# Why do we do this?
Background on Maine's Shared Community Health Needs Assessments:

The Maine Shared Community Health Needs Assessment (CHNA) is a community health collaborative like no other in the nation that dates back to 2007.  From the beginning, the Maine Shared Community Health Needs Assessment Collaborative recognized the value of banding together to assess our communities and share findings to improve our health.  Today, this process also meets accreditation and legal obligations. Public health departments (ie: the Maine CDC, and the City of Portland) are guided by requirements from the Public Health Accreditation Board (PHAB). Hospitals are guided by the Internal Revenue Service (IRS) guidelines as set forth by the Affordable Care Act. Below is a list of common requirements that inform the Maine Shared CHNA:

| | |
|---|---|
| Timing | At least every 3 years. This is the 3rd triennial effort (2010, 2015-2016, and now 2018-2019) |
| Collaboration | Highly encouraged by both the PHAB and IRS |
| Service Area | In a nutshell, this combined effort covers the entire state. This includes hospital service areas as well as Public Health Districts. |
| Partners | Must include input from:<br>• Public Health professionals<br>• Government<br>• Public Health department staff<br>• Medically underserved or organizations who serve them<br>• Low income population or organizations who serve them<br>• Minority populations or organizations who serve them |
| Requirements | • Assess and prioritize top health issues and needs<br>• Compile community assets available to address health issues and needs<br>• Describe social determinants of health<br>• Describe health surveillance system<br>• Include description and examples of how data is being used<br>• Collect comments of previously adopted health improvement plans |
| Process | Largely undefined on how to gather community input |
| Documentation | • Meeting minutes, emails, website or other documentation of process used to collect data and information.<br>• Description of criteria used to identify significant health needs and assets<br>• Description of which model or framework was used |
| Data | • Describe process of identifying data sources, methodology and analysis.<br>• Must include 'context for the population' such as census, employment, income, education, voter registration, transportation, parks, housing stock, home values<br>• Must include primary data collection through (examples include: surveys, focus groups, interviews, talking circles.) |
| Final Product | • For IRS: written report adopted by board<br>• For PHAB: Description of how results are to be shared and used; ongoing monitoring and updating of data<br>• For both: opportunity for public comment |

FMI contact Jo Morrissey, jlmorrisse@mainehealth.org