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Local Health Departments' Involvement in Hospitals' Implementation Plans

Abstract

Background: More than half of all local health departments (LHDs) in the U.S. are involved in collaborations with nonprofit hospitals on a community health needs assessment (CHNA), yet little is known about the role that LHDs play in hospitals' implementation plans.

Purpose: This study aims to explore the current state of hospital–LHD collaborations around the implementation plan using data from a survey of LHDs across the country.

Methods: The study sample included 457 LHDs that completed both the 2015 Forces of Change survey and the 2013 Profile survey conducted by the National Association of County and City Health Officials. Univariate and bivariate analyses were used to compare LHDs involved in hospitals' implementation plans to LHDs not involved in such activities. All analyses were conducted in 2016.

Results: Of the 457 sample LHDs, 62% were involved in at least one activity associated with hospitals' implementation plans. These LHDs were larger, had greater budgets, and were more likely to be locally governed. In addition, almost all of these LHDs reported that they also collaborated with hospitals around the CHNA.

Implications: There is evidence of substantial involvement of LHDs in hospitals' implementation plans. Importantly, joint CHNAs appear to pave the path for hospital–LHD collaboration in this area. Since LHDs that collaborate with hospitals on their implementation plans tended to be better resourced, policymakers may want to find ways to ensure that smaller LHDs have the necessary human and fiscal resources to be engaged in joint community health needs assessment and improvement planning activities.

Keywords

local health departments, nonprofit hospitals, community benefit, community health needs assessment, community health improvement planning

Cover Page Footnote

No competing financial or editorial interests were reported by the authors of this paper.

INTRODUCTION

Under the Affordable Care Act (ACA), nonprofit hospitals are required to conduct a community health needs assessment (CHNA) at least once every 3 years and adopt an implementation plan to address identified needs. Most hospitals completed their first round of CHNA and implementation plan activities in 2013 with the second round to occur during 2016. When conducting their CHNA, hospitals are asked to seek input from stakeholders who represent the broad interests of the community, including those with special knowledge of or expertise in public health, such as local health departments (LHDs).¹⁻⁴ Prior research has shown that more than half of all LHDs in the U.S. are involved in CHNA-related collaborations with nonprofit hospitals, yet little is known about the role that LHDs play in the development and execution of hospitals' implementation plans.^{5,6} Hospitals are currently not required to involve community stakeholders, such as the LHD, in their implementation plans. To achieve meaningful improvements in population health, however, broad collaboration with community stakeholders is needed beyond the assessment.^{7,8}

This study aims to explore the current state of hospital–LHD collaborations around hospitals' implementation plan using data from a survey of almost 700 LHDs across the U.S. Multi-sectoral collaboration on CHNA and improvement planning activities have the potential to ensure better coordination of population health activities conducted by various stakeholders in a community and thus a more efficient use of resources available to improve population health.

METHODS

Data for this study came from the 2015 Forces of Change survey and the 2013 Profile survey, both conducted by the National Association of County and City Health Officials (NACCHO).^{9,10} The study sample included 457 LHDs that participated in both surveys and indicated that they had at least one nonprofit hospital in their jurisdiction. The key measures of interest were LHDs' responses to four questions regarding their involvement in hospitals' implementation plan, including whether or not an LHD (1) participated in the development of a hospital's implementation plan, (2) was listed as a partner in a hospital's implementation plan, (3) conducted an activity listed in a hospital's implementation plan, and (4) used the same implementation plan as a hospital. Each of these four activities was coded as a binary variable whereby missing answers were assumed to indicate that the LHD was not involved in the respective activity. Univariate and bivariate analyses were used to compare LHDs involved in hospitals' implementation plans to LHDs not involved in such plans. All analyses were conducted in 2016.

The study sample included 457 (66%) of the 690 LHDs that completed the 2015 NACCHO Forces of Change survey. Of the 233 excluded LHDs, 87 LHDs (37%) had not participated in the 2013 NACCHO Profile survey, and 146 LHDs (63%) indicated that they did not have a nonprofit hospital in their jurisdiction. When compared to all LHDs that completed the 2013 NACCHO Profile survey, sample LHDs were larger both in terms of the size of the population served and total expenditures incurred. Sample LHDs were also in somewhat better financial shape as indicated by larger rollover fund balances, yet there was no difference in the proportion of LHDs that reported budget cuts in recent years. Likewise, when comparing LHDs along other key demographic characteristics, such as type of jurisdiction served and type of governance, LHDs included in this study did not differ meaningfully from the LHDs that completed the 2013 NACCHO Profile survey.

