

## **STOP Obesity Alliance – Strategies to Overcome and Prevent**

Hospitals are community cornerstones. We rely on them in times of emergencies and when a loved one is in need of care. In addition, nonprofit hospitals have long been charged with providing programs and services that provide "community benefit" and improve community health. Now, the Affordable Care Act (ACA) includes a Community Health Needs Assessment (CHNA) provision, which codifies and creates new reporting standards for nonprofit hospitals seeking to maintain their federal tax-exempt status. Every three years, nonprofit hospitals must conduct and report on community health needs via a formal CHNA process. Additionally, nonprofit hospitals must submit an implementation strategy, which specifically describes what community benefit programming the hospital will undertake to address the health needs identified in their CHNA.

At STOP, we're taking a closer look at what these changes mean and how they may benefit communities around the country when it comes to addressing obesity. During this time of change, the new requirements could serve as an opportunity for nonprofit hospitals to assess and address their community's needs related to overweight and obesity and may create new opportunities for community-hospital partnerships.

Earlier this month, the Alliance convened a group of experts from nonprofit hospitals, health-focused associations, government and academic institutions to explore issues around obesity program design and implementation as it pertains to the CHNA reporting requirement and implementation strategy. We discussed some of the excellent work nonprofit hospitals already have underway to address a host of community health needs, including obesity and other chronic diseases. We also discussed the high likelihood that when conducting their CHNA, many of the nation's more than 2,900 nonprofit hospitals will identify obesity as a community health need that they choose to address, including many hospitals that are not currently focused on the problem.

While this is all good news, hospitals may also meet some roadblocks along the way should they choose to address obesity. For one, opinions vary on which programs are effective and which provide the most return on investment. There is even back and forth on how to define such returns on investment and what sorts of returns are most valuable - be it reductions in health care costs for the hospital, improved quality of life for people in the community or something else entirely. While opinions vary, we learned from the experts gathered that there are programs in operation today that are showing positive results and could serve as models for others.

To help nonprofit hospitals learn from these successful examples, the STOP Obesity Alliance's obesity research team at George Washington University is developing a paper based on this discussion that will provide examples of lessons learned and suggestions for nonprofit hospitals seeking to develop similar programs. To be released in the coming months, the paper also will help nonprofit hospitals communicate the case for community-building activities that support healthy weight efforts, by describing options and evidence for structural investments in the built environment, such as parks, sidewalks and bike lanes.

This paper advances STOP's work on this issue that also includes research-based **recommendations** for nonprofit hospitals seeking to develop obesity-related programs to address their community health benefit requirements. Additionally, the Alliance released earlier this month its most recent "Weight and the States" bulletin, which focused on how states, particularly state public health agencies, can support nonprofit hospitals in conducting CHNAs and community-based obesity programming. Ensuring that local obesity efforts align with state efforts may help increase the efficacy and reach of public health efforts. You can click [here](#) to download the bulletin