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Accreditation intent, community health assessments, and local health department–hospital collaboration

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Accreditation intent, community health assessments, and local health department–hospital collaboration

Abstract

Background: Community health assessments (CHAs) are among the most core of activities conducted by local health departments (LHDs), and many LHDs have been conducting CHAs on a regular basis for years. More recently, completing a CHA has also become a prerequisite for LHDs seeking accreditation by the Public Health Accreditation Board (PHAB). Similarly, under the Affordable Care Act, tax-exempt hospitals are required to conduct periodic community health needs assessments. Opportunities thus exist for LHDs and tax-exempt hospitals to engage in collaborations related to CHAs. Yet, it remains unclear whether interest in PHAB accreditation provides incentive to LHDs to engage in collaborations with hospitals around community health assessment and improvement planning.

Methods: Using data from the 2013 National Association of County and City Health Officials (NACCHO) Profile study, LHD-hospital collaborations related to CHAs were examined, including characteristics of LHDs involved in such collaborations and the relationships between LHDs' level of engagement with accreditation activities and their involvement in collaborations with hospitals.

Results: LHDs that collaborate with hospitals on CHAs are larger, have higher total and per capita expenditures, and are more likely to be locally governed and to have a local board of health. Three PHAB pre-requisites—completion of a CHA, completion of a community health improvement plan, and completion of an agency-wide strategic plan within the previous 5 years—were all significantly correlated ($p < 0.01$) with LHD-hospital collaborations, suggesting that accreditation efforts may be a positive influence on collaborations.

Implications: Policymakers could provide incentive for voluntary accreditation to encourage greater collaboration between LHDs and hospitals around CHAs.

Keywords

Local health departments, tax-exempt hospitals, collaboration, accreditation, community health assessments

Cover Page Footnote

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Community health assessments (CHAs) are among the most core of activities conducted by local health departments (LHDs). Recently, completing a CHA has become a prerequisite for LHDs seeking accreditation by the Public Health Accreditation Board (PHAB). Under an Affordable Care Act mandate, tax-exempt hospitals are required to conduct a community health needs assessment (CHNA) every 3 years.[1] In doing so, hospitals are encouraged to consult with public health experts and often seek the technical expertise LHDs can provide.[2] Anecdotal evidence and published case studies suggest that collaborations between hospitals and LHDs are occurring in communities across the U.S.[3,4] Further, there is evidence that LHDs collaborating with hospitals on CHAs are more interested in pursuing accreditation.[5] Yet, it remains unclear whether interest in PHAB accreditation provides incentive for LHDs to collaborate with hospitals around CHAs and improvement planning.

Using data from the 2013 National Association of County and City Health Officials (NACCHO) Profile, LHD-hospital collaborations related to CHNA activities were examined, including characteristics of LHDs collaborating with tax-exempt hospitals on CHNAs and the relationships between LHDs' level of engagement with accreditation activities and their involvement in these collaborations. Findings suggest that LHDs collaborating with hospitals on CHNAs are larger, have higher total and per capita expenditures, and are more likely to be locally governed. Three PHAB pre-requisites—completion of a CHA, completion of a community health improvement plan (CHIP), and completion of strategic plan (SP) within the previous 5 years—were all significantly correlated ($p<0.01$) with LHD-hospital collaborations, suggesting that accreditation efforts may positively influence collaborations. Policymakers could provide incentive for voluntary accreditation to encourage greater LHD-hospital collaboration. Strengthening community benefit policies may also encourage greater engagement by hospitals with LHDs. Public health practitioners can leverage community health improvement efforts to facilitate greater collaboration between LHDs and hospitals.

METHODS

Data for this study came from the 2013 NACCHO Profile Study. In this survey of LHDs across the U.S., NACCHO asked respondents about ongoing or planned future collaboration with nonprofit hospitals on CHAs. Specifically, respondents were asked to indicate whether they were *currently collaborating*, *discussing future collaboration*, or *not currently engaged in discussion or collaboration* with nonprofit hospitals on CHAs. Of the 2000 LHDs that responded to the 2013 Profile survey, 1958 (97.9%) provided information on the status of their collaboration with nonprofit hospitals on CHA. Of these, 1492 LHDs (76.2%) provided complete information on all variables of interest for this study and were thus included in the final sample.

