Health Department–Hospital Collaboration on Community Health Assessments

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Abstract
The paper by Carlton and Singh in the March 2015 issue of *Frontiers in Public Health Services and Systems Research* represents an effort to show that, at least indirectly, hospitals and health departments in some communities apparently are in partnership, at least in the health department’s judgment: That is, the health department listed hospitals as a partner in the National Association of County and City Health Officials (NACCHO) survey of local health departments. They also delineate the factors that appear to influence the completion of a community health assessment (CHA), the Children’s Health Insurance Program (CHIP), and strategic planning in those communities with and without a reported partnership with a hospital.

Keywords
Community health assessment, collaboration, hospitals, local health departments, survey, strategic planning

Cover Page Footnote
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The almost simultaneous development of the Public Health Accreditation Board’s accreditation prerequisite requirement; tools for community health assessment (CHA), community health improvement plan, and a strategic plan; and the Affordable Care Act (ACA) requirement that not-for-profit hospitals complete a community health needs assessment has been hailed by many as a major breakthrough in community health. The IRS has now clarified its regulations and has shown that they agree that collaboration with other healthcare organizations, including other hospitals and health departments, is acceptable to respond to the requirements contained in the ACA legislation.\(^1\)

The paper by Carlton and Singh\(^2\) in the March 2015 issue of *Frontiers in Public Health Services and Systems Research* represents an effort to examine this phenomenon in more detail and show that, at least indirectly, hospitals and health departments in some communities apparently are in partnership, at least in the health department’s judgment: That is, the health department listed hospitals as a partner in the National Association of County and City Health Officials (NACCHO) survey of local health departments. They also delineate the factors that appear to influence the completion of a CHA, the Children’s Health Insurance Program (CHIP), and strategic planning in those communities with and without a reported partnership with a hospital.

There are several comments to make regarding this paper that suggest caution and the need for further research in this area. The first is that we are unaware, from the data, of the nature of the hospital–health department collaboration. It may well be that the hospital and the health department have an agreement about disaster preparedness and/or infectious disease reporting and that the partnership does not include the CHA/CHIP requirement of the health department or the hospital community health needs assessment (CHNA) requirement of IRS.

We are also not aware, from the data, of the length of the relationships; our own work has demonstrated very effective partnerships between hospitals and health department that preceded the ACA IRS requirement. It is likely that those long-standing trusting relations between these two anchors of health in any community resulted in an easy transition to a collaborative CHA/CHIP activity, as was the case in many of our communities.\(^3\)

Completing a community health assessment is only the first step to be completed to address health in the community collaboratively. Many more steps are necessary to appropriately address those areas identified as priorities that the hospital and health department must accomplish. An examination of Carlton and Singh’s data\(^2\) shows that there is a progressive decrease in the existence of a community health plan across the spectrum from currently collaborating to not considering collaboration. This raises questions about what is done with the CHA or CHNA other than put it on the shelf and mark off its completion.

These issues suggest that a more in-depth examination of hospital–health department collaboration in CHA (CHNA) and CHIP development would be helpful. We are relying, in almost all of the examinations of this intriguing issue to secondary data sources and quantitative data. Attention must be given to the qualitative examination of these partnerships, where they exist, to ascertain the nature of their character, the extent and nature of collaboration, and the outcomes associated with this effort. Specifically, the nature of collaboration on their
CHA/CHNA and their implementation of a community health plan, with appropriate resources and workforce committed to that effort.

A final observation, one that has escaped much comment in the literature, is the requirement from the Health Resources and Services Administration (HRSA), that Federally Qualified Health Centers are also required to complete a community health assessment, and essentially no literature exists on the character of collaboration with either hospital or health department by this important segment of the medical care system.

REFERENCES