FAMILIESUSA
THE VOICE FOR HEALTH CARE CONSUMERS

Oral Health

Using Hospital Community Benefits to Improve Access to Oral Health Care

ISSUE BRIEF / DECEMBER 2017

Communities can request that nonprofit hospitals fund or establish targeted oral health programs as a strategy to improve access to this important care. Hospitals can undertake such initiatives as part of their obligation to provide "community benefits" (that is, programs or funding that benefit the health of the community) in order to retain their tax-exempt status.

Community benefits are not a substitute for good public coverage programs—advocates still have more work to do in strengthening Medicaid coverage of oral health, for example. But fortunately, community benefits programs can help bring resources into underserved communities, and in the process, hospitals can become important allies in the larger struggle for good oral health coverage.

Nonprofit hospitals are required to update a community needs assessment every three years, and use it to determine which programs they will offer to benefit the community. This process is an opportunity for community members and public health officials to contribute input.

Some hospitals have already assessed community health needs for oral health and established programs to improve oral health care, which may serve as a model for nonprofit hospitals in your community. This document provides some background around how community benefits are defined in the applicable law, how hospitals assess needs in their community, and how concerned citizens and advocacy groups can get involved.

What are hospital community benefits?

To achieve and maintain their tax-exempt status, nonprofit hospitals are required by federal tax rules to establish or fund programs to benefit the health of communities they serve, in addition to the hospital care they provide.[1] One requirement for hospitals to deliver such community benefits is to provide financial assistance to low-income patients who are unable to pay for care. In addition, hospitals can include a range of programs that improve access to services, enhance public health, or help the community respond to public health emergencies.[2]

Hospitals have wide latitude in establishing new programs or funding existing programs to meet community needs. However, they must first assess community needs, and then use the insight gained to plan programs that respond to those needs.

Oral health initiatives fall squarely under the tax rules' definition of community benefits. For instance, by allocating funds to make low or no-cost dental care programs broadly available to low-income consumers,

When hospitals conduct "community health needs assessments" every three years, community members can play a vital role in addressing their community's dental health care needs by advocating for oral health initiatives.

As part of their tax obligation to provide benefits to the community beyond hospital care, nonprofit hospitals can fund oral health initiatives such as community dental clinics, mobile dental services, vouchers for dental care and oral health advocacy coalitions in the communities they serve.

a hospital can improve access to services, address a public health priority, or extend the work of a local public health department or nonprofit organization, which are all criteria for community benefits.

Some hospitals have already taken steps to improve oral health as part of their charitable and community benefits initiatives. Using a variety of approaches, their solutions have included:

» Funding dental chairs in community health centers;

» Funding mobile dental clinics that go to schools and community sites[3], or employing drivers to transport children from schools to dental appointments; and

» Providing vouchers to pay for the costs of care provided to low-income people seeking dental care in hospital emergency rooms.

» Funding oral health coalitions

Hospitals reassess community needs and update their community benefits plans every three years. The process usually takes place over a number of months, so this is a good time to start exploring the timeline for your local hospital, and determining whether your hospital can include an oral health initiative. The requirement for hospitals to undertake community needs assessments began in 2012, but hospitals may be on varying time lines for the three-year assessments.

SPOTLIGHT ON SOLUTIONS

Providing Dental Vouchers

There are many approaches to identifying and responding to community needs for oral health care. For instance, **HSHS St. Anthony's Memorial Hospital**, in Effingham, Illinois, found that oral health and access to dental care were among its community's top needs in 2011. Further, patients were coming into the hospital emergency room for non-traumatic dental needs because only one area dentist offered no-cost services to low-income patients.

Teaming up with Catholic Charities, St. Anthony's began issuing dental vouchers to patients in its service area to cover the costs of an initial exam, x-ray, and extraction if necessary. In the program's first three years, it provided care to over 700 patients.[8]

How do hospitals assess community health needs?

The Internal Revenue Service (IRS) requires nonprofit hospitals to document that they have assessed needs in the communities that they serve. Even if a hospital's own patients tend to be wealthier than average, the hospital must consider the needs of medically underserved, low-income, and minority populations in their geographic area as part of their assessment.

