Leveraging Nonprofit Hospital "Community Benefits" to Create Healthier Communities

This fact sheet provides information about what hospital community benefits are and how healthy eating and active living advocates can partner with nonprofit hospitals to create healthier communities.

Nonprofit hospitals can be powerful allies in helping to create healthier communities. Not only do these hospitals play an important role in treating disease, but they can also help communities prevent chronic disease through their "community benefit" investments. This fact sheet describes what hospital community benefits are and how healthy eating and active living (HEAL) advocates can partner with non-profit hospitals to create healthier communities.

What are Hospital Community Benefits?

In order to qualify for nonprofit status (and be exempt from paying federal taxes) a hospital must be organized and operated exclusively for a "charitable purpose."[1] Historically, the Internal Revenue Service (IRS) recognized nonprofit hospitals as charitable organizations because they provided care for

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patients who were unable to pay. The IRS then broadened the guidelines for hospitals to obtain nonprofit status by allowing nonprofit hospitals to provide benefits to the community in lieu of charitable care.[1,2] But since no legal definition of "community benefit" exists, individual hospitals were afforded some latitude in determining the types of services and activities that would fulfill the requirement.

In order to provide greater guidance to the IRS about how to determine whether a nonprofit hospital is providing sufficient community benefit to justify its nonprofit status, the Affordable Care Act added new requirements for nonprofit hospitals.[3] Of particular interest to HEAL advocates are the requirements that each nonprofit hospital must:

- Conduct a Community Health Needs Assessment (CHNA).
- Adopt an implementation strategy to address the community health needs identified through the CHNA.[4]
- Provide documentation to the IRS of its CHNA, which now must also include an evaluation of the impact of actions taken to address the significant health needs identified through previous CHNAs.

What are hospital's required to do when conducting a CHNA?

Under the new law, a hospital must conduct a CHNA at least every three years. The hospital must follow the following five steps.[5]

1. **Define the community it serves.** This could include:
   - The geographic area served by the hospital facility;
   - Target populations served (regardless of ability to pay for care); or
   - Principal functions, such as a specialty area or targeted disease.[6]
2. **Assess the health needs of the community.** The hospital must:
   - Identify the significant health needs of the community at large and, in particular, neighborhoods or populations that face health disparities. The IRS provides several examples of health needs that require action to improve or maintain a community's health, including:
     - Addressing financial and other barriers to accessing care
     - Preventing illness
     - Ensuring adequate nutrition
     - Addressing social, behavioral, and environmental factors that influence health in the community[7]
   - Prioritize the most salient health needs.
   - Identify resources (such as organizations, facilities, and programs in the community, including those of the hospital facility) potentially available to address priority health needs.[7]
3. **Solicit and take into account input received from individuals who represent the broad interests of the community, including:**
   - At least one state, tribal, regional, or local governmental public health department
   - Members of medically underserved, low-income, and minority populations in the community
   - A broad range of individuals located in or serving the community (e.g., include nonprofit and community-based organizations, academic experts, local government officials, and local school districts)
   - Written comments received about the hospital facility's CHNA and implementation strategy[8]
4. **Document the CHNA in a written report**.[9]
5. **Make the CHNA report widely available to the public**.[10]

What must be included in the CHNA's implementation strategies?

The law also requires a nonprofit hospital to issue a written implementation strategy for meeting the health needs identified in the CHNA. For each significant health need identified in the CHNA, the hospital must describe what follow-up actions it is planning. This includes the resources the hospital intends to commit to address the identified health needs, as well as any planned collaborations between the hospital and other community organizations.[11] For any significant health need identified in the CHNA that the hospital will not be addressing, the implementation strategy must describe why the hospital has decided to not to take any actions to address this need.[12]

What do these requirements mean for HEAL advocates?

These requirements represent an opportunity for HEAL advocates to partner with hospitals in pursuit of a shared agenda of preventing chronic disease. Hospitals are anchor institutions that engage local communities in myriad ways beyond direct medical care. Many hospitals provide health education classes, host health fairs, train current and future health professionals, build coalitions, and participate in community health improvement efforts.[13] More importantly, because of their role in communities, hospitals are a powerful voice for health and can be strong proponents of change.

