Core Functions of Public Health

- Assessment
- Policy Development
- Assurance

Community Health/Health Needs Assessments

Kathryn G. Dail NC Division of Public Health January 24, 2019 **Accreditation Cycles**

- PHAB: 5 year
- North Carolina: 4 year
- ACA/IRS: 3 year

The Affordable Care Act

Changes to
Community Health
Assessment
Leadership Structure

The Affordable Care Act, 2010

Final Rule: Community health needs assessments for charitable hospitals.

Internal Revenue Service (IRS). 26 CFR Parts 1, 53, and 602. (2014, December 31)

What structural aspects of conducting the assessment and implementing improvement plans contribute to improved health and well-being in the community?

- Academic Partnerships
- Community Engagement
- Regional Initiative
- Leadership

Table 1. Change in leadership structure for CHA in NC local health departments, 2007-2018.

CHA Time Period	3-year cycle	4-year cycle
2007 - 2010	0%	100%
2011 - 2017	65%	35%
2018	78%	22%

Findings

2007 - 2010

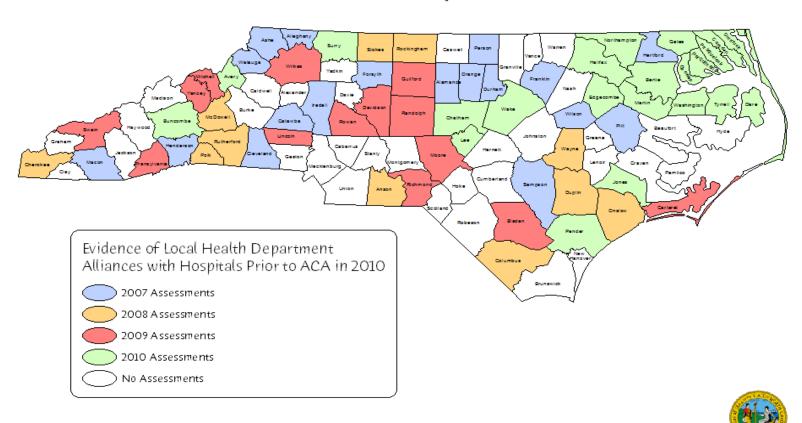
North Carolina Community Health Assessments

- 100 counties
- 85 local health departments/ districts

Before the ACA, local health departments and hospitals were already collaborating on CHAs.

60% of CHAs named hospital as a significant partner.

Community Health Assessments North Carolina 2007 - 2010 100 Counties All 4 Year Cycles



NO DEPARTMENT OF HEALTH AND HUMAN SERVICES

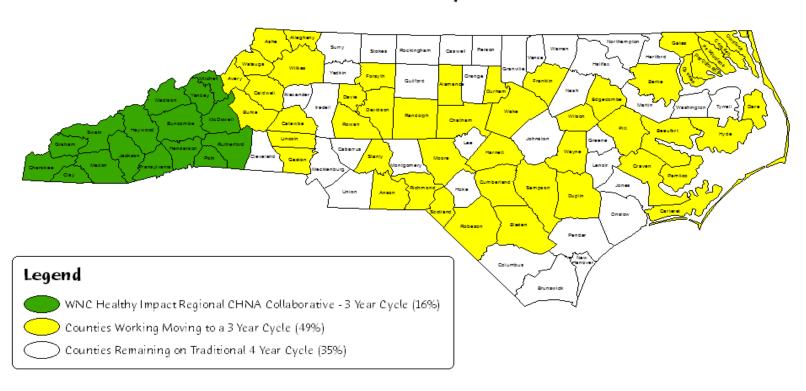
2011 - 2017

North Carolina Community Health/ Health Needs Assessments

- 100 counties
- 85 local health departments/ districts

- ➤ 65% of LHDs Moved to 3-year cycle
- ➤ 35% of LHDs Kept 4-year cycle

Community Health Assessments North Carolina 2011 - 2017 100 Counties 3 or 4 Year Cycles