Tax rules require these needs assessments to include the examination of health indicators in the community, discussions with experts and stakeholders, and direct input from community members, including all of the following sources:

» At least one public health department—which can be at a state, local, tribal, or regional level. In rural communities, the hospital may consult the State Office of Rural Health.

» Members of medically underserved, low-income, and minority populations, or individuals or organizations that represent their interests.

» Any written comments that were provided on the hospital's most recent Community Health Needs Assessment (CHNA). The hospital's previous CHNA should be prominently posted on the hospital's website, where any member of the public can comment on it.

Funding Clinics and Oral Health Coalitions

The **Kaiser Foundation Hospital**, in San Bernardino California, identified untreated dental disease in its 2013 and 2016 CHNAs. The hospital found that there was a shortage of dental professionals in the area, and little or no access to free or low-cost dental services. Cost barriers for low-income people, especially during this period when California had ceased providing oral health coverage to adults through its Medicaid program, and the lack of integration of oral health care into overall health care delivery systems contributed to the access problems. In response, the hospital provided grants to a community clinic for a dental chair, to mobile dental units, and financial support to the Oral Health Action Coalition of Inland Empire, a grassroots coalition whose mission is to improve the oral health of vulnerable populations in the Inland Empire Region of Southern California.

California partially restored Medi-Cal adult dental benefits in 2014 and will fully restore coverage in 2018. The coalition continues to work to mobilize and organize local resources to increase access to oral health care and improve health outcomes.[9]

At the hospital's option, it can also actively solicit input from other health care consumers and their advocates, community based organizations, and/or a wide variety of other stakeholders and experts. Some hospitals develop surveys or questionnaires to aid them in this process, but they might not think to put questions about oral health on the surveys unless someone asks them to do so.

How to get involved

A good first step is to read the hospital's most recent CHNA, posted on the hospital's website, and comment about it in writing. The CHNA will tell you what the hospital has previously identified as health priorities, what data and input it relied on, who in the hospital's leadership (or which parts of the hospital organization) have been involved in needs assessment, and the hospital's current action plan to provide community benefits. Many CHNAs identify the name and position of the person who spearheaded the effort, so you can reach out to that person to comment and find out how to get involved in the next assessment. If a contact is not readily apparent, ask the hospital's leadership to direct you.

Consider commenting about:

» Unmet community oral health needs that the hospital should address in its next community benefits plan, and how it might do so;

» Experts and data sources the hospital should consider that illuminate community oral health needs; and

» Questions that you believe should be included in future surveys and focus groups about barriers to oral health. Examples: "Sometimes people have trouble getting health care when they need it. By health care, I mean medical care as well as other kinds of care like dental care and mental health services. During the past 12 months, was there any time when [CHILD] needed health care but it was delayed or not received? If yes: What type of care was delayed or not received? Was it medical care, dental care, mental health services, or something else?"[4] Probing specifically about dental care and mental health services reminds people that these are part of overall health care. In community focus groups, discussing reasons for untreated dental disease may elicit information about people who get extractions because they cannot get other care, or wait lists at clinics, for instance.[5]

If a new CHNA is underway, ask for a meeting with the person overseeing the process. Ask how and when the hospital will be soliciting input, and whether you can be actively involved. For example, can you be part of an advisory committee? Or can you help get people to a community forum that the hospital has planned to talk about oral health needs? In addition to considering these options, it may be helpful to refer to Community Catalyst's Hospital Accountability Project, which provides a number of other tips and tools.[6]

Furnish information about how you think the hospital can make a difference in oral health.

Provide examples of successful programs in your community that the hospital could supplement or expand, examples from other states and communities, and other new ideas.

Ask your state, county, or local health department to explain to the hospital about oral health needs that it could address. Since the hospital must reach out to public health officials as part of the needs assessment, you can also reach out to those officials and ask them to make oral health part of their responses. They can request that the hospital address oral health needs, either by implementing new programs or contributing to existing programs.

Ask the hospital to consider its own experiences with patients' unmet oral health needs. Hospitals already see patients in their emergency rooms who are in pain from untreated dental problems. Such patients might be sent away with pain killers that do not treat the underlying problem, prescriptions for antibiotics, and/or advice to follow up with a dentist whom such patients cannot actually afford to see. The emergency room doctors might themselves need dentists with whom to consult about patients. Asking the hospital to consider its own experiences with patients' oral health needs may thus be fruitful.

