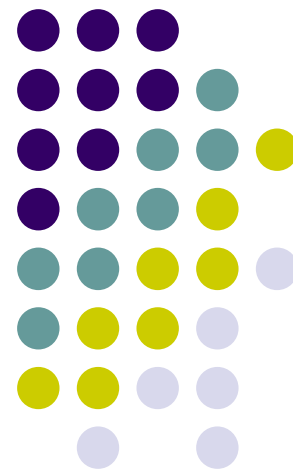


Advancing the State of the Art of Community Benefit: A Model Strategy

2nd Annual Partnership Symposium:
Partnering for the Health of Texas

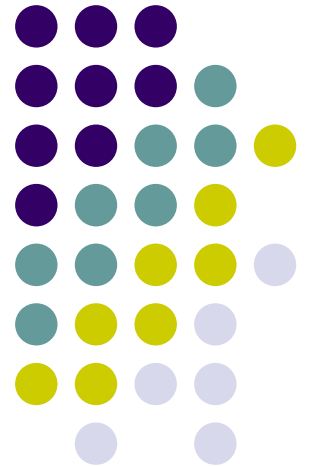
Robin Wilcox and Cheryl Prelow
September 22, 2004



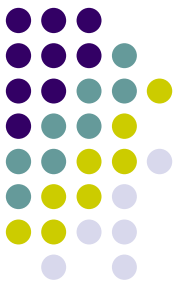
TEXAS HEALTH RESOURCES

Community Benefit

Description



Community Benefit Definition

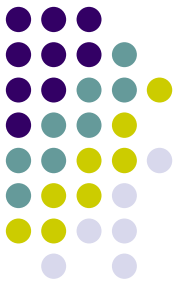


a planned, managed, organized, and measured approach to . . . meeting identified community health needs. It implies collaboration with a “community” to “benefit” its residents – particularly the poor, minorities and other under-served groups – **by improving health status and quality of life.**

VHA / CHA



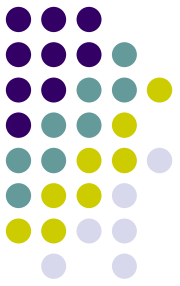
Tax Exemption



- Tax exemption is a form of **indirect subsidy** to facilitate meaningful **contributions to the community** (community benefit).
- Tax exempt status granted in exchange for **promise to benefit community** (not individuals):
 - public trust,
 - charitable obligation,
 - corporate social responsibility (over and above for-profits).

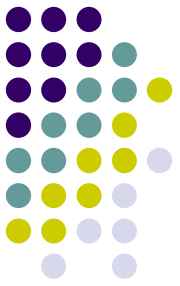


Hospital as Partner



- Legal obligation to “benefit” its communities.
 - Improve the health status of the community
- Responsible to address unmet health needs
- Expectation of collaboration
- Mission statement driven
- Resource of the community



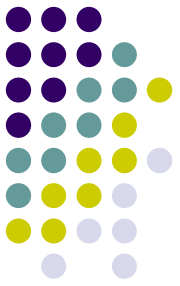


Hospital as Partner

To work effectively with community partners, hospitals need to:

- Have clear CH/CB management roles and responsibilities, and
- Dedicate resources to CH/CB,
- Conduct effective CH/CB planning, operations and evaluation,
- Measure value and impact of CH/CB projects.





Focus on Community Benefit

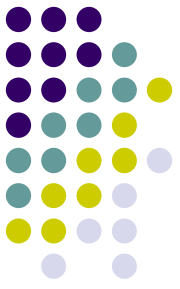
Internal Forces (Health System)

- “Narrow focus to broaden our reach.”
- Increase “system-ness” across 13 hospitals.
- Be more strategic about investment of charitable resources – ROI.



Internal Forces

THR Hosp. CH Programming:

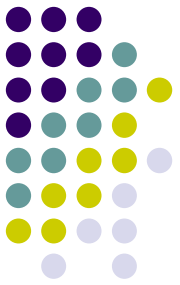


- Commitment to CH.
- Variety of activities.

- Lack of long range CH planning.
- Variable decision making criteria & processes – project oriented.
- Insufficient outcome evaluation.
- Uneven collaboration with community stakeholders.



