



CHNA and CHIP Accountability and Reporting: Beyond the Checkbox

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My Perspective

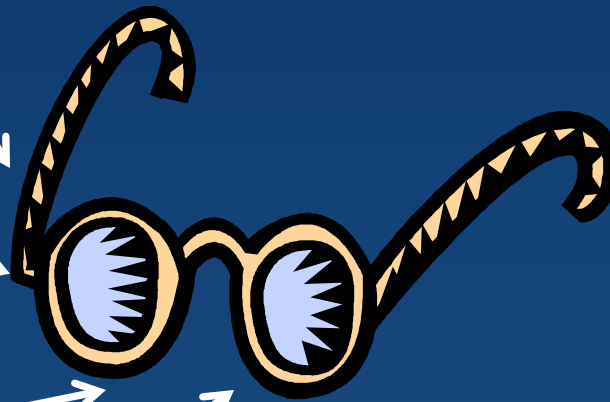
Public Health and
Population Health

Non-government
organization

Rural state

Data-oriented

My vision

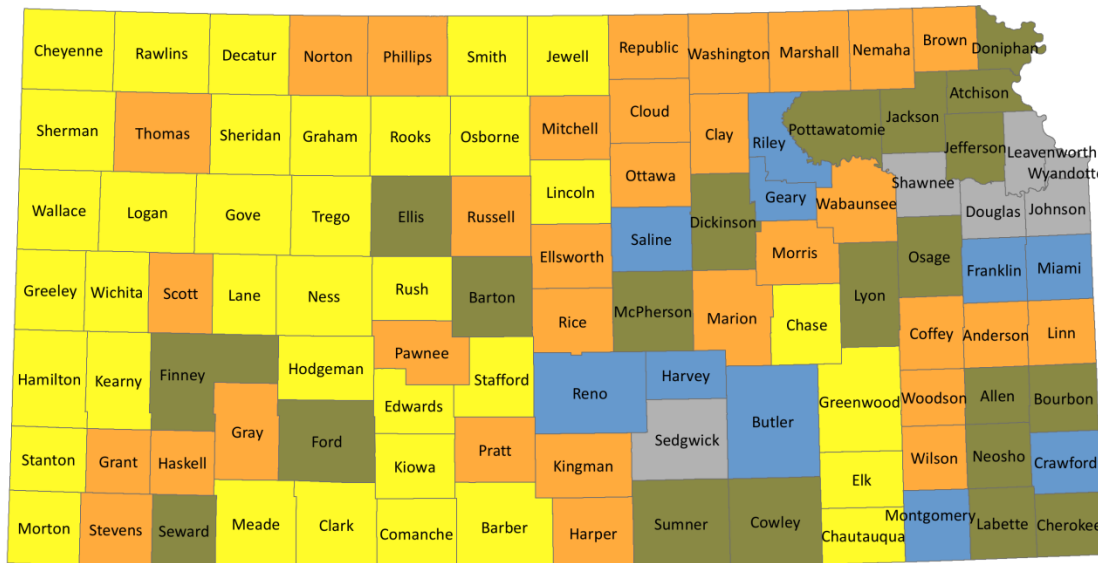




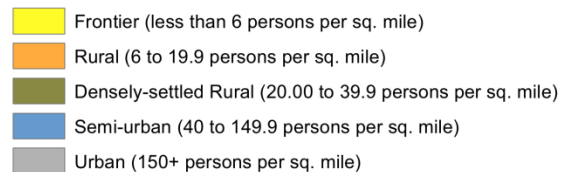
Kansas in a Nutshell

2010 Population Density Peer Groups for Kansas Counties

For more information, see <http://www.socwel.ku.edu/occ/viewProject.asp?ID=76>



Population Density Peer Group



- Over 50 % of population lives in 5 urban counties
- Less than 50% of population lives in 100 non-urban counties



- 128 community hospitals
- Only 9 counties do NOT have hospital
- 26 counties (incl. many rural) have more than 1 hospital
- 105 counties = 105 local BOH
- 100 LHDs, serving all counties



