Reviewing the Community Health Needs Assessment (CHNA)
Initial Questions to Consider

Non-profit hospitals have obligations to provide benefits to the communities they serve—community benefit—that improve access to care and community health. Provisions in the Affordable Care Act (ACA) formalize the process hospitals must use to structure their community benefit work. The ACA requires non-profit hospitals to conduct community health need assessments (CHNAs) and to adopt implementation strategies (IS) that respond to needs identified through the CHNA.

The final rules require non-profit hospitals to conduct a CHNA at least every three years and to make it widely available. The majority of non-profit hospitals complied with the 2013 proposed rules and has completed their first round of CHNAs. This means that most are gearing up to complete their next round in 2015/2016, depending upon their fiscal tax year.

The CHNA report should include:

- A definition of the community served by the hospital and a description of how the community was determined.
- A description of the process and methods used to conduct the assessment:
  - The data and other information used in the assessment
  - Methods of collecting and analyzing this data and information
  - Any parties with whom the hospital collaborated with or contracted for assistance
- A description of how the hospital took into account input from people who represent the broad interests of the community it serves. More specifically, the CHNA report should:
  - Summarize the input of these people and how and over what time period such input was provided
  - Provide the names of organizations providing input and summarize the nature and extent of the organizations’ input
  - Describe the medically underserved, low-income, or minority populations being represented by organizations or individuals providing input
- A prioritized description of the significant community health needs identified through the CHNA, including a description of the process and criteria used in identifying certain health needs as significant and prioritizing such significant health needs.
- A description of the potential measures and resources identified through the CHNA to address the significant health needs.
- Comments and feedback from the previous CHNA process.
Hospital CHNAs and ISs will vary in size and scope, but can provide valuable insight into the challenges a community is facing, the hospital’s approach to health and wellness, and ways the hospital’s priorities align with your organization’s priorities. Reviewing the documents may also reveal gaps in the hospital’s analysis, community engagement strategies, or awareness of key issues your organization has encountered.

This document suggests initial questions you might use to guide a first review of a hospital’s process. Be sure to track unanswered questions so you can ask them in follow-up meetings with the hospital.

**Locating the Community Health Needs Assessment (CHNA) and Understanding the Hospital Organization**

- Were you able to easily find the CHNA report on the website that is done every three years? (Typing “community benefit” or “CHNA” into search function usually works.) If you couldn’t find it on the website, call the hospital to ask where you can get a copy. Recommended areas to search include Community Benefit, Mission, Marketing, or Government Affairs.
- Were there other previous CHNAs provided? From what years? (Remember, they are required to post the current and previous two CHNAs conducted on their website and make them available upon request).
- Who is the responsible hospital staff member who conducted the CHNA process? What department does that person work in? Does s/he have authority to commit hospital resources?
- Can you locate the board members or other authorized body who approved the CHNA?
- Do you or someone from your coalition know any of those members personally?
- Who else do you know at the hospital who can provide insight?

**How is the community defined?**

- How did the hospital define its community? What communities/neighborhoods does the report include? Is anyone excluded?
- What characteristics strike you about the community selected? (You may want to link to poverty rates, health disparities, etc.)

**How are community needs assessed?**

- How did the hospital define the term “health or community needs?”
- Was a community committee developed to conduct the CHNA process? Who was represented on this committee?
- What process did the hospital use to take required input from “people who represent the broad interests of the community served by the hospital, including those with special
knowledge of vulnerable communities?” This means, how did they collect information? Was it through:

- stakeholder interviews
- community forums
- surveys
- secondary sources (like existing needs assessments, census data, etc.)
- other sources
- Were the community data collection tools (surveys, etc.) provided to the community in the languages spoken among its residents?
- Who was missing from this process? Who should have been included?
- Was there a public health person representing a source of data?

**How are needs prioritized?**

- How did the hospital determine which needs they were going to address in their Implementation Strategy?
- What needs did they choose to address? What needs did they choose not to address and why?

**Implementation Plan** (updated every year)

- Were you able to locate the Implementation Strategy (IS)? (Note: the IS gets filed on the IRS Form 990, but that means a delay in when they might have it available.) If not, call the hospital and request it from them.
- What is the identified impact of the plan?
- What programs/resources does the hospital plan to implement to address the health need(s)?
- Does the plan identify partners to work with to address the need(s)? Who are they? Who is missing?
- How will the hospital evaluate its progress? Are there opportunities to provide feedback as they move forward or to assist in the implementation? The final IRS rules require hospitals to provide a section on future CHNAs (after 2015/2016) on evaluation, addressing how they met the goals set out in the Implementation Strategy.

**Final Questions**

- What do you think the hospital did well in this CHNA?
- Where do you think they did not do well?
- What could have been improved?
- What opportunities do you see to work with the hospital on implementation? On community engagement?

Answering these questions provides some background as you determine the next steps in meeting with hospital community benefit staff.

**You may also want to ask the hospital for copies of the following materials:**

| IRS Form 990 (non-profit) or state tax filings | Debt collection policies |
| Financial assistance policies | Community benefit reports |
| Financial assistance application forms | Audited financial statements |