Catholic Health Association of the United States

A Passionate Voice for Compassionate Care

July 20, 2011

Tanya Popovic, M.D., Ph.D., F (AMM), AM (AAFS)
Deputy Associate Director for Science
Centers for Disease Control and Prevention

Dear Dr. Popovic:

The Catholic Health Association of the United States—representing Catholic-sponsored health care organizations, their systems and sponsors—is pleased to submit comments on the Center for Disease Control and Prevention's (CDC) conference on Community Health Needs Assessment (CHNA) Best Practice Guidelines, July 11 – 13, 2011.

Since 1989, CHA has provided resources to help not-for-profit health care organizations plan and report community benefit programs. These are activities directed at increasing access to health care services and improving community health. Our extensive efforts over the last 20 years to improve community benefit programs and our long standing partnerships with national and state organizations have established CHA as a nationally recognized leader in this area. CHA's work has been used to shape community benefit policy at the local, state and federal levels. Over the years, when questions of hospital tax-exemption have been debated in Congress, our leaders have been asked to meet with and to testify before lawmakers to help them understand how hospitals assess and address the needs of their communities and how hospitals are accountable for their tax-exempt status.

Our work on reporting community benefit served as the foundation for the Internal Revenue Service's (IRS) Form 990, Schedule H, the federal form hospitals use to disclose community benefit information. Over the past year, we have worked with national hospital organizations, public health experts and community advocates to develop more detailed guidelines for assessing and addressing community health needs (see attachment). We hope this work, too, will be helpful to the IRS as it implements the Affordable Care Act requirements for tax-exempt hospitals.

In light of our experience and expertise in community benefit and community health needs assessment, we wish to make four points relative to the conference and its materials:

A hospital's mission is the basis for addressing community need
First, not-for-profit hospitals assess their communities' needs and plan how to address those needs because of their mission and tradition of service rather than to be in compliance with federal or state tax exemption requirements. Responding to community need is part of their history and the cornerstone of their mission.

Take for example a hospital in Galveston, Texas, started when three religious sisters arrived to care for the victims of smallpox and yellow fever. Today, the executive and board leaders of that hospital ask: If those sisters were here today, what would they see and what would they do? These questions are at the heart of community health need assessments and implementation strategies.

1875 Eye Street NW, Ste. 1000 Washington, DC 20006 *phone* 202.296.3993 *fax* 202.296.3997 **www.chausa.org**

Federal guidance should not divert hospitals' attention away from their mission by requiring them to undertake unnecessary steps to ensure compliance with complex rules. Federal guidance should not require organizations to use a rigid process-oriented approach that could add significant time and cost to the assessment process, decreasing resources available for carrying out community health improvement activities.

One size will not fit all

Second, America's communities and its hospitals and health departments are diverse, with different experiences and human and financial resources for assessing and addressing community health needs. We believe there is no single, standardized way all community health needs assessments could or should be conducted.

In our study of community health needs assessment, we discovered that there are a variety of ways to competently assess community needs. We believe that the diversity of ways that communities approach community health needs assessment and planning strategies should be encouraged.

We strongly advise against federal rules directing all hospitals, communities and health departments to assess community health needs using the same model.

The "domains of best practice" drafted for the CDC should not become federal guidance

Third, we are concerned about the "domains of best practice" prepared in advance of this meeting and used as an agenda for the meeting. We are concerned that they will form the basis of CDC recommendations to IRS. The domains appear to be based on theoretical concepts that organizations and communities may find difficult to implement in real world situations. We believe that attempts to apply concepts such as *shared ownership and investment, formal legally binding agreements, and local and regional oversight bodies* may divert scarce resources to process and administration at the expense of actual assessment and implementation efforts. We suggest that evidence be provided to confirm that these are indeed practical and best practices.

We caution against mandating that all assessments meet structure/process-oriented "best practices" and recommend focusing on the goal of the assessment: improving community health.