In a Rural State with Multitude of Hospitals and LHDs:

- Top-down, hierarchical process will not work
 - Home ruling is strong value
- Multiple agencies in same small community competing for:
 - Scarce resources
 - Attention from common stakeholders
 - Attention from common target audience(s)
- Local data not easily available



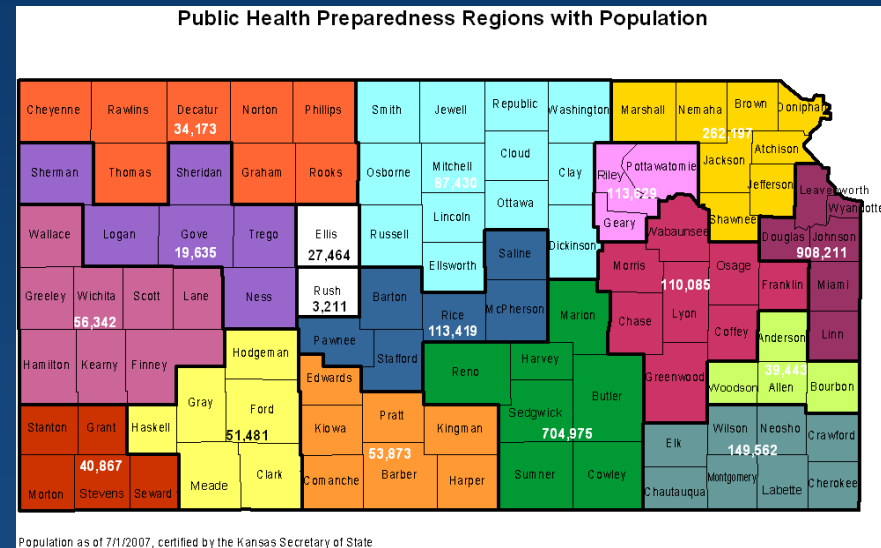
Kansas Strategies



Shared ownership

+

Regional cooperation



Partnership of Common Challenges

In March 2011, the Kansas Hospital Association and the Kansas Association of Local Health Departments signed a joint resolution that *encourages local health departments and hospitals to work together* in conducting CHNA and CHIP.



Resolution on Community Health Needs Assessment

WHEREAS, Kansas health care advocates and providers want to ensure the health needs of all Kansans are met; and

WHEREAS, Kansas health advocates and providers want to work in cooperation to efficiently and effectively improve the health of Kansans; and

WHEREAS, the Patient Protection and Affordable Care Act requires nonprofit hospitals to complete a periodic community health care needs assessment and to implement strategies that lead to demonstrable improvement in the local health-related situation; and

WHEREAS, local health departments are preparing to conduct community health assessments and improvement plans for meeting public health accreditation requirements; therefore be it

RESOLVED, that the Kansas Hospital Association and the Kansas Association of Local Health Departments, hereby are working in collaboration on Community Health Needs Assessments; and be it further

RESOLVED, that this group will research, review and recommend options and strategies that will assist hospitals in meeting the community needs requirements of the Affordable Care Act; and be it further

RESOLVED, that this group will research and review options and strategies that will assist local health departments in meeting accreditation requirements; and be it further

RESOLVED, that this group will recommend collaborative approaches in which communities will be able to do assessments that address both health department and hospital needs, as well as take into account the needs and requirements of all organizations focused on the health of Kansans.

A handwritten signature in black ink that reads 'Tom Bell'.

Tom Bell, KHA President and CEO

3-10-11
Date

A handwritten signature in black ink that reads 'Lindsay Payer'.

Lindsay Payer, KALHD President

3-15-11
Date



A Possible Solution...

The “C” Word!



A Possible Solution...

The “C” Word!

Consolidation



A Possible Solution (Or Not...)

The “C” Word!