In particular, the CHNA process provides HEAL advocates with an opportunity to:

- Educate hospital administrators about the relationship between chronic disease and factors such as the built environment and access (or lack thereof) to healthy food.
- Encourage hospital administrators to include and prioritize the need to increase access to healthy food and increase opportunities for physical activity through improvements to the built environment.
- Influence the strategies and services hospitals implement to meet community health needs and reduce the prevalence of chronic disease, including improvements to the built environment.

By becoming involved in the CHNA process, HEAL advocates can help hospitals prioritize a variety of upstream policy-level interventions that build healthy communities.

State law

At least 23 states require nonprofit hospitals to comply with state-specific community benefit requirements to receive state tax advantages.[14] These requirements vary from state to state and may be quite different from federal nonprofit hospital community benefit requirements.[14] For example, some states require hospitals to allocate a minimum amount of direct or indirect funding toward community benefit services. Some states limit how much hospitals can collect in medical bills from patients.[15] HEAL advocates who are interested in learning about community benefit laws in their state should visit: *www.hilltopinstitute.org/hcbp_cbl.cfm*

How can HEAL advocates get involved?

As described above, nonprofit hospitals are required to conduct a needs assessment. The following are just some of the ways HEAL advocates can contribute to a hospital's CHNA process:

- ☐ **Provide data to inform how the hospital defines its community**. This could include information about the demographics of the immediate surrounding area; information about people who live in the geographic area surrounding the hospital but who are unable to access the hospital because of infrastructure challenges; and information about individuals with the highest health needs, such as people who live at or below the poverty line or individuals with the highest risk factors for disease.
- ☐ **Collect and share data about the significant health needs of the community that require immediate action to prevent illness**. This could include information about the incidence and mortality rates of obesity and related chronic diseases such as diabetes, heart disease, dental disease, and certain cancers. HEAL advocates should also include information about the distribution of these diseases across different groups of people within the community.
- ☐ **Collect and share data about the need to ensure adequate nutrition for everyone in the community**. In addition to data about rates of nutrition-related diseases, this could include information about the accessibility of affordable healthy food. For example, hospitals administrators may not be aware of how few healthy retailers there are in neighborhoods served by the hospital. Hospitals administrators may not fully appreciate how effectively junk food and sugary beverage industries use marketing to increase consumption of unhealthy food.
- ☐ **Collect and share information about social, behavioral, and environmental factors that influence health in the community**. This could include information about the accessibility of parks, public recreation areas, and open spaces available for active use in the communities and neighborhoods served by the hospital. It could also include information pertaining to the design of the hospital's own properties. For instance, hospital administrators may not know where active design principles could be applied to their properties and be used to benefit the larger community.
- ☐ **Collect and share information about health inequities in the community**. For example, some hospitals might not realize the impact that a lack of access to healthy foods, parks or recreational areas, or walkable/bikable streets has on low-income populations, women, children, people with disabilities, communities of color, and the elderly.

- ☐ **Connect hospitals with community members most impacted by health inequities.** HEAL advocates should also consider connecting hospitals with representatives from relevant HEAL organizations, including health departments, local nonprofits, schools, and faith-based organizations.
- ☐ **Help the hospital identify resources that are available to address health needs**. Also, HEAL advocates can assist the hospital in doing a gap analysis to identify where resources and actions are needed to improve the health of the community.
- ☐ **Participate in hospital efforts to prioritize the health needs of the community.** In this role, HEAL advocates should suggest action steps to address the social, physical, and environmental obstacles that prevent community members from living full, healthy lives.[16]
- ☐ **Continue to be a resource and partner as the hospital implements its CHNA**. By finding ways to collaborate, hospitals and HEAL advocates can maximize their collective impact and reduce the incidence of obesity and related chronic diseases.
- ☐ **Participate in the hospital's efforts to evaluate the impact of any actions they have taken as a result of their previous CHNA.**

What are some examples of HEAL activities that hospital community benefits can support?

After completing their CHNA, hospitals are required to execute the strategies laid out in their implementation plan. Below are some of the ways that hospitals can support HEAL objectives.