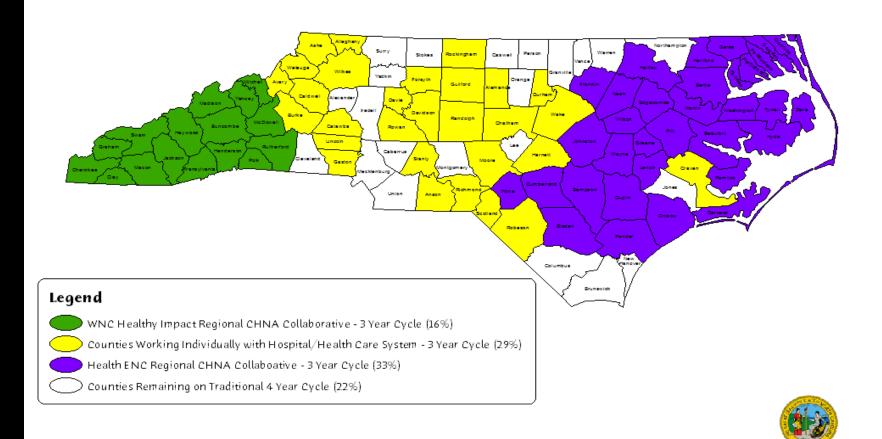
2018

North Carolina Community Health/Health Needs Assessments

- 100 counties
- 84* local health departments/ districts

- > 78% of LHDs 3-year cycle
- 22% of LHDs4-year cycle

Community Health Assessments North Carolina 2018 by County/Cycle



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A major structural change occurred in the way we conduct community health assessments, and we do not know...

...the cost or benefits of the structural change.

The significant gap in knowledge about the cost/value of community health assessments/health needs assessments must be addressed by public health professionals now.

Current Activities

Current Study

"Evidence of Success in NC Public Health Assessments and Improvement Plans: 2007-2017"

Upcoming Study

"Cost/Value of CHA/CHNA in NC Public Health Assessments and Improvement Plans"

Future Changes Healthy NC 2030

Expansion
Cross-Jurisdictional Resource Sharing
Opportunities
July 2020

Vision

Our vision is to improve the health of every community in North Carolina by supporting local and regional community health/community health needs assessments, encouraging cross-jurisdictional resource sharing, and monitoring community health status according to the upcoming Healthy North Carolina 2030 objectives.

Approach

Improve the quality of data collection for community health assessments while lowering the cost to local health departments and hospitals through cross jurisdictional resource sharing.

Explore the opportunities and challenges associated with statewide expansion of three existing regional community health assessment initiatives and their work with community partners.

Focus

Business Model

Shared data, continuously updated Improve data visualization of HNC 2030

Funding

Initial

Sustained

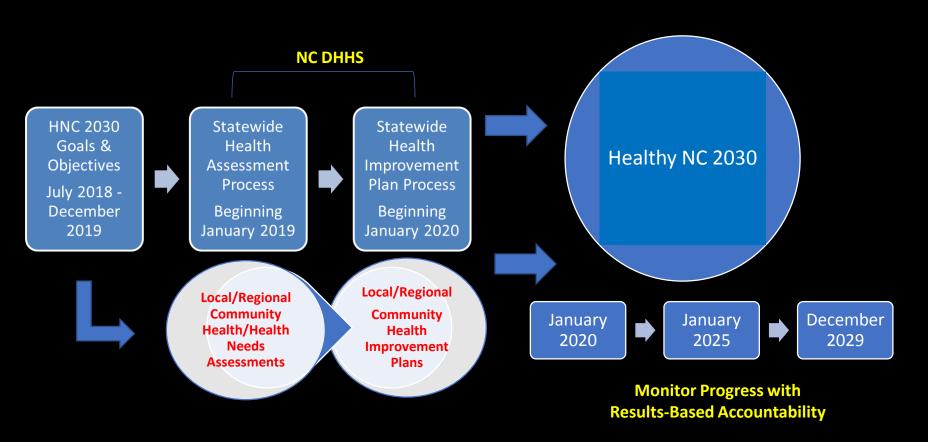
Training and Technical Assistance

Community Engagement

Results-Based Accountability

We are recruiting public health leaders who would like to be involved in developing this model.

Timeline



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Acknowledgements

Michelle Lown, B.A.

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N.C. State Center for Health Statistics