



## So You Want to Partner with a Local Hospital? Key Terms Community Groups and Health Advocates Should Know

Across the country, non-profit hospitals are beginning to comply with a new federal requirement that they partner with community and public health representatives to identify and develop strategies for addressing community health needs. This requirement, found in the Affordable Care Act<sup>1</sup>, builds on the best practices of leading hospitals and hospital systems that already strategically invest resources and build partnerships with community groups and public health leaders to improve community health. Here are some important terms to know:

### Community Health Needs Assessment

A **community health needs assessment** (CHNA) is “a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize these needs, and to plan and act on unmet community health needs.”<sup>2</sup> Under the Affordable Care Act, non-profit hospitals must conduct a CHNA at least every three years, taking input from community members, representatives, and public health leaders in the process, and must make the CHNA widely available to the public.

### Implementation Strategy

An **implementation strategy** is “the hospital’s plan for addressing community health needs, including health needs identified in the community health needs assessment.”<sup>3</sup> Knowing what problems and assets a community has is only the first step: the Affordable Care Act requires non-profit hospitals to develop a plan to address the needs that a CHNA uncovers.

### Community Benefit

The CHNA and the implementation strategy are important tools that non-profit hospitals can use to meet their obligations to provide “benefit to the community,” or **community benefit**, in a thoughtful, effective way. We define it as the “unreimbursed goods, services, and resources provided by health care institutions that address community-identified health needs and concerns, particularly of those who are uninsured or underserved.”<sup>4</sup>

There is no uniform definition of community benefit. State and federal governments, trade associations, advocacy organizations and hospitals have all developed different definitions, with varying levels of agreement about the kinds of goods and services that should make the grade. Most agree, however, that community benefit is about more than hospitals’ providing medical services. Instead, community benefit is about improving the *overall* health and access to care in a community. At their best, hospital community benefit focuses on developing programs that involve the community at all levels, and will distribute resources to the people and areas in the community that have the highest needs.

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<sup>1</sup> Section 9007 of the *Patient Protection and Affordable Care Act*. See Community Catalyst, “Protecting Consumers, Encouraging Community Dialogue: Reform’s New Requirements for Non-profit Hospitals,” available at [http://www.communitycatalyst.org/doc\\_store/publications/Hospital\\_Accountability\\_Summary\\_ACA.pdf](http://www.communitycatalyst.org/doc_store/publications/Hospital_Accountability_Summary_ACA.pdf).

<sup>2</sup> Catholic Health Association of the United States, “Assessing and Addressing Community Health Needs: Discussion Draft (Revised February 2012),” p. 13. Available at <http://www.chausa.org/communitybenefit/>.

<sup>3</sup> Ibid.

<sup>4</sup> See Community Catalyst, “The Health Care Institution Responsibility Model Act,” p. 3. Available at [http://www.communitycatalyst.org/doc\\_store/publications/the\\_health\\_care\\_institution\\_responsibility\\_model\\_act\\_1\\_999.pdf](http://www.communitycatalyst.org/doc_store/publications/the_health_care_institution_responsibility_model_act_1_999.pdf).