

Alignment of Substance Use Community Benefit Prioritization and Service Lines in US Hospitals

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Introduction

Hospitals rely on many factors to determine what services to offer in their communities, but the ongoing opioid epidemic has highlighted the importance of a hospital's services being directly responsive to community needs. Most US hospitals are nonprofit entities and, in order to maintain their tax status, are mandated to produce Community Health Needs Assessments (CHNAs) of their local area along with a corresponding implementation strategy (IS) that addresses those needs (Rosenbaum & Byrnes, 2016). Using a nationally representative database of CHNAs and implementation strategies along with data from the American Hospital Association (AHA) Annual Survey, this study examines whether substance use disorder (SUD) appearing on ISs is associated with SUD services being offered in the clinical setting.

Methods

The sample for this study consists of a stratified, random sample of 20% of nonprofit hospitals in each state, rounded up to the nearest hospital (N=601).

Dependent Variable(s):

- A count of how many of 6 AHA survey identified SUD services are offered by the hospital.

Independent Variable:

- Does SUD appear on the hospital's implementation strategy?
- Additionally, we included hospital characteristics (bed size, teaching status, and system membership) and county characteristics (health, uninsured rate, and rural population). We also controlled for region in order to understand the context within which these hospitals function.
- We employed descriptive statistics to establish frequencies, percentages or medians, and range where appropriate for each variable.

Results

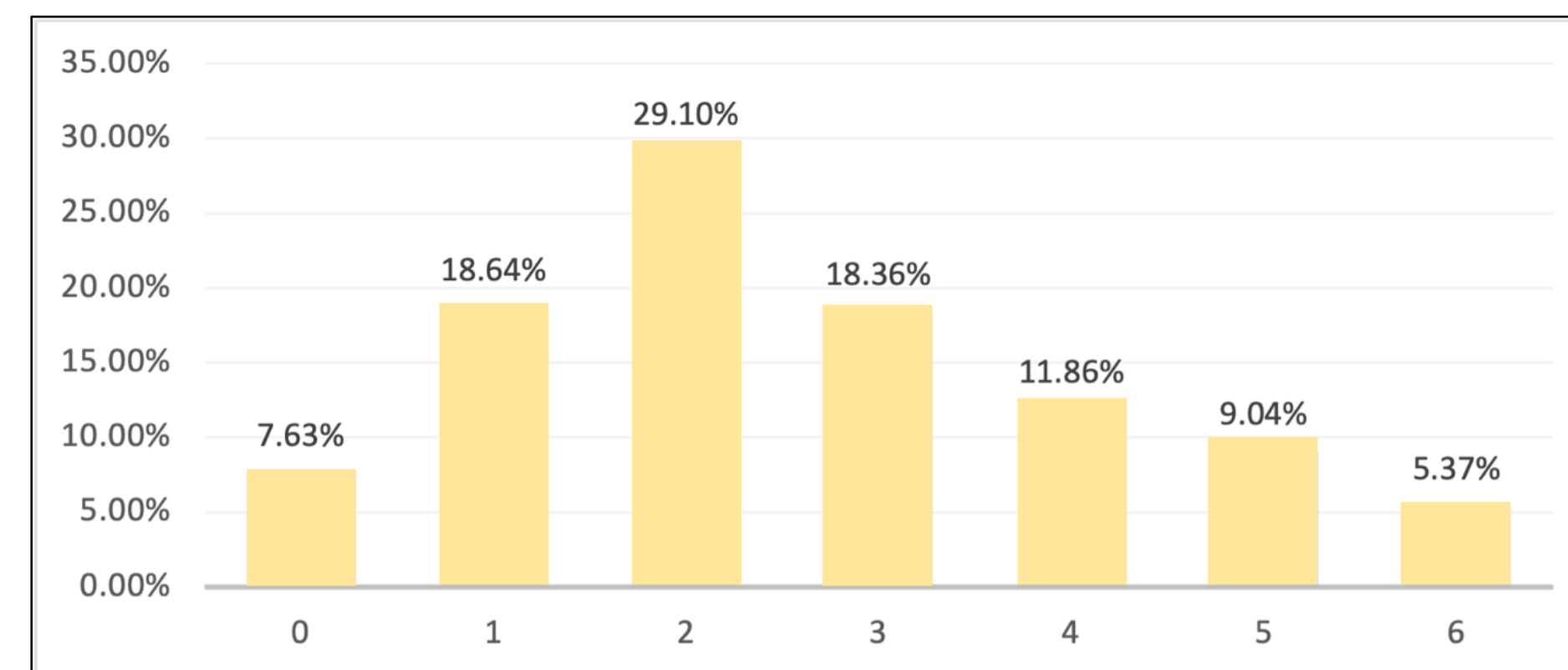


Figure 1: Percent of hospitals by count of SUD hospital services

Our findings indicate most hospitals included in the sample (77%) have programming in SUD as part of their ISs.

Figure 1. An even higher number of hospitals (92%) offered at least one formal medical service to treat SUD. The average number of service categories offered by hospitals is 2.57, with two-thirds of the hospitals in the sample offering up to three of the categories analyzed. Just under 8% reported none of the services offered, and

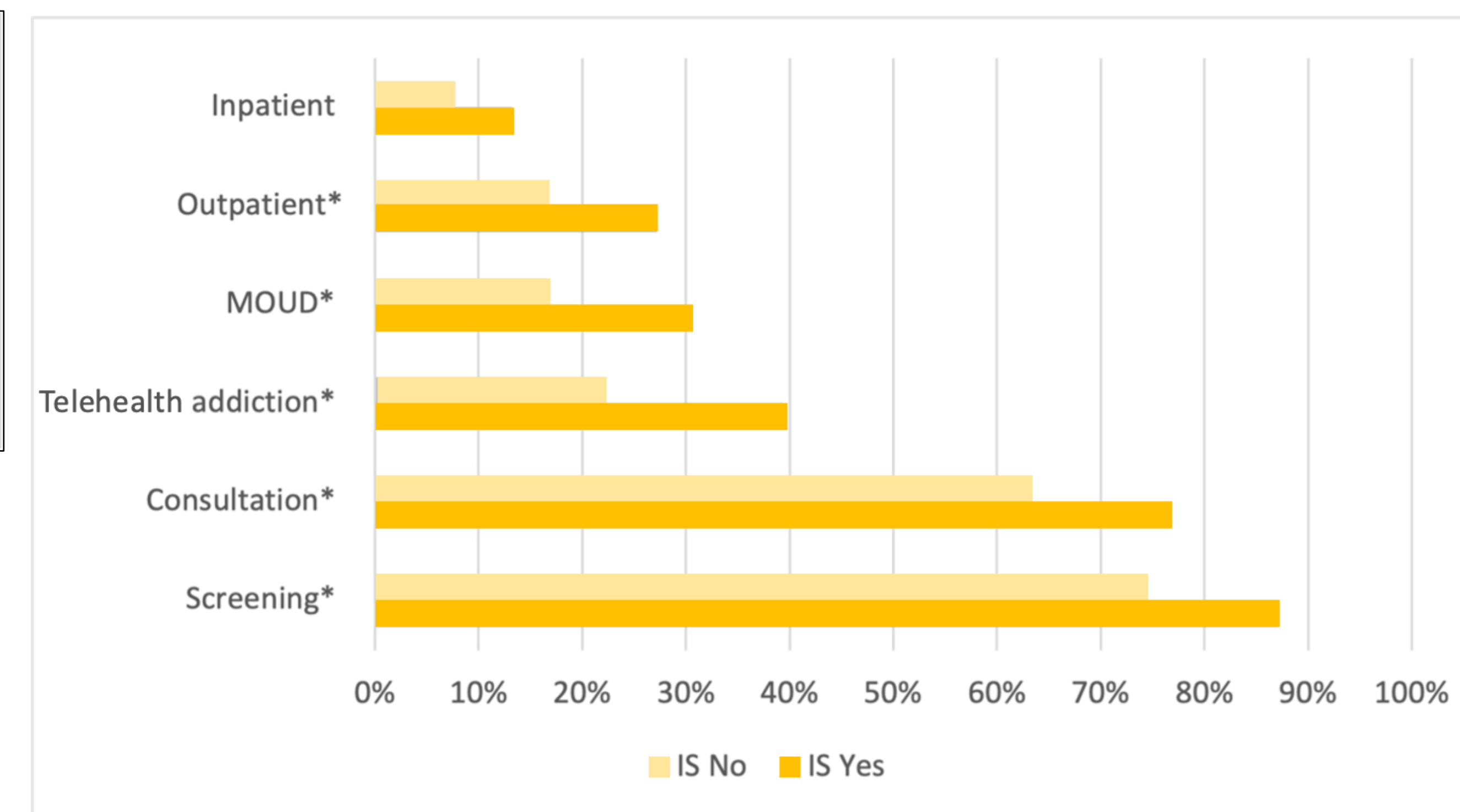


Figure 2: Service offering prevalence in relation to SUD presence on implementation strategy (* P<0.05 indicates significant association (chi2))

just over 5% reported offering all six.

Figure 2. When considering the services individually, each was positively associated with SUD being included on the IS, and all but inpatient services were statistically significant relationships.

Additional findings show that a hospital's size and the region it is located are significantly related to the count of services it offers.

A multivariable analysis model showed a significant and positive relationship between the SUD prioritization on a hospital IS and count of service offerings, indicating:

On average, hospitals that prioritize SUD on their community benefit documents offer more services related to SUD.

Discussion

- The findings of this study suggest that a hospital's service offerings are reflective of their decision to prioritize SUD efforts in prior years. From our data, we cannot conclude if service offerings are a result of IS prioritization. However, we can recognize a clear relationship between the willingness to engage with a need at a community level and the ability to provide services within the clinical setting.
- We also acknowledge that limitations in resources may keep organizations, especially smaller hospitals, from addressing SUD no matter how urgent the community need may be.

Conclusions

The services a hospital offers are related both to its size and the needs of the community it serves. This study highlights the value of the assessment and implementation strategy process as a way for hospitals to engage with these needs. Policymakers should be attuned to how hospitals make decisions to consider new actions to support these organizations and improve the health of the communities they serve.

References

1. Rosenbaum, S., & Byrnes, M. (2016). *Improving community health through hospital community benefit spending: Charting a path to reform.*