Community Assessment and Community Benefit

Several states have inquired about what other SORHs are thinking and doing regarding community health assessments (in general) and/or in terms of providing technical assistance to hospitals working on documenting their community benefit. The following states responded to NOSORH’s request to share information about their work in these two areas, including how many communities/hospitals they plan to work with; and whether they include community engagement activities or any other work they’ve done in the past in the plans.

**Missouri**

Missouri focuses on the hospitals’ requirement to conduct community health assessments since local public health agencies have been completing them for some time. The SORH meets with local public health administrators to encourage them to reach out to those hospitals offering assistance and meeting the public health component of the community health needs assessment. When meeting with hospitals, the SORH inquires about progress being made in completing the community health needs assessment and provides resources to assist them as needed (i.e., their local public health administrator, and data resources).

**Montana**

The SORH is extensively involved in community health assessments and will work with approx. nine hospitals this year.

**Nebraska**

The SORH has contracted with Nebraska’s Rural Health Association to create a statewide model for all hospitals to use. It has an advisory committee working on this and may use the public health model. Guidelines will need to be finalized before proceeding, however.

**New Hampshire**

Hospitals in New Hampshire have already been doing this work as required by the state Attorney General, so there has not been a need for the SORH to offer any technical assistance. The only issue is that New Hampshire requires the assessment to be completed every five years because it is so burdensome; however, the new rule will require it to be completed every three years.

**Oregon**

The SORH has been involved in doing community need assessment work for more than a decade. While the office’s Community Health Improvement Partnership projects meet the community benefit reporting requirements, they are in the process of “repackaging” those services to address the newly mandated IRS requirements directly. The SORH is also partnering with public health and the Association of Hospitals to develop a comprehensive approach to meet the hospitals’ needs.
Wyoming

Wyoming has $250,000 per biennium available for community assessments. The SORH is in its second biennium and has the flexibility to decide how to spend the money.

In 2008-2009, nine communities received grant awards to conduct community needs assessments. The Rural Health Resource Center worked with four of the awardees. For 2010-2012, Wyoming is using the funds to conduct the Community Apgar program to improve its 16 CAHs’ ability to recruit and retain primary care providers. It is also conducting some pipeline programs to reach middle and high school students.

With new leadership in the Governor’s office, the SORH is unsure if funding will continue beyond 2011.