For the purpose of this paper, our analysis was purely descriptive: First, descriptive statistics were used to understand how many LHDs are currently collaborating with nonprofit hospitals on CHA. Second, Kruskal-Wallis tests of differences in medians were used to explore how LHDs currently involved in collaborations differed from those discussing future collaboration and those not engaged in discussion or collaboration. For the purpose of this study, the focus of the comparisons of LHDs was on the following demographic indicators: size of the population served, geographic jurisdiction served, governance of the LHD, existence of a local board of health, total expenditures, expenditures per capita, and total full-time equivalent workforce. Third, the relationship was explored between an LHD's intent to pursue accreditation and its role

in collaborating with nonprofit hospitals on CHAs. For this purpose, Kruskal-Wallis tests of differences in medians were performed for four indicators of a LHD's accreditation intent: LHD completed a CHA within the past 5 years; LHD completed a community health improvement plan (CHIP) within the past 5 years; LHD completed a comprehensive, agency-wide strategic plan (SP) within the past 5 years; and LHD completed all three (CHA, CHIP, and SP) within the past 5 years.

RESULTS

Based on their responses to the 2013 NACCHO Profile, 828 of the 1492 LHDs in the sample (55.5%) indicated that they were currently collaborating with nonprofit hospitals on CHA, with another 188 of LHDs (12.6%) indicating that they were discussing future collaboration. On the other hand, 476 LHDs (31.9%) responded that they were not currently engaged in discussion or collaboration with nonprofit hospitals or that they did not know about whether their LHD was engaged in these activities.

A comparison of LHDs that collaborated with hospitals to those that only discussed such collaborations or were not engaged in any discussion or collaboration showed substantial differences across the three groups (Table). LHDs engaged in collaborations tended to serve a larger population. They were more likely to be locally governed, serve a county rather than a city, and have a local board of health (LBH). They also tended to have greater financial resources (in terms of both greater total and per capita expenditures) and employ more staff.

Among all LHDs in the study, over 70% had conducted a CHA within the past 5 years, while slightly less than 60% had conducted a CHIP during this timeframe. However, not even half of all LHDs had completed a strategic plan within the past 5 years. As a result, only ~30% of LHDs had completed all three prerequisites for PHAB accreditation.

Table: Characteristics of LHDs by status of collaboration with tax-exempt hospitals on community health assessments

	Currently collaborating with hospitals (*n*=828)	Discussing collaboration with hospitals (*n*=188)	Not currently discussing or collaborating (*n*=476)	Total Sample (N=1492)
DEMOGRAPHIC CHARACTERISTICS				
Total pop. served, median	56,851	50,330	24,850	42,099
Geographic jurisdiction served				
City, *n* (%)	75 (9.1)	26 (13.8)	92 (19.3)	193 (12.9)
County, *n* (%)	625 (75.5)	135 (71.8)	339 (71.2)	1099 (73.7)
Other*, *n* (%)	128 (15.5)	27 (14.4)	45 (9.5)	200 (13.4)
Governance of LHD				
Local, *n* (%)	678 (81.9)	150 (79.8)	322 (67.7)	1150 (77.1)
State, *n* (%)	53 (6.4)	16 (8.5)	108 (22.7)	177 (11.9)
Shared, *n* (%)	97 (11.7)	22 (11.7)	46 (9.7)	165 (11.1)
Has LBH, *n* (%)	652 (78.7)	139 (73.9)	309 (64.9)	1100 (73.7)
Total expenditures, median**	$2,392,740	$1,986,077	$820,875	$1,616,932
Avg. per person exp., median	$40.64	$37.38	$33.86	$37.89
Total FTE workforce, median	28.4	23.9	12.0	21.6

