

# Pitt public health analysis provides guidance on hospital community benefit programs

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A new analysis led by the University of Pittsburgh Graduate School of Public Health offers insights for nonprofit hospitals in implementing community health improvement programs. In a special issue of the *Journal of Health Care for the Poor and Underserved* that focuses on the Affordable Care Act (ACA), a multidisciplinary team of Pitt researchers explore published research on existing community benefit programs at U.S. hospitals and explain how rigorous implementation of such programs could help hospitals both meet federal requirements and improve the health of the populations they serve.

"Hospitals have long provided uncompensated care to people who could not otherwise afford it, and this in part has justified their nonprofit status. One goal of the ACA is to provide health insurance to more individuals, thereby potentially reducing uncompensated care," said lead author Jessica Burke, Ph.D., M.H.S., associate professor of community and behavioral health sciences at Pitt Public Health. "By working with [public health](#) professionals, hospitals can design and implement effective community benefit programs, such as preventative care outreach, that will improve the health of people in their service area and ultimately support continued nonprofit status."

Dr. Burke and her colleagues note that "community health needs assessments," which are required by the ACA and rely on large surveys and input from community stakeholders, including minorities and underserved populations, can provide information to help guide the development of community benefit programs, as well as provide data

needed to assess their impact.

By evaluating 106 scientific articles detailing [hospital](#)-based community benefit programs, Dr. Burke and her colleagues were able to categorize the programs into those based in the hospital and those administered at a community facility, finding that the programs were split almost evenly.

Hospital-based programs typically included preventative screenings or health education. Outside the hospitals, the programs included hospital after-care and benefits and coverage counseling, but were largely community-based programs, either with or without a community partner organization, such as a local school or community center.

"More than 80 percent of the community-based programs included a community partner, which can facilitate greater reach into a community," said Dr. Burke. "The more you can engage the community in the benefit programs you are trying to provide, the greater the likelihood of a positive outcome."

The analysis reinforces the value hospitals and health systems can derive from partnering with public health professionals to design their community health needs assessments and determine the best community benefit programs to address those needs, said senior author Everette James, J.D., M.B.A., professor of health policy and management in Pitt Public Health and director of Pitt's Health Policy Institute.

"Public health researchers add methodological rigor and experience with a range of evidence-based interventions to hospital community health implementation strategies," said Mr. James, who recently served as the 25th Pennsylvania Secretary of Health. "Our study is intended to strengthen this link between hospital programs and population health, and to provide useful information for hospitals and their public health partners as they comply with new ACA requirements."

UPMC worked with Dr. Burke and her colleagues at Pitt Public Health and Pitt's Health Policy Institute to conduct [community health](#) needs assessments for 13 of its hospitals, which the health system then used to guide its community benefit programs and set community [health](#) improvement goals.

Provided by University of Pittsburgh Schools of the Health Sciences

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