

# Community Benefit & The Common Good: Exploring Opportunities to Build Community Strength

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# GOALS

- Place community benefit in broader health/health care context
- Know key terms and concepts re: community health and community benefit
- Understand basic intervention points and important contextual clues in a hospital community benefit process
- Process ways to bring this home to locals and community partners

# THE BROADER CONTEXT



# We spent \$3 trillion on health care in 2014.

That's about **\$9,523 per person**, or **17.5 percent** of our total economy. The biggest chunk of our health care dollars went to hospitals (32 percent), clinics and docs (20 percent), and prescription drugs (10 percent).



Source: National Health Expenditures Accounts, Centers for Medicare and Medicaid Services, Office of the Actuary.

**But, we're not getting what we've paid for.**

# Two Americas

**“In today’s America, people live in two distinctly different worlds....It’s startling how strongly someone’s health and longevity can be influenced by where he or she lives — a person’s ZIP code is a stronger predictor of his or her overall health than other factors, including race and genetics...**

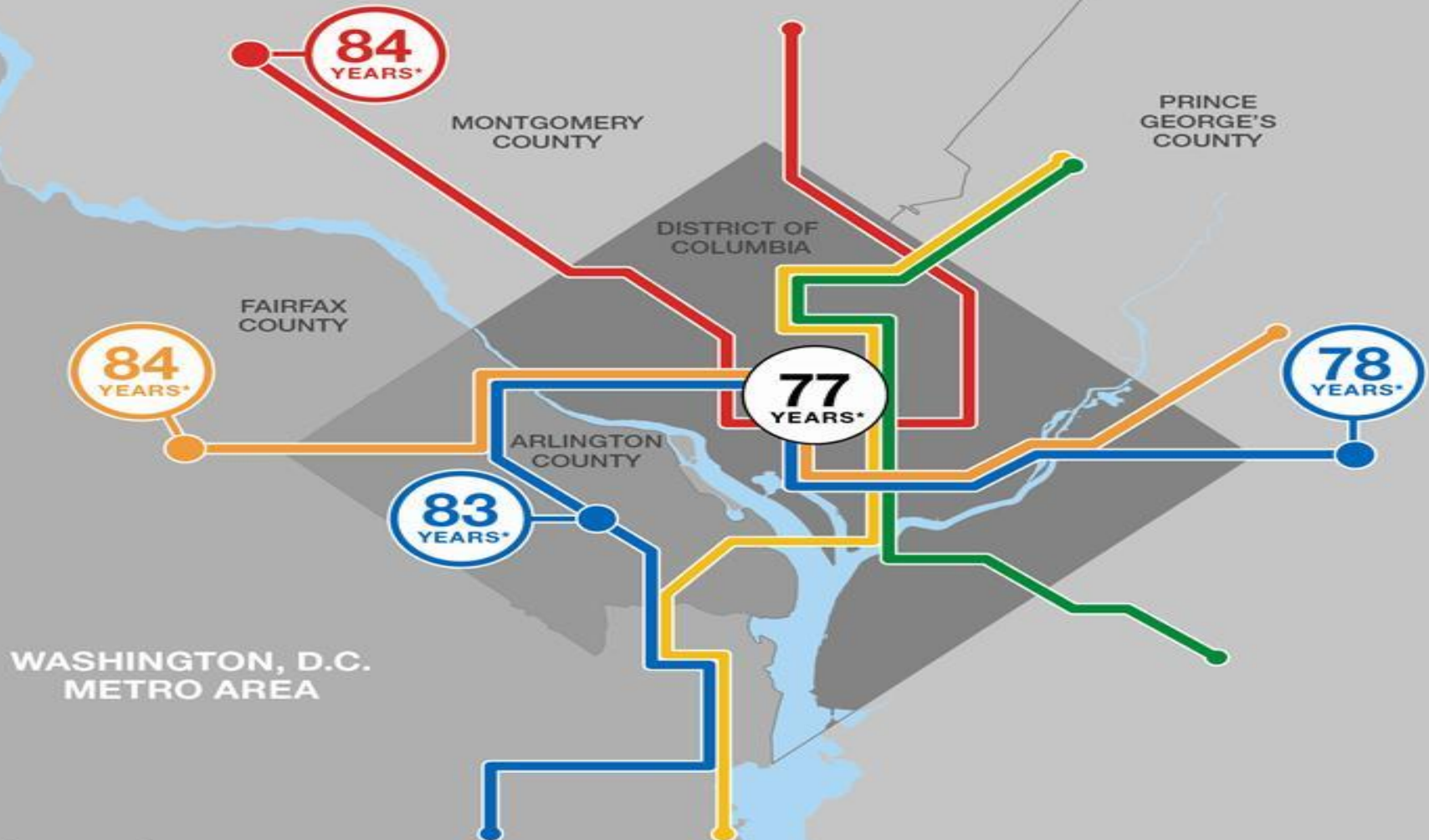
You don’t need to travel far, or at all, to see the neighborhoods that have been left in the past. **Some of our largest hospital systems are in the same urban communities that are burdened by these staggering mortality statistics — you can literally stand in the hospital lobby, open the doors, and gaze outside upon a neighborhood that experiences 1950s-quality health outcomes.** You can travel even further backward on the health quality timeline by riding a few subway stops or walking a few neighborhood blocks.”