PHAB ACCREDITATION PREREQUISITES				
CHA within 5 years, *n* (%)	695 (83.4)	119 (63.3)	266 (55.9)	1080 (72.4)
CHIP within 5 years, *n* (%)	575 (69.4)	92 (48.9)	193 (40.6)	860 (57.6)
SP within 5 years, *n* (%)	419 (50.6)	82 (43.6)	139 (29.2)	640 (42.9)
CHA, CHIP, and SP within 5 years, *n* (%)	336 (40.6)	46 (24.5)	88 (18.5)	470 (31.5)

CHA, community health assessment; CHIP, community health improvement plan; LBH, local board of health; LHD, local health department; PHAB, Public Health Accreditation Board; SP, strategic plan

*Note: Kruskal-Wallis tests found the differences in medians for all variables examined across the three sub-groups of LHDs to be statistically significant at the 1% level; * Other included city-county, multi-city, and multi-county LHDs; ** Most recent fiscal year.*

Perhaps not surprisingly, LHDs that had conducted a CHA in the past 5 years were significantly more likely than others to collaborate with nonprofit hospitals (Table). Among LHDs currently engaged in collaborations, 83% had completed a CHA in the past 5 years, while only 63% of LHDs discussing collaboration had done so. Of LHDs not currently discussing or collaborating with hospitals, a mere 56% had completed a CHA in the past 5 years.

Interestingly, LHDs that had completed one or both of the other two PHAB prerequisites were also more likely than others to engage in collaborations with hospitals. For example, among LHDs currently collaborating with nonprofit hospitals, 69% had completed a CHIP in the past 5 years compared to 49% of LHDs discussing collaboration and 41% of LHDs not currently discussing or collaborating with hospitals. A strong relationship between preparing for accreditation and engaging in partnerships with nonprofit hospitals on aspects of community health needs assessment and improvement planning thus appears to exist for LHDs across the United States.

IMPLICATIONS

These initial findings suggest that accreditation efforts may be a positive influence on LHD-hospital collaborations. While causality cannot be ascertained, there is a clear association between accreditation and partnership activities. We note the role, not examined in this study, which larger jurisdiction and greater funding may play in both accreditation and partnership activities. LHDs need to conduct a CHA as a prerequisite for PHAB accreditation and these LHDs may thus be in a better position to engage in collaborations with hospitals than those that do not plan to pursue accreditation. LHDs can enhance community health improvement efforts by engaging hospital partners. Providing incentive for voluntary accreditation among LHDs may help policymakers to encourage greater collaboration between LHDs and hospitals. Likewise, strengthening community benefit policies for tax-exempt hospitals might provide incentive for greater engagement by hospitals with LHDs. Future research could address the role of jurisdictional size and funding related to accreditation and partnership activities, as well as what barriers may exist to smaller LHDs engaging in these activities. Regardless, public health practitioners are ideally positioned, especially by leveraging community health improvement efforts, to facilitate greater interaction and, hopefully, collaboration between LHDs and hospitals.

SUMMARY BOX

What Is Already Known About This Topic? Community health assessments (CHA) are a core activity of a local health department (LHD), and many LHDs have been conducting CHAs on a regular basis for years. Under a mandate in the Affordable Care Act (ACA), tax-exempt hospitals are required to conduct a similar assessment every three years in consultation with public health experts, such as the LHD. Opportunities thus exist for tax-exempt hospitals and LHDs to engage in collaborations related to CHAs.

What Is Added by This Report? Three PHAB pre-requisites—completion of a CHNA, completion of a community health improvement plan (CHIP), and completion of an agency-wide strategic plan (SP) within the previous 5 years—were all significantly correlated ($p<0.01$) with LHD-hospital collaborations. These initial findings suggest that accreditation efforts may be a positive influence on LHD-hospital collaborations.

What Are The Implications for Public Health Practice, Policy, and Research? Policymakers could both provide incentive for voluntary accreditation to encourage greater collaboration between LHDs and hospitals and also strengthen community benefit policies for tax-exempt hospitals to encourage greater engagement by hospitals with LHDs. Public health practitioners can leverage community health improvement efforts to facilitate greater collaboration between LHDs and hospitals.

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