RESULTS

Of the 457 sample LHDs, 42% ($n=194$) were involved in one activity associated with hospitals' implementation plan, 9% ($n=40$) were involved in two activities, 7% ($n=33$) were involved in three activities, and 3% ($n=15$) were involved in all four activities. On the other hand, 38% ($n=175$) were not involved in any activity associated with hospitals' implementation planning. As shown in Figure 1, being a partner in a hospital's implementation plan was the most common activity in which LHDs listed as being involved, in the first round of nonprofit hospitals' CHNA and implementation planning activities. Of the LHDs that were involved in only one activity, 45% were listed as a partner in a hospital's implementation plan, and 42% participated in the development of a hospital's implementation plan. Only 7% conducted an activity in a hospital's implementation plan, and 6% used the same implementation plan as the hospital. Similarly, LHDs that were involved in more than one activity most frequently reported being a partner (98%) followed by participation in the development of the implementation plan (77%), conducting an activity in the implementation plan (70%), and using the same implementation plan as the hospital (29%).

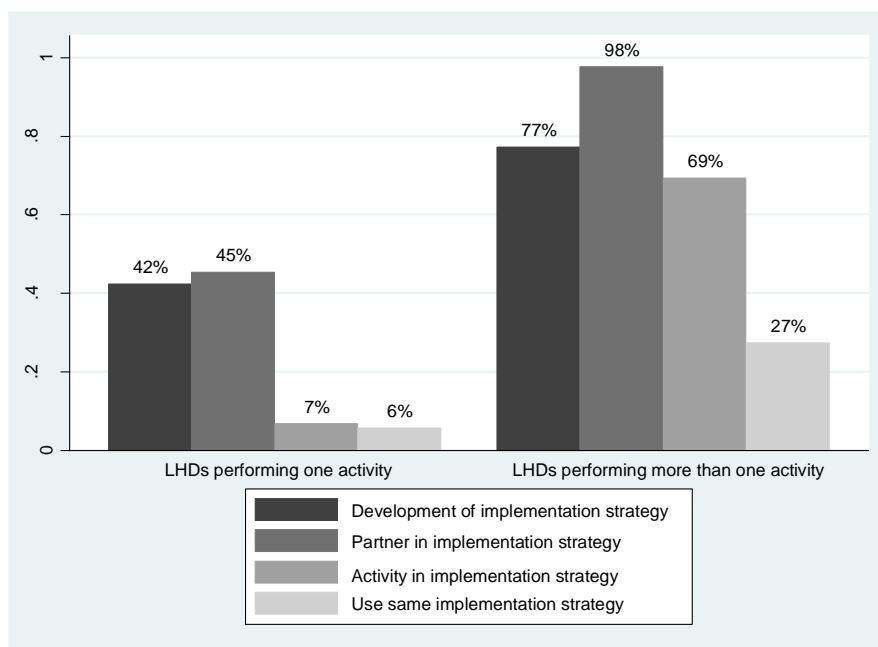


Figure 1: Type and frequency of hospital implementation plan activities performed by sample local health departments

LHD, local health department

Local health departments involved in the first round of hospitals' implementation planning differed from LHDs not involved in such activities (Table 1): LHDs involved in implementation plans served larger populations and were more likely to be locally governed and have a local board of health, indicating that these LHDs may have stronger ties to their communities. LHDs involved in hospital implementation planning activities also had greater human and financial resources than those not involved in such activities. They employed a greater number of FTE staff and incurred larger total expenditures. Finally, LHDs that were involved in one or more

implementation plan activities were significantly more likely to report that they also collaborated with hospitals around the CHNA. Of all LHDs involved in hospitals' implementation plans, 95% also engaged in CHNA-related collaboration with local hospitals. Of the LHDs not involved in hospitals' implementation plans, only 51% were involved in such collaborations. Also of note is that almost half of LHD respondents involved in CHNAs were not engaged in implementation planning.

