



Hospitals Joining Forces on Community Health Needs Assessment and Implementation *Maureen Byrnes, MPA*

Name of project or collaborative

Community Benefit Web Tool Prototype

Brief description

Section 9007 of the Affordable Care Act (ACA) strengthens and clarifies the obligations of nonprofit hospitals to invest in health and healthcare for their communities as a condition of their tax-exempt status. Efforts are underway to assist hospitals and communities undertaking collaborative planning activities through community health need assessments (CHNAs) and the development of implementation strategies that respond to identified and prioritized needs. To complement these activities, the Department of Health Policy in the Milken Institute School of Public Health at The George Washington University (GWU) was awarded a contract by the Robert Wood Johnson Foundation (RWJF) to develop a prototype for a Web Tool that will provide users with information about how the nation's nonprofit hospitals invest in their communities. The Web Tool will make hospital community benefit investment information easily available to public health experts, community stakeholders, hospitals, and policymakers, among others. This information can inform conversations and partnerships between nonprofit hospitals and other key community partners and enhance understanding of how hospital investments link to community health needs. Sara Rosenbaum, JD, and Maureen Byrnes, MPA, lead the project. Nikki Hurt, MPH, and Mark Dorley, MPH, serve as project staff.

The Community Benefit Web Tool Prototype:

The purpose of the RWJF contract is to build a prototype of a user-friendly Web Tool that provides easy access to the community benefit investment information that all nonprofit hospitals must submit annually to the Internal Revenue Service (IRS). To provide a context in which to understand this information, the prototype will also include data about key hospital and community characteristics. The Web Tool will enable users to compare hospital investments on the basis of factors such as geographic location, community economic status, and hospital characteristics such as size. The initial prototype is expected to be ready for testing in the fall and completed by February 2015.

David Kindig, MD, MPH, of the University of Wisconsin helps direct the project and Kevin Barnett, DrPH, MCP, of Oakland California's Public Health Institute is providing his expertise, as well. Other partners include Gary Young, JD, PhD, of Northeastern University and Jeffrey Alexander, PhD, who published the first nationwide study of nonprofit hospital community benefit investments using the information that forms the basis for the prototype project. Community Catalyst, a leading organization in the field of developing and supporting a consumer voice in health and health care, will assist in devising the testing component of the project. The project is informed by experts in public health, health care, community health, and hospital investments.

In addition to the core project staff, the following individuals serve as project advisors: José Camacho, JD, Executive Director, Texas Association of Community Health Centers; David Fleming, MD, Director and Health Officer, Public Health - Seattle & King County; Jeff Levi, PhD, Executive Director, Trust for America's Health; Glen Mays, MPH, PhD, Professor in Health Services and Systems Research, University of Kentucky; Gayle Nelson, JD, MPH, Director of the Hospital Community Benefit Program at The Hilltop Institute; Paul Stange, MPH; David Sundwall,

MD, Professor of Public Health (clinical) at University of Utah; and Julie Trocchio, Senior Director, Community Benefit & Continuing Care, Catholic Health Association.

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The Web Tool will make nonprofit hospital community benefit investment information easily available to public health experts, community stakeholders, hospitals, and others so that it can inform conversations and partnerships between nonprofit hospitals and other key community partners and enhance understanding of how hospital investments link to community health needs.

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