Discussion

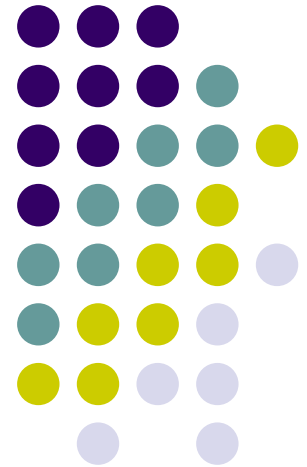


- Do you work with your communities' hospitals? How?
- With what success?
 - What were the elements required for success?
- What are some of the barriers?

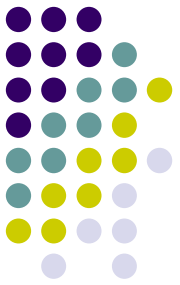


Advancing the State of the Art of Community Benefit (ASACB)

Overview



ASACB Process



Yr 1 – Develop Tools

- Content Categories.
- Accounting Methods.
- Performance Measures – Institutional Policy and Programmatic.

Year 2 – Pilot Test Tools - (HEB, Walls & PHD)

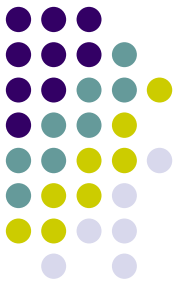
Year 3 and Ongoing–Implement and Distribute

- Implement across THR system.
- Share model in Texas and nationally.



Demonstration Pilot

ASACB Partners:

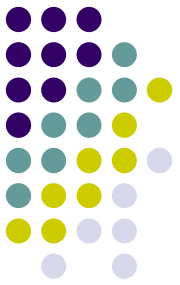


6 Systems, 11 sites

- Catholic Healthcare West (40 CA, AZ & NV)
- Hoag Memorial Hospital Presbyterian
- Lucile Packard Children's Hospital
- Presbyterian Intercommunity Hospital
- St. Joseph Health System (9 CA & 2 TX)
- Texas Health Resources, and
- The Public Health Institute (expert consultant)



ASACB Core Principles



Emphasis on Unmet Health-Related Needs

Emphasis on Primary Prevention

Build a Seamless Continuum of Care

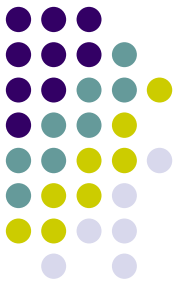
Emphasis on Community Capacity Building

Collaborative Governance



ASACB Results

Entity

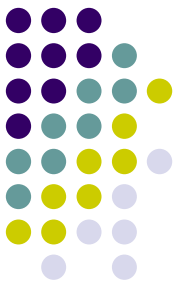


- Align the governance, management, and operations of CB efforts.
- Sharpen focus - more strategic about our investments in our communities for maximum impact and sustainability.
- Promote more specific, objective, transparent and defensible CB decisions.
- Adopted written guidelines/operating manual for community health.



ASACB Results

System

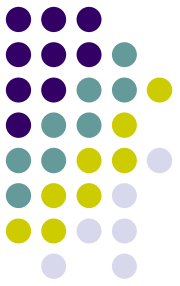


- Uniform CH/CB measures or standards met by every hospital.
 - Priority setting criteria and planning,
 - Management and operations, and
 - Program implementation.
- More accurate CH/CB reporting.
 - Advocacy Communications
 - Community Benefit Activities Report (CBAR)
 - THR Annual Report
- Identification of additional opportunities for system-wide policies and procedures.



ASACB

Demonstration Pilot



NOT a project. - -

Real, meaningful *systems change*.

Not more activity, but different, more focused.

More . . .

Strategic

Objective

Effective

Transparent

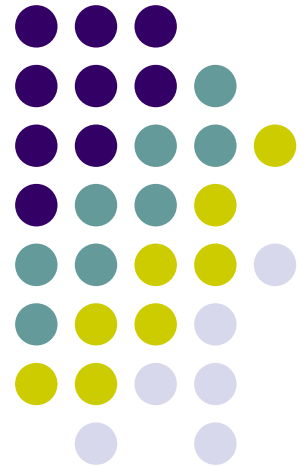
Measurable

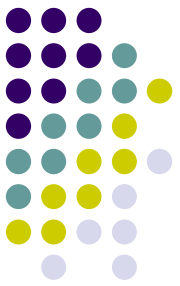
ROI



THR and ASACB

Tools and Process





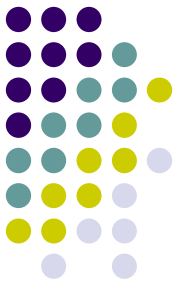
Tools

- Reporting Content Categories
- Accounting Methodologies
- Measures (standards to be met)
 - **programmatic measures**
 - **institutional policy measures**
 - Hospitals establish specific metrics and incentives for the achievement of the performance measures' targets.