Source: Graham et al, “[Defeating the ZIP Code Health Paradigm: Data, Technology, and Collaboration Are Key](#),” *Health Affairs* (8.6.2015).

# Geography as a Predictor of Health

RWJF Commission  
to Build a Healthier America

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\*Life expectancy at birth

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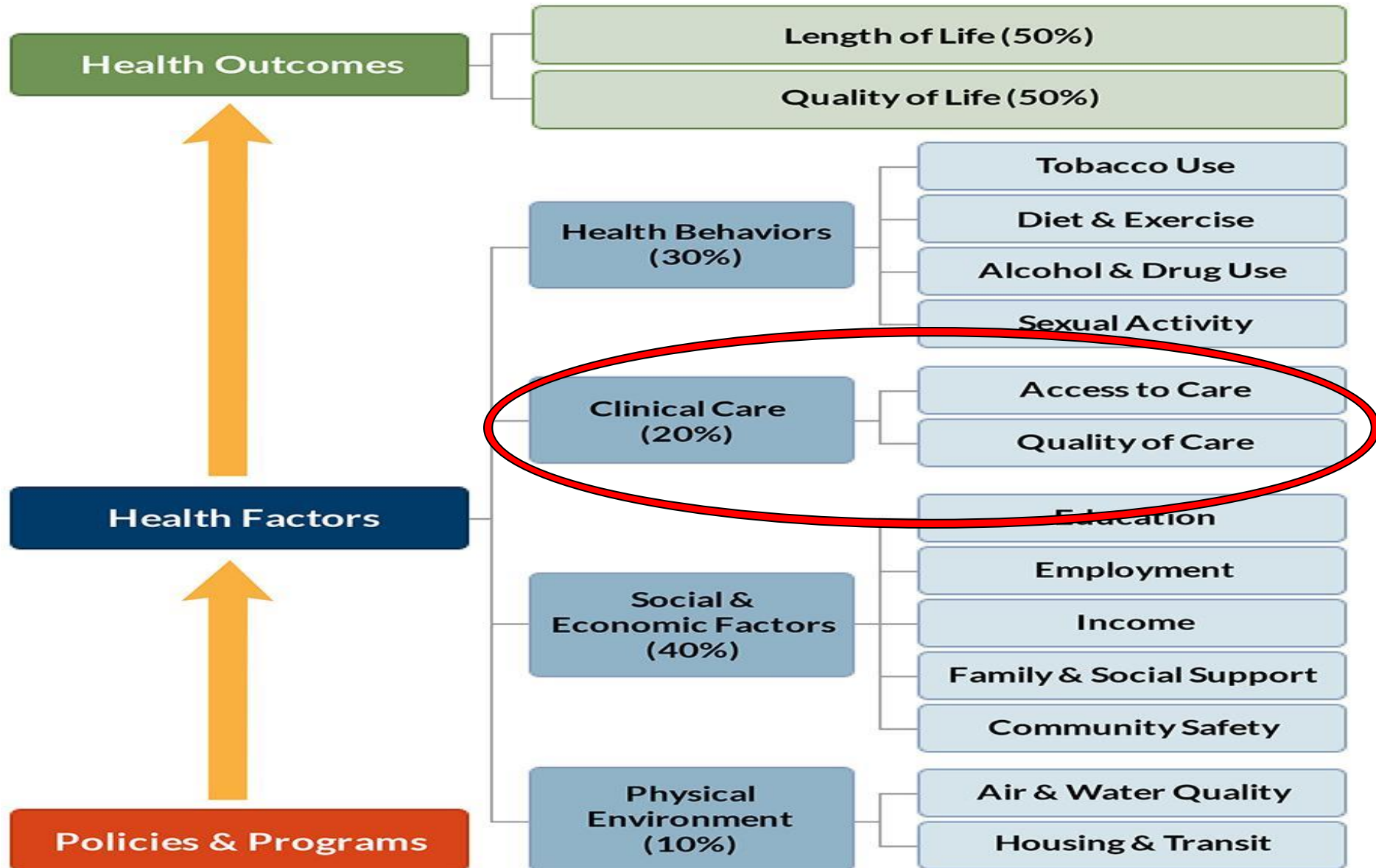




