing the general steps in a community health improvement process including examples of high-quality community needs assessment and health improvement plan documents.

As a small community, we cannot manage the Mobilizing for Action through Planning and Partnerships (MAPP) or Association for Community Health Improvement (ACHI) models for community planning. What model for small and rural places can be used?

Regardless of its detail and comprehensiveness, a plan requires a few basic steps which can be found on the CHNA & HIP website.

The Healthy People 2020 website contains Map-It, an easy-to-follow model: www.healthypeople.gov/2020/implement/mapit.aspx

A publication specially designed to help not-for-profit health care agencies improve the health of their communities through community benefits programs is *Assessing & Addressing Community Health Needs* developed by the Catholic Health Association of the United States in cooperation with VHA Inc. and the Healthy Communities Institute: www.chausa.org/communitybenefit/printed-resources/assessing-and-addressing-community-health-needs

FOR ADDITIONAL INFORMATION

Visit the CHNA & HIP website: <http://idph.iowa.gov/chnahip>

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