# Background

Contracts and state rule require coordinated care organizations’ (CCO) community health assessments (CHAs) and community health improvement plans (CHPs) to be shared CHAs and CHPs with local public health authorities (LPHAs), hospitals, and other CCOs, and also invite Tribes that share service areas to be equal shared partners. These entities will be referred to as the “collaborative CHA/CHP partners”.

The purpose of a shared CHA/CHP is to:

1. Improve population health outcomes through CHA and CHP collaboration and investment;
2. Ensure the CHA and CHP reflects the needs and priorities of the entire community; and
3. Reduce the burden on stakeholders and community members who may have previously participated in multiple, independent CHA and CHP processes.

This guidance helps CCOs address the requirement for a shared CHA and CHP with the CCO’s collaborative CHA/CHP partners.

Shared community health assessments and community health improvement plan requirements By Oregon Administrative Rule (410-141-3730) and CCO Contract (Exhibit K, Parts 6 and 7), CCOs are required to do the following:

1. **Develop a shared CHA** with all of the following entities that share all or part of their service area: LPHAs, hospitals and other CCOs. If a Tribe that shares the service area has developed or will develop their own CHA or CHP, the CCO must invite the Tribe to participate in the shared CHA and CHP. However, CCOs are always encouraged to ensure Tribe(s) are invited as equal partners in the shared CHA. The CCO’s CAC(s) is/are responsible for overseeing the CHA process with the collaborative CHA/CHP partners.
2. **Develop a shared CHP** with the collaborative CHA/CHP partnersusing the findings documented in the shared CHA, including the health disparities data required of the CHA. The CHP will serve as a strategic plan for the population health and health care systems to serve the communities within the CCO’s service area. As with the shared CHA, the LPHA(s), hospital(s) and other CCO(s) that share the service area should also collaborate on the shared CHP or ensure shared CHP priorities and strategies. As with the CHA, Tribe(s) must be invited as equal partners in the shared CHP, if the Tribe(s) have or will develop their own CHP. However, CCOs are always encouraged to ensure the Tribes are invited as equal partners in the shared CHP. The CCO’s CAC(s) is/are responsible for adopting the CHP in collaboration with the CHA/CHP partners.
3. **Document collaboration** among the collaborative CHA/CHP partners in the CHA and the CHP, as well as the CHP progress reports. (See possible approaches to documentation below.)

# Demonstrating the CHA or CHP is shared

For the purposes of the CHA and CHP, “shared” means one, shared CHA document and one, shared CHP document for the required entities. It may also include separate documentation to fulfill an entity’s state or federal requirements.

The same means of demonstrating a shared CHA could be used to demonstrate a shared CHP. CCOs may have one shared CHA/CHP or multiple shared CHAs/CHPs, depending on the service area(s) covered and how the community chooses to define itself. For example, a CCO covering two counties may have a separate CHA and CHP for each county, or it could have a regional CHA and CHP covering both counties. The goal is that each community has a single CHA and CHP, instead of multiple, disconnected assessments and improvement plans published by individual organizations within the community. (See page 3 for CHA/CHP guidelines on small, partial county CCO shared service areas.)

CCOs could demonstrate the shared relationship through at least two of the following ways:

1. Logos from each entity on the CHA and CHP cover pages or introduction to note shared ownership of the documents (entity logos that only denote participation in the CHA or CHP process, but not ownership or endorsement, would not suffice);
2. Membership lists in CHA and CHP appendices that show each entity is represented on the CHA/CHP decision- making body and steering committee with language that demonstrates the entities represented on the governing body are also the entities fully sharing the CHA/CHP; or
3. Memorandums of understanding or agreements that outline each entity’s role and responsibilities to clearly demonstrate ownership and endorsement that could be submitted as a CHA and CHP appendix or as separate documentation submitted to OHA.

Shared CHAs and CHPs may also include appendices or addenda for specific collaborative CHA/CHP partners with language fulfilling that specific entity’s state or federal CHA/CHP requirements.

While the shared CHA and CHP are required, CCOs will not be penalized if the shared service area’s LPHA or hospital in unable to fully partner in developing a shared CHA and CHP document. In this situation, the CCO must demonstrate the following for the CHA and/or CHP:

1. The CHA must demonstrate review of shared and published data from other entities’ CHAs, if the entities have completed CHAs in the prior two years. The CCO should also demonstrate efforts towards a shared CHA and data sharing; and describe why the entity is not partnering.
2. The CHP must demonstrate aligned CHP priorities and strategies with required entities' CHPs, if the entities have completed CHPs in the prior two years. The CCO should demonstrate efforts towards a shared CHP and describe why the entity is not partnering.
3. How their CHP priorities and strategies align with the CHP of the entity or entities that could not fully partner. The CCO does not have to demonstrate shared priorities and strategies with Tribe(s), if the Tribe(s) have not completed their own CHA/CHP and has declined to complete a shared CHA/CHP with the CCO.

# Timelines for completing shared CHAs and CHPs

By rule and contract, CCOs are required to complete a new CHA and CHP at least every five years. However, nonprofit hospitals are required to complete a community health needs assessment (CHNA) every three years and adopt an implementation strategy to meet the needs identified in the CHNA (per the Affordable Care Act). Whether CCOs adopt the hospital 3-year timeline or stay on the CCO and LPHA 5-year year timeline, approaches to collaboration for a shared CHA/CHP may include:

1. sharing data;
2. aligning CHP priorities and implementation strategies;
3. ensuring CHA/CHP decision-making bodies include representation from all entities; and/or
4. developing a Memorandum of Understanding or Agreement outlining each entity’s responsibilities.

Where a shared CHA/CHP is not already developed or in development, the collaborative CHA/CHP partners should convene as early as they can to discuss how to meet each entity’s timeline and other regulatory requirements.

# Small, partial-county CCO shared service areas

While some CCOs may have shared service areas that encompass most of a county, others may have shared service areas that only encompass a small portion of a county. In the latter scenario, it may not be an effective use of resources for each CCO to have a fully shared CHA/CHP. For example, if CCO A’s service area encompasses County X and a few zip codes in County Y, but CCO B’s service area covers all of County Y, then CCO A should engage with CCO B in County Y’s CHA/CHP instead of completing a second fully shared CHA/CHP. In other words:

* CCO A, whose service area covers all of County X but only a small portion of County Y, would not be required to have one fully shared CHA/CHP that reflects all of Counties X and Y; and
* CCO A would have a fully shared CHA/CHP for County X and demonstrate meaningful engagement with CCO B (and partners) in the CHA/CHP process for County Y.

If CCO A chooses, they may instead reflect the small portion of County Y within their fully shared CHA/CHP for County X, but OHA is not requiring this and allows the CCO to work with its collaborative CHA/CHP partners and the community to decide what is best.

Regardless of which approach the CCO takes, the CCO is expected to reflect CHP progress for all service areas through CHP annual progress reports for each CHP the CCO fully shares or has engaged in with another CCO.

CCOs with service areas that cover a small portion of a county (or counties) are encouraged to reach out to the OHA Transformation Center for further guidance.

# Best practices for how to develop a shared CHA/CHP

The OHA Transformation Center has many CHA/CHP development best practice resources available on its website: [www.oregon.gov/oha/HPA/dsi-tc/Pages/chachp-technical-assistance.aspx](https://www.oregon.gov/oha/HPA/dsi-tc/Pages/chachp-technical-assistance.aspx). These resources include recorded webinars, training materials and information about an upcoming CHA/CHP learning collaborative for CCOs and their CHA/CHP partners.