Table 1: Characteristics of sample local health departments, by level of involvement in hospitals' implementation plans

Characteristics comparison	Number of plan activities in which an LHD is involved			Total sample
	None	One	Several	
Sample size, <i>n</i> (%)	175 (38.3)	194 (42.5)	88 (19.3)	457 (100)
Demographic characteristics				
Total pop. served, median ^a	54,512	63,749	69,893	62,778
Geographic jurisdiction served				
City, <i>n</i> (%)	16 (9.1)	15 (7.7)	7 (7.7)	38 (8.3)
County, <i>n</i> (%)	119 (68.0)	146 (75.3)	69 (75.8)	331 (72.4)
Governance of LHD ^b				
Local, <i>n</i> (%)	109 (62.3)	138 (71.1)	77 (84.6)	321 (70.2)
State, <i>n</i> (%)	49 (28.0)	31 (16.0)	8 (8.8)	88 (19.3)
Shared, <i>n</i> (%)	17 (9.7)	25 (12.9)	6 (6.6)	48 (10.5)
Has LBH, <i>n</i> (%) ^b	108 (62.1)	127 (65.5)	75 (85.2)	310 (68.0)
Total expenditures, median ^c	\$2,056,298	\$3,613,306	\$3,744,221	\$2,956,822
Avg. per person exp., median	\$36.15	\$37.98	\$41.05	\$37.33
Total FTE workforce, median ^b	27.5	28.8	39.5	29.7
Engagement with hospitals on community health needs assessments				
Currently collaborating, <i>n</i> (%) ^b	82 (46.9)	168 (86.6)	82 (90.1)	329 (72.0)
Discussing collaboration, <i>n</i> (%)	24 (13.7)	20 (10.3)	5 (5.5)	49 (10.7)

Notes: ^aANOVA indicated that the difference in means across the three subgroups was significant at the 5% confidence level. ^bANOVA indicated that the difference in means across the three subgroups was significant at the 1% confidence level. ^cANOVA indicated that the difference in means across the three subgroups was significant at the 10% confidence level.

LHD, local health department; LBH, local board of health

IMPLICATIONS

There is evidence of substantial involvement of LHDs in nonprofit hospitals' implementation plans. Not surprisingly, agency size and financial position play important roles in LHDs' decision to collaborate with hospitals on their implementation plans. Moreover, joint CHNAs appears to pave the path for LHD involvement in the development and execution of hospitals' implementation plans. These findings are encouraging given that the activities LHDs reported occurred primarily during the first round of nonprofit hospitals' CHNA and implementation planning activities. As CHNA-related collaboration between hospitals and LHDs is becoming more established, the extent of LHD involvement in hospitals' implementation plans will likely increase.

To further encourage collaboration of LHDs with nonprofit hospitals and foster meaningful LHD involvement in implementation planning activities, policymakers may initiate a number of steps, including providing smaller LHDs with the necessary resources to be fully engaged in such activities. This study sheds some light on the state of LHD-hospital collaboration around implementation planning during round one of hospitals' CHNA activities. Future research is needed to explore in more detail the quantity and quality of such collaborations, both from the perspective of the LHD and that of their hospital partners. How successful collaborations may lead to improved community health outcomes, as well as factors that prevent LHDs involved in CHNA-related collaborations with hospitals from taking on a more active role in implementation planning, are also important topics for future study.

SUMMARY BOX

What is already known about this topic? While many LHDs are engaged in CHNA-related collaborations with nonprofit hospitals, little is known about LHDs' involvement in hospitals' efforts to develop and adopt an implementation plan to address the needs identified in the CHNA.

What is added by this report? Using survey data for 457 LHDs across the United States, this report shows that over 60% of respondents were involved in one or more activities related to hospitals' implementation plans. LHDs involved in such activities almost always also collaborated with hospitals around the CHNA.

What are the implications for public health practice, policy, and research? Collaboration around the CHNA appears to pave the path for LHD involvement in the development and execution of hospitals' implementation plans. Joint community health needs assessment and improvement planning has the potential to ensure better coordination of population health activities in a community and thus a more efficient use of resources available to improve population health.

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