1. **Hospitals can increase access to healthy foods by becoming a source of healthy foods in the community themselves.**

   Hospitals have utilized a number of strategies to increase access to healthy foods in their communities. They have become hosts of farmers' markets or community supported agriculture (CSA).* They have made food available through these programs affordable by offering produce at a discount or by allowing payment from food assistance programs like SNAP-ED or WIC's Farmers' Market Nutrition Program benefits.[17-21] To encourage patients to buy more vegetables, they have also provided vouchers or "Veggie Prescription" coupons for use at area farmers' markets.[22, 23] They have even offered health screenings and/or nutrition classes at farmers' markets.[22, 23]

   In addition, some hospitals have community gardens on their properties to increase community access to healthy food. For example, using the results of its CHNA, Union Hospital in Indiana identified property in a low-income area where there were limited transportation options. The hospital, in partnership with a local community coalition and mental health center, began a free community garden for employees and community members.[24] Other hospitals, like San Francisco General Hospital, have distributed food harvested from gardens located on their property.[25]

   Health Care Without Harm also recommends that "Hospitals may want to consider partnering with community groups to invest in the development of healthy retail options to increase food access and stimulate job creation. When possible, such initiatives should focus on incorporation of local food businesses and producers to further the economic impact of such initiatives."[26]

2. **Hospitals can help support active living throughout the community by making improvements to their own built environments.**

   Hospitals have changed their physical environments to be more supportive of active living. They have built playgrounds, exercise facilities, and walking trails on hospital and satellite office grounds. Some hospitals allow open community access to these structures. For example, Mount Carmel, a health system in Ohio, which includes hospitals and medical offices, has opened a Community Health Resource Center to the public in one of its medical offices. Mt. Carmel also hosts nutrition classes in its kitchen and exercise classes in its open space areas, along with other classes and programs.[27] HEAL advocates should be prepared to help guide hospitals through the process of establishing formal or informal shared use agreements with health education providers in the community.[28]

   Other hospitals have supported active living by adding bike share stations on hospital-owned properties, offering reimbursements or vouchers for annual bike share memberships, providing helmets to low-income residents, and/or offering (or hosting) classes on bicycle riding for community members.[29-33]

* Consumer supported agriculture (CSA) is when farmers distribute and sell their produce directly to consumers.

3. **Hospitals can participate in efforts to share data in order to identify and prioritize interventions that build healthier communities.**

   Hospitals can work with public health entities to share aggregate data pulled from electronic health records or from joint community assessments. Public health departments and hospitals can work together to use this data to identify and target interventions (both programmatic and policy related) to neighborhoods with the highest prevalence of health inequities.

   For example, in rural Michigan, health risk factor data that are available throughout much of the country are suppressed because the data are unreliable. This lack of data has made it difficult for local health and healthcare organizations to determine what their community's highest health needs are. Recognizing this challenge, the Western Upper Peninsula Health Department conducted a joint community health needs assessment in partnership with five regional hospitals, two county level mental health services, and one regional substance abuse services agency. Their assessment found:

   > "Although county-level data, even for small, rural communities, is often included in state and national surveys, the sample sizes are small. To address this concern, a decision was made by the partnership to conduct a scientifically designed local survey capable of producing statistically significant results. The survey content was based on the Behavioral Risk Factor Surveillance System survey conducted annually by the Centers for Disease Control and Prevention (CDC) and was completed by over 2,500 adult residents across the Western Upper Peninsula region."[34]

   Through this joint assessment, they learned that (1) their community is more elderly than the rest of the country; (2) one quarter of their population uses tobacco and nearly seven in ten adults are overweight or obese; and (3) socioeconomic factors drive inequities, and access to services in their community. The results of this community assessment are to "be used as a baseline assessment against which to measure future community health improvement efforts" and to be "a call to action to develop strategies to ensure that all Western Upper Peninsula residents have opportunities to live healthier lives."[34]

4. **Hospitals can promote healthy eating and active living throughout the community**.