Institutional Policy Measure

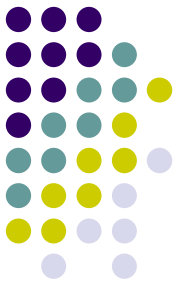
Example



Specific roles and responsibilities of hospital **bodies charged with community benefit decision-making** are clearly documented, shared with appropriate stakeholders, and used as guides for community benefit decision-making by hospitals.



Example Metric



Current: CHC / Internal Advisory Group / No Group

Convert into a policy body with responsibilities for hospital-wide CB review and recommendations re:

- Budgeting decisions
- Program content
- Program design
- Geographic/population targeting
- Program continuation or termination
- Program monitoring
- Secure outside funding



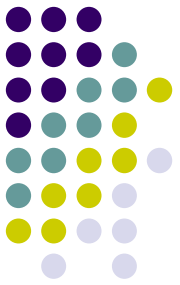
Programmatic Measure Example



Program activities designed to serve the community at large include outreach strategies (e.g., communications, transportation assistance) and/or program design elements (e.g., site for service delivery, curriculum) **to ensure access for communities with DUHN.**



Example Metric

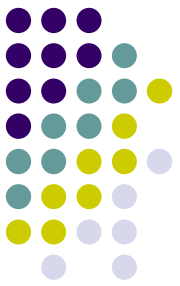


For example:

- Community health education campaign, e.g., hypertension – target DUHN communities with unique techniques and messages.
- Smoke detector installation programs – target low income neighborhoods



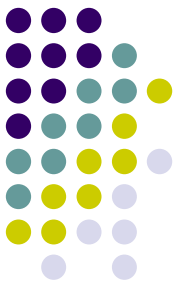
Community Related Measures



- ASACB partner institutions engage local public health agencies, colleges and universities, local residents, and other external stakeholders as partners in the community benefit monitoring and evaluation process.
- ASACB partner facilities develop and formally document a strategy to seek periodic input from diverse community stakeholders (beyond community advisory committees) on draft CB plans and disseminate copies of the final community benefit plan (full report) and community assessment to city and county agencies, community-based organizations, and local libraries.



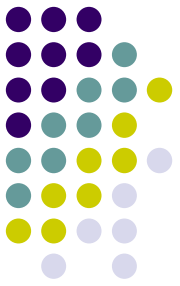
Institutional Policy Measures (in process)



- Baseline analysis
- Recommended changes
- Board of trustees adoption
- Operating Manual



Programmatic Measures (to begin in November)



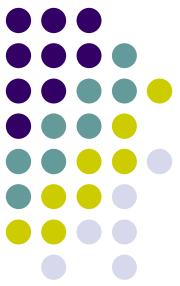
Current and new programming

- Review all community and prevention programs – hospital wide
- Measures address five principles
- Continue, revise or discontinue program
- Develop programs that address
 - Access
 - Obesity



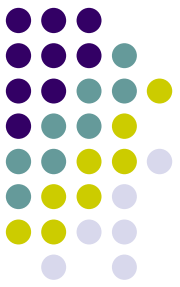
THR System Implications

Samples



Metric	System Implications
Entity-wide CH/CB decision making group	Revised definition/description of THR Community Health Councils (CHC)
Presidents' job descriptions	Performance appraisals format
CH staff job description – CH/CB specific	More clear differentiation of CH/CB and other functions.
CH staff job description - entity-wide	Scope of responsibilities
Annual detailed report to Board of Trustees.	Trustee education and communication
More CH/CB detail in Presidents' report	Presidents' report format



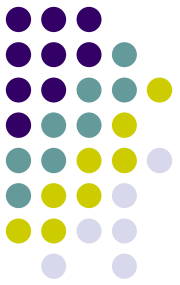


Community Implications

- How we plan, manage and operate CB programs going into the future
 - Not a limited pilot.
 - More objective, transparent and specific.
- Components that require hospitals to partner with community.
- “CH operating manual” facilitates community efforts to work with hospitals.



Discussion



- What greater role could the hospital(s) in your community play in partnering for improved health?
- What incentives are there for them to do so?
- Could the ASACB have application in your community hospital?