Consolidation





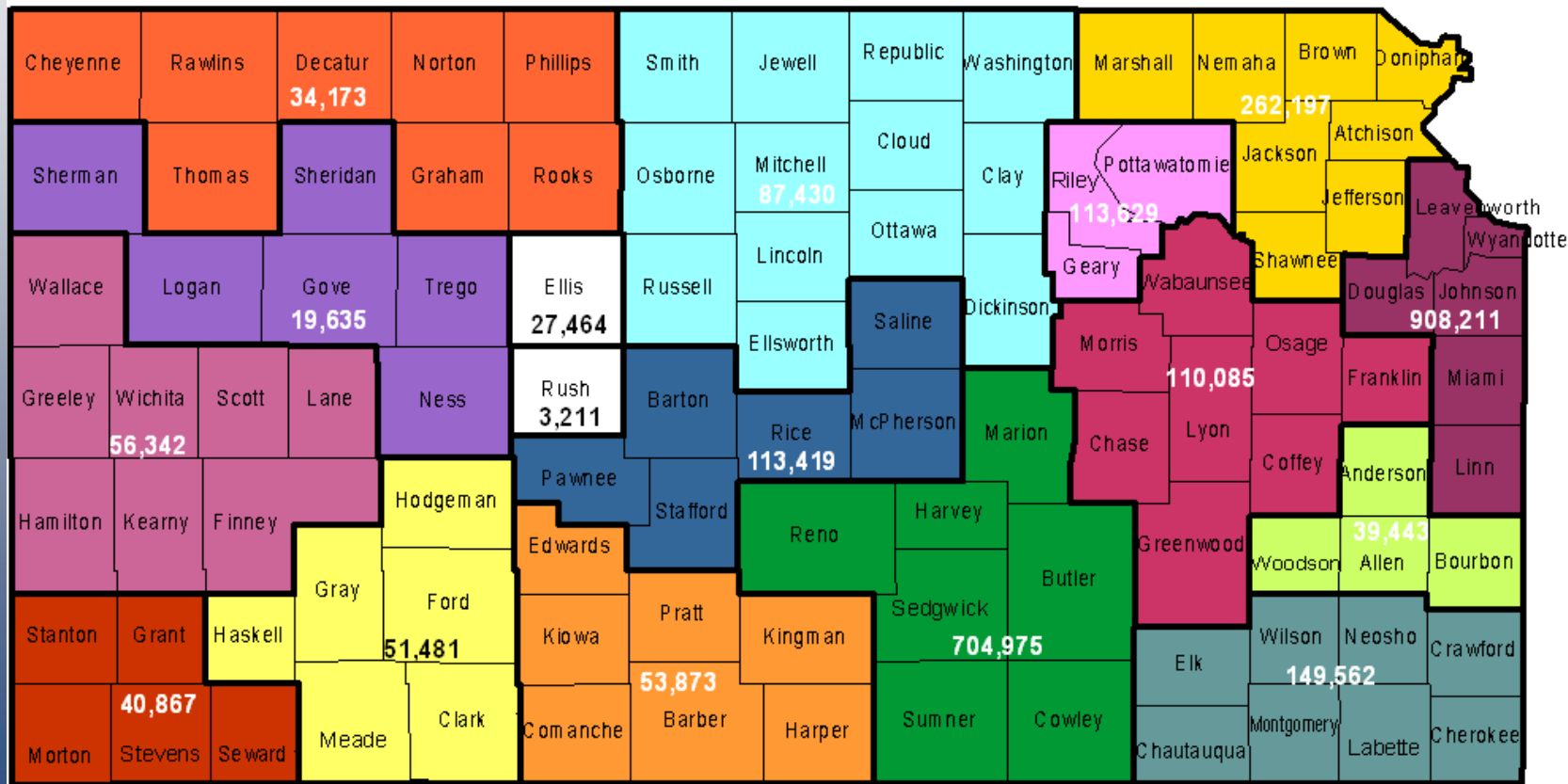
An Alternative Solution: Regional Cooperation

- Since 2002
- Voluntary
- You pick your partners
- At least 3 contiguous counties
- Inter-local agreement
 - Approved by County Commissions
 - Filed with Attorney General
- Governance
 - Each county has one member on regional Board
 - This is NOT consolidation!



15 Regions, 103/105 counties

Public Health Preparedness Regions with Population





A Regional CHNA?