   Some hospitals mobilize community partners to identify areas that can be converted into recreational space for physical activity. For example, CDC highlights the example of Logansport Memorial Hospital in Indiana, which worked with the community to raise funds "to convert an abandoned railroad line near the hospital into recreational trails to promote physical activity."[35]

   Hospitals have also participated in and/or provided financial support to coalitions that seek to build healthier communities. For example, "Kaiser Permanente consistently funds community organizations and public-private partnerships working to create greater access to fresh, local produce in underserved communities."[20] It has even provided grants that "helped [Baltimore City] install its first food policy director in the Office of Planning and Sustainability in 2010. The position is now full-time and fully funded by the city."[36]

   Additionally, hospitals can mentor other community businesses and organizations that want to offer farmers' markets, adopt a healthy vending policy, become sites for CSAs, add bike share stations, or open their properties for joint or shared use. CDC suggests that hospitals can also guide businesses in crafting personnel policies that can potentially reduce risk factors for chronic disease, such as "flexible physical activity time, active meetings, incentives and amenities for active commuting."[37]

5. **Hospitals can educate the broader community about the importance of, and opportunities for, healthy eating and active living.**

   Hospitals can play a critical role in increasing awareness of HEAL opportunities throughout the community.[38] For example, hospitals have promoted nearby farmers' markets[22,23] and local walking groups.[39] Hospitals can also lend the expertise of their communications teams to support educational campaigns about the need for, and availability of, opportunities for physical activity and/or fresh food.[40]

   In addition, hospitals can also help mobilize community members by holding (or financially supporting) meetings when a community is considering what to do with newly available open space or how to expand healthy eating options at local corner stores.

   Hospitals can also generate letters or otherwise publicly support local policies that improve the built environment and/or increase access to healthy food. For example, staff at New York Presbyterian Hospital "testified at listening sessions hosted by the New York Council on Food Policy calling for policy changes that promote healthy foods in underserved neighborhoods."[41] They also worked on policies to address air quality near schools.[41]

6. Hospitals can support evaluation of HEAL interventions.

There exists a strong need for evaluation data demonstrating the impact of obesity prevention efforts, especially in light of the Institute of Medicine's findings that "a body of intervention research on policy and environmental approaches is largely absent from the literature."[42]

Hospitals are required to submit an evaluation of the impact of any actions taken to address the significant health needs identified in their previous CHNAs. As HEAL advocates work with hospitals to plan upstream interventions, this evaluation requirement presents an opportunity to help build the evidence base for HEAL interventions.

For example, if a hospital is going to support a bike share program by giving away free helmets, HEAL advocates could work with hospitals to go beyond process evaluations (for example, the number of bike helmets distributed) to impact and outcome evaluations. An impact evaluation might measure how often participants in the free helmet program biked before and after receiving the helmets, and the frequency with which participants use helmets when biking. An outcome evaluation might assess how many injuries occurred among individuals who received the helmets versus those who did not. HEAL advocates should work with hospitals to interpret the results of these evaluations, publish and publicize the results of these kinds of evaluations, and use these evaluations to inform future interventions.

What are some examples of HEAL advocates partnering with hospitals to improve community health?

In some instances, the relationship between hospitals and HEAL advocates may be the result of a formal arrangement. For example, MultiCare Health System in Washington contracted with Tacoma-Pierce County Health department to conduct the CHNA.[43] Guided by the results of the CHNA, the hospital included obesity in its list of priority issues and incorporated some upstream strategies in its implementation plan. These strategies included "[increasing] collaboration with community partners on programs and policies to improve the health of [their community]" and "increasing access to healthy food in the workplace."[44]

In other instances, the relationship might be less formal. For example, in 2013, Morris Hospital and Healthcare Centers in Illinois had to conduct its first CHNA to meet the new ACA requirements. As part of this process, the hospital conducted interviews with people "who represent the broad interests of the Hospital" and held a community forum to help the hospital prioritize issues and develop its implementation plan.[45] The interviews and forum included HEAL advocates who encouraged the hospital to influence food policies.[45] As a result of HEAL advocates' input, the hospital decided to launch an initiative to increase the availability of healthy foods and beverages in schools; reduce the number of unhealthy beverages available in school vending machines; and start a community garden.[46]

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