LEVERAGING HEALTHCARE FUNDING TO BUILD HEALTHIER COMMUNITIES
Presentation Outline

- Technical Orientation
- Welcome
  
  Jeff Farbman  
  Wallace Center at Winrock International

- An Introduction to the Community Health Needs Assessment
- Case Study: Hartford Food System
- Questions and Answers
- Upcoming Opportunities, etc.
WALLACE CENTER at WINROCK INTERNATIONAL

• Market based solutions to a 21st Century food system
• Work with multiple sectors – business, philanthropy, government
• Healthy, Green, Affordable, Fair Food
• Scaling up Good Food
NATIONAL GOOD FOOD NETWORK: VISION
NATIONAL GOOD FOOD NETWORK: GOALS

Supply Meets Demand

• There is abundant good food (healthy, green, fair and affordable) to meet demands at the regional level.

Information Hub

• The National Good Food Network (NGFN) is the go to place for regional food systems stories, methods and outcomes.

Policy Change

• Policy makers are informed by the Data and Analysis and outcomes of the NGFN and have enacted laws or regulation which further the Network goals.

http://ngfn.org | contact@ngfn.org
NGFN Food Hub Conference 2016

- The ONLY National Food Hub Conference
- March 30 - April 1
  - Pre-conference trainings Mar 29
- Trainings, Tours, Panels, Networking, Curbside Consulting, Workshops, and more!
Presentation Outline

- Technical Orientation
- Welcome

An Introduction to the Community Health Needs Assessment

Marydale DeBor, JD
Fresh Advantage®

Case Study: Hartford Food System

Martha Page, MPH
Hartford Food System
“CHARITABLE” HOSPITALS: COMMUNITY BENEFIT REQUIREMENTS

- History
- ACA and IRS Final Rule Provisions
- CHNA Process; Community Input Opportunities
- Significant Needs: “Access to adequate nutrition, disease prevention, social conditions that impact community health”
HISTORY: EVOLUTION OF REQUIREMENTS FOR "CHARITABLE HOSPITAL" TAX EXEMPTION PARALLELS EXPANSION OF INSURANCE COVERAGE

Policy Underlying the Exemption: Public Benefits derived from the promotion of the general welfare by hospitals

1956: Charity Care provided, to fullest extent possible
1965: Medicare/Medicaid enacted
expands definition of “community benefits” --required to include: public health, health promotion activities to benefit the community as a whole, beyond charity care

2008: IRS revises 990/Schedule H reporting forms to promote transparency and accountability by hospitals
2010- Patient Protection And Affordable Care Act: Insurance coverage expands beyond Medicare, Medicaid

- Strengthens Policy and Creates Regulatory Framework for Tax Exemption- New Section 501(r) of the Internal Revenue Code
- Responds to concerns in Congress about abuses, lack of transparency, accountability; Need to promote population health
- IRS begins rule making process to implement the legislation
- Hospitals begin filing first “post ACA” CHNAs in 2012 ; All hospitals have filed by end of 2014; Second round begins 2015
CURRENT LAW: IRS REGULATION

“FINAL RULE” ISSUED DECEMBER 31, 2014

- Details the multi-step triennial regulatory framework
- Continuous quality improvement approach emphasizing transparency, accountability and community input
- Final Rule governs the process and content of second round of CHNA/Implementation Plans conducted by tax exempt hospitals
Defining “Community": Hospital has flexibility

Geographic parameters

- Metropolitan Statistical Area, Hospital Service Area
- State, County, Zip Code

NOT to exclude low income, minority or “medically underserved” (populations in geographic area from which hospital draws its patients who are at risk of or not receiving care due to cost, transportation, stigma or other barriers)
CHNA PROCESS: ASSESSING “COMMUNITY HEALTH NEEDS”

Definition: Beyond simply access to clinical care/ financial barriers to care.

Hospital may also consider, for example:

Access to adequate nutrition and other behavioral, social, environmental factors that influence health in the community; language added in response to public comments filed in rule making process.
CHNA PROCESS: DATA COLLECTION

- Secondary Data drawn from exemplary data sets (e.g. CHNA.org, Community Commons)
- Health Outcomes Data (County Health Rankings)
- Demographics
- Drivers of Health/Key Driver Data (*e.g.* food insecurity data...)
- Primary Data
- Hospital conducted surveys, focus groups
CHNA PROCESS: COMMUNITY INPUT

• **Must** include/take into account:

1. At least 1 state, local, tribal or regional government public health agency
2. Members of medically underserved, low-income, minority populations, or *those serving/representing interest of those populations*
CHNA PROCESS: COMMUNITY INPUT (CONTINUED)

3. **Written comments** received on hospital’s most recently conducted CHNA, most recently adopted implementation plan (posted on hospital website, IRS Annual 990/Schedule H filings)—intended to foster continual feedback on CHNA reports and implementation plans

- No time limit on submission by third parties to the hospital—can follow finalization of a CHNA
- Hospital has discretion on how to track and record
- Must provide summary of comments on prior CHNA and Implementation Plan in next CHNA
Hospital must identify community resources potentially available to address significant health needs identified---if need for “adequate nutrition” identified, then:

- Food Banks, Feeding programs, SNAP-ed, SNAP incentive/double coupon programs, food hub data, etc.
- Other secondary data: e.g. Map-the-Meals Gap, USDA Food and Nutrition Data, School Meals data
CHNA PROCESS: IDENTIFICATION, PRIORITIZATION, SELECTION OF HEALTH NEEDS TO BE ADDRESSED

- Hospitals have flexibility, discretion
- Must also consider community input in setting of “priority needs” (Note: Robust input from outset of process is important to build “case” for attention to food insecurity with quantitative and qualitative data)
CHNA PROCESS: IMPACT EVALUATION

• Must include evaluation of impact of actions taken since the prior CHNA to address health needs identified in the preceding three year process

• Must be **disseminated widely**; posted on hospital website (promote transparency and accountability to the public)

• Must be reviewed and approved by hospital Board of Directors (promote accountability within the hospital organization)
IMPLEMENTATION STRATEGY
WRITTEN PLAN TO BE MADE WIDELY AVAILABLE

- States the health needs identified in CHNA to be addressed
  - actions to be taken
  - Anticipated impact of those impacts
  - Programs and resources the hospital will commit
- States health needed identified in CHNA that will not be addressed and why not.
- Must be completed by 15th day of 5th month following the taxable year in which CHNA completed
• May include **strategies and actions designed to prevent illness, address social, behavioral or environmental factors influencing community health**
• Review and adopted by hospital Board of Directors
• Hospitals state needs to be addressed, those that will **not** be addressed and **why**.
ANNUAL REPORTING TO IRS

• Beginning 2015, hospitals must describe impact of actions proposed in prior “Implementation Plan” on an annual basis as a part of their Form 990/Schedule H filing.

• Mechanism to promote transparency and accountability

• These filings publicly available through private organizations that gather and disseminate these forms, or by completing IRS Form 4506-A
Case Study: Non-profit Hospital Collaboration with Community Organizations to Address Priority Needs/Root Causes of Chronic Diseases
COMMUNITY BENEFIT PARTNER PROJECT
HARTFORD FOOD SYSTEM AND
HARTFORD HOSPITAL

HARTFORD MOBILE MARKET

Martha Page, MPH, CPH
Executive Director, Hartford Food System
Chair, Hartford Advisory Commission on Food Policy
WHAT DOES COMMUNITY BENEFIT MEAN TODAY?

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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<tbody>
<tr>
<td>Charity Care</td>
<td>Strategic Health Promotion</td>
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<td>Treatment</td>
<td>Prevention</td>
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<td>Emergency Room</td>
<td>Chronic Disease Management</td>
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<tr>
<td>Hospital Centric</td>
<td>Community Collaborations</td>
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OVERVIEW OF COMMUNITY BENEFIT PROGRAM
PARTNERING WITH HARTFORD HOSPITAL

Improved Health Outcomes

Community Health Needs Assessment

Community Health Improvement Plan
COMMUNITY HEALTH NEEDS: CURRENT PRIORITIES AS DEFINED BY CHNA COMPLETED BY HARTFORD HOSPITAL

- Access to Healthcare
- Obesity/Diabetes
- Cardiovascular Disease
- Behavioral Health
HARTFORD MOBILE MARKET

- Began operation in December 2014.
- Developed based on community-based participatory research by Hispanic Health Council.
- Founding support by Hartford Hospital and Harvard Pilgrim Healthcare Foundation
- Community feedback indicated that the Mobile Market should:
  - Be affordable
  - Offer a variety of produce
  - Include nutrition education, recipes, and cooking demonstrations
  - Be accessible at multiple locations and at various times
  - Accept various forms of payment
The Hartford Mobile Market

- serves five primary neighborhoods (comprising 42,000+ residents)
- targeted for insufficient access to sources of fresh and affordable produce
- among the lowest-income neighborhoods in the City.

More information at hartfordfood.org
The Hartford Mobile Market

- Complements existing food options, such as farmers markets and grocery stores
- Year-round market
- Both Connecticut grown and other options to support customer cultural preferences (such as tropical fruits).
- **Primary goal**: increase the availability and consumption of fruits and vegetables of all kinds.
- **Target**: produce sales to sustain operations & favorably impact local fruit and vegetable growers, including our own urban farming operation.
- **Next**: fruit and vegetable prescription pilot in partnership with Hartford Hospital.
THANK YOU TO THE HARTFORD MOBILE MARKET SUPPORTERS!

Founding Funders
Reading Community Food Needs Assessment: Examining Opportunities to Improve Food Access
FOSTERING COMMUNITY BENEFITS

How Food Access Nonprofits and Hospitals Can Work Together to Promote Wellness

The Food Trust
Lankenau Medical Center
Main Line Health
Department of Public Health
QUESTIONS

HARTFORD MOBILE MARKET

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Webinars are Archived

TOPICS!

http://ngfn.org/webinars
NGFN Webinars

3rd Thursday of each month
3:30p EST (12:30p PST)

http://ngfn.org/webinars

- October --- TBD!
- Nov 19: 2015 Food Hub Survey
NGFN Food Hub Conference 2016

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