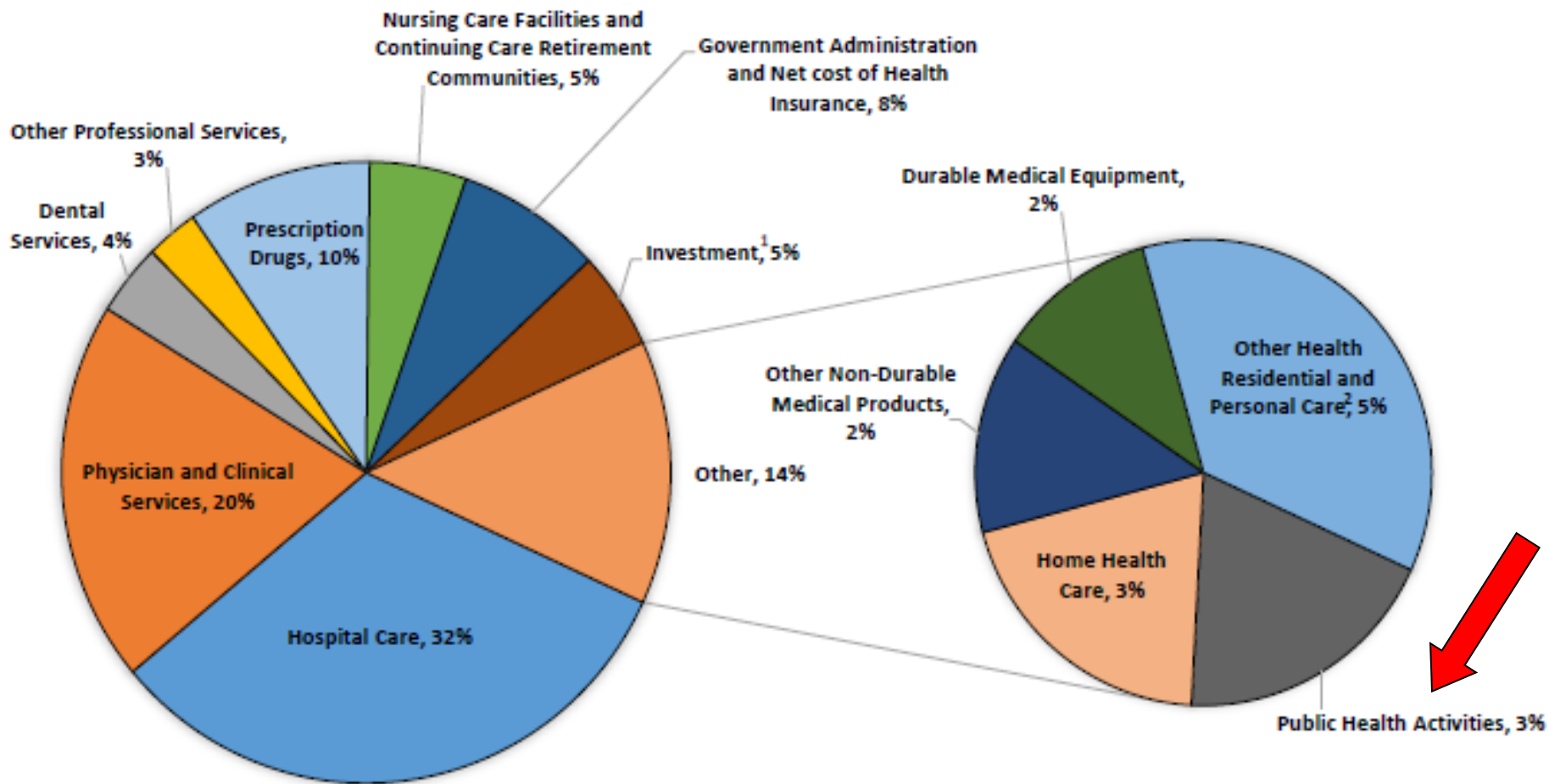




# What Matters for Health



# THE NATION'S HEALTH DOLLAR (\$3.0 TRILLION), CALENDAR YEAR 2014, WHERE IT WENT



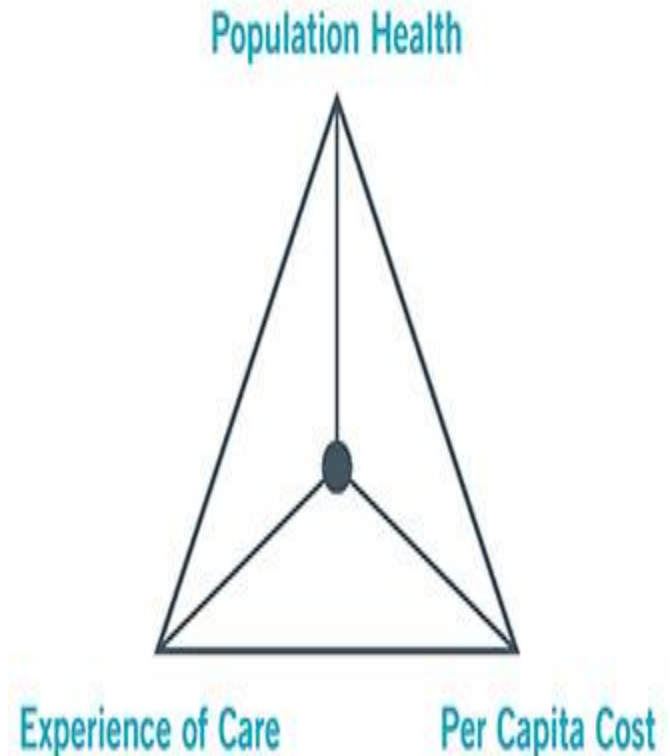
<sup>1</sup> Includes Noncommercial Research (2%) and Structures and Equipment (4%).

<sup>2</sup> Includes expenditures for residential care facilities, ambulance providers, medical care delivered in non-traditional settings (such as community centers, senior citizens centers, schools, and military field stations), and expenditures for Home and Community Waiver programs under Medicaid.  
 Note: Sum of pieces may not equal 100% due to rounding.