- Kansas regional teams exploring this option
- Some components of CHNA-CHIP more appropriate locally
- Regional cooperation may be used to enhance local efforts:
 - Compare data
 - Identify common issues
 - Share resources
 - Develop common plans
 - Develop shared communication tools



Implications for Accountability



The “Check the Box” Accountability

Schedule H (Form 990) 2010

Page **4**

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: _____

Line Number of Hospital Facility (from Schedule H, Part V, Section A): _____

Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)

- 1** During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8

1

If “Yes,” indicate what the Needs Assessment describes (check all that apply):

- a** ☐ A definition of the community served by the hospital facility
- b** ☐ Demographics of the community
- c** ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- d** ☐ How data was obtained
- e** ☐ The health needs of the community
- f** ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- g** ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs
- h** ☐ The process for consulting with persons representing the community's interests
- i** ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs
- j** ☐ Other (describe in Part VI)

Yes No



Beyond the Checkbox

- Shared ownership = shared interest to succeed
- Make process public and transparent
- Provide tools to maximize success
 - Performance management tools assist in ongoing monitoring of progress

► COMMUNITY SNAPSHOT

[View the Legend](#)



[Adult
Smoking](#)



[Obese
Adults](#)



[High Blood
Pressure](#)



[Early
Prenatal
Care](#)



[Teen
Alcohol Use](#)



[Overweight
or Obese
Teens](#)



When Everybody is Responsible, Who is Accountable?

- Shared ownership does not negate individual responsibilities
 - Accountability needs to be built at multiple levels
- Transfer CHIP into individual strategic plans
 - Each agency/partner accountable for portions of CHIP included in their strategic plan



Implications for Communication



The “Check the Box” Communication

5 Did the hospital facility make its Needs Assessment widely available to the public?

If “Yes,” indicate how the Needs Assessment was made widely available (check all that apply):

- a** ☐ Hospital facility's website
- b** ☐ Available upon request from the hospital facility
- c** ☐ Other (describe in Part VI)

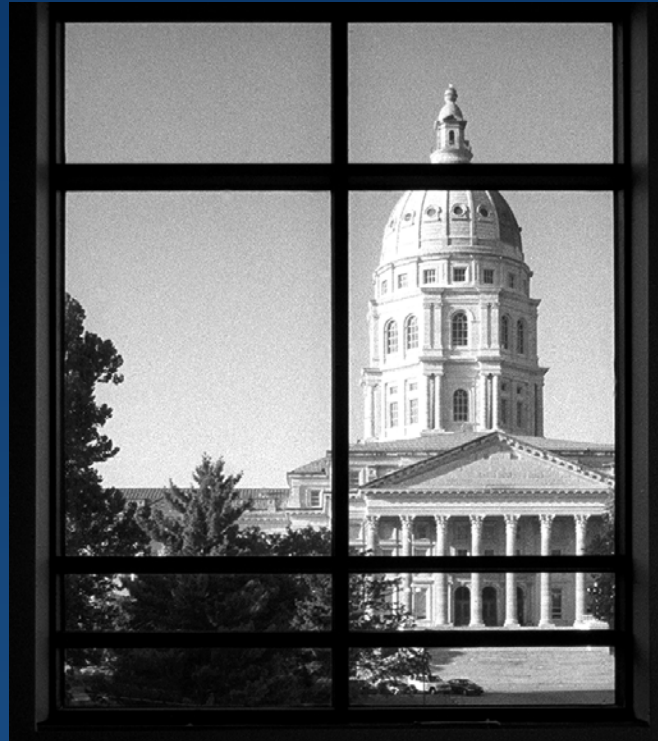


Beyond the Checkbox

- Effective communication is a tricky science/art
 - Engage professional resources if possible
- Identify target audiences
 - Each may require separate communication strategy and tools
- Develop communication plan
 - As important as developing a CHIP
 - Engage community, stakeholders
 - Role of elected officials
- Keep communication flowing throughout implementation phase



Kansas Health Institute



Information for policy makers. Health for Kansans.