IRS, not CDC, has authority over the ACA provisions on community health needs assessments

Fourth, we are concerned that CDC is assuming a significant role in the interpretation and oversight of the Affordable Care Act provisions related to hospital tax exemption, specifically around community health needs assessment. We believe that IRS, not CDC, is the agency with sole authority in this area.

We agree with the high level approach taken in IRS's recent notice (2011-52) regarding the community health needs assessment requirements for tax-exempt hospitals. We believe the notice is correct in calling for public reporting of how a hospital describes its community, conducts its assessment and prioritizes community health needs. This public reporting will encourage local oversight, which is where we believe oversight will be most effective, and allow local communities to evaluate the assessment and engage in the assessment process.

We are concerned that CDC is promoting a different approach, one with rigid requirements for data collection, collaboration and other aspects of assessment. It has also been suggested that CDC serve as a clearinghouse or have an approval function over hospital community needs assessments. We believe these are not appropriate roles for CDC. Over the years CDC has offered valuable technical assistance in

the areas of community health improvement and community assessment. That is the appropriate role for CDC, not enforcement of tax law.

> *We believe that CDC should not assume an oversight role for community health needs assessments.*

CDC Conference

We also would like to express some concerns about the conference that discussed these best practices.

- Given our long history of working with hospitals, national organizations and policymakers to improve community benefit processes, we requested an opportunity to present our learnings and recommendations on community health needs assessment at the conference. We were very disappointed when the meeting organizers declined our offer, citing limited time, despite having an agenda with thirteen panels over the course of three days. As the CDC moves forward in this area we urge them to take advantage of the expertise and experience of *all* organizations that have been working in this area for many years, and that are recognized as national leaders. This will improve the content of their work and help build relationships that can move that work forward into the field.

- It was evident that the outcome of the meeting had been predetermined. An opening speaker announced that his report commissioned by CDC on the best practices for community health need assessment was nearly complete. We were under the impression that the conference was intended to gather information to inform such reports. In addition, the moderator, while describing the meeting as a dialogue, limited audience participants to only one minute of comment. As noted in the point above, we feel a critical factor in the CDC's success in improving community health needs assessment will be engagement and relationship building with key stakeholders. This involves making a good faith effort to listen to and understand their viewpoints.

- Throughout the meeting, there were a considerable number of negative comments about hospitals, including several from the CDC conference moderator. These included a statement that most existing community health needs assessments are inadequate, and a suggestion that hospitals will do the minimum in order to avoid a fine. We believe that these points are not true and that such statements are not constructive. The goal of the discussion should have been to understand how community health needs assessments are conducted – what works and what doesn't – and to find feasible, effective ways they can be improved. We hope the CDC takes efforts in the future to foster constructive dialogue that is informed by facts rather than opinion, and encourages all to participate.

Summary

In summary, the Catholic Health Association has serious concerns about CDC's actions relative to the Affordable Care Act provisions on community health need assessment. The CDC meeting on assessment ignored the input of organizations most knowledgeable about hospital community benefit and tried to orchestrate its outcome. The meeting tried to portray the state of hospital community health need assessment as inadequate - this is not true.

Hospitals are creative and resourceful when it comes to assessing and addressing community health need. The assessment process used in New Orleans following the hurricane was, by necessity, vastly different from assessments in small, stable, rural communities. The "best practices" being proposed by CDC for hospital community health need assessment will not work for many and probably most communities. These "best practices" should not be put forward as a model for hospitals and communities.

We endorse the approach being taken by the IRS which calls for transparency and collaboration. This is the right guidance to give to hospitals as they implement the ACA provisions on community health need assessment and continue their mission of responding to community need.

Sincerely,

Sr. Carol Keehan, DC
President and Chief Executive Officer

cc: HHS Secretary Sebelius
CMS Administrator Berwick
CDC Director Thomas Frieden, MD
CDC Associate Director Office of Science Harold Jaffe, MD
IRS Commissioner, Tax Exempt and Government Entities Division, Sarah Hall Ingram

Attachment
Catholic Health Association of the United States
Elements in Community Health Needs Assessments and Implementation Strategies

Assessing and Addressing Community Health Needs, a new CHA resource, describes a variety of ways hospitals may conduct community health needs assessments and develop implementation strategies. The approach taken may depend on the size of the hospital, the size and makeup of the community, the existence of a current valid assessment, and the presence of on-going community assessment efforts.

Following are common elements of health needs assessments and implementation strategies described in this book. Please note that as of publication of this resource, federal guidance has not been issued on what constitutes compliance with community health needs assessment and implementation strategy provisions of the Affordable Care Act. Therefore these elements should not be considered guidance for meeting legal requirements.

Community Health Needs Assessment (CHNA)

Provisions in the Affordable Care Act - Hospital facility:

- ✓ Conducts a CHNA at least every three years
- ✓ Takes into account input from persons who represent the broad interests of the community
- ✓ Takes into account input from persons with special knowledge of or expertise in public health
- ✓ Makes the CHNA widely available to the public

Common Elements - Hospital facility:

Process

- ✓ When possible, conducts the assessment in collaboration with other hospitals and/or community partners
- ✓ Forms assessment team/advisory committee that include key staff within the organization and community representatives
- ✓ Collects community input using one or more of the following methods: community forums, focus groups, interviews, and/or surveys
- ✓ Seeks community input that reflects the racial, ethnic and economic diversity of the community
- ✓ Analyzes data collected and reviewed using comparisons with other communities and with federal or state benchmarks and, when available, trends within the community

Content

- ✓ Defines its community to include primary and secondary service areas and the types of patients the hospital serves (age, gender, conditions treated)
- ✓ Bases the assessment on review of public health data collected by government agencies and other authoritative sources
- ✓ Includes the following types of information: demographics (age, income, race) health indicators (leading causes of death and hospitalization), health risk factors (tobacco use, obesity), access to healthcare (rates of uninsured, availability of primary care), and social determinants of health (education, environmental quality, housing)

Reporting

- ✓ Develops a summary of the CHNA that includes:
    - o Definition of the community
    - o Description of how the assessment was conducted

  - Who the organization worked with (identified by community affiliation and public health expertise)
  - Health needs identified
- ✓ Makes a summary of the assessment available on its website, upon request, and in other ways to ensure public availability

Priority Setting

Common Elements - Hospital facility:

- ✓ Establishes criteria for determining priorities
- ✓ Validates priorities with community input
- ✓ Uses knowledge of community assets in determining priorities
- ✓ Identifies from three to ten priorities
- ✓ Documents how priorities were identified and who was involved in setting priorities

Implementation Strategy

Provisions in the Affordable Care Act - Hospital facility:

- ✓ Adopts an implementation strategy to meet community needs identified in the CHNA
- ✓ Describes how it is addressing needs identified in the CHNA
- ✓ Describes any needs identified in the CHNA that are not being addressed and the reasons for not addressing them

Common Elements - Hospital facility:

Process

- ✓ Has the implementation strategy approved by the governing board
- ✓ Coordinates hospital and community strategies are to ensure that most effective use of resources.
- ✓ Updates the implementation strategy upon major changes in community health status and at least every three years

Content

- ✓ Gives priority to persons who are low-income and disadvantaged
- ✓ Builds on existing programs and other community assets when possible
- ✓ For each prioritized need, identifies the goal to be achieved, measurable objectives(s), indicators for determining whether objectives were met, and a evaluation measures

Reporting

- ✓ Develops a written summary of the implementation strategy that includes:
  - Target areas and populations
  - Description of how the implementation strategy was developed
  - Major health needs and how priorities were determined
  - Description of what the organization will do to address the prioritized needs
  - Needs not being addressed and the reasons

Assessing and Addressing Community Health Needs can be accessed at the CHA website at www.chausa.org/assessplanresources