Provide statistics. You can identify oral health needs by providing data from your public health department, data on health professional shortage areas[7], and national surveys such as the Behavioral Risk Factor Surveillance Survey.

Nonprofit hospitals have unique relationships with the communities they serve, and in order to retain their nonprofit status, they are required to periodically assess community health needs and provide solutions for addressing them. This requirement offers an opportunity for interested members of the community to articulate and advocate for unmet health care needs, including needs around oral health, in the community. Advocates can help hospitals assess oral health needs and fund or establish programs that address them.

Endnotes

[1] 26 Code of Federal Regulations, 1.501(r)-3 and Internal Revenue Service, Instructions for Schedule H, Form 990, 2016. The IRS defines community benefits as "activities or programs …that seek to achieve [an objective] including improving access to health services, enhancing public health, advancing increased general knowledge, and relief of a government burden to improve health." These include activities or programs that:
Are broadly available to the public and serve low-income consumers
Reduce geographic, financial, or cultural barriers to accessing health services
Address federal, state, or local public health priorities
Leverage or enhance public health department activities
Strengthen community health resilience, improving the community's ability to withstand or recover from public health emergencies
Otherwise would become the responsibility of government or another nonprofit
Advance general knowledge through education or research that benefits the public.

[2] See preceding endnote for a more complete list and citation.

[3] HSHS St. Francis Hospital (HSHS SFH), *Community Health Needs Assessment and Implementation Strategy* (Litchfield, IL: HSHS SFH, 2015). The hospital worked with a community college to provide dental hygiene services and exams in a dental shortage area.

[4] Cincinnati Children's Hospital Medicaid Center (CCHMC), *Community Health Needs Assessment* (Cincinnati: CCHMC, June 30, 2016).

[5] Kaiser Foundation Hospital (KFH), *Community Health Needs Assessment* (Riverside, CA: KFH, 2013), available online at https://share.kaiserpermanente.org/wp-content/uploads/2013/09/Riverside-CHNA_2013.pdf. Accessed November 7, 2017.

[6] Community Catalyst, *Hospital Accountability Project* (Boston: Community Catalyst), available online at https://www.communitycatalyst.org/initiatives-and-issues/initiatives/hospital-accountability-project/community-benefit-tools-and-resources-for-chna. Accessed November 3, 2017.

[7] Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services, *HRSA Data Warehouse* (Rockville, MD: HRSA). Available online at https://datawarehouse.hrsa.gov/topics/shortageAreas.aspx. Accessed November 7, 2017.

[8] HSHS St. Anthony's Memorial Hospital (HSHS SAMH), *Dental Vouchers: A Successful Partnership for All* (Effingham, IL: HSHS SAMH, June 1, 2017). Available online at https://www.chausa.org/docs/default-source/2017-assembly/2017-assembly-handouts/c4----successful-er-referral-strategies-for-dental-patients-beckermann.pdf?sfvrsn=2. Personal correspondence with Lisa Hoelscher, Marketing Specialist, HSHS St. Anthony's Memorial Hospital, November 30, 2017.

[9] Kaiser Foundation Hospital (KFH),*2013 Community Health Needs Assessment* (San Bernardino, CA: KFH, 2013), available online at https://share.kaiserpermanente.org/wp-content/uploads/2013/09/Fontana-CHNA-2013.pdf and KFH, *2016 Community Health Needs Assessment* (San Bernardino, CA: KFH, 2016) available online at https://share.kaiserpermanente.org/wp-content/uploads/2016/12/2016-KFH-Fontana-and-Ontario-CHNA_Final.pdf. Accessed November 9, 2017.

[10] Palmetto Health, *Community Health Needs Assessment Report*, (Lexington, Richland, and Sumter SC: Palmetto Health, 2016) available online at https://www.palmettohealth.org/document-library/documents/2016-chna-report. Accessed November 28, 2017.

FAMILIESUSA
THE VOICE FOR HEALTH CARE CONSUMERS

1225 New York Avenue NW, Suite 800
Washington, DC 20005
202-628-3030
info@familiesusa.org
FamiliesUSA.org
facebook / FamiliesUSA
twitter / @FamiliesUSA