# The ACA's Big Bet

- 1) Reign in health care **costs** (reduce them, don't just slow their growth).
- 2) Improve health care **quality and patient experience**.
- 3) Improve the health of the **population as a whole**, in addition to providing excellent care to individuals.

## The IHI Triple Aim



Source: Institute for Healthcare Improvement, [www.ihl.org](http://www.ihl.org)

# COMMUNITY BENEFIT



# What Is Community Benefit?

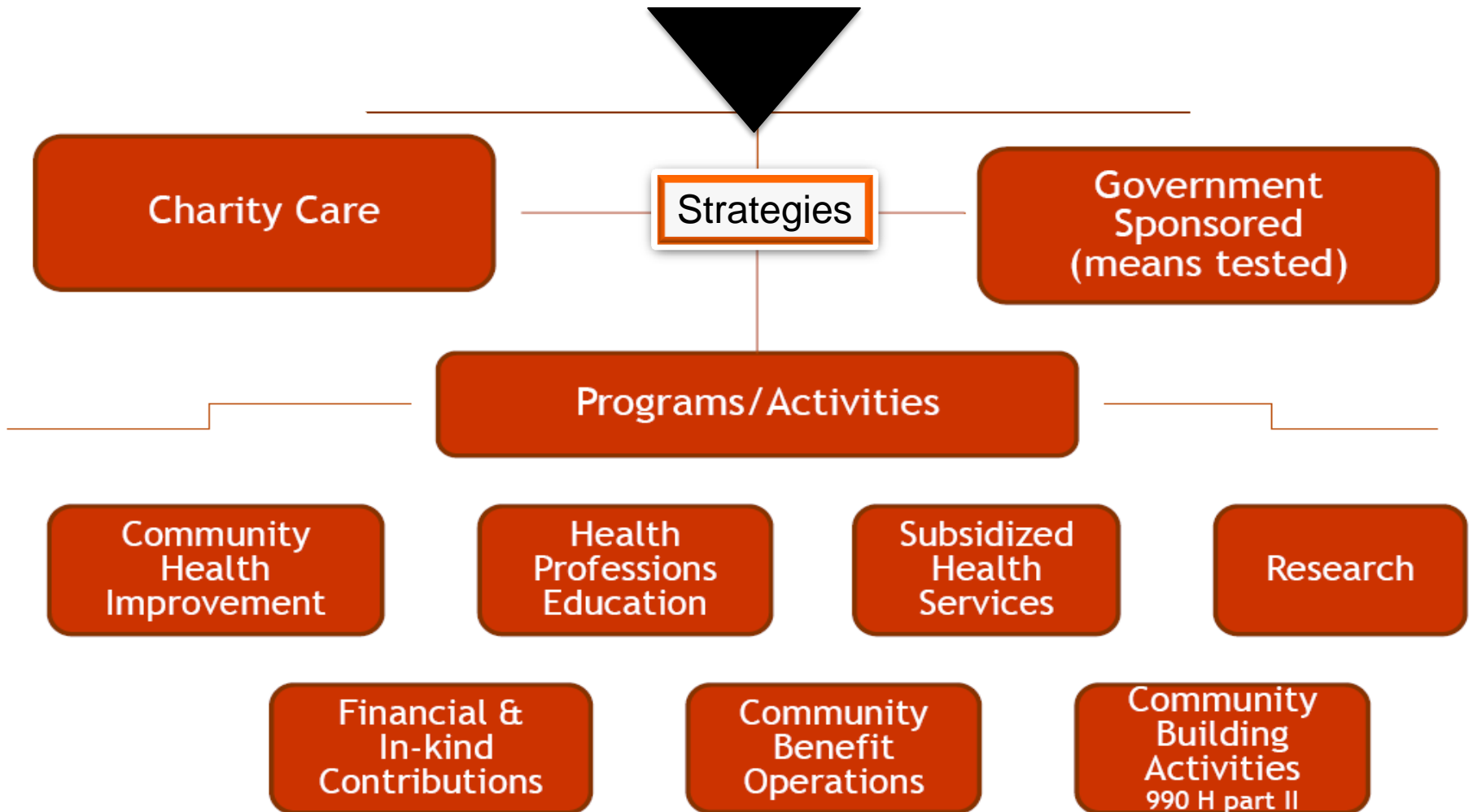
Generally, hospital community benefit includes programs or activities that:

- **Improve access** to health care and/or community **health**, **advance** medical or health **knowledge**, or **relieve or reduce** government or community **burden**; AND
- Responds to a **community-identified need**, placing particular focus on the voices and issues facing the **underserved** in a given place.

Sources: 2013 IRS Form 990, Schedule H [Instructions](#), pages 16-17; [“Defining Community Benefit,”](#) Catholic Health Association; Community Benefit Model [Act](#) and [Commentary](#), Community Catalyst.



# Types of Community Benefit



Source: IRS Form 990, Schedule H  
“Hospitals.” Credit for graphic to Dan  
Hodgkins, Community Health Network.

# Under the Affordable Care Act, all non-profit hospitals must:

1. Regularly assess community health needs and develop implementation plans to address them
2. Establish and widely publicize written financial assistance and collections policies
3. Fairly charge patients who qualify for financial assistance the “amounts generally billed” to patients with health coverage
4. Make a “reasonable effort” to determine financial assistance eligibility *before* using “extraordinary” collection practices



*Section 9007 of the ACA amends the requirements for hospitals with federal tax-exempt status. It does not apply to for-profit hospitals or other types of medical providers.*



# Community Health Needs Assessments (CHNA)

To conduct a CHNA, hospitals must:

1. **Define the community** served
2. **Solicit and take into account input** from community and public health representatives
3. **Assess the health needs** of that community
4. **Document** the CHNA in a written report that is adopted by a board-authorized body
5. **Make the CHNA report widely available** to the public (along with 2 subsequent reports)

# Defining the Community

- “All the facts, ma’am”
  - Hospitals can use **all relevant facts and circumstances** to define the community they serve. Examples of facts and circumstances include geographic boundaries (zip codes, neighborhoods, etc.), target populations (children, women, seniors, etc.), and principal functions (cancer center, e.g.)
- No cherry-picking
  - Hospitals that use geographic areas to define the community **CANNOT** exclude medically underserved, low-income, or minority populations living in that area
  - Definition should be “blind” to insurance status or financial need

# Getting Input

The **law** requires non-profit hospitals to “take input” from people who “represent the broad interests of the community.”

The **final rules** are more specific about WHO must and may provide input, WHEN hospitals must follow these processes, and WHAT hospitals have to report about the input they receive. They are very flexible about HOW hospitals must use the input and structure programs.

- MUST include governmental public health entity; members of medically underserved, low-income, and minority populations or organizations that serve them; and written comments on previous CHNA
- MAY include “labor and workforce representatives”

# Assessing Health Needs

- **Identify** significant community health **needs**
  - May include programs or other resources that currently exist that are necessary maintaining or improving health
  - May include financial and other barriers to care
  - May look upstream at social, behavioral and economic factors that impact health
  - Hospitals decide “significant” based on all facts and circumstances
- **Identify resources** potentially available to meet needs
  - Includes hospital and community resources
- **Prioritize the needs**

# Choosing What to Prioritize

Hospitals may use any criteria to prioritize significant health needs, including:

- Burden, scope, urgency or severity of need
- Feasibility or effectiveness of intervention
- Health disparities
- Importance community places on the need

*Ultimately, the hospital decides which needs to prioritize, but it must seek and consider community and public health input when selecting priorities.*

# Reporting Out to the Community

The CHNA report must describe:

- The community served and how the community was determined
- Process and methods used to conduct the CHNA (data, methods, external sources, partners)
- How the hospital solicited and considered community/public health input
- A prioritized list of the significant community health needs (plus the process and criteria used to determine list)
- Resources identified to potentially address these needs
- Evaluation of the impact of actions taken since prior CHNA

# Developing a Plan of Action (Implementation Strategy)

A **written plan** for addressing significant health needs identified in the CHNA. It describes either:

How the hospital will meet the need	If the hospital will not meet the need
Actions the hospital intends to take	Brief explanation of why the hospital will not address need
Anticipated impact	
Resources the hospital will commit	
Any planned collaboration with others	

# PUTTING IT INTO PRACTICE





# INVEST IN YOUR COMMUNITY

4 Considerations to Improve Health & Well-Being *for All*

## WHAT Know What Affects Health



## WHERE Focus on Areas of Greatest Need

Your zip code can be more important than your genetic code. Profound health disparities exist depending on where you live.



## WHO Collaborate with Others to Maximize Efforts



## HOW Use a Balanced Portfolio of Interventions for Greatest Impact

- Action in one area may produce positive outcomes in another.
- Start by using interventions that work across all four action areas.
- Over time, increase investment in socioeconomic factors for the greatest impact on health and well-being for all.

Four ACTION Areas



VISIT [www.cdc.gov/CHInav](http://www.cdc.gov/CHInav) FOR TOOLS AND RESOURCES TO IMPROVE YOUR COMMUNITY'S HEALTH AND WELL-BEING



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# Principles for Community Benefit

Quality community benefit programs engage communities, improve access to necessary care, and create long-term opportunities for strategic problem-solving to address underlying health needs. They:

- Are **flexible** enough to include upstream measures to address disparities in health, tailored to local needs
- **Open (or sustain) lines of communication and partnership** between communities, hospitals, other providers and public health
- Are **accountable** and **transparent** to local communities
- **Target** and reflect the needs of vulnerable community members
- **Empower** community members, particularly those from vulnerable communities, to participate in decision-making and implementation

# Evaluating the Process

- Whose voices and perspectives did the hospital seek? Whose are missing?
- How were community needs prioritized? Who decided what to pursue?
- What data was considered? Was it the “right stuff”?
- Are there missing pieces of the puzzle, organizing power, or relationships that we can bring to the conversation?
- How is the hospital moving forward? How can we be part of shaping that or partnering?
- What is the impact of these programs?



# Options for For-Profit Hospitals

- State and local requirements
- Certificate of Need Agreements
- Mission statements
- If public hospital – look at charter, governing authority, and mission
- Receipt of public dollars
- Social/corporate responsibility
- **Good will, good governance, good idea!**

# Clarifying Terms (For Reference)

**Population health** = the health outcomes of a **group** of individuals, including the distribution of such outcomes within the group

**Public health** = population health, especially as monitored, regulated or promoted by government

**Community health** = a field of public health that tends to focus on health and well-being across geographical areas and that also:

- Involves multiple disciplines and sectors
- Engages and works with community in culturally sensitive ways
- Uses public health science and evidence-based strategies

Slide adapted from Dr. Denise Koo, Advisor to the Associate Director for Policy, Centers for Disease Control and Prevention. Per Dr. Koo's original slide, the definition of "community health" is adapted from Goodman RA, Bunnell R, Posner SF. What is "community health? Examining the meaning of an evolving field in public health. Preventive Medicine 2014; 67 (S1): S58-S61

# RESOURCES

CDC Community Health Improvement Navigator

<http://www.cdc.gov/chinav/>

CHNA.org

<http://www.communitycommons.org/chna/>

Putting People First: Working with Hospitals to Address Community Health

<http://www.communitycatalyst.org/initiatives-and-issues/initiatives/hospital-accountability-project/community-benefit-tools-and-resources-for-chna>

Catholic Health Association's Community Benefit Resources

<https://www.chausa.org/communitybenefit/community-benefit>

Ukentucky Community Toolbox

<http://ctb.ku.edu/en>



# THANK YOU!

FOR MORE INFORMATION:

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