

Deepening Roots – The ACA as a Catalyst for Meaningful Community Health Collaboration

Marian Arledge, Erin Braasch

Hospitals and local public health agencies in Western North Carolina have a demonstrated history of creativity and collaboration. Just one example of a successful innovation took place in 1995, when dedicated leaders from local, predominantly rural hospitals voluntarily created WNC Health Network, a nonprofit alliance to improve health and health care across the region [1].

Given these existing relationships and a culture of collaboration, the hospitals in the mountains of North Carolina were well positioned in 2010 to leverage the new requirements of the Patient Protection and Affordable Care Act of 2010 (ACA). The ACA required nonprofit hospitals to conduct community health needs assessments every three years and describe how they planned to help meet the identified priorities [2]. While many hospitals in Western North Carolina were already participating in their communities' assessment processes and related programs, this new requirement created the opportunity for a reimagined, intentional approach to community health across the region.

The catalyst of the ACA brought together the hospitals of WNC Health Network, along with their local public health counterparts and key partners, to form a new vision for community health. Calling themselves WNC Healthy Impact, they redesigned the possibilities for community health in the region [3]. Learning the unique needs of each entity and appreciating the work already in place, the partnership began its work.

The first logistical hurdle was the invention of a high-quality, usable, and affordable methodology for shared

data collection across the region. The data team represented a variety of organizations and communities. By creating both a process and a product for county-level data, this group set the groundwork in 2011 for what is now used by nonprofits, funders, academic institutions, and others in the state. Through co-design and iteration, this became a longstanding, valued resource for planning, evaluating, and leveraging funding for community health that goes beyond simply meeting an ACA requirement. Because of their shared approach and aligned measurement, partners can compare data across counties and develop meaningful regional community health improvement collaboration for collective impact. This investment in regional data served as early—and ongoing—proof that community health improvement potential is maximized when hospitals participate robustly in the process.

With the foundational elements of data and reporting in place, WNC Healthy Impact partners journeyed beyond ACA requirements into more complex territories of evaluation, community engagement, community strategic planning, and health communications. While exploring methods for incorporating continuous learning and accountability into the work, local and regional partners soon adopted Results-Based Accountability (RBA). RBA is a disciplined, data-driven way of thinking and taking action to improve communities and organizations. In partnership with the North Carolina Center for Health & Wellness, and building on the RBA experience of Buncombe County and the Eastern Band of Cherokee Indians Public Health and Human Services Division, WNC Healthy Impact infused

the RBA way of thinking and taking action into the community health improvement cycle. As the health care and community landscapes have continued to shift, this partnership and approach to community health has grown in step. WNC Healthy Impact now has a “toolbox” of approachable, usable resources for every step of the community health improvement cycle, each co-designed and field tested with on-the-ground local public health leaders.

Critical from the start, local communities retained autonomy of their efforts and resources. For example, in Henderson County, a successful county-level coalition is supported by the health department and both local hospitals, Pardee UNC Health Care and AdventHealth Hendersonville. These partners provide leadership on WNC Healthy Impact committees and workgroups, ensuring that the products created at a regional level are designed with local voices and circumstances in mind. By leveraging regional support, the coalition can focus its valuable resources on engaging the community directly and creating unique solutions to complex issues. This has led to tangible successes at the local level, such as leveraging new funding sources and creating new positions to sustain the work.

Today, WNC Healthy Impact is supported financially by the hospitals in the region (both nonprofit and for-profit) and continues to be coordinated by WNC Health Network. This regional support is designed to enhance the local efforts that work with partners to assess health needs, develop collaborative plans, take action, and evaluate progress and results.

WNC Healthy Impact’s approach and tools serve as an inspirational yet achievable example to other communities across the state and nation. As requests to share tools and methods increase, the group increasingly shares its learning in new formats. For example, Health ENC, a program of the Foundation for Health Leadership & Innovation, has formed a regional partnership between hospitals

and health departments in the Eastern region of North Carolina. Health ENC has contracted with WNC Health Network to provide training in RBA for community health improvement.

While the 2010 ACA served as a lightning strike to motivate community health, the power of collaboration and the resulting unique, local solutions have created meaningful partnerships, tools, and ways of thinking that have a life of their own beyond any specific policies. Regardless of ACA requirements, this alliance continues to share a commitment to the health of all people in Western North Carolina. **NCMJ**

Marian Arledge, MPH public health consultant and former executive director, WNC Health Network, Asheville, North Carolina.

Erin Braasch, MPH, RN executive director, WNC Health Network, Asheville, North Carolina.

Acknowledgments

Potential conflicts of interest. The authors report no conflicts of interest.

References

1. WNC Health Network website. <https://www.wnchn.org/wnc-data/>. Accessed July 22, 2020.
2. International Revenue Service. Community Health Needs Assessment For Charitable Hospital Organizations - Section 501(R) (3). International Revenue Service website. <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>. Accessed July 22, 2020.
3. Gates H, Harris G. A regional model of community health improvement in Western North Carolina. *N C Med J*. 2014;75(6):404-405. doi: 10.18043/ncm.75.6.404

Electronically published November 2, 2020.

Address correspondence to Erin Braasch, Executive Director, WNC Health Network, 1 Haywood St., Suite 425, Asheville, NC 28801 (erin.braasch@wnchn.org).

N C Med J. 2020;81(6):391-392. ©2020 by the North Carolina Institute of Medicine and The Duke Endowment. All rights reserved. 0029